The background of the cover is a photograph showing a pair of hands holding a green, leafy plant branch. The hands are positioned as if they are carefully examining or tending to the plant. The background is slightly blurred, focusing attention on the hands and the plant. The bottom half of the cover is a solid blue area with a white grid pattern, which serves as the background for the title and subtitle.

Development Dimensions of Drug Policy:

**Assessing New Challenges,
Uncovering Opportunities, and
Addressing Emerging Issues**

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Glossary

International drug control institutions

The Commission on Narcotic Drugs (CND) is the United Nations Member State body charged with supervising the application of the international drug policy. The CND is a functional commission of the Economic and Social Council (ECOSOC).

The United Nations Office on Drugs and Crime (UNODC) undertakes substantive work on drug control and acts as the Secretariat for the CND and for the International Narcotics Control Board (INCB).

International Narcotics Control Board (INCB) is the quasi-judicial independent expert committee created by the 1961 Single Convention on Narcotic Drugs to monitor implementation of the conventions, and the cultivation, production, manufacture and use of scheduled drugs to the amount required for medical and scientific purposes.

The World Health Organization (WHO) is a treaty body mandated to make recommendations for the scheduling of drugs through the Expert Committee on Drug Dependence and also nominates relevant experts for election for three seats on the INCB.

The three international drug control conventions

- Single Convention on Narcotic Drugs (1961) as amended by the 1972 Protocol Amending the Single Convention on Narcotic Drugs
- Convention on Psychotropic Substances (1971)
- Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988).

The Single Convention lists controlled substances according to their perceived therapeutic value and liability for abuse. The Convention on Psychotropic Substances treaty extends the scope of drug control to include synthetic drugs and introduces more flexibility for control of drugs for medical uses into the control system. The Convention against Illicit Traffic mandates increases international law enforcement and stronger domestic criminal legislation within the national legal framework of sovereign states. All three conventions provide for “alternatives to punishment” for people who use drugs.

Licit/illicit drugs

The international drug control conventions do not distinguish between licit and illicit drugs. The cultivation, production, manufacture, export and import of, trade in, possession or use of specific scheduled drugs contrary to the provisions of the conventions may be licit or illicit, but not the substance itself. However, substances categorized in the conventions under Schedule IV as “particularly liable to abuse” and deemed as having no therapeutic value are essentially judged to be illicit for medical and scientific purposes. In this discussion paper, ‘illicit drugs’ refers to substances that are subject to international control under the

drug conventions and that are cultivated, produced, manufactured, trafficked and/or used contrary to the provisions of the conventions. Activities related to some drugs are prohibited under domestic law of some countries but are not prohibited under the conventions (for example, alcohol prohibition in some countries). Conversely, activities relating to some drugs have been legalized and regulated by some national (or sub-national) governments, such as cannabis for non-medical use in Canada and Uruguay but remain prohibited under the conventions. The terms ‘licit/illicit’ are commonly used interchangeably with ‘legal/illegal.’

Harm reduction

In the context of the 2022 Consolidated guidelines on HIV, viral hepatitis and sexually transmitted infection prevention, diagnosis, treatment and care for key populations, WHO defines harm reduction as:

a comprehensive package of evidence-based interventions, based on public health and human rights, including needle and syringe programmes, opioid agonist maintenance therapy, and naloxone for opioid overdose management. Harm reduction also refers to policies and strategies that aim to prevent major public and individual health harms, including HIV, viral hepatitis and overdose, without necessarily stopping drug use.¹

The advocacy organization Harm Reduction International, has a broader definition of harm reduction as a policy paradigm, referring to the term as:

policies, programmes and practices that aim to minimize the negative health, social and legal impacts associated with drug use, drug policies and drug laws. Harm reduction is grounded in justice and human rights. It focuses on positive change and on working with people without judgement, coercion, discrimination, or requiring that people stop using drugs as a precondition of support.²

Decriminalization

‘Decriminalization’ in the drug policy context describes the removal of criminal penalties for certain activities related to drugs, usually the use, and/or possession of small amounts of drugs for personal use, but sometimes also minor supply or cultivation offences. It is distinct from legalization/regulation (below), which additionally concerns drug production and supply. There is a wide array of policy and practice in how decriminalization policies are implemented. In some legal systems, criminal penalties are replaced by civil or administrative sanctions (e.g. fines or treatment assessments), while in others, all sanctions are removed. Quantity thresholds that define personal possession or intent to supply vary widely between jurisdictions. A distinction is also made between de facto decriminalization (where the criminal offence remains but is not enforced) and de jure decriminalization (where the criminal sanction is removed in law).

1 WHO. 2022. Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations. www.who.int/publications/i/item/9789240052390

2 Harm Reduction International. “What is Harm Reduction?” <https://hri.global/what-is-harm-reduction/>

Legalization

‘Legalization’ describes the process of bringing a previously prohibited or illegal activity within the control of the law. With respect to drugs, the term is typically applied to acts of supply, production, manufacture or sale for non-medical use, and can potentially be applied to international, national or subnational legal jurisdictions. The term refers to the process of legal reform, rather than specific regulation policies applied to such acts that may come after legalization.

Regulation

‘Regulation’ describes risk-based legal controls over the production, availability and use of different drugs in different environments. Regulation models vary widely, and can include controls over product preparation, price and taxation, marketing, vendor licensing and age access. Regulated markets can include commercial retail models, state monopolies or non-profit models, covering part or all of the supply chain.

Acronyms and abbreviations

| | |
|---|---|
| EU | |
| GDP | Gross Domestic Product |
| HIV | Human Immunodeficiency Virus |
| IDPC | International Drug Policy Consortium |
| INCB | International Narcotics Control Board |
| OCG | Organized Crime Group |
| OHCHR | Office of the United Nations High Commissioner for Human Rights |
| OAMT | Opioid Agonist Maintenance Therapy |
| SDG | Sustainable Development Goal |
| UN System Common Position on Drugs | United Nations System Common Position Supporting the Implementation of the International Drug Control Policy Through Effective Inter-agency Collaboration |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| UNDP | United Nations Development Programme |
| UNODC | United Nations Office on Drugs and Crime |
| WHO | World Health Organization |
| COPOLAD | Cooperation Programme between Latin America, the Caribbean, and the European Union on Drugs Policies |
| FARC-EP | Revolutionary Armed Forces of Colombia—People’s Army |
| PACS | Community Control Support Program (Bolivia) |
| OSF | Open Society Foundations |

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Executive summary

Both licit and illicit drug markets have significant implications on human development, and realization of the Sustainable Development Goals (SDGs) and the pledge to leave no one behind.

While the SDGs mention drug policy only in relation to substance abuse and communicable diseases, drug-related challenges impact broader areas of economic development, governance, public health, human rights and environmental sustainability. Conventional punitive drug control approaches have proven ineffective or actively counterproductive on key metrics in these different policy areas. In response to these failures, many countries are shifting away from the punitive enforcement paradigm toward public health-led reforms, following guidance from an array of United Nations entities, with a growing focus on harm reduction, and decriminalization of drug possession for personal use. Despite these reforms, organized crime groups (OCGs) still control most drug markets, fuelling harm and limiting positive outcomes. This has led a growing number of jurisdictions to extend their pragmatic reform thinking to supply-side drug policy and to explore options for legal regulation of some previously prohibited drugs. These reforms, however, often conflict with United Nations' drug treaty obligations, meaning that they tend to proceed without scrutiny or guidance from global institutions and civil society. Consequently, the SDGs, already inadequately considered in drug control, risk being further diluted in reform processes, and unique opportunities to support progress on the SDGs and the pledge to leave no one behind are being missed. These reforms raise questions about how to manage ongoing transitions to regulated drug markets while addressing sustainable development priorities.

Sustainable livelihoods

The global illegal drug trade generates vast profits, estimated at between US\$600 billion and US\$1 trillion annually, disproportionately benefiting vendors in the Global North compared to small-scale producers of plant-based drugs in poorer regions. Many individuals in these regions, often displaced by conflict and with limited opportunities, turn to illicit drug production out of economic necessity. However, control of the trade by OCGs fuels corruption, violence and insecurity, hindering broader economic development, undermining good governance, and deterring investment.

The intersection of drug policy and development has historically been dominated by the concept of alternative development implemented through programmes aiming to help rural communities transition from illegal drug production to legal livelihoods. Over time, these programmes have evolved away from eradication goals to place greater emphasis on sustainable livelihoods, community participation and gender-sensitive policies. However, alternative development has not significantly affected global drug supply and demand, often leading to the geographical displacement of production.

The emergence of new legal drug markets offers potential to reduce the scale of, and harms associated with, illegal drug trade, but also threatens the few economic opportunities available to certain marginalized communities. The concept of 'leaving no one behind' must be central to this process. The possibility of transitioning illicit drug crop producers into legal markets requires careful management, regulatory support and political commitment.

Equity-focused policies, such those in some U.S. state-level cannabis reforms, show potential for embedding social justice principles into emerging legal drug markets. These initiatives facilitate the participation of communities disproportionately impacted by the historic war on drugs, and also incorporate a reparative element, expunging criminal records and redirecting tax revenues to affected communities. To mitigate risks and realize the opportunities of legal drug markets to support sustainable development, proactive engagement from multilateral agencies, governments and civil society is essential.

Governance

Illegal drug markets and related enforcement efforts disproportionately harm economically marginalized communities, especially in key production and transit regions in the Global South. OCGs exploit institutional vulnerabilities of such regions, undermining good governance by using violence and corruption to expand their interests and maintain control. In conflict affected regions, armed groups use drug profits to fund militarization. Law enforcement efforts risk escalating conflicts, with counterproductive strategies like deposition of OCG leaders leading to power struggles and further violence.

Illegal drug markets also disrupt land reform efforts. Drug crop production thrives in regions with insecure land rights. As enforcement and commercial farming push drug crop production into increasingly marginalized areas, it often results in informal and illegal land use in protected conservation zones and Indigenous lands.

Illegal drug markets enabled by the war on drugs undermine governance, security, and sustainable development, making it critical to address these challenges to achieve drive progress on the SDGs. De-escalating militarized drug enforcement and transitioning to legal, regulated markets can potentially help mitigate these destabilizing forces. By fostering land reform and strengthening local governance, economic opportunities could be created for communities currently dependent on illegal drug production.

Public health

The current public health landscape in drug policy reveals worsening outcomes, despite increased resources being directed towards drug control. UNODC reports that, as of 2023, approximately 316 million people worldwide had used drugs in the preceding year, reflecting a 28% increase over the past decade. This increase exceeds population growth and indicates a rising prevalence of drug use. A concerning increase in injecting drug use has also been observed, alongside the rise of synthetic opioids, particularly fentanyl, fuelling an overdose crisis, especially in North America.

Despite a growing focus on public health, punitive drug enforcement remains the dominant drug policy paradigm globally, exacerbating health inequalities. Criminalization and related stigma, particularly among marginalized communities, contributes to higher drug-related deaths, human immunodeficiency virus (HIV) and hepatitis C infections.

Structural drivers such as poverty, inequality and punitive enforcement exacerbate the challenges of addressing drug-related harms. Stigmatization and fear of legal repercussions hinder access to treatment and harm reduction services, which remain underfunded and insufficient in coverage, particularly for women.

The displacement of critical resources from evidence-based health interventions to ineffective or counterproductive law enforcement compounds the problem.

Decriminalization in countries like Portugal has reduced enforcement costs and enabled the reallocation of resources to treatment and harm reduction, leading to better health outcomes and reduced stigma. However, decriminalization of possession and use alone does not impact illegal markets, which remain under the control of OCGs and subjected to ongoing enforcement. Regulation of drug markets presents an opportunity to reduce the scale of the illegal trade and redirect further enforcement savings and potential tax revenues into health and social programmes, as seen in some U.S. state-level cannabis regulation models.

Legal regulation of drug markets creates opportunities to promote safer drug use through controls on pricing, potency, quality and availability. Lessons from alcohol, tobacco and pharmaceutical industries highlight the dangers of commercial interests

seeking to expand market profits, including by targeting vulnerable populations, especially youth. To mitigate these risks, regulatory frameworks must prioritize public health, remove profit incentives to expand markets, heavily restrict marketing, and ensure that policies are implemented cautiously and incrementally subject to careful monitoring and evaluation. Corporate capture, i.e. undue corporate influence over regulatory and governmental decisions, poses significant risks to public health and sustainable development in regulated drug markets. Corporations, such as those producing alcohol, tobacco and pharmaceuticals, often use their economic and lobbying power to delay or weaken regulatory frameworks that threaten their profit margins. The emerging legal cannabis industry, particularly in North America, shows signs of similar corporate consolidation. Large transnational cannabis companies, often backed by alcohol and tobacco corporations, are gaining control of both medical and non-medical cannabis sectors, limiting opportunities for smaller, local actors, especially in regions like Latin America.

To mitigate these risks, civil society advocates have emphasized the need to incorporate protections into drug policy and legislation from the outset. Suggested strategies include promoting equity-based programmes, enforcing robust anti-trust measures, limiting the number of licences per commercial entity, and restricting market access for certain sectors, such as the tobacco industry. Additionally, non-commercial market models such as state monopolies, social enterprises and non-profit associations have been proposed to mitigate risks of market consolidation, and corporate capture. Ultimately, while drug market regulation has the potential to reduce harm, it also carries risks if commercial interests dominate, or safeguards are inadequate. United Nations guidance, informed by community input and lessons from current regulatory models, is essential to shaping drug policy reform that prioritizes health and sustainable development. The importance of addressing gender dimensions in drug policy and development has become increasingly recognized, with a focus on promoting gender equity and women's empowerment. Women involved in illicit drug markets face greater challenges due to intersecting discrimination, despite their significant roles in household and community life. Gender-sensitive policies, particularly in alternative development, aim to empower women by improving their access to land, financial services and decision-making roles, and challenging harmful gender norms.

Human rights

Punitive drug control has led to human rights abuses, disproportionately impacting marginalized groups, minorities and Indigenous Peoples. Human rights violations tied to current drug enforcement approaches include discrimination and disproportionate sentencing, mass incarceration, use of corporal punishment and the death penalty, forced labour and inadequate access to healthcare. These abuses have been highlighted by several civil society and United Nations entities, such as the Office of the United Nations High Commissioner for Human Rights (OHCHR) and UNDP, and multiple independent special procedures of the Human Rights Council. Contributions

helping shape a more human-rights-focused approach to drug control in recent years notably include the International Guidelines on Human Rights and Drug Policy.

One important shift in global drug policy discourse has been the recognition of the need for an exploration of regulated drug markets. The OHCHR and civil society organisations, including Amnesty International, have called for the responsible regulation of all drugs to support the realization of human rights.

A number of human rights arguments have been proposed in support of a transition to legally regulated drug markets. Regulated markets have the potential to decrease the power of organized crime, reduce violence, and eliminate many of the abuses linked to militarized drug enforcement.

Recent court cases in Mexico and South Africa have successfully used arguments based on privacy and bodily autonomy to challenge cannabis prohibition laws. These cases raise important questions about the proportionality of punitive measures in addressing drug-related harms, emphasizing the need for less intrusive policies that balance the right to privacy with public health concerns.

The rights of Indigenous Peoples to use psychoactive plants for traditional, medicinal and spiritual purposes are also a critical aspect of drug policy reform. International human rights frameworks emphasize the need for states to involve Indigenous communities in the design and implementation of drug policies, ensuring that their cultural practices are protected and not criminalized.

As drug policy continues to evolve, transparent human rights assessments, and minimum standards devised with active participation from affected communities will be essential to ensuring that any transition to regulated markets prioritizes human dignity, health and equality.

The environment

The environmental impacts of illegal drug production are multifaceted, involving deforestation, pollution, water depletion, desertification and high energy consumption. These activities directly impact realization of the multiple SDGs 3 (health and well-being), 6 (clean water and sanitation), 13 (climate action), 14 (life below water) and 15 (life on land).

Despite the attention given to drug enforcement, the wider environmental dimensions of drug economies have been under-researched. Recent efforts, such as research by UNODC's World Drug Reports 2022 and 2023, have drawn attention to these impacts, but drug policy remains absent from global environmental and climate agreements.

The environmental footprint of drug production is relatively small compared to legal agricultural industries, but the effects are concentrated in ecologically sensitive regions such as protected areas, forests and Indigenous lands. Enforcement measures, particularly crop eradication via aerial herbicide spraying, cause severe impacts on both the environment and human health. Efforts to eliminate drug crops often result

in the ‘balloon effect,’ moving production to new, often more vulnerable areas, further aggravating environmental harm.

OCGs often reinvest drug profits into other environmentally harmful extractive industries, such as ranching, illegal logging and unregulated mining, which compounds the environmental damage. In regions under cartel control, weak governance exacerbates the environmental impact, hindering efforts to protect biodiversity and reduce carbon emissions.

Additionally, drug-related enforcement destabilizes local governance structures, perpetuates violence, and impedes environmental protection initiatives. In drug-producing areas, OCGs have often captured state functions, rendering environmental action and climate mitigation almost impossible.

There are growing calls for drug policy to meaningfully incorporate environmental considerations. More structured and systematic evaluations of drug policies are essential, using environmental indicators and coordinated efforts across international organizations. Reforming alternative development programmes to prioritize environmental sustainability and ending harmful practices such as forced eradication and aerial spraying are critical. Legal, regulated drug markets, with strong environmental standards, could help mitigate these issues by promoting sustainability through eco-certifications and fair-trade practices.

Ways forward

The global drug policy landscape is evolving, with increasing evidence of the harmful consequences of the punitive ‘war on drugs’ approach and a shift towards development-led, human rights-centred strategies. As of 2025, over halfway through the strategic goals set in the Ministerial Declaration on Strengthening Our Actions at the National, Regional and International Levels to Accelerate the Implementation of Our Joint Commitments to Address and Counter the World Drug Problem (2019), there is growing recognition that current drug control paradigms may hinder achieving these objectives. Despite some progress, key indicators related to governance, security, public health, human rights, and environmental sustainability have deteriorated, highlighting the need for a more balanced and comprehensive approach to drug policy.

Innovative approaches, documented by UNDP and supported by the United Nations System Common Position Supporting the Implementation of the International Drug Control Policy Through Effective Inter-agency Collaboration (UN System Common Position on Drugs) –prioritize health, human rights and sustainable development. These approaches include decriminalization, harm reduction and gender-sensitive alternative development programmes. While these reforms show promise, they do not fully address the systemic harms of illicit drug markets or the negative consequences of prohibition, which disproportionately affect marginalized communities.

Regulated legal drug markets as alternatives to illicit ones is a concept gaining traction. Over 500 million people now live in jurisdictions where cannabis has been legally regulated, and this trend may expand to other drugs. However, regulation poses complex challenges, including balancing competing priorities and ensuring that reforms promote equity and sustainable development.

The path forward requires concerted, multidisciplinary engagement, involving policymakers, impacted communities, and experts from health, human rights, and development sectors. United Nations entities, with their unique expertise, can play a crucial role in guiding evidence- and rights- based policy reforms. However, institutional and political obstacles, such as tensions between national-level reforms and the United Nations drug conventions, complicate direct engagement on these issues.

While reforms are advancing globally, there is concern that, due to a lack of guidance from relevant United Nations entities and experts, they may miss opportunities to anchor sustainable development in emerging legal drug markets. To maximize the potential of these reforms, stakeholders must acknowledge that drug policy is a critical development issue and seize this moment for transformational change.



Introduction

Both illicit and legally regulated drug markets have profound implications on human development and the realization of the Sustainable Development Goals (SDGs) and the pledge to leave no one behind by 2030.

The impacts of drug policy on drug use and drug markets, both positive and negative, intersect with multiple domains, including sustainable livelihoods (rural development and poverty reduction), governance, public health, human rights and environmental sustainability, which are explored in the subsequent chapters. While the SDGs do not explicitly address drug policy beyond a reference to “substance abuse” (SDG 3.5) and “communicable diseases” (SDG 3.3, which identifies people who use drugs as a key population), it is clear that the impacts of drug use, drug markets and drug policy cut across multiple SDGs and the pledge to leave no one behind.

It is inconceivable to envision the successful realization of our global goals without devising and implementing sustainable solutions to drug-related challenges. In this context, it is imperative that all stakeholders in the development field – national governments, multilateral agencies, civil society, academia, non-government organizations (NGOs) and the private sector – urgently raise their level of engagement.

Evidence shows that conventional approaches to drug control rooted in punitive enforcement have targeted both people who use drugs and drug markets, proving largely ineffective at reducing the scale of drug consumption and the size of drug markets, and resulting in a range of negative unintended consequences. These consequences include the deterioration of public health, human rights violations and the undermining of sustainable development. As a result of these systemic failings, a growing number of countries have initiated policy and legal reforms involving a reorientation away from counterproductive punitive enforcement models, towards public health-led pragmatism, such as innovations in service provision, harm reduction, and decriminalization of drug possession and use.

In 2015, UNDP released a discussion paper on addressing the development dimension of drug policy.³ The United Nations system has also evolved, guided by the April 2016 Special Session of the United Nations General Assembly on the World Drug Problem, where United Nations Member States recognized that efforts to achieve the SDGs and address the world drug problem are interrelated and mutually reinforcing. In November 2018, the United Nations System collectively committed to supporting Member States in developing and implementing comprehensive, integrated, evidence- and human rights-based, development-oriented and sustainable responses to the world drug problem. This commitment coincided with the launch of the International Guidelines on Human Rights and Drug Policy, co-developed by UNDP, the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the Office of the High Commissioner on Human Rights (OHCHR) and the International Centre on Human Rights and Drug Policy. The Guidelines have since been implemented in numerous settings. Reforms that decriminalize drug possession and use have had positive impacts on health and human rights. These reforms reduce the disproportionate criminalization and stigmatization of marginalized people and communities, enabling more effective health interventions. However, most drug markets remain prohibited and, by default, under the control of OCGs, limiting the impacts of decriminalization on the harms associated with illegal drug production, transit and supply. Harm reduction approaches also significantly mitigate harms created or exacerbated by prohibition and unregulated illegal supply. There has consequently been a growing trend towards extending the pragmatism of harm reduction and decriminalization into supply-side drug policy; legally regulated markets for formerly prohibited drugs are now emerging in multiple jurisdictions around the world for a range of drugs in different forms and at different scales.

The political and legal status of many of these reforms can be problematic or ambiguous. The reforms may be legal or quasi-legal at the state level but, in many cases, they do not comply with international drug treaty obligations. Hence, reforms have often progressed with little or no scrutiny or guidance from multilateral trade and development institutions, or from relevant civil society organizations in the international development sphere.

Understanding drug policy as an issue of sustainable development, and to respond to new trends and emerging issues, has never been more urgent. UNDP's 2015 discussion paper, *Addressing the Development Dimensions of Drug Policy*, highlights how punitive drug control strategies have impeded progress across multiple development priorities - undermining poverty reduction, public health, governance, human rights, and environmental sustainability, especially for marginalized groups such as people who use drugs, Indigenous communities, women, and rural cultivators.⁴ In 2019, UNDP expanded on this work with *Development Dimensions of Drug Policy: Innovative Approaches*,

³ United Nations Development Programme (UNDP), *Addressing the Development Dimensions of Drug Policy*, 2015. Available at: <https://www.undp.org/sites/g/files/zskgke326/files/migration/latinamerica/Discussion-Paper--Addressing-the-Development-Dimensions-of-Drug-Policy.pdf>.

⁴ Ibid.

which explored how countries are leveraging flexibilities within international drug control conventions to design more inclusive, gender-sensitive, health-oriented, and SDG-aligned policies and achieving better health and development outcomes.⁵

The lack of engagement from key institutional expertise has resulted in the marginalization of development discourse in many drug policy reforms. The concept of a 'just transition' that prioritizes social justice and poverty reduction is, for example, familiar in the development sphere in the context of the shift to low carbon economies. It should be equally applicable to the transition from illegal to legally regulated drug markets but has yet to achieve any prominence in the political discourse. Development goals have historically been a low priority in drug control policy and law making. However, there is now a risk that these goals are also being marginalized when reforming failed drug control approaches, specifically in transitions to licit market models. The emergence of new licit drug markets on a significant scale offers unique opportunities to develop regulated market models that prioritize sustainable livelihoods, good governance, health, human rights and environmental protections, and indeed attempt to repair harms caused by generations of repressive enforcement approaches. Although there are examples of where such opportunities are being seized, there are also risks of past mistakes being repeated, which have already manifested in some cases. Problematic market dynamics that undermine development goals by fuelling inequality, exploitation and environmental harms are emerging with little scrutiny, and opportunities to establish markets that support the SDGs are being missed.

While the global community wrestles with the legal and political challenges about drug policy, the reality on the ground is one of increasing reforms, largely lacking in meaningful scrutiny, public debate, community engagement, or normative guidance on good practice. Given the trajectory of reforms, most notably regarding cannabis, but also regarding coca, plant-based psychedelics and other drugs, there is a growing dilemma on how to fill that void becoming increasingly urgent.

5 United Nations Development Programme (UNDP), *Development Dimensions of Drug Policy: Innovative Approaches*, 2019. Available at: <https://www.undp.org/publications/development-dimensions-drug-policy>.



Economic development and sustainable livelihoods

The size of the global illegal drug economy is difficult to gauge reliably, but available estimates give an indication of its vast scale and inevitable implications for sustainable development.

Initial monitoring by the International Monetary Fund and the United Nations Office on Drugs and Crime (UNODC) in 1997 estimated the annual turnover of the illegal drug trade at US\$300 billion. In 2011, UNODC stated that “the largest income for transnational organized crime comes from illicit drugs, which account for some 0.6 percent to 0.9 percent of global GDP”. Although more recent estimates are not available, based on the 2023 World Bank’s GDP ranking table,⁶ this estimated annual turnover of illegal trade today would amount to US\$600–1,000 billion. The vast profits from this market, however, are not shared equally along the supply chain, with the majority of revenues accruing to vendors in the Global North. Small-scale producers of drug crops earn only a small fraction of the consumer sales prices. Production of drug crops, particularly coca, opium and cannabis, often prevail where governance is weak and enforcement less of a threat. Participation in illicit drug production is commonly driven by economic necessity and lack of other viable opportunities. For many living in poverty, often displaced by conflict and with restricted access to land and legal markets, illicit drug production offers one of the few pathways for economic survival, despite the insecurity implicit in engagement with both OCGs and drug enforcement authorities.

6 World Bank. 2024. “World Bank Data Catalog”. <https://datacatalog.worldbank.org/search/dataset/0038130>

Any economic benefits or opportunities created by the illicit trade, however, need to be balanced against the potentially profound negative economic impacts. Illegal drug profits laundered through legal businesses can create unfair competition and disrupt local and regional economies. These problems are amplified by corruption, intimidation, violence and extortion perpetrated by OCGs operating in the drug trade. In regions that become characterized by illegal drug market violence, instability and corruption, domestic and international investment are deterred, tourism and other industries undermined, and prospects of decent employment in the formal market reduced.

Alternative development: an evolving paradigm

Development oriented responses to the illegal drug phenomenon have historically focused on the concept of alternative development. These approaches, supporting rural communities engaged in illegal drugs production to transition into the legal economy, demonstrated the importance the development dimensions of the illegal drug economy.

The alternative development paradigm has evolved since its emergence in the 1980s. Contemporary thinking has widely focused on prioritizing the achievement of sustainable livelihoods for impacted communities, rather than narrowly focused on the prioritization of eradication goals, which has attracted considerable criticism. Learning from past failures, good practice in alternative development now emphasizes long-term funding, participation of impacted communities in design of programme and development goals, promotion of gender-sensitive policies (see box X) and environmental stewardship, equitable access to licit markets, and proper sequencing to establish alternative livelihoods prior to, and not conditional upon, the eradication of drug crops.⁷ Although good practice in alternative development has provided promising examples of positive local development outcomes, it has not been effective in wider efforts to curtail drug production and supply. As with more conventional interdiction and eradication efforts, alternative development approaches have demonstrated an inability to significantly impact global supply and demand dynamics, often instead resulting in the geographical displacement of drug production or trafficking routes.

The potential economic impacts for traditional drug-producing regions of a wider transition to legally regulated production and availability of certain drugs have received relatively little attention, but given current trends, warrant consideration. Although there is potential to progressively reduce economic harms associated with illegal drug markets, there is also the risk of reducing the few economic opportunities available to some of the world's most marginalized communities. Here, the lessons from evolving knowledge about alternative development are relevant.

7 Brombacher, D., and Westerbarkei, J. 2019. [From Alternative Development to Sustainable Development: The Role of Development Within the Global Drug Control Regime | Journal of Illicit Economies and Development](#). London School of Economics and Political Science.

Managing a transition to regulated markets

The economic dynamics of legal markets differ from those of illegal markets in critical ways. The additional incentives for illegal drug market actors to evade law enforcement by exploiting regions experiencing poverty, conflict, underdevelopment and weak governance largely disappear with legal markets. Legal plant-based and synthetic drugs are part of the same development and policy space as other legal drugs, such as coffee, alcohol, tobacco and pharmaceuticals. Prohibition creates markets that are both economically exploitative and lack opportunities for regulation. In this context, the Global Commission on Drug Policy has been explicit in its statements that “[p]olicymakers must not leave behind people and communities most affected by prohibition when legally regulating drug markets”, and that “[i]n any transition towards the regulated production, trade and distribution of drugs, priority must be given to the interests of individuals and communities pushed into non-violent illegal activities by poverty, marginalization or lack of opportunities, and to those who were most harmed by punitive drug enforcement efforts”.⁸ The aspiration of alternative development to support sustainable livelihoods among communities impacted by drug control policies should not be diminished simply because supply-side enforcement goals become less important in future post-prohibition scenarios. Indeed, there is a strong argument that the concept of ‘shared responsibility’ in addressing global drug-related challenges⁹ applies to mitigating the harms of the war on drugs as much as fighting it in the first place.

Market shocks unrelated to drug policy reform can similarly disrupt and undermine the livelihoods of those dependent on established illegal drug crop production. The rapid switch from heroin to fentanyl production by Mexican OCGs supplying North American opioid markets in the past five years has left traditional Mexican opium farmers impoverished, undermining regional economies and community cohesion while fuelling rural-urban migration pressures within Mexico and across the US border.¹⁰ Even more recently, regarding the opium ban imposed in Afghanistan in April 2022, UNODC reported that “the income from opium poppy cultivation was equivalent to 29 percent of the value of the country’s entire agricultural sector”. As a result of the ban, rural incomes have been decimated, with many traditional opium-growing communities exposed to greater poverty and economic uncertainty.¹¹ Similarly, the crash in the wholesale price of coca in Colombia during 2022–2023, driven by overproduction, localized conflicts

⁸ Global Commission on Drug Policy. 2018. *Regulation: The Responsible Control of Drugs*. [ENG-2018_Regulation_Report_WEB-FINAL.pdf](#)

⁹ International Narcotics Control Board. 2012. Annual Report 2012, Chapter I, [www.incb.org/documents/Publications/AnnualReports/AR2012/AR_2012_E_Chapter_I.pdf](#)

¹⁰ Wilson Center. 2019. “The U.S. Fentanyl Boom and the Mexican Opium Crisis.: Finding Opportunities Amid Violence?”. [www.wilsoncenter.org/sites/default/files/media/documents/publication/the_u.s._fentanyl_boom_and_the_mexican_opium_crisis.pdf](#)

¹¹ United Nations Office on Drugs and Crime. 2023. *Afghanistan Opium Survey 2023*, [www.unodc.org/documents/crop-monitoring/Afghanistan/Afghanistan_opium_survey_2023.pdf](#)

and shifting regional market dynamics, has led to economic hardship in marginalized rural populations historically dependent on coca as a source of income.¹²

There is also the possibility that some current illicit drug crop producers may transition to production for existing or future legal markets. In some respects, this could be seen as an innovative extension of the alternative development paradigm, in which the ‘alternative’ would be the same crop but grown legally within a formally regulated framework. There is some precedent for this approach with the transition to legal production of coca for traditional use in Bolivia (see box II), as well as examples of illicit opium markets transitioning to production for the licit medical market (see box I). The concept has also been explored in the context of cannabis, thus far mostly cannabis for legal medical uses, although the possibility of traditional producers in the Global South supplying emerging global markets for non-medical use has also been raised. These experiences suggest such transitions are possible but require political commitment, careful management and regulatory infrastructure to function successfully where the SDGs are being prioritized.

Embedding equity and social justice in policy design

Other drug policy reforms have gone further, seeking not only to build more equitable markets by proactively supporting participation of marginalized individuals and communities disproportionately impacted by drug law enforcement, but also to repair some of the historic negative impacts of the war on drugs that communities have experienced. In their cannabis reforms, a number of U.S. states have implemented equity programmes aiming to achieve this goal.¹³ Although implementation and impact varies between the programmes, they share the following common elements:

- reducing financial barriers (such as licence fees) for equity applicants from affected communities, and providing start-up loans or capital grants;
- prioritizing licensing for equity applicants;
- providing technical assistance and training (legal, accounting etc.) to help ‘level the playing field’ for equity candidates;
- automatically expunging (i.e. deleting) past criminal records for now legal activities;
- redirecting a proportion of tax revenue from cannabis sales to affected communities, to fund equity programmes, and support drug service provision

¹² Washington Office on Latin America (WOLA). “Crisis or Opportunity? Unravelling Colombia’s Collapsing Coca Markets.” www.wola.org/analysis/crisis-opportunity-unraveling-colombias-collapsing-coca-markets/

¹³ Title, S. 2021. “Fair and Square: How to Effectively Incorporate Social Equity into Cannabis Laws and Regulations,” *Drug Enforcement and Policy Center*. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3978766

and wider social and community projects. For example, in New York State, 40 percent of tax revenue is redirected in this way, and in New Jersey, 70 percent.

Emerging licit drug markets offer unique opportunities to prioritize sustainable economic development goals. The equity programmes emerging in U.S. state cannabis models demonstrate how placing social justice at the core of policy design and market infrastructure is possible, even in the context of a free market-oriented culture. Applying social justice and equity principles to future global drug markets presents a bigger institutional challenge, not least because they have yet to be defined in the international human rights law framework. There is an opportunity to learn from other trades and, rather than retrospectively trying to adjust existing policy, establish new equitable trade models that support sustainable development from the outset, and that can serve as a prototype for what is possible. Realizing these opportunities will involve proactive engagement and commitment from relevant multilateral and government agencies, working with civil society organizations and impacted communities



BOX I

Türkiye transitioning from illicit to regulated opium market for medical purposes

Türkiye has a long history of smallholder farmers growing opium poppies for the seeds (used as food) and opium as a traditional medicine. In the 1960s, this production progressively shifted to servicing the illegal heroin market in North America. Under growing international pressure, all opium production was banned in 1972. However, in 1974, opium poppy production restarted for poppy seed and opium for medical uses, under an innovative government system that licensed 70,000 – 100,000 smallholder farmers cultivating an average of 0.4 acres (0.1619 ha) each. To reduce risks of diversion, farmers could only produce and sell ‘poppy straw,’ i.e. unprocessed plant material, rather than opium gum. Operating under the auspices of a national agency and producing for medical use, the model is compliant with United Nations treaty obligations. Ninety-five percent of opium produced is legally exported for use in the international medical opioid market.

International Narcotics Control Board (INCB) data show that, in 2021, Türkiye, which produced 69 tonnes in morphine equivalent, was the world's third largest producer of morphine-rich opiate raw materials, after Spain and Australia. The INCB estimates that, together with France and India, these five countries accounted for around 94 percent of global licit opiate raw material production in 2022.¹⁴

Unlike the large-scale industrialized farming models in France, Spain and Australia, Türkiye and India have successfully managed transitions of traditional small-scale farmer-based illegal opium production into a legal opium production model.

The reforms were not effective, however, in achieving the eradication goals for global opium production for non-medical purposes, specifically, the rapidly expanding illegal global heroin market (derived from the morphine in opium). While illegal opium production in Türkiye largely ended, production to meet demand in Europe shifted first to Pakistan and Myanmar, and then to Afghanistan, while production to meet demand in North America shifted to Mexico and, later on, also to Colombia.

14 International Narcotics Control Board (INCB). N.d. *Narcotic Drugs Technical Publication: Supply and Demand 2022*. www.incb.org/documents/Narcotic-Drugs/Technical-Publications/2022/3_NAR_2022-Part_3_Supply_and_Demand_E.pdf

BOX II

Bolivia's evolving coca policy

Bolivia has a long history of traditional coca use, deeply embedded in the country's indigenous cultural identity. Grown by small-scale subsistence farmers for traditional domestic use, the coca trade expanded to meet growing demand for cocaine (extracted from the coca leaf) in the Global North from the 1960s onwards. This attracted a number of increasingly well-financed foreign enforcement crackdowns indiscriminately targeting coca production, in turn fuelling protests and a growing resistance movement organized by the coca unions.¹⁵ Eradication efforts and more than \$300 million spent on alternative development projects between 1982 and 2008 displaced coca production in Bolivia and the wider Andean region, fuelling local unrest and instability in farming communities. The 2006 election of coca union leader Evo Morales as President of Bolivia led to a dramatic policy shift: foreign interventions ceased, and a new Community Coca Control policy was initiated that allowed small-scale farmers in traditional coca growing regions to register for a small plot to grow coca for local markets.

The policy was integrated with a wider development approach that prioritized local organization and leadership, environmental stewardship, infrastructural investment, and ending coca eradication as a pre-condition for receiving development aid. In 2009, the participatory Community Control Support Program (PACS) was established, headed by coca growers and supported by \$13 million in funding over five years from the European Union. These efforts were supported by other reforms, such as a renegotiation of Bolivia's relationship with the United Nations drug treaties, which allowed the traditional coca leaf to be fully decriminalized domestically,¹⁶ and aimed at establishing a wider regional market in coca products.¹⁷

The long-standing aim of reducing coca growing for cocaine production – under the 'coca si - cocaina no!' slogan – has been partially successful in Bolivia, although production has largely moved elsewhere in the Andean region. Bolivia has not been politically engaged in the recent debates around cocaine regulation unfolding in Colombia (see box II). Most recently, Bolivia has requested a World Health Organization critical review of the United Nations coca leaf ban. The aim is to have the coca leaf removed from its current prohibited position in Schedule I, alongside cocaine, heroin and fentanyl. This is seen as an attempt to rectify a historically unjust colonial imposition on Indigenous Andean culture, and an opportunity to open a legal international market for natural coca products that could fortify Andean economies.¹⁸

¹⁵ Farthing, L. C., Ledebur, K., and Open Society Foundations. 2015. "Habeas Coca: Bolivia's Community Coca Control". www.opensocietyfoundations.org/publications/habeas-coca-bolivia-s-community-coca-control

¹⁶ United Nations Office on Drugs and Crime (UNODC). "Bolivia to Re-accede to UN Drug Convention While Making Exception on Coca Leaf Chewing." www.unodc.org/unodc/en/frontpage/2013/January/bolivia-to-re-accede-to-un-drug-convention-while-making-exception-on-coca-leaf-chewing.html

¹⁷ Chulver Benítez, P. 2020. *Hoja de Coca: Antecedentes y Perspectivas para su Exportación*. La Paz: Fundación Acción Semilla.

¹⁸ Transnational Institute (TNI). 2024. "Coca Chronicles: Monitoring the UN Coca Review, Issue 2." www.tni.org/en/article/coca-chronicles-monitoring-the-un-coca-review-issue-2

BOX III

Ghana moves towards decriminalization and a regulated cannabis industry for medical and industrial uses

Laws governing cannabis vary widely across Africa. While non-medical use of cannabis is relatively common, to date, only South Africa has moved towards more comprehensive decriminalization and regulation for non-medical use, an ongoing process that follows a constitutional court decision in 2019, which deemed prohibition of personal cultivation and use to be unconstitutional.¹⁹ On 28 May 2024, South Africa became the first African country to legalize cannabis for personal use. President Ramaphosa signed the Cannabis for Private Purposes Act on this date, removing cannabis from the Drugs and Drug Trafficking Act. In 2020, Ghana became one of the first countries in Africa to make significant moves towards wider decriminalization of drug possession and use. The move reflected signs of shifting attitudes in the region, exemplified by the 2014 report of the West Africa Commission on Drugs, co-convened by former United Nations Secretary-General Kofi Annan. The report called for the decriminalization of people who use drugs, arguing that criminalization exacerbated health and social problems, fuelled corruption, and put pressure on already overstressed criminal justice systems.²⁰

- 19 Prince v Minister of Justice and Constitutional Development and Others; Rubin v National Director of Public Prosecutions and Others; Acton and Others v National Director of Public Prosecutions and Others (4153/2012) [2017] ZAWCHC 30; [2017] 2 All SA 864 (WCC); 2017 (4) SA 299 (WCC) (31 March 2017). www.saflii.org/za/cases/ZAWCHC/2017/30.html; Government Announcement: The Presidency, "President Assents to Cannabis Private Purposes Bill." www.thepresidency.gov.za/president-assents-cannabis-private-purposes-bill
- 20 The West Africa Commission on Drugs. 2014. *Not Just in Transit: Drugs, the State and Society in West Africa*. <http://www.wacommissionondrugs.org/report>



Under Ghana's previous mandatory penalties of 5–10 years for drug possession and supply, by 2015 there were over 11,000 people in prison for drug-related offences, including 8,600 prisoners on remand for drug use offences awaiting trial, significantly contributing to prisons being 45 percent over capacity.²¹

The new 2020 Narcotics Control Commission Act sought to treat drug use primarily as a public health issue, enabling harm reduction interventions for people who inject drugs, and helping decongest the prison system by replacing mandatory prison terms for drug possession for personal use with fines of between GHC 2,400 and GHC 6,000 (around US\$150–400).²² Policy debate in Ghana was informed by a national dialogue in 2022, supported by UNDP, WHO, OHCHR, UNAIDS and civil society, which sought to explore the country's evolving drug policy through the lens of the International Guidelines on Human Rights and Drugs Policy.²³ In 2023, Ghana passed an additional amendment to the Narcotics Control Commission Act empowering the Interior Minister to grant licences for cannabis cultivation for medical, scientific and industrial purposes. In sub-Saharan Africa, Ghana joined Malawi, Zambia, Zimbabwe, South Africa, Lesotho, Rwanda and Uganda in implementing some form of regulated cannabis production for non-recreational use. The aim is to benefit from the burgeoning regional and global markets of cannabis products for medical and industrial purposes, which are compliant with United Nations drug convention obligations. Although there has been some public debate on licit markets for recreational use, it is not currently high on the political agenda in Ghana.

Medical cannabis and industrial hemp markets create opportunities for local and regional economic development, such as those actively explored in Ghana to support traditional cannabis farmers in the illicit economy to transition into production for legal (non-recreational) use of the plants. Concerns have been widely expressed that, as in some Latin American countries, emerging commercial medical cannabis industries in Africa are already being dominated by corporate interests from the Global North. The risk is that emerging industries become largely extractive economies, with Global North corporates leveraging their established markets to exploit lower production costs in Africa. Production of raw materials offers more limited local benefits, and most of the profits and value added from product processing and consumer sales takes place further up the supply chain in Global North export markets.

21 Swansea University. 2018. "Ghana Strives for a More Humane Drug Policy". www.swansea.ac.uk/media/Ghana-Strives-for-a-More-Humane-Drug-Policy.pdf

22 United Nations Office on Drugs and Crime (UNODC). 2023. *National Dialogue on the International Guidelines on Human Rights and Drug Policy*. www.unodc.org/documents/commissions/CND/CND_Sessions/CND_66/ECN72023_CRP11_2304173E.pdf

23 United Nations Office on Drugs and Crime (UNODC). 2023. *Conference room paper submitted by Ghana, titled "National Dialogue on the International Guidelines on Human Rights and Drug Policy, held in Accra, Ghana from 12 to 13 December 2022"*. www.unodc.org/documents/commissions/CND/CND_Sessions/CND_66/ECN72023_CRP11_2304173E.pdf



Governance

The burden of harms from illegal drug markets, as well as enforcement efforts targeting them, has fallen disproportionately on economically marginalized communities, particularly in key drug production and transit regions in the Global South.

Illegal drug production and trafficking are ruthlessly profit-motivated, gravitating to regions with weaker governance where both production costs and costs of evading enforcement are minimized. Although such inequities and exploitation are found in many legal trades, they are at least visible and have some regulatory frameworks in place to constrain the worst instincts of legal commercial markets. This is not the case in illegal markets, which are both hidden and controlled by OCGs unconcerned with laws, borders or sustainable development, completely evading all regulatory, institutional and legal controls.

OCGs operating in the illegal drug trade invest in corrupting state institutions to protect and expand their interests. Highly flexible, they correspondingly target or emerge in regions already more vulnerable to corruption due to underdeveloped or underfunded criminal justice and regulatory institutions, further undermining civic institutions and accountability for citizens. Illegal drug markets are therefore directly undermining the realization of SDG 16, to promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.

In the absence of legal constraints and accountability, and with corruption actively undermining civic institutions, violence – both threatened and actual – can become a key tool for OCGs to establish, maintain or expand control of illegal drug markets. In conflict situations, control of illegal drug markets by armed groups and other non-state actors can fund the purchase of arms and other military equipment, leading to an escalation and perpetuation of violence. Illicit drug markets have been frequently associated with the illicit traffic in small arms, leading to increased levels of armed violence and unlawful use of firearms and lethal force.^{24, 25}

24 Phillips, B.J. 2015. “How Does Leadership Decapitation Affect Violence? The Case of Drug Trafficking Organizations in Mexico.” *The Journal of Politics*, vol. 77, no. 2, April 2015, pp. 324–336, www.jstor.org/stable/10.1086/680209

25 Atuesta, L., and Ponce, A. 2017. “Meet the Narco: Increased Competition among Criminal Organizations and the Explosion of Violence in Mexico,” *Global Crime*, vol. 18, no. 4. www.tandfonline.com/doi/abs/10.1080/17440572.2017.1354520; Werb, D., Rowell, G., Guyatt, G., Kerr, T., Montaner, J., and Wood, E. 2011. “Effect of Drug Law Enforcement on Drug Market Violence: A Systematic Review.” *International Journal of Drug Policy*, vol. 22, no. 2, March 2011, pp. 87–94. www.sciencedirect.com/science/article/abs/pii/S0955395911000223

Law enforcement directed against OCGs can have an important role in protecting communities and legal economies. However, it can also prove counterproductive, fuelling increased violence between well-resourced OCGs and increasingly militarized state policing, and leads to widespread human rights violations that have sometimes constituted crimes against humanity. Where illicit drug markets are significantly disrupted by enforcement in the short term, for example, through high-profile ‘decapitation strategies’ that target the heads of OCGs, violence can increase within organizations as individuals vie for control, as larger groups fracture into smaller ones, or as rival OCGs compete to exploit gaps in the market that may be created. These decapitation strategies have been borrowed from counterterrorism tactics, which have proved similarly ineffective, and are being widely reassessed.²⁶

Land reform and the challenge of illicit markets

Addressing inequities in agrarian land ownership has long been identified as a key component of achieving sustainable rural livelihoods and development.²⁷ Access to land and achievement of legal tenure on informally farmed land provides economic security, promotes investment in both farmed land and local infrastructure, and strengthens communities and the social fabric. Illegal drug production and drug markets, as well as drug enforcement activities can have profoundly disruptive impacts on achieving access to legal land entitlements for marginalized populations, especially, but not limited to, those involved in illegal drug crop production. UNODC research has shown that insecurity in land rights and inequitable distribution of land are prevalent in areas of illicit drug crop production.²⁸ Studies in coca-growing areas in Colombia, for example, suggest that while around 60 percent of families affirm that they were owners of their

- 26** UNODC (2025). *World Drug Report 2025 – Key findings*. Available at: <https://www.unodc.org/unodc/data-and-analysis/world-drug-report-2025.html>. See also: OHCHR (2020). *Report of the United Nations High Commissioner for Human Rights on the situation of human rights in the Philippines (A/HRC/44/22)*. Geneva: OHCHR. Available at: <https://www.ohchr.org/en/press-releases/2020/06/philippines-un-report-details-widespread-human-rights-violations-and> . See also: Castillo, J.C., Mejía, D., & Restrepo, P. (2020). *The Logic of Violence in Drug War*. Available at: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3572164
- 27** United Nations Development Programme (UNDP). 2015. *Land Reform: Engendering Land Rights and Land Management*. <https://www.undp.org/barbados/publications/advisory-note-03-land-reform> United Nations Development Programme (UNDP). 2011. *The Unresolved Land Reform Debate: Beyond State-Led or Market-Led Models*. www.undp.org/publications/unresolved-land-reform-debate-beyond-state-led-or-market-led-models
- 28** Garzón Arzón, J.C., Gélvez, J.D., Alternative Development Monitoring Team, and UNODC. 2018. *Who are the Families that Live in Areas with Crops: The Cadastre and the Registry of Public Instruments, the Two Main Sources of Coca? Characterization of Beneficiary Families of the National Program for Comprehensive Substitution of Illicit Crops (PNIS)*. Bogotá: FIP.

land, less than half of them are able to prove it with formal registration,²⁹ and illicit cultivation is more concentrated in poorer regions with weaker governance.³⁰

Punitive drug enforcement and geographical expansion of commercial farming and ranching create practical and economic incentives that push drug crop production into increasingly remote areas outside of agricultural frontiers, blurring boundaries between areas for agricultural activities and those for conservation and protection of biodiversity. In 2016, UNODC found that 42 percent of coca crops were within the border of agricultural frontiers, and 58 percent outside it.³¹ Drug crop production in remote areas also often impinges on Indigenous territories, fuelling conflict, increasing vulnerability, and undermining the right to self-determination of Indigenous Peoples. Land reform in the context of such illegal activities can be particularly challenging. OCGs' activity undermines local governance and institutions, particularly when drug profits are being reinvested in local industrialized agriculture supported by land grabbing, corruption and violence. The challenges have been highlighted by attempts at land reform in the context of alternative development programmes, made more difficult by informal farming frequently occurring in environmental reserves or protected Indigenous territories.³²

De-escalation of militarized drug enforcement and transitions to regulated licit markets can potentially diminish some of the destabilizing forces fuelling informal land use and create space for land reform. It may also offer direct opportunities for land rights to be established with key target populations of drug crop growers, as has been demonstrated in Bolivia.

- 29 Garzón Arzón, J.C., and Riversos, J.D., *Access to Land and Substitution of Illicit Crops: Challenges and Opportunities for Rural Development*, Bogotá: FIP, 2018.
- 30 National Planning Department (DNP). 2016. *Narcomenudeo en Colombia: A Transformation of the Criminal Economy*, Bogotá: DNP; Zuleta, H. 2017. *Coca, Cocaine and Drug Trafficking*. Bogotá: Universidad de Los Andes, Study Center on Economic Development, No. 42. [Coca, Cocaine and Drug Trafficking by Hernando Zuleta :: SSRN](#)
- 31 Garzón Arzón, J.C., Gévez, J.D., and Alternative Development Monitoring Team UNODC. 2018. *Who are the Families that Live in Areas with Crops: The Cadastre and the Registry of Public Instruments, the Two Main Sources of Coca? Characterization of Beneficiary Families of the National Program for Comprehensive Substitution of Illicit Crops (PNIS)*. Bogotá: FIP.
- 32 Garzón Arzón, J.C., and Riversos, J.D. 2018. *Acceso a la tierra y sustitución de cultivos ilícitos: Desafíos y oportunidades para el desarrollo rural*, Bogotá: FIP.

BOX IV

Drug enforcement and over-incarceration

In 2023, an estimated 6.1 million people worldwide were in formal contact with the formal drug-related criminal offences, with approximately two thirds of them for drug use or possession. In the same year, around 2.6 million people were prosecuted for drug-related offences, and approximately 1.4 million were convicted.^{33,34} However, the figure is likely to be higher as many people caught in possession for personal use are convicted and sentenced as traffickers.

Since 2000, there has been a much faster growth in the female prison population (66 percent) than the male prison population (20 percent). Moreover, there is a growing and disproportionate impact of pre-trial detention and prison sentences for low-level drug offences on women, particularly in the Americas³⁵ and South-East Asia, where prison overcrowding is increasingly widespread. For example, in Cambodia, the female prison population has increased nine-fold since 2020,³⁶ and around 60 percent of convictions were for drug offences.³⁷ Indonesia has seen a seven-fold increase, and Brazil, a four-fold increase over the same period, in both cases significantly driven by more and longer sentences for drug offences. The Colombian research and advocacy organization Dejusticia observed in 2016 that the number of women prisoners had increased more than five-fold since 1991 in Colombia, almost half for drug-related offences; of these women, 93 percent are mothers, and 52 percent are heads of household.³⁸

UNODC notes that “both drug use and incarceration carry stigma for both men and women, but the degree of stigma is much greater for women and may be additive, because of gender-based stereotypes that hold women to different standards.” It also notes that “upon release, women face stigma in the community because of their drug use and incarceration,

33 United Nations Office on Drugs and Crime (UNODC), *World Drug Report 2025*, “Key Findings” booklet (B1), Vienna, 2025, Available at: https://www.unodc.org/documents/data-and-analysis/WDR_2025/WDR25_B1_Key_findings.pdf

34 United Nations Office on Drugs and Crime (UNODC). 2020. *World Drug Report 2020: Other Drug Policy Issues*. <https://wdr.unodc.org/wdr2020/en/other-drug-policy-issues.html>

35 Washington Office on Latin America (WOLA). *Women Behind Bars: The Crisis of Women’s Imprisonment in Latin America*. 2020. www.wola.org/wp-content/uploads/2020/11/Final-Women-Behind-Bars-Report.pdf

36 International Centre for Prison Studies (ICPS). “World Female Prison Population Tops 60,000 in 2022”. 2022. www.icpr.org.uk/news-events/2022/world-female-prison-population-60-2000

37 Amnesty International. 2020. s. 3 June 2020. www.amnesty.org.uk/press-releases/cambodia-reforms-tackle-prison-overcrowding-must-go-further-and-put-human-rights

38 Uprimny, R., Martínez, M., Cruz, L., et al. 2016. *Women, Drug Policies, and Incarceration: A Guide for Policy Reform in Colombia*, Bogotá: Dejusticia. www.dejusticia.org/wp-content/uploads/2017/04/fi_name_recurso_866.pdf

resulting in an even greater challenge for them to access the health and social services, such as housing and employment services.”^{39,40}

Some governments are now acknowledging the negative social, health, family and community impacts of over-incarceration for minor offences, including drug offences,⁴¹ particularly among women, and introducing new approaches to mitigate these harms. Examples include Colombia’s 2023 law that provides for non-custodial community sentences for women found to be guilty drug trafficking offences and who are heads of household,⁴² and Mexico’s 2020 law that provides for a pathway for granting amnesties to people convicted of drug offences in situations of vulnerability or who are subject to coercion.⁴³

The impacts of illegal drug markets vary widely between regions. Not all illegal drug markets are characterized by violence, and some observers have identified illegal drug economies as a source of stability in some regions.⁴⁴ Yet, the impacts of the war on drugs on governance and security are a theme that runs through all of the development domains explored in this discussion paper. Meaningful responses to development challenges of promoting sustainable livelihoods, public health, human rights and environmental sustainability are made dramatically more difficult in drug market-exacerbated conflict scenarios and when governance and state institutions are being systematically held back or actively undermined. The Global Commission on Drug Policy observed that “[t]he corruption, violence and economic destabilization fuelled by the war on drugs can become serious obstacles to democratic governance, and will make it difficult, if not impossible, to achieve the SDGs by 2030 for large groups of citizens in the most affected regions.”⁴⁵

- 39 United Nations Office on Drugs and Crime (UNODC). 2018. *Women and Drugs: Drug Use, Drug Supply and their Consequences*, https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_5_WOMEN.pdf
- 40 Van Olphen, J., Eliason, M.J., Freudenberg, N., Barnes, M. 2009. *Nowhere to go: How Stigma Limits the Options of Female Drug users after Release from Jail*, *Subst Abuse Treat Prev Policy*, <https://pmc.ncbi.nlm.nih.gov/articles/PMC2685368/>
- 41 Child Welfare League of America (CWLA). 2019. *Regional Study: Childhood that Matters*. www.cwslac.org/innapes-pdd/docs/Regional-Study-Childhood-that-matters-web.pdf
- 42 Dejusticia. 2023. *Alternatividad penal para msujeres cabeza de familia: conoce sobre el servicio de utilidad publica de la ley 229/23*. www.dejusticia.org/wp-content/uploads/2023/09/Cartilla-Alternatividad-Penal_web.pdf
- 43 Elementa DDHH. 2024. *Radiografía del enfoque punitivo del sistema de prohibición de drogas durante el gobierno de AMLO*. https://elementaddhh.org/wp-content/uploads/2024/04/Datos-enfoque-punitivo_ElementaDDHH.pdf
- 44 Gutierrez, E. 2020. “The paradox of illicit economies: survival, resilience, and the limits of development and drug policy orthodoxy.” *Globalizations*, 17(6), 1008–1026. www.tandfonline.com/doi/full/10.1080/14747731.2020.1718825; Gutierrez, E. 2015. *Drugs and Illicit Practices: Assessing Its Impact on Development and Governance*. London: Christian Aid. www.christianaid.org.uk/sites/default/files/2017-08/drugs-illicit-practices-impact-development-governance-october-2015.pdf
- 45 Global Commission on Drugs. 2018. *Regulation: The Responsible Control of Drugs*. www.globalcommissionondrugs.org/wp-content/uploads/2018/09/ENG-2018_Regulation_Report_WEB-FINAL.pdf

BOX V

The Colombian Truth Commission

The Colombian Truth Commission was established as part of the 2016 Peace Accord between the Colombian Government and the Revolutionary Armed Forces of Colombia (FARC-EP). Its purpose was to document human rights abuses and highlight the causes of the armed conflict in Colombia. The Commission conducted exhaustive research and interviews with nearly 24,000 people within Colombia and among exiles living abroad.

In June 2022, the Colombian Truth Commission's final report⁴⁶ concluded that the country's conflict had not been helped, but rather was exacerbated, by the vast resources poured into fighting the 'war on drugs' over past decades: *"Drugs-trafficking and its counterpart, the 'war on drugs,' formed part of the dynamics of the armed conflict and contributed to the persistence and transformation of the war, whereby 'anything goes' to defeat the insurgency (p. 313)."*

It recognizes that prohibition-based drug policy *"has had negative political, economic, social and environmental impacts, as well as on the rights of people, communities and territories. [The 'war on drugs'] has been, perhaps, the greatest obstacle to progress in peacebuilding"* (p. 668).

As part of its recommendations to definitively end the armed conflict and lay the foundations for a stable and long-lasting peace, the Truth Commission calls for a new drug policy paradigm to take violence and exploitation out of the market. In particular, it calls for the country to move towards strict legal regulation of the drugs market (p. 672).

The Truth Commission's final report calls on Colombia to lead this paradigm shift internationally *"with the legitimacy and strength that comes from being one of the countries that has suffered the most from the consequences of violence and the war on drugs"* (p. 670). Additionally, the Truth Commission recommends that the Colombian Government seek international cooperation on drug policy, in particular with the US Government, to bring about reform (p. 672–3).

46 Comisión de la Verdad (Colombia). Hallazgos y Recomendaciones. www.comisiondelaverdad.co/hallazgos-y-recomendaciones-1



BOX VI

Brazil

Over the past two years, Brazil has undergone significant shifts in its approach to drug policy, aligning itself with broader global trends towards decriminalization and harm reduction. Rather than relying solely on prosecution and criminal responses, the Government has demonstrated a willingness to explore alternative strategies that prioritize the well-being and human rights of individuals affected by drug use and drug trafficking.

One notable development occurred in 2023 when the new Brazilian Government officially launched the Portuguese version of the International Guidelines on Human Rights and Drug Policy. This initiative marked the beginning of official discussions on updating the country's drug policy to adopt a health and human rights-based approach in line with international standards.

To facilitate the creation of an improved national drug policy, the government reinstated the National Drug Policy Council, which now includes 15 seats reserved for civil society groups. This move aims to ensure meaningful participation from various stakeholders in reviewing the existing National Plan on Drug Policy. The goal is to establish a drug policy framework that respects human rights and adheres to international human rights law.

Furthermore, the Brazilian Government has introduced several programmes over the past year to incorporate a rights-based approach into its drug policy efforts. These programmes include grant-making projects specifically targeting marginalized groups, such as Indigenous communities, women, Afro-Brazilians, and individuals residing in the outskirts of major cities. The aim of these initiatives is to empower those most affected by drug production and trafficking by involving them directly in the design and implementation of solutions. In addition, the Brazilian Government is piloting the "Housing First" model programme, which adopts a rights-based and harm reduction approach to address the housing needs of individuals who use drugs. This programme recognizes the importance of ensuring adequate housing as a fundamental human right and seeks to identify areas for improvement in terms of inclusivity and accessibility.

While the executive branch of the Government is developing these policies, there are other approaches from the different decision makers. In 2024, the Constitutional Court of Brazil decided by a majority to decriminalize the possession of marijuana for personal use. In addition, Members of the Parliament presented a Bill to criminalize the possession of any amount of drugs. This shows the challenges within governments to find the best policies and solutions for their specific realities.



Public health

In recent years, there have generally been negative developments in public health outcomes of punitive drug control efforts, despite growing resources.

According to UNODC, as of 2023, an estimated 316 million people worldwide – approximately 6 percent of the population aged 15-64 – used illicit drugs in the previous year, marking a 28 percent increase over the past decade and reflecting a growing global prevalence of drug use. Cannabis remained the most commonly used substance, followed by opioids, amphetamines, cocaine, and ecstasy-type substances. While women account for about 25 percent of people with drug use disorders, they face significantly greater barriers to care; only 1 in 18 women accessed treatment services in 2023, compared to 1 in 7 men, underscoring persistent gender inequities in service provision.⁴⁷

In 2023, out of this growing total of people using illegal drugs in the last 12 months, an estimated 244 million used cannabis, 61 million were ‘non-medical users’ of opioids (of whom half were users of plant-based opiates, mostly heroin), 31 million used amphetamines, 25 million used cocaine, and 21 million used ecstasy type substances.⁴⁸ Injecting drug use has also increased, with the most recent estimates indicating that 13.6 million people injected drugs in 2022,⁴⁹ 21 percent higher than the figure of 11.2 million for 2020,⁵⁰ a particular concern given the low coverage of needle and syringe programmes and opioid agonist maintenance therapy (OAMT).

Only a small proportion of people who use drugs experience adverse health consequences such as a substance use disorder requiring a treatment intervention, or acquiring a blood-borne infection. However, higher risk behaviours in higher risk environments, and related health harms, have also been increasing.⁵¹ Drug-related deaths increased to almost 500,000 in 2019, a 17.5 percent increase since 2009.

47 United Nations Office on Drugs and Crime (UNODC), *World Drug Report 2025*, “Key Findings” booklet (B1), Vienna, 2025. Available at: https://www.unodc.org/documents/data-and-analysis/WDR_2025/WDR25_B1_Key_findings.pdf. See also: UNODC, *World Drug Report 2024 - Drug market patterns and trends*, pp.3-4. www.unodc.org/unodc/en/data-and-analysis/wdr2024-drug-market-trends.html

48 *Ibid.*, p.5.

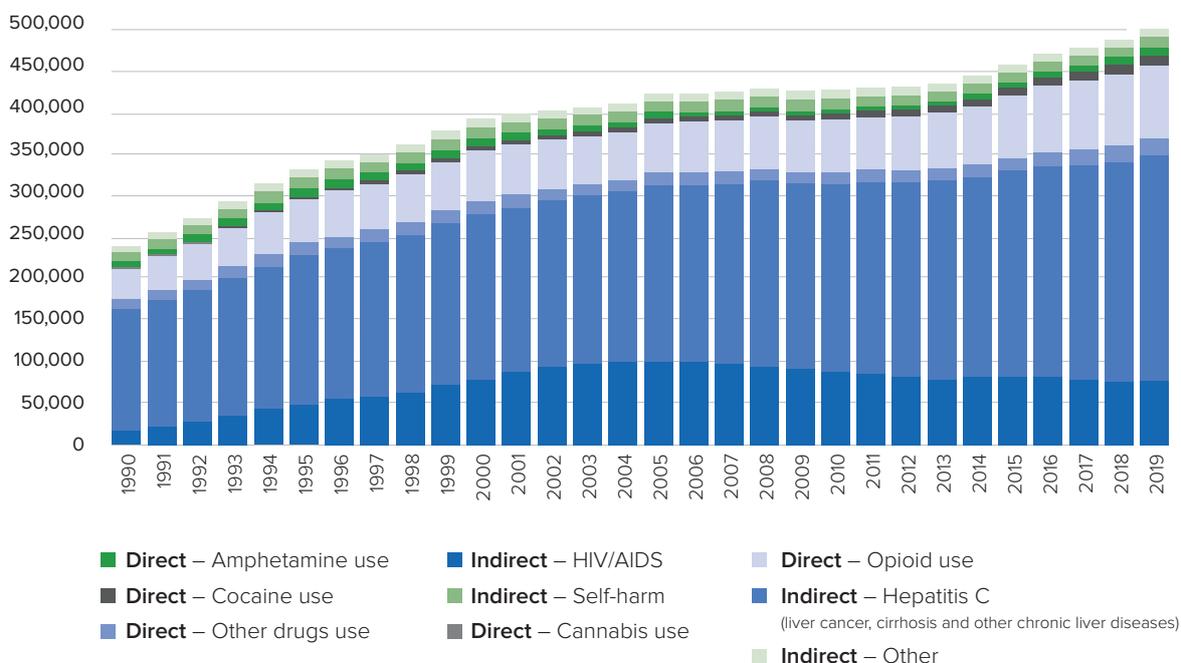
49 *Ibid.*, p.10.

50 UNODC. 2023. *World Drug Report 2023*. Executive summary, p.16. www.unodc.org/res/WDR-2023/WDR23_Exsum_fin_SP.pdf

51 UNODC. 2023. *World Drug Report 2023: Substance Use Disorders in Humafnitarian Settings*. www.unodc.org/res/WDR-2023/WDR23_B3_CH5_substance_use.pdf

Hepatitis C accounts for more than half of these deaths, a quarter of which (128,000) are related to drug use disorders, and 70 percent of which were related to opioids.⁵² There has been a particularly dramatic rise in overdose deaths over the past decade, particularly in North America, significantly driven by the penetration of synthetic opioids such as fentanyl into established illicit opioid markets previously dominated by heroin. As a result, North America witnessed a 24-fold increase in opioid-related deaths between 2010 and 2022; however, in 2023, it saw the first fall in total overdose deaths since 2018.⁵³ There were more than 74,000 fentanyl-related overdose deaths in the United States of America in 2023.⁵⁴

DEATHS AND YEARS OF HEALTHY LIFE (DALYS) ATTRIBUTABLE TO THE USE OF DRUGS, 1990–2019



Source: UNODC, World Drug Report 2023, Executive Summary, p. 23. Available at: https://www.unodc.org/res/WDR-2023/WDR23_Exsum_fin_SP.pdf

52 UNODC 2023. *World Drug Report 2023: Executive Summary*. www.unodc.org/res/WDR-2023/WDR23_Exsum_fin_SP.pdf

53 UNODC. 2024. World Drugs Report 2024 key findings, p. 24. www.unodc.org/documents/data-and-analysis/WDR_2024/WDR24_Key_findings_and_conclusions.pdf

54 Centers for Disease Control and Prevention (CDC). 2024. “U.S. Overdose Deaths Decrease in 2023, First Time since 2018.” www.cdc.gov/nchs/pressroom/nchs_press_releases/2024/20240515.htm

According to UNODC's 2025 World Drug Report and the UNAIDS 2025 Global AIDS Update, an estimated 14 million people globally injected drugs in 2023, of whom approximately 1.7 million (12 percent) were living with HIV, and 6.9 million (49 percent) with hepatitis C. According to the 2024 WHO Global Hepatitis Report, hepatitis C was responsible for approximately 475,000 deaths in 2022 -primarily due to cirrhosis and liver cancer - with people who inject drugs disproportionately affected.⁵⁵,

UNODC also estimates that there were 64 million people living with substance use disorders in 2022, of whom only 8.75 percent were receiving drug treatment; women were notably underrepresented in treatment, and civil society reports have repeatedly highlighted a lack of gender-sensitive treatment provision.⁵⁶

Structural drivers of drug-related harms

Key structural drivers of drug-related risk include criminalization, stigma, poverty, inequality and social deprivation. Health inequalities can both reflect and amplify drug-related risk behaviours. This reality manifests in increased rates of high-risk drug use, drug dependence and drug-related deaths among socially and economically marginalized groups in parallel with lower levels of provision and engagement in drug services. In Scotland, drug-related deaths in the most economically deprived areas were 15.9 times higher than in the least deprived areas in 2022.⁵⁷ These challenges are amplified further in crisis situations, again disproportionately impacting the most vulnerable, including young people, youth combatants, and displaced peoples. Rising incidence of childhood trauma in crisis situations increases the likelihood of younger initiation into high-risk patterns of drug use and the development of substance use disorders in the future.

- 55** UNODC, *World Drug Report 2025*, Available at: <https://www.unodc.org/unodc/en/data-and-analysis/world-drug-report-2025.html>. See also: UNAIDS, *The Path That Ends AIDS: Global AIDS Update 2025*. Available at: <https://www.unaids.org/en/resources/documents/2025/2025-global-aids-update> See also: WHO, *Global Hepatitis Report 2024*. Available at: <https://www.who.int/publications/i/item/9789240091672> See also: UNODC. 2024. *World Drugs Report 2024: Statistical Annex 4.1*. www.unodc.org/unodc/en/data-and-analysis/wdr2024-annex.html See also: WHO, Access to hepatitis C testing and treatment for people who inject drugs and people in prisons — a global perspective, 2019. Available at: www.who.int/publications/i/item/WHO-CDS-HIV-19.6
- 56** UNODC, *World Drug Report 2024 - Drug market patterns and trends* (p.20). www.unodc.org/unodc/en/data-and-analysis/wdr2024-drug-market-trends.html; International Drug Policy Consortium (IDPC). 2023. *Off Track: December 2023 Shadow Report for the Mid-Term Review of the 2019 Ministerial Declaration on Drugs*. <https://cdn.sanity.io/files/6u5teakk/production/5d0d66b27d7232441d3da3d66a9e990627ef8128.pdf>
- 57** Scottish Government. 2023. *National Mission for Drugs: Annual Monitoring Report 2022-2023*, Edinburgh. [National Mission on Drugs: annual monitoring report 2022-2023 - gov.scot \(www.gov.scot\)](http://www.gov.scot/national-mission-on-drugs-annual-monitoring-report-2022-2023)

The health harms of enforcement and criminalization targeting people who use drugs are well understood.⁵⁸ Stigmatization of people who use drugs combined with police violence and harassment, and discrimination by public and private actors create fear and obstacles to accessing drug treatment and harm reduction services,⁵⁹ particularly for those living in situations of vulnerability such as homelessness, or insecure immigration/residency status. In many cases the services are illegal, for example, due to laws against the distribution or possession of ‘drug paraphernalia.’ Increased enforcement against people using drugs encourages high-risk behaviours, such as hurried preparation and injecting, sharing of injecting equipment, and using drugs in unsafe and unhygienic environments, all of which increase risks of overdose, injury, as well as HIV and other blood-borne infection transmission.

The war on drugs and the response to HIV and co-infections

In recent years, there has been significant progress in addressing HIV, with fewer people acquiring HIV in 2022 than at any point since the late 1980s. This progress has, however, been unevenly spread, both geographically and within populations. SDG 3 aims to ensure healthy lives and promote wellbeing for all, and its target 3.3 aims to end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases, and combat hepatitis, water-borne diseases and other communicable diseases.⁶⁰ The indicators for this target include the number of new HIV infections disaggregated by age, sex and key population (SDG 3.3.1), the only target within the SDGs to specifically require data on people who inject drugs.

In 2023, an estimated 14 million people injected drugs globally. According to the UNAIDS 2025 Global AIDS Update, approximately 12 percent of them—around 1.7 million people—were living with HIV. HIV prevalence among people who inject drugs continues to vary significantly across regions, with rates exceeding 30 percent in Eastern Europe and some parts of Latin America, while remaining lower—around 5 percent—in Western

- 58** United Nations General Assembly. 2010. *Right of everyone to the enjoyment of the highest attainable standard of physical and mental health*, www.hr-dp.org/files/2015/06/08/GA_Annual_report_2010.pdf; Csete, J., Kamarulzaman, A., Kazatchkine, M., Altice, F., Balicki, M., Buxton, J., Cepeda, J., Comfort, M., Goosby, E., Goulão, J., Hart, C., Kerr, T., Lajous, A. M., Lewis, S., Martin, N., Mejía, D., Camacho, A., Mathieson, D., Obot, I., Ogunrombi, A., and Beyrer, C. 2016. Public health and international drug policy. *Lancet (London, England)*, 387(10026), 1427–1480. [https://doi.org/10.1016/S0140-6736\(16\)00619-X](https://doi.org/10.1016/S0140-6736(16)00619-X)
- 59** United Nations Office on Drugs and Crime (UNODC). 2018. *Resolution 61/11: Strengthening efforts to address the adverse health consequences of drug use*, Commission on Narcotic Drugs, 61st Session, Vienna. www.unodc.org/documents/commissions/CND/CND_Sessions/CND_61/CND_res2018/CND_Resolution_61_11.pdf
- 60** World Health Organization (WHO), *Communicable Diseases*. www.who.int/data/gho/data/themes/topics/sdg-target-3_3-communicable-diseases

Europe and North America, and approximately 15 to 17 percent in parts of Asia. Overall, people who inject drugs are estimated to be 14 times more likely to be living with HIV than adults in the general population.

While men are more likely than women to inject drugs, the 2025 Global AIDS Update highlights a persistent gender disparity in HIV prevalence: in countries reporting sex-disaggregated data, the median HIV prevalence among women who inject drugs is nearly twice that of men—15 percent compared to 8 percent—underscoring the heightened vulnerability of women who inject drugs to HIV and the urgent need for gender-responsive harm reduction and HIV services.⁶¹

The use of stimulant drugs is also associated with an elevated risk of HIV, hepatitis B and hepatitis C, primarily due to a higher prevalence of unprotected sex and the sharing of pipes, straws, and injection equipment. This risk is especially observed in specific populations such as men who have sex with men, sex workers, trans and gender-diverse people, people who inject drugs, and people in prison. In particular, there is a notable connection between the use of stimulant drugs and an increase in high-risk sexual behaviour. Chemsex is a growing phenomenon where individuals engage in sexual activity while taking stimulant drugs such as methamphetamine, mephedrone or gamma-hydroxybutyrate (GHB). Chemsex typically involves multiple participants and the use of multiple drugs, including injecting drug use, over an extended period of time. Chemsex, has been linked to a decrease in condom use, having sex with multiple partners without condoms, and other risky sexual behaviours that significantly raise the likelihood of transmission of HIV, hepatitis B and C, as well as other sexually transmitted infections.⁶²

People who inject drugs are one of the five key populations identified by WHO and UNAIDS as most at risk of HIV due to the barriers they face in accessing or utilizing HIV prevention, and treatment services, including pre-exposure prophylaxis and antiretroviral therapy⁶³. The UNAIDS 2023 Global AIDS Update, for instance, confirms that “[t]he violence, discrimination and social exclusion [key populations] experience increases their vulnerability to HIV and reduces access to health-care services and prevention tools and information”.⁶⁴

While there has been an increase in the number of countries that provide access to harm reduction in recent years, this number is still relatively low. Harm Reduction International reports that, in 2023, 109 countries supported harm reduction in policy or practice, 92 implemented needle and syringe programmes, 88 offered opioid agonist therapy, and only 17 had advanced facilities such as overdose prevention centres (also sometimes

⁶¹ See: UNAIDS 2025 Global AIDS Update. See also: UNODC, 2025 World Drug Report.

⁶² WHO. 2022. Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations. www.who.int/publications/i/item/9789240052390

⁶³ Ibid.

⁶⁴ UNAIDS. 2023. UNAIDS 2023 Global AIDS Update. Pathways to Success in the HIV Response, [2023_report_chapter_1.pdf \(unaids.org\)](https://www.unaids.org/sites/default/files/media_asset/2023-report-chapter-1.pdf)

called safer injection rooms, or supervised drug consumption facilities).⁶⁵ In many cases, however, the coverage is limited, with only a few centres providing services. WHO and UNAIDS recommend that countries provide 300 sterile needles and syringes per person who injects drugs per year and ensure that 50 percent of people who inject drugs are accessing OAMT. However, in 2019, research noted that only 1 percent of people who use drugs lived in countries that reported meeting these targets. Since then, no other country has reported achieving the targets.⁶⁶

Even where harm reduction programmes exist, legal and social barriers can prevent people from accessing them, and due to the failure to design them in collaboration with women, young people, or Indigenous People who use drugs, they are often not accessible to these groups. The independent Global Commission on HIV and the Law in 2012 highlighted criminalization of drug possession and use as a key structural barrier to accessing harm reduction for vulnerable populations, noting that “fear of arrest drives key populations underground, away from HIV and harm reduction programmes”, and additionally that “Incarceration and compulsory detention exposes detainees to [HIV risk from] sexual assault and unsafe injection practices, while condoms are contraband and harm reduction measures (including antiretroviral medicines) are denied”.⁶⁷ The United Nations System Common Position on Drugs calls for increased investment in the provision of harm reduction services to reduce new HIV infections, and for “changes in laws, policies and practices that threaten the health and human rights of people”. It also calls for the decriminalization of drug possession for personal use and reducing the stigmatization of people who use drugs.⁶⁸ The 2021 Political Declaration on HIV and AIDS draws attention to the “marginalization of and discrimination against people who use drugs, particularly those who inject drugs, through the application of restrictive laws” and the disproportionate risks that they face, particularly for women and young people who use drugs, due to barriers to accessing treatment and harm reduction services.⁶⁹

65 Harm Reduction International. 2022. *The Global State of Harm Reduction 2022*. https://hri.global/wp-content/uploads/2022/11/HRI_GSHR-2022_Full-Report_Final.pdf; see also: 2023 key data update <https://hri.global/publications/global-state-of-harm-reduction-2023-update-to-key-data>

66 Colledge-Frisby, S., Ottaviano, S., Webb, P., Grebely, J., Wheeler, A., Cunningham, E.B., Hajarizadeh, B., Leung, J., Peacock, A., Vickerman, P., Farrell, M., Dore, G.J., Hickman, M, and Degenhardt, L. 2023. Global coverage of interventions to prevent and manage drug-related harms among people who inject drugs: a systematic review. *Lancet*. [www.thelancet.com/journals/langlo/article/PIIS2214-109X\(23\)00058-X/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(23)00058-X/fulltext)

67 Global Commission on HIV and the Law. 2012. *Risks, Rights & Health. Report – Global Commission on HIV and the Law*

68 United Nations System Common Position Supporting the Implementation of International Drug Control Policy. 2018. <https://unsceb.org/united-nations-system-common-position-supporting-implementation-international-drug-control-policy>

69 United Nations Joint Programme on HIV/AIDS (UNAIDS). 2021. *Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End Aids by 2030*. Seventy-fifth session. Agenda item 10: Implementation of the Declaration of Commitment on HIV/AIDS and the political declarations on HIV/AIDS. 74th Plenary Meeting, 8 June 2021. www.unaids.org/sites/default/files/media_asset/2021_political-declaration-on-hiv-and-aids_en.pdf

The 2021–2026 Global AIDS Strategy set a target that by 2025, less than 10 percent of countries will criminalize the possession of small amounts of drugs.⁷⁰ UNAIDS has noted that among people who use drugs, “intersecting discrimination and vulnerability lead to certain groups within key populations facing even higher levels of exclusion”. HIV prevalence is particularly high among women who inject drugs, which is due, among other factors, also to gender norms and inequalities, added vulnerability to sexual violence, and engagement in unsafe sex work.⁷¹

Modelling of decriminalization combined with enhanced harm reduction and antiretroviral therapy for the Eastern European and Central Asian regions suggest that programme costs could be reduced by 17–26 percent, and the numbers of new infections among people who inject drugs could fall between 60 and 80 percent, varying by country.⁷²

People working in illicit drug markets face similar stigma and barriers to accessing HIV prevention and treatment services, as well as risks of increased exposure if incarcerated, where access to services is further reduced. These issues are particularly acute for women and mothers fearful of legal consequences that could impact access to their children, and for those at the intersection of drug use and participation in illicit drug supply or sex work.

The most successful HIV programmes have been those that target vulnerability and adopt people-centred, evidence- and rights-based approaches, developed in partnership with people who use drugs, and addressing underlying structural drivers of risk. Ending criminalization of people who use drugs is a key element of these programmes, but remains far from the norm, since 145 countries still criminalizing drug possession/use according to UNAIDS.⁷³ The lessons for drug policy from the HIV response arguably go further. It is also important to consider how failing supply-side drug control models exacerbate marginalization and vulnerability, undermine civic institutions and good governance, and direct resources into harmful punitive enforcement, often at the expense of proven but chronically underfunded health service provision.

70 United Nations Joint Programme on HIV/AIDS (UNAIDS). *Global AIDS Strategy 2021–2026*. www.unaids.org/sites/default/files/media_asset/global-AIDS-strategy-2021-2026_en.pdf

71 United Nations Joint Programme on HIV/AIDS (UNAIDS). 2023. *2023 UNAIDS Global AIDS Update*. www.unaids.org/sites/default/files/media_asset/2023-unaids-global-aids-update_en.pdf

72 National Center for Biotechnology Information (NCBI). 2022. “Switching from a criminalization to a public health approach to injecting drug use in Eastern Europe and Central Asia: A modelling analysis of the costs and impact on HIV transmission”. www.ncbi.nlm.nih.gov/pmc/articles/PMC8762142/

73 United Nations Joint Programme on HIV/AIDS (UNAIDS). *2023 UNAIDS Global AIDS Update*. www.unaids.org/sites/default/files/media_asset/2023-unaids-global-aids-update_en.pdf

Public health impacts of drug policy reform

In addition to the stigmatization and marginalization of people who use drugs, UNODC has described another “unintended consequence” of drug control as “policy displacement” from health to law enforcement.⁷⁴ ‘Policy displacement’ is a process by which resources are drawn away from proven public health interventions and redirected into frequently ineffective or actively counterproductive security and punitive enforcement responses. The opportunity cost of drug enforcement spending on drug service provision are stark. In most jurisdictions, resources directed towards drug enforcement eclipse those available for drug service provision and health responses by many orders of magnitude.

Harm Reduction International has noted that the estimated US\$100 billion spent on global punitive drug enforcement annually is over 750 times the amount invested in harm reduction in low- and middle-income countries. There is a 95 percent shortfall in meeting the resource needs for harm reduction, i.e. donors and governments have only provided US\$131 million of the US\$2.7 billion that UNAIDS has estimated to be required annually by 2025. A relatively small shift in resources from punitive drug control efforts would fully address this. The failure to invest in evidence-based and cost-effective harm reduction, and the overemphasis on punitive approaches undermine state obligations to the right to health and threaten global health goals.⁷⁵ A particularly egregious example is the use of development aid budgets, intended to improve health and welfare outcomes in poorer countries, to perpetuate punitive drug enforcement in low- and middle-income countries.⁷⁶

Decriminalization reforms, such as those in Portugal, have notably reduced spending on user-level police enforcement and across the criminal justice system, including through reductions in incarceration.⁷⁷ This has helped to justify the increased spending on drug treatment, harm reduction and support services accompanying, and enabled by, Portugal’s legal reforms, which have reduced stigma and led to more people coming forward to access services. Decriminalization of possession and use will, however, often leave budgets for supply-side enforcement unaffected. Even when people who use drugs are no longer criminalized, demand is still met through illegal supply chains largely controlled by OCGs.

The displacement of illegal markets with legally regulated markets presents a potential opportunity to redirect some savings from supply-side enforcement budget redundancy to health and social programmes, address long-unmet needs for drug services, and support wider development goals. The budgetary impact of enforcement savings could additionally

⁷⁴ United Nations Office on Drugs and Crime (UNODC). 2008. *World Drug Report 2008*. www.unodc.org/documents/wdr/WDR_2008/WDR_2008_eng_web.pdf

⁷⁵ Harm Reduction International. 2021. *Failure to Fund: The Continued Crisis for Harm Reduction Funding*. <https://hri.global/flagship-research/funding-for-harm-reduction/failure-to-fund>

⁷⁶ Harm Reduction International. 2023. *Aid for the War on Drugs: Donor Contributions to Drug Control*. <https://hri.global/publications/aid-for-the-war-on-drugs>

⁷⁷ Transform Drugs. 2021. *Drug Decriminalization in Portugal: Setting the Record Straight*. [Drug decriminalisation in Portugal: setting the record straight. | Transform](https://transformdrugs.org/decriminalisation-in-portugal-setting-the-record-straight/)

be bolstered by tax revenues accruing from sales, income and profits, as well as licence fees in any retail markets.

In some jurisdictions where cannabis is legal, a proportion of sales tax has been designated to health and social programmes. In Illinois, United States of America, 20 percent of state taxes go to community services to “address substance abuse... prevention and mental health concerns”, and 2 percent to the Drug Treatment Fund to assist in its public education campaign and analysis of public health impacts as a result of regulation.⁷⁸ In Colorado, around 60 percent of the 15 percent sales tax on cannabis retail is directed to the Marijuana Tax Cash Fund, which must be allocated to health care, health education, substance use prevention and treatment programmes, as well as law enforcement.⁷⁹

Interventions in broader drug markets also offer opportunities to use regulatory levers to encourage safer use of safer drug preparations and products in safer environments. Controls on price, potency, preparation and availability can be differentially applied to make riskier products relatively less available, or in some cases unavailable, and safer products relatively more available. Availability controls can also restrict access for vulnerable populations, especially, children and youth, through age access restrictions similar to those for alcohol, tobacco and pharmaceutical sales, which are entirely absent in illegal markets. Placing greater restrictions on riskier products, including maintaining prohibitions on the supply of some drugs or preparations, can invert the economic dynamics of illegal supply chains that have tended to tilt the market towards more potent, profitable and risky products and preparations. This explains why, for example, coca leaf, opium products and ephedra tea are difficult or impossible to access in most illegal markets, but cocaine powder and crack, injectable heroin, synthetic opioids and methamphetamine are often more easily available.

The public health impacts of movements towards regulation are highly dependent on the drug in question, the existing conditions in the jurisdiction, and the regulatory frameworks adopted for different drugs or drug preparations. Wider parallel drug policy considerations, such as provision of prevention, treatment and harm reduction interventions, will also have a crucial role, as indeed will wider social and development policy that shapes the underlying structural drivers of drug using behaviours and drug markets. While there is a substantial body of evidence on the impacts of different regulatory models for alcohol and tobacco, which inform good practice guidance from United Nations agencies,⁸⁰ and regulation of medicines, such as for substitute prescribing treatments, much of the debate on the regulation of currently illegal drugs remains speculative. This is because legal

78 Government of Illinois.2019. *Adult Use Cannabis Summary (24 June)*. [Microsoft Word - 06.24.19 final cannabis bill summary.docx \(Illinois.gov\)](#)

79 Colorado General Assembly. Legislative Council Staff, *Marijuana Taxes*. <https://leg.colorado.gov/agencies/legislative-council-staff/marijuana-taxes%C2%A0>

80 World Health Organization (WHO). *Global Alcohol Strategy*. www.who.int/teams/mental-health-and-substance-use/alcohol-drugs-and-addictive-behaviours/alcohol/governance/global-alcohol-strategy

market regulation has not been widely implemented outside of medical contexts, with the exception of cannabis.

The growing number of jurisdictions implementing legal cannabis markets offer some useful early lessons on the impacts of different policy approaches. Yet, the variation in models and approaches also demands caution in making generalizations. These models range from the strict government control model in Uruguay, and the non-commercial associations model in Malta, to the more commercially oriented models in some U.S.A. states. As the International Narcotics Control Board (INCB) has noted, in this policy arena, comparative analysis of highly diverse regulatory regimes across varied socio-economic and political landscapes and teasing out impacts of reforms from wider environmental variables, is challenging.⁸¹ Both UNODC and INCB have noted that changes in people's openness in surveys and engagement with medical professionals are likely to be influenced by the legal status of the behaviours in question, before and after a reform process.⁸²

Furthermore, as INCB also notes, many of these policies have only been implemented in recent history and are still being established and therefore do not yet have data to make adequate assessments, at least on medium- to long-term impacts. Filtering of data through different political lenses can also distort the picture, as INCB observed: "Given this multifaceted and complex picture, it is hardly possible to make general statements and conclusions on the impact of legalization."⁸³ Failings in alcohol, tobacco and pharmaceutical regulation also highlight the potential for negative public health consequences of moves towards legally regulated supply for non-medical use of cannabis or other drugs without adequate policy safeguards. Inadequately regulated commercial retail models can create incentives for profit-seeking market actors to attract new consumers, encourage increased consumption, target vulnerable populations such as youth, or encourage more risky consumption, for example, of more potent products. The Pareto principle describes consumption patterns of most drugs, in which a relatively small minority of consumers (20 percent) account for the majority of most drugs consumed (80 percent). For cannabis, tobacco and alcohol, high frequency or daily users are the most profitable market sector (e.g. 4 percent of the heaviest drinkers in the United Kingdom provide 23 percent of alcohol industry revenue, and 25 percent of the heaviest drinkers, around 68 percent of revenue⁸⁴), and are also at the greatest risk of health harms.

81 International Narcotics Control Board (INCB). 2022. *Report of the International Narcotics Control Board for 2022*. www.incb.org/incb/en/publications/annual-reports/annual-report-2022.html

82 International Narcotics Control Board (INCB). *Analysis of the Trend to Legalize the Non-Medical Use of Cannabis 2021*. www.incb.org/documents/Publications/AnnualReports/AR2022/Annual_Report_Chapters/040_Chapter_1.pdf; United Nations Office on Drugs and Crime (UNODC). 2022. *World Drug Report 2022*, p. 30. www.unodc.org/res/wdr2022/MS/WDR22_Booklet_3.pdf

83 International Narcotics Control Board (INCB). 2022. *Analysis of the Trend to Legalize the Non-Medical Use of Cannabis 2021*. www.incb.org/documents/Publications/AnnualReports/AR2022/Annual_Report_Chapters/040_Chapter_1.pdf

84 Bhattacharya, A., Angus, C., Pryce, R., Holmes, J., Brennan, A., and Meier, P. S. 2018. How dependent is the alcohol industry on heavy drinking in England? *Addiction*. <https://doi.org/10.1111/add.14386>

UNODC, commenting on the implications of cannabis legalization, has identified the need to “[p]rioritize public health and safety as commercial interests lobby to expand the market for legal cannabis” and to “[d]raw from the lessons learned from the tobacco, alcohol and ultra-processed food industries as well as the pharmaceutical industry and documented cases where the pursuit of commercial interests has targeted vulnerable or disadvantaged groups, and competed with public health concerns”.⁸⁵

These lessons demonstrate, for example, that product marketing, advertising, branding, sponsorship and promotions can lead to increased consumption, with a particular concern regarding the targeting vulnerable groups, including youth. Responsible public health-led regulation would heavily restrict or ban such marketing altogether, as has been recommended and widely adopted under the WHO Framework Convention on Tobacco Control.⁸⁶ Certain drugs or product categories may also be associated with specific risks. High-potency cannabis extracts, for example, may be more associated with increased consumption and risk of dependence. Legal availability of cannabis-infused edibles, especially when sold and marketed as candies/sweets, has been associated with an increase in accidental child poisonings.⁸⁷ Again, as UNODC indicated, there are lessons to be drawn from successful regulatory interventions in both alcohol and tobacco markets regarding potency controls and marketing, which should inform design of emerging markets.

The goal of all regulation policy is managing and minimizing risks. While legally regulated markets can reduce specific risks associated with unregulated drug production and supply, they can also create or exacerbate other risks if regulation is ill-considered, or its priorities misaligned. Policy and regulatory design are critical to realizing potential public health goals. However, the risks point to a need for, incremental and carefully monitored and evaluated policy development that prioritizes public health. There should be a particular focus on high-risk behaviours and use among vulnerable populations, and on ensuring that commercial objectives do not distort policymaking.

More comprehensive United Nations guidance on good practice informed by affected communities such as people who use drugs, and by experiences with the regulation of emerging and existing legal markets, and specific guidance on minimum standards, monitoring and evaluation would be useful inputs in reform and public discourse.

85 United Nations Office on Drugs and Crime (UNODC). 2022. *World Drug Report 2022*. Executive Summary, Policy Implications, p. 20. www.unodc.org/res/wdr2022/MS/WDR22_Booklet_1.pdf

86 World Health Organization (WHO), *WHO Framework Convention on Tobacco Control: Overview*. <https://fctc.who.int/who-fctc/overview>

87 Manthey, J., Hayer, T., Jacobsen, B., Kalke, J., Klinger, S., Rehm, J., Rosenkranz, M., Verthein, U., Wirth, M., Armstrong, M., Myran, D., Pacula, R., Queirolo, R., Zobel, F. 2023. *Effects of legalizing cannabis: Technical Report*. Institut für interdisziplinäre Sucht- und Drogenforschung (ISD), Hamburg, Germany. Funded by the German Ministry of Health. www.bundesgesundheitsministerium.de/fileadmin/Dateien/5_Publikationen/Drogen_und_Sucht/Abschlussbericht/ECaLe_Technical_Report.pdf

BOX VII

Mitigating the risks of corporate capture

The phenomenon of ‘corporate capture,’ also referred to as ‘regulatory capture’ creates a range of risks to public health and sustainable development goals in any regulated drug markets. ‘Corporate capture’ refers to actions or processes through which corporate entities pursue profit and power by “exerting undue influence over domestic and international decision-makers and public institutions.” Such activities may weaken regulatory powers, as well as “undermine the realization of human rights and the environment by exerting undue influence over domestic and international decision-makers and public institutions.”⁸⁸

Corporate capture’s corrosive impacts on public health have long been evident in global alcohol, tobacco and pharmaceutical industries in which a small number of transnational corporations have assumed control over a majority of the global market. Where profit margins are threatened, these corporations have used their economic and legal power to influence governments worldwide to derail, delay or water down regulations designed to protect public health, labour rights or the environment. Concerns have been expressed by both opponents and advocates for cannabis legalization/regulation that emerging legal cannabis industries are following a similar pattern.⁸⁹ Speculative investment combined with market consolidation have already seen a number of multi-billion dollar transnational cannabis corporations emerging, particularly in North America – many now with interests that span medical and non-medical products, and that are supported by billion-dollar investments from large transnational alcohol and tobacco corporations. Emerging medical cannabis industries in Latin America, for example, have been almost entirely colonized by companies from the Global North. The exacting requirements of producing medical-grade cannabis products for export to global markets create technical and resource barriers to entry for local actors and give established international corporate entities a natural advantage. In a pattern also witnessed in U.S. states, once a medical cannabis industry is established in a new territory, the companies are then ideally positioned to exploit emerging opportunities in the non-medical cannabis sector if and when reforms allow it.

Mitigating risks of corporate capture in emerging licit drug markets has become a priority for a number of civil society organisations who have highlighted the importance of building such mitigation into emerging policy and legislation from the outset, rather than having

88 ESCR-Net. *Corporate Capture*. www.escr-net.org/corporateaccountability/corporatecapture/about

89 See, for example, Smart Approaches to Marijuana (SAM). *Homepage*. <https://learnaboutsam.org>; Parabola Center. *Resources*. www.parabolacenter.com/resources; and IDPC (International Drug Policy Consortium). 2020. *Principles for the Responsible Legal Regulation of Cannabis*, <https://idpc.net/publications/2020/09/principles-for-the-responsible-legal-regulation-of-cannabis>

to be reverse-engineered later once harmful market structures have already become entrenched. ⁹⁰ Some suggested approaches are:

- implementing equity programmes that encourage a diverse market, including participation of communities disproportionately impacted by drug enforcement (see p.18);
- implementing robust anti-trust/anti-monopoly measures and protecting infant industries;
- limiting the number of production or retail licences available to any one commercial entity in a given jurisdiction;
- restricting market access for ‘bad actors’ (such as tobacco companies);
- exploring options for non-commercial market models - including state monopolies over part or all of the supply chain, ‘for benefit’ corporations or social enterprises, and not-for-profit cooperatives and associations (see box VIII).

90 Parabola Center. 2023. *Anti-Monopoly Toolkit*. www.parabolacenter.com/img/anti-monopoly-marijuana-toolkit.pdf



BOX VIII

Not-for-profit membership-based cannabis associations

The not-for-profit association model for cannabis, sometimes known as collectives, social clubs, or co-operatives when operating under group ownership, was pioneered in Spain by civil society taking advantage of the decriminalized status of small-scale cannabis cultivation for personal use to grow and share cannabis collectively among members operating on a not-for-profit basis. Absent profit incentives to initiate new users, such associations can potentially offer a more public health- and community-oriented alternative to large-scale commercial retail cannabis markets.

The Spanish ‘cannabis social clubs,’ although not formally regulated, have subsequently served as a blueprint for the non-profit associations adopted as part of formal legal frameworks in Uruguay, Malta, and Germany. Similar proposals are in development as part of reforms in Czechia and Colombia.

Malta has described its reforms, which permit small-scale home growing of cannabis for personal use alongside the cannabis associations, as a ‘partial decriminalization’ of cannabis. They state that this approach is:

[p]rioritizing public health and the role of a democratic and bottom up-approach to the communal cultivation of cannabis...[that] brings to the fore the relationship between regulation and responsible use.

They also state that:

[a]ssociations occupy a pivotal role to establish strong harm reduction protocols and a non-commercial approach, therefore one prioritizing health before profit. This public health framework complements ARUC’s [Authority for the Responsible Use of Cannabis] mission of transitioning cannabis policy from a predominantly stigmatized and dehumanized environment towards a more inclusive and people centred approach.⁹¹

Advocates for the model have argued that, as well as the benefits to the association members of regulated supply and supportive harm reduction-oriented community environment, wider society also benefits through the undermining of the illegal market, and avoidance of an over-commercialized retail market and its attendant risks of corporate capture and profit incentives to increase use.

91 ARUC (Authority for the Responsible Use of Cannabis). Harm Reduction. (Malta). <https://aruc.mt/harmreduction>

Uruguay has established a formally licensed and regulated not-for-profit association model, alongside a licensed pharmacy retail cannabis model, licensed home growing and prescription medical provision, usefully demonstrating how multiple drug supply options can exist in parallel. In Malta's cannabis model, by contrast, the membership-based not-for-profit associations and decriminalized small-scale home-growing are the only formal source of cannabis for non-medical use.



BOX IX

Innovative prescription access and ‘safer supply’ models

Provision of certain psychoactive drugs by prescription for medical purposes to people with substance use disorders, is a well-established treatment and harm reduction model. It has most commonly been used for people using opioids, but also with other drugs such as amphetamines and benzodiazepines. This treatment aims to stabilize use with safer pharmaceuticals and paraphernalia, reducing risks of illicit use and engagement with illicit markets while bringing vulnerable and often hard-to-reach populations into contact with treatment and other support services. These prescriptions require following a range of policies and practices and can include synthetic opioids such as methadone or buprenorphine for people using illegal heroin. In some cases, treatment can involve prescribing morphine or diamorphine, often for consumption under clinical supervision.⁹²

This treatment-based provision of drugs is not available in many countries,⁹³ but as a medical intervention, it is permitted by the United Nations drug treaties. Methadone and buprenorphine are both on the WHO List of Essential Medicines for treatment of opioid dependence or use disorders. While these types of legal prescriptions are not, therefore, technically part of the debate on ‘legalization’, except at the national level in certain countries where they remain illegal, there is a clear crossover. For individuals who shift from using illegal street heroin to using legally prescribed diamorphine in a supervised setting, both their use and supply has effectively been ‘legalized.’ Proposals for risk-based legal regulation of drug markets more generally often include prescription-only supply for drugs associated with major morbidity and mortality increases such as injectable opioids.⁹⁴

In addition to positive health benefits of such interventions, legal drug provision via medical prescription can have significant impacts in reducing the scale of illicit drug markets and related harms. For example, in Switzerland, an early pioneer of diamorphine -assisted treatment, research suggests that the 10–15 percent of heroin users eligible for the treatment were using 30–60 percent of all illegal heroin.⁹⁵ There is also potential for traditional illegal drug crop growers to transition to legal provision for the medical market as a form of alternative development (see box I).

92 European Union Drugs Agency (EMCDDA). 2012. New heroin-assisted treatment. www.emcdda.europa.eu/publications/insights/heroin-assisted-treatment_en

93 Harm Reduction International (HRI). Global State of Harm Reduction 2023: Update to Key Data. <https://hri.global/publications/global-state-of-harm-reduction-2023-update-to-key-data/>

94 Transform Drug Policy Foundation. Models of Regulation <https://transformdrugs.org/drug-policy/models-of-regulation>

95 Killias, M., and Aebi, M. F. 2000. The impact of heroin prescription on heroin markets in Switzerland. In UNODC (Ed.). Crime Prevention Studies, Vol.11, pp. 83–99. University of Lausanne, Switzerland <https://transformdrugs.org/assets/files/PDFs/impact-of-heroin-prescription.pdf>

The concept of medically prescribed substitute drugs has witnessed an evolving dynamic in some jurisdictions. ‘Safer supply’ or ‘safe supply’ models emerged in Canada in recent years in response to the rapid increase in the adulteration of drug supply, particularly, although no longer exclusively, fentanyl adulteration of heroin, driving a dramatic surge in overdose-related deaths.

According to the Canadian Government:

*Safer supply refers to providing prescribed medications as a safer alternative to the toxic illegal drug supply to people who are at high risk of overdose. Safer supply services can help prevent overdoses, save lives, and connect people who use drugs to other health and social services.*⁹⁶

‘Safer supply’ approaches generally involve lower-threshold, more flexible access to a wider range of prescribed drugs than more established prescribing models. In Canada, some safer supply models have expanded beyond more familiar opioid prescribing to include stimulants and benzodiazepines. This is a direct response to the specific need for wider regulated availability among vulnerable populations created by the ongoing toxic drug supply crisis. As an innovative emergency response intervention seeking to reduce a specific harm created by illegal supply, the evidence base for ‘safer supply’ models is promising but still developing,^{97,98} and like most harm reduction innovations, it has attracted a degree of controversy and political pushback.⁹⁹ Some efforts and proposals have been made to use lower potency plant-based drug preparations as forms of treatment such as various formulations of opium^{100,101} and kratom for people using heroin or pharmaceutical opioids, and coca leaf or cannabis for people using crack. These have mostly been small-scale, often informal projects, or forms of self-medication, rather than methodologically rigorous trials. As a result, potential risks or cost-effectiveness as more accessible alternatives to more expensive pharmaceutical treatments have yet to be established.

96 Health Canada. *Safer Supply*. www.canada.ca/en/health-canada/services/opioids/responding-canada-opioid-crisis/safer-supply.html

97 Slaunwhite, A., Eun Min, J., Palis, H., Urbanoski, K., Pauly, B., Barker, B., Crabtree, A., Bach, P., Krebs, E., Dale, L., Meilleur, L., and Nosyk, B. 2024. Effect of Risk Mitigation Guidance for opioid and stimulant dispensations on mortality and acute care visits during dual public health emergencies: retrospective cohort study. *British Medical Journal*, 384. doi:10.1136/bmj-2023-076336

98 Ledlie, S., Garg, R., Cheng, C., Kolla, G., Antoniou, T., Bouck, Z., Gomes, T. 2024. Prescribed safer opioid supply: A scoping review of the evidence. *International Journal of Drug Policy*, 125, 104339. <https://doi.org/10.1016/j.drugpo.2024.104339>

99 Roberts, E., and Humphreys, K. 2023. “Safe Supply” Initiatives: Are They a Recipe for Harm Through Reduced Health Care Input and Supply-Induced Toxicity and Overdose? *Journal of Studies on Alcohol and Drugs*, 84(4), 644-647. doi:10.15288/jsad.23-00054

100 Nikoo, M., Kianpoor, K., Nikoo, N., Javidanbardan, S., Kazemi, A., Choi, F., Vogel, M., Gholami, A., Tavakoli, S., Wong, J.S.H., Moazen-Zadeh, E., Givaki, R., Jazani, M., Mohammadian, F., Moghaddam, N.M., Schütz, C., Jang, K., Akhondzadeh, S., and Krausz, M. 2023. Opium tincture versus methadone for opioid agonist treatment: a randomized controlled trial. *Addiction*. Feb;118(2):284-294. <https://pubmed.ncbi.nlm.nih.gov/35971297/>

101 The Tribune. 2018. Congress candidate Dr Dharamvira Gandhi bats for legalised cultivation of opium in Punjab. www.tribuneindia.com/news/punjab/dharamvira-bats-for-legalised-cultivation-of-opium-in-punjab-620552



Human rights

The UNDP 2015 discussion paper, 'Addressing the development dimensions of drug policy',¹⁰² provides an overview of the wide array of human rights abuses that have resulted, directly or indirectly, from punitive global drug control efforts. In subsequent years, this critical issue has received increased attention within United Nations fora. A key landmark was the 2019 publication of the International Guidelines on Human Rights and Drug Policies,¹⁰³ developed by experts and community leaders in a consultative process spearheaded by UNDP and the University of Essex, in collaboration with WHO, OHCHR and UNAIDS.

The long-standing commitment to conformity with international human rights law and standards in drug control, even if largely absent from the drug treaties, can be traced back to the 1990s. These concerns have, however, assumed a greater degree of urgency and specificity in recent years. Notable contributions in this context include a series of joint statements from human rights special procedures,¹⁰⁴ most recently in 2023:

The 'war on drugs' may be understood to a significant extent as a war on people. Its impact has been greatest on those who live in poverty, and it frequently overlaps with discrimination directed at marginalized groups, minorities and Indigenous Peoples. In our reporting and experience, we have found that such discriminatory impact is a common element across drug policies with regard to the widest range of human rights, including the right to personal liberty; freedom from torture, ill-treatment and forced labour; fair trial rights; the right to health, including access to essential medicines, palliative care, comprehensive drug prevention and education, drug treatment, and harm reduction; the right to adequate housing; freedom from discrimination and the right to equal treatment before the law; right to a clean,

102 United Nations Development Programme (UNDP). *Addressing the Development Dimensions of Drug Policy*. www.undp.org/publications/addressing-development-dimensions-drug-policy

103 International Guidelines Human Rights and Drug Policy. wwwsw.humanrights-drugpolicy.org/

104 United Nations Working Group on Arbitrary Detention, Special Rapporteur on extrajudicial, summary or arbitrary executions, Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Special Rapporteur on the right of everyone to the highest attainable standard of mental and physical health, Committee on the Rights of the Child, *Joint Open Letter on the Occasion of the United Nations General Assembly Special Session on Drugs*. 2016. www.ohchr.org/sites/default/files/Documents/Issues/Health/UNGASS-joint_OL_HR_mechanisms_April2016.pdf

environment; cultural rights and freedoms of expression, religion, assembly and association.¹⁰⁵

The foregrounding of human rights considerations in the United Nations System Common Position on Drugs from the United Nations System Chief Executives Board for Coordination was another important moment in upholding human rights in drug policy.¹⁰⁶ More recently, in 2023, the OHCHR report, *Human rights challenges in addressing and countering all aspects of the world drug problem*,¹⁰⁷ provided “a comprehensive description of the role of the punitive drug policy driving systematic human rights violations”, together with recommendations for how they can be addressed.¹⁰⁸ The OHCHR report was mandated by the Human Rights Council Resolution 52/24, which represented important progress in language agreed by Member States on a resolution on drugs.

The series of reports by international human rights institutions paint a bleak picture of human rights abuses that, despite being recently highlighted in multilateral fora, and some positive developments, remain a critical and growing challenge. Analysis from the global advocacy network International Drug Policy Consortium (IDPC) describes how, since 2019, ‘the international community’s effort to address drug responses ‘not in conformity with applicable international human rights obligations’ has been unequal, and largely insufficient’. IDPC specifically note that, “only 21 percent of the civil society respondents reported that the human rights situation had improved in their country or region, while 43 percent noted it had worsened,” with the trend most negative in Asia and the Pacific.¹⁰⁹

A theme throughout the detailed United Nations and civil society analysis of drug control-related human rights abuses is the disproportionate burden borne by marginalized groups, i.e. children and youth, people of African descent and other racialized minorities, Indigenous Peoples, women, people who use or inject drugs, especially those experiencing substance use disorders, economically marginalized people, and people in crisis settings.

The recommendations in the 2023 OHCHR report, building on those in the 2019 International Guidelines on Human Rights and Drugs Policy and on calls from many

¹⁰⁵ UN Experts, “UN Experts Call for End to Global War on Drugs”. www.ohchr.org/en/press-releases/2023/06/un-experts-call-end-global-war-drugs

¹⁰⁶ United Nations System Common Position Supporting the Implementation of International Drug Control Policy. <https://unsceb.org/united-nations-system-common-position-supporting-implementation-international-drug-control-policy>

¹⁰⁷ United Nations Office of the High Commissioner for Human Rights (OHCHR). 2023. *Human Rights Challenges in Addressing and Countering All Aspects of Drug Policy*. www.ohchr.org/en/documents/thematic-reports/ahrc5453-human-rights-challenges-addressing-and-countering-all-aspects

¹⁰⁸ International Drug Policy Consortium (IDPC). 2023. *Off Track: December 2023 Shadow Report for the Mid-Term Review of the 2019 Ministerial Declaration on Drugs*. <https://cdn.sanity.io/files/6u5teakk/production/5d0d66b27d7232441d3da3d66a9e990627ef8128.pdf>

¹⁰⁹ Ibid.

civil society organizations, address a whole range of State’s human rights obligations. Among these obligations, the OHCHR report urges states to stop or prevent specific human rights abuses, such as: ending criminalization and mass incarceration of people who use drugs; ending the use of the death penalty and corporal punishment for drug offences; avoiding militarized drug enforcement; and ending the disproportionate impacts of discriminatory law enforcement and sentencing policies on marginalized groups, such as people of African descent. The report also calls on states to ensure their obligations under international law to guarantee that certain rights are realized. This includes the scaling up of drug service provision and the consideration of the specific needs of women, Indigenous Peoples, and people who use drugs in drug policy design and implementation so as to realize the right to health in a non-discriminatory fashion. As the OHCHR report notes, “Drug control policies should be understood as a way of achieving broader objectives, including the protection of human rights, in particular the right to health, ensuring equality and non-discrimination.” These specific recommendations are more broadly framed in the context of a wider paradigm shift: the OHCHR notes that “[s]hifting away from punitive models is critical to addressing all human rights challenges that arise from or are facilitated by the implementation of punitive drug control policies.”¹¹⁰ The United Nations System Common Position on Drugs calls for “changes in laws, policies and practices that threaten the health and human rights of people”. The Office of the High Commissioner for Human Rights has been more specific in calls for transformative change to end the war on drugs, recommending that “States should move away from the current dominant focus on prohibition, repression and punishment, and instead embrace laws, policies and practices anchored in human rights and aimed at harm reduction”.¹¹¹

In the context of the development implications of licit markets, it is significant that the recommendations in the OHCHR reports that States and relevant stakeholders develop effective drug policies grounded in human rights, as follows:

(a) Adopt alternatives to criminalization, “zero tolerance” and elimination of drugs, by considering decriminalization of usage; and take control of illegal drug markets through responsible regulation, to eliminate profits from illegal trafficking, criminality and violence.

(c) Consider developing a regulatory system for legal access to all controlled substances.

¹¹⁰ United Nations Office of the High Commissioner for Human Rights (OHCHR). 2023. “End Overreliance on Punitive Measures to Address Drugs Problem – UN Report.” 210 September. www.ohchr.org/en/press-releases/2023/09/end-overreliance-punitive-measures-address-drugs-problem-un-report

¹¹¹ Ibid.

While other international human rights mechanisms, such as the special rapporteur on the right to health,¹¹² have long called for regulation to be explored as a policy option that could better uphold human rights, the recognition from OHCHR is novel, breaking a long-standing taboo within the United Nations system. Recently, the human rights NGO Amnesty International has also made a clear human rights case for regulation of all drugs.¹¹³

Human rights rationale for responsible regulation

The benefits of ending the criminalization of people who use drugs have been expressed by multiple human rights bodies.¹¹⁴ In addition, if responsible regulation is effective at reducing the scale of illegal markets, it can reduce their associated harms and better protect human rights. The responsible regulation of drug markets can also reduce the power and opportunities available to OCGs and justifications for militarized responses, in doing so reducing the array of human rights abuses that frequently accompany the use of military personnel, techniques, training and equipment in drug enforcement. Notably, the OHCHR recommendation for ‘responsible regulation’ of currently prohibited drugs is made in the context of the goal to “eliminate profits from illegal trafficking and violence.”

Other negative human rights impacts of drug enforcement can also reasonably be expected to be reduced. These impacts include abuses documented in association with forced crop eradication, as well as the arrest, conviction and incarceration of marginalized people engaged in illegal drugs markets. Where cannabis for non-medical use has been legally regulated, there has been a reduction in the scale of illegal trade¹¹⁵ and a dramatic drop in prosecutions for all forms of related offences, including

¹¹² United Nations General Assembly. 2010. *Promotion and Protection of Human Rights: Human Rights Questions, Including Alternative Approaches for Improving the Effective Enjoyment of Human Rights and Fundamental Freedoms – Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health: Note by the Secretary-General*, A/65/255, 6 August 2010.

¹¹³ Amnesty International. 2024. Time for change: advancing new drug policies that uphold human rights. www.amnesty.org/en/documents/pol30/8042/2024/en

¹¹⁴ United Nations General Assembly. 2010. *Promotion and Protection of Human Rights: Human Rights Questions, Including Alternative Approaches for Improving the Effective Enjoyment of Human Rights and Fundamental Freedoms - Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health: Note by the Secretary-General*, A/65/255, 6 August 2010. www.ohchr.org/en/documents/reports/report-special-rapporteur-right-everyone-enjoyment-highest-attainable-standard-drug-control

¹¹⁵ Health Canada. 2023. *Canadian Cannabis Survey 2023 Summary*. www.canada.ca/en/health-canada/services/drugs-medication/cannabis/research-data/canadian-cannabis-survey-2023-summary.html#s2-3

production and supply.¹¹⁶ It has been noted that among the arrests and prosecutions that still occur, patterns of disproportionate policing against marginalized populations continue, notably people of African descent, in U.S. states that have legalized cannabis, albeit at much lower levels for all groups.¹¹⁷

The right to privacy and personal autonomy

Human rights arguments from the perspective of personal liberties, freedoms and bodily autonomy have been made extensively. These arguments have often lacked political salience, especially when clumsily framed as a ‘right to take drugs.’ They are more usefully viewed in terms of preventing consensual adult drug use from being the basis to arbitrarily interfere with other rights, such as the rights to privacy, freedom of thought, conscience and religion, or to enjoyment of cultural life. International human rights mechanisms have recognized the right of individuals to have control over their own life, to decide on the best way to do it, and to make use of the means and instruments for this purpose.

The right to privacy, as protected by international human rights law, imposes an obligation on states to refrain from arbitrary interferences with a person’s private life and to ensure that any restriction is strictly necessary and proportionate to a legitimate aim. This requires ensuring that restrictions are the least intrusive possible, are proportionate to the interest to be protected, and are not sweeping.

Related arguments can also have legal salience relevant to the evolution of licit markets. In recent constitutional court cases in Mexico¹¹⁸ and South Africa,¹¹⁹ the right to privacy and bodily autonomy has been used to effectively challenge cannabis prohibition laws and put in place a legal requirement to establish some form of regulated legal adult access. In Mexico’s court cases, however, subsequent legislative developments remain in political limbo.

Nevertheless, the rights to privacy and bodily autonomy raise the question of whether a permanent punitive prohibition on consenting adult drug use is a proportionate

¹¹⁶ Colorado Division of Criminal Justice. 2021. *Impacts of Marijuana Legalization in Colorado*. 2021. https://cdpsdocs.state.co.us/ors/docs/reports/2021_SB13-283_Rpt.pdf

¹¹⁷ Ibid.

¹¹⁸ Supreme Court of Justice of the Nation. 2021. *Declaratoria General de Inconstitucionalidad 1/2018*, Plenary, Norma Lucía Piña Hernández, J., Decision of 28 June 2021, Mexico. www.scjn.gob.mx/derechos-humanos/sites/default/files/sentencias-emblematicas/summary/2022-07/Summary_percent20DG1-2018_percent20HRO.pdf

¹¹⁹ Prince v Minister of Justice and Constitutional Development and Others; Rubin v National Director of Public Prosecutions and Others; Acton and Others v National Director of Public Prosecutions and Others, [2017] ZAWCHC 30; [2017] 2 All SA 864 (WCC); 2017 (4) SA 299 (WCC) (31 March 2017). www.saflii.org/za/cases/ZAWCHC/2017/30.html

response to addressing drug-related harms. The Supreme Courts of South Africa and Mexico have determined that it is not.

States need to balance their obligations under international law to protect the right to privacy and to prevent risks to the health and life of individuals who use drugs. International human rights mechanisms have recognized that states have a wide range of policy options to develop public policies intended to protect the health of individuals, and reduce the risks and harms of potentially harmful activities through less intrusive means, such as health and education policies and information campaigns.¹²⁰ Legally regulated models thus provide states with a wider range of policy measures to adequately balance their obligations to protect the right to privacy, on the one hand, and the rights to life and health, on the other.

Rights of Indigenous Peoples

Human rights arguments have also been raised in the context of medicinal, ceremonial or religious use of certain psychoactive plants, particularly regarding traditional practice among Indigenous Peoples. Article 12 of the United Nations Declaration on the Rights of Indigenous Peoples makes clear that “Indigenous peoples have the right to manifest, practise, develop and teach their spiritual and religious traditions, customs and ceremonies”.¹²¹ Article 25 further specifies that “[h]ealth services shall, to the extent possible, be community-based. These services shall be planned and administered in co-operation with the peoples concerned and take into account their economic, geographic, social and cultural conditions as well as their traditional preventive care, healing practices and medicines.” The International Guidelines on Human Rights and Drug Policy note:

Everyone has the right to freedom of thought, conscience, and religion, which includes the freedom to manifest one’s religion or belief, either individually or in community with others, in public or private. This right applies to those for whom such manifestations may involve the use of drugs for religious or spiritual purposes. [...]States should: Consider exemptions within drug legislation allowing the cultivation and use of controlled substances for religious purposes, including in rituals and ceremonies.¹²²

¹²⁰ United Nations Office of the High Commissioner for Human Rights (OHCHR), *Drug Use, Harm Reduction and the Right to Health: Report of the Special Rapporteur*, AHRC5652. www.ohchr.org/en/documents/thematic-reports/ahrc5652-drug-use-harm-reduction-and-right-health-report-special

¹²¹ United Nations General Assembly. 2007. *United Nations Declaration on the Rights of Indigenous Peoples*, A/RES/61/295, 13 September 2007. www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf

¹²² United Nations Centre on Human Rights and Drug Policy, United Nations Human Rights Office of the High Commissioner, UNAIDS, World Health Organization, and UNDP. (2019). *International Guidelines on Human Rights and Drug Policy*. www.undp.org/publications/international-guidelines-human-rights-and-drug-policy

Human rights obligations require that states ensure the right to meaningful participation in the design, implementation and assessment of drug laws, policies and practices, particularly by the communities that are directly affected. This specifically implies that states must ensure the right of Indigenous Peoples to free, prior and informed consent, as clearly expressed in the United Nations Declaration on the Rights of Indigenous Peoples.¹²³ These Peoples should not only be involved in decision-making but be able to actively influence its outcome – a reality that was conspicuously absent during the drafting of the drug treaties. If the drug treaties were negotiated in a human rights framework, then Indigenous Peoples' traditional use of psychoactive plants likely would not have been criminalized.

The International Guidelines more directly engage with regulated supply in relation to the right to enjoy cultural life. This analysis is specifically applicable to traditional use, but also more broadly, including for recreational use:

Everyone has the right to enjoy cultural life. This right applies equally to all without discrimination, including people who use drugs recreationally, people who use drugs for cultural, spiritual, or religious purposes, people who need controlled substances for medical purposes, and people who cultivate illicit drug crops as a traditional way of life.

In accordance with this right, States should:

- i. Refrain from discriminatory and otherwise unnecessary or disproportionate interference with the exercise of cultural practices and with access to cultural goods and services on grounds of drug control law and policy.
- ii. Take necessary measures to ensure the preconditions for participation in, facilitation of, and promotion of cultural life without discrimination, including access to and preservation of cultural goods where these involve controlled plants and substances.
- iii. Foster a rich and diverse cultural life through the conservation, development, and diffusion of culture and by ensuring the participation of relevant communities in the governance of cultural heritage, including where these involve controlled plants and substances.

¹²³ United Nations General Assembly. 2007. *United Nations Declaration on the Rights of Indigenous Peoples*, A/RES/61/295, 13 September 2007. www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf

The right to health

Right to health arguments have been made for responsible regulation on the basis of the health harms directly attributed to prohibition and unregulated supply. These arguments specifically address the protection of the health of people who use drugs from risks of adulterated or mis-sold illegal drugs, and access to information, including on drug contents, potency and risks, to enable informed health decision making.¹²⁴ The International Guidelines call on states to:

Take all necessary legislative, administrative, and other measures to ensure full enjoyment of the rights to freedom of opinion, expression, and information about matters related to drug laws, policies, and practices, including information and opinions regarding health services for people who use drugs (such as harm reduction interventions); the composition of controlled drugs.

The Special Rapporteur on the right to health has recommended that states:

Decriminalize the use, possession, purchase and cultivation of drugs for personal use and move toward alternative regulatory approaches that put the protection of people's health and other human rights front and centre. Responsible regulatory frameworks would then need to be cohesively developed by States that are informed by scientific evidence (e.g. the risks associated with each drug and their possible mitigation, capacity to establish and enforce adequate regulations for that drug) and taking into account power asymmetries (e.g. major corporations' influence on policymaking).¹²⁵

Human rights protections for licit markets

In addition to human rights arguments for moving towards regulation, international human rights law and standards will remain essential in any post-prohibition scenarios. The right to health also creates obligations for any regulatory frameworks that oversee current or future licit markets. States have duties to respect rights (i.e. not violate them), to protect rights (i.e. protection against violation of these rights by third parties) and to fulfil rights (i.e. take steps to realize them). These obligations extend to putting in place the necessary safeguards to protect the rights and health of people who use drugs, as well as protecting people from commercial exploitation and related exposure to avoidable risks in licit markets. The right to health argument has, for example, been deployed in the service of protecting children from drug misuse, through regulation of tobacco markets to prevent corporate behaviour that prioritizes profit seeking over

¹²⁴ Csete, J., and Elliott, R. Consumer protection in drug policy: The human rights case for safe supply as an element of harm reduction. *Int J Drug Policy* 2021 May;91:102976. doi:10.1016/j.drugpo.2020.102976

¹²⁵ United Nations Office of the High Commissioner for Human Rights (OHCHR), *Drug Use, Harm Reduction and the Right to Health: Report of the Special Rapporteur*, AHRC5652. www.ohchr.org/en/documents/thematic-reports/ahrc5652-drug-use-harm-reduction-and-right-health-report-special

public health (see box VII). This argument can be extended to ensure the protection of other groups at risk from harms related to commercial exploitation, such as traditional farmers of drug crops.

It is also inevitable that regulation cannot entirely displace illegal markets, even if, in future scenarios, illegal markets and their related harms are substantially diminished in scale. There are, for example, markets for smuggled, bootleg, or counterfeit alcohol and tobacco, as well as substandard and falsified pharmaceutical products in parallel with legal markets in almost all legal jurisdictions. By its nature, market regulation establishes parameters around what is and is not allowed. Some forms of enforcement against illegal markets that continue beyond those parameters, in parallel with regulated markets, will still be required. Yet any such enforcement must also be compliant with human rights obligations, including by ensuring that any criminal justice response is necessary and proportionate to a legitimate aim; it must be stressed that the existence of legally regulated markets does not provide a licence for abusive enforcement practices elsewhere. This is particularly important given the likelihood that many of the actors engaged in production, supply and use within remaining illegal markets will be from socially and economically marginalized communities. Due diligence and effective human rights monitoring will remain important in these scenarios.

In order to address urgent issues of human rights abuses associated with drug control, policy alternatives need to be explored. In this context, options for regulated availability of certain drugs cannot be ignored, as indicated by the calls from OHCHR and civil society organizations including Amnesty International. There are, however, profound human rights implications implicit to any transition to legally regulated markets – both potential benefits and risks. Transparent human rights risk assessments and monitoring should accompany all policy development, which should always include the meaningful participation of people who use drugs and other affected communities and civil society organizations; drug policy reforms should not be an exception to this.

Normative guidance on human rights in drug policy could usefully be extended to engage with the specific issues related to licit drug markets; not least given they are already emerging. This guidance can draw on good practice to support human rights evaluation and reporting frameworks and develop minimum standards. The meaningful participation of affected communities will be a critical element of this.

BOX X

Addressing gender in drug policy and development

The alternative development paradigm has increasingly acknowledged the role of gender in policy, offering an opportunity to support moves towards greater gender equality and empowerment of women. Gender-sensitive policymaking has wider application in development-focused drug policy whenever markets transition into the licit sphere.

While all individuals experience the multiple difficulties and threats of engaging in illicit drug production and related economic activities, women generally face increased challenges due to intersecting forms of discrimination. Despite their critical roles in household income generation, family security and education, and community and political participation, due to prevailing social and gender norms, women engaging in drug crop cultivation are disproportionately impacted by violence, poverty, and legal or cultural obstacles to land rights and financial services. Analysis suggests, however, that while men are more likely to be involved in drug crop cultivation, women are more likely to seek transitions to licit value chains.¹²⁶

Good practice in addressing gender in alternative development aspires to go beyond gender sensitivity to proactively support the achievement of SDG 5 (Gender equality) through transformative changes to gender norms and power relations. These include changes in terms of agency (e.g. access to land, employment and financial services) and participation in decision-making, as well as wider cultural and systemic changes that challenge inequitable gender norms and institutional structures. Gender equality enhances the well-being of families and children, increases the economic performance of communities through the more efficient use of human resources, and promotes a more just and rights-based society.

The practical guide, 'Addressing Gender in Alternative Development Projects,' developed in the framework of the Cooperation Programme between Latin America, the Caribbean and the European Union on Drugs Policies (COPOLAD III),¹²⁷ outlines key steps to achieving these goals. The first step consists of conducting a baseline gender analysis, acknowledging the range of political environments; some countries, for example, do not even recognize the term 'gender equality.' This baseline analysis then needs to be supported with a more focused gender mapping analysis of the specific supply chain – from production and processing to trade and market. This allows for the gender dimensions of an alternative development project to be meaningfully targeted and evaluated. Gender-specific elements of the alternative development project can include: building capacity (access to resources, technology, and relevant and tailored education); increasing women's access to finance and increasing financial literacy; promoting joint decision-making at the household level; promoting women's participation in cooperatives and community decision-making structures; and increasing awareness of legal rights and services for women. The Guide also emphasizes the importance of gender-sensitive monitoring and evaluation in such projects, using relevant, measurable and robust indicators.

126 GIZ (Deutsche Gesellschaft für Internationale Zusammenarbeit). 2019. *Raising Voices - Empowering Female Farmers in Drug Crop Cultivation Areas*. www.giz.de/en/downloads/giz2019-0258en-raisingvoices.pdf

127 GIZ (Deutsche Gesellschaft für Internationale Zusammenarbeit). 2023. *Addressing Gender in Alternative Development Projects: A practical guide*. www.giz.de/en/downloads/giz2023-en-COPOLAD-gender-checklist.pdf

BOX XI

Colombia's evolving drug strategy

Colombia has been facing significant challenges in dealing with drug trafficking and its associated socio-political consequences. As a response, the Government has implemented various strategies to address the multiple problems associated with the production, trafficking and consumption of illicit drugs.

The National Drug Policy of the Colombian Government is a ten-year plan (2023–2033) that aims to address the issue of drugs comprehensively. This policy has been developed in collaboration with communities affected by drug trafficking and the war on drugs, acknowledging the transnational nature of the drug market, and emphasizing the importance of prioritizing human beings and the environment in governmental actions.

The policy is guided by the principle of shared responsibility, emphasizing the need for all

countries to work together in tackling drug trafficking and ensuring that the costs are not disproportionately borne by producers and transit countries. Human rights are central to the policy, which was developed using the International Guidelines on Human Rights and Drug Policy.

Colombia aims to shift towards a paradigm that focuses on preserving life and the environment, giving priority to health, well-being, and the fight against drug-related crimes. Implementation of the policy is divided into two pillars, each with specific objectives:

'Oxygen': This pillar focuses on supporting the transition to legal economies and reducing vulnerabilities in regions and populations affected by the illegal drug market. It includes measures to transform economic, social and cultural conditions, and to address the environmental impact caused by the illicit drug economy.

'Asphyxiation': The objective of this pillar is to disrupt the capacities and income of drug trafficking organizations, reduce and prevent corruption, and control the production infrastructure of illicit drugs. It places emphasis on interdiction efforts and international cooperation to undermine organized crime and money laundering.

These two pillars show the realities and difficulties of transitioning from old models of drug policy. The 'asphyxiation' pillar follows old practices of focusing on policing and combating drugs, which has received criticism. In contrast, the 'oxygen' pillar focuses on a new way of dealing with drug policy, i.e. one that seeks to address the root causes of the issue.

The policy also aims to transform stigmatizing narratives and promote social justice for groups disproportionately affected by drug trafficking. It involves the regulation of markets such as adult-use cannabis and non-psychoactive uses of the coca leaf. It also seeks to: protect traditional practices and knowledge of ethnic communities; conduct research on other species and substances; and implement an international diplomacy strategy to change the approach to addressing the drug phenomenon.

The National Drug Policy 2023–2033 is based on a comprehensive and progressive approach to tackling drug challenges in Colombia. By engaging affected communities, prioritizing human rights and environmental considerations, and implementing strategic measures, the policy aims to reduce illicit drug production, promote public health, and foster sustainable development. Through effective implementation and international collaboration, Colombia can make significant progress in combating drug trafficking and building a safer and healthier society.



Environmental dimensions of drug economies

Illegal drug production is directly associated with a range of environmental harms, such as: deforestation to grow drug crops; various forms of air, land and water pollution associated with the production of both plant-based and synthetic drugs; water depletion and desertification; and energy consumption and related CO₂ emissions from indoor cannabis production.

Policy in this area has a direct impact on the realization of SDGs 6 (Clean water and sanitation), 13 (Climate Action), 14 (Life below water) and 15 (Life on land).

Experts and civil society organisations have been highlighting the environmental costs of the ‘war on drugs’ for some time, but the issue has come into starker relief with the rising profile of both the environmental crisis, particularly issues relating to climate change, deforestation and biodiversity, and the long-term systemic failures of drug enforcement models. As UNODC has noted, “Scientific research into the linkages between illicit drug economies and the environment is a relatively limited and recent endeavour.”¹²⁸ More detailed contributions on this issue in the 2022 and 2023 World Drug Reports have helped draw attention to the often-overlooked extent of the challenge, but drug policy issues have been entirely absent from recent global climate and biodiversity agreements.

UNODC observed that “[i]n 2019, the estimated total agricultural land used for all crops globally was 1.6 billion ha, or more than 3,000 times the area used for illicit crop cultivation”. It also noted that “[w]hile the global environmental impact of illicit crop cultivation and drug production is relatively small compared with that of the legal agricultural or pharmaceutical sector, the effects can be significant at the local or individual level.”¹²⁹

¹²⁸ Ibid., p. 17.

¹²⁹ Ibid. p. 24.

In addition to the impacts of drug production, drug enforcement responses that target drug production have also been associated with environmental harms. This is despite commitments in the 1988 Convention Against Illicit Traffic in Narcotic Drugs that law enforcement measures should take due account of Article 14(2)), 'protection of the environment'.¹³⁰ Drug crop eradication efforts, particularly when involving aerial spraying with herbicides, have been associated with serious localized environmental damage, as well as harms to human health. Indeed, a number of international human rights bodies, such as the Committee on the Rights of the Child, have objected to aerial spraying for crop eradication on this basis.¹³¹

The International Guidelines on Human Rights and Drug Policy highlight the right to a healthy environment and the threat that drug enforcement and eradication efforts can present:

Human rights and environmental protection are interdependent. States should ensure a safe, clean, healthy, and sustainable environment to respect, protect, and fulfil human rights, including the rights to health and to an adequate standard of living. This applies to those who live and work in and near communities where the cultivation of illicit drug crops takes place. State obligations to protect against environmental health hazards also apply extraterritorially.

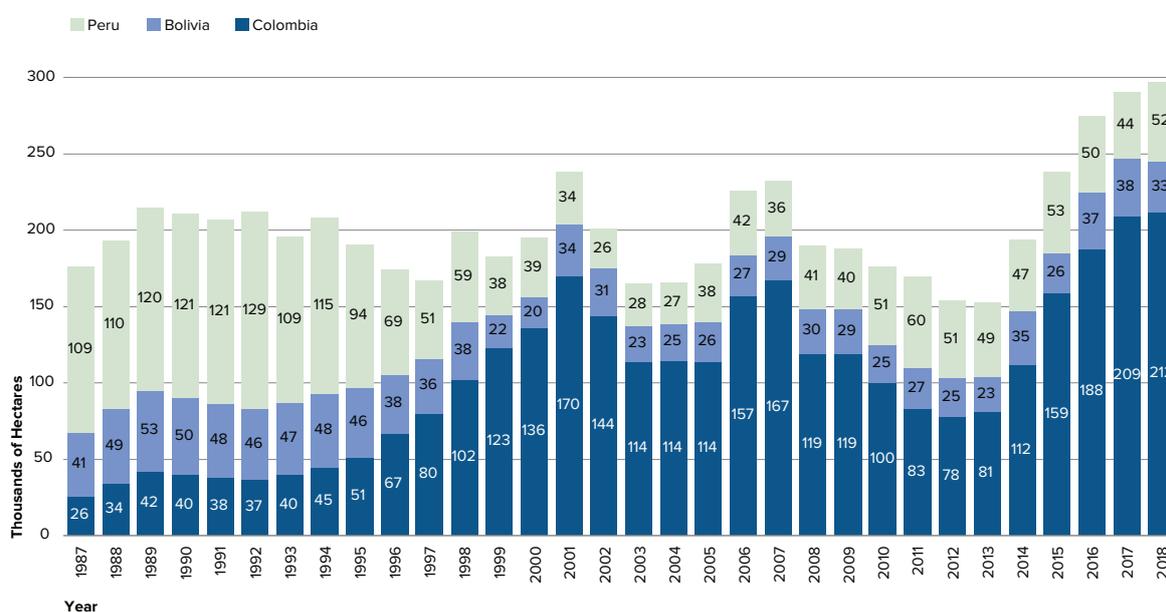
Crop eradication efforts can have a multiplier effect on environmental harms. One of the unintended consequences of drug enforcement identified by UNODC in 2008¹³² is geographical displacement, often called the 'balloon effect' because squeezing (by tighter controls) in one place produces a swelling (namely, an increase) in another place." A notable example of this effect concerns coca cultivation and cocaine production trends in the Andean countries: as supply was reduced in Peru and Bolivia, it was displaced to Colombia in the second half of the 1990s.

¹³⁰ United Nations. *Environment issues/concerns are not mentioned in the 1961 Single Convention on Narcotic Drugs, the 1971 Convention on Psychotropic Substances, or the 1972 Protocol amending the 1961 Single Convention.*

¹³¹ Paul Hunt, oral remarks, 21 September 2007. Bogotá, Colombia; 'Report of the Special Rapporteur on the situation of human rights and fundamental freedoms of indigenous people, Rodolfo Stavenhagen, Mission to Colombia' (E/CN.4/2005/88/Add.2), 10 November 2004; United Nations Committee on the Rights of the Child, 'Concluding observations, Colombia (CRC/C/COL/CO/3), 8 June 2006, para. 72; 'Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Paul Hunt. Preliminary note on the mission to Ecuador and Colombia.' Addendum (A/HRC/7/11/Add.3) paras.16 and 20.

¹³² UNODC (United Nations Office on Drugs and Crime). 2008. *World Drug Report 2008*, p. 122.

Coca Cultivation in the Andes, 1987 – 2018 (USG Estimate)



Sources:
 U.S. Department of State 1999 <http://bit.ly/2SQOyPh>; 2007 <http://bit.ly/31T1OU>; 2015 <http://bit.ly/2a3DvBq>
 White House 2019 <http://bit.ly/323cXKY>; <http://bit.ly/31Odsq0>; <http://bit.ly/2GVdUnq>; 2020 <http://bit.ly/39zSMbN>

In addition to inadvertently amplifying deforestation impacts, eradication-oriented enforcement can incentivize production to move to more remote and environmentally sensitive regions where police surveillance and enforcement are more difficult. This can also be the case for alternative development programmes, even those that prioritize local environmental stewardship. Alternative development programmes can also potentially exacerbate environmental harms and deforestation by enabling transitions from coca production to environmentally damaging cattle ranching.¹³³ The 2022 World Drug Report notes: “Because of the illegal nature of the drug business, drug production and trafficking are often located in remote areas, where their environmental impact could be particularly significant.”

This reality is illustrated with the example of Colombia, where:

nearly half of all illicit coca bush cultivation was carried out in areas with special protection status in 2020. In line with a longer-term trend, cultivation increased in national parks and continued to affect other territories with special environmental regulations, including forest reserves, Indigenous reserves and lands reserved for the Afro-Colombian population.

¹³³ Murillo-Sandoval, P.J., Kilbride, J., Tellman, E. et al. 2023. The post-conflict expansion of coca farming and illicit cattle ranching in Colombia. *Sci Rep* 13. www.nature.com/articles/s41598-023-28918-0

Despite increasing enforcement efforts, seizures and eradication over many decades, cocaine production has risen to meet growing global demand.¹³⁴

Secondary environmental harms of illegal drugs markets

The relatively small impacts on deforestation of crop cultivation, even when including the displacement effects of eradication, are vastly amplified by what UNODC has recently described as the “nexus of cartel criminality and environmental crime.”¹³⁵

The International Coalition on Drug Policy Reform and Environmental Justice, an advocacy organization, described how the illegal profits accrued by OCGs operating in drug production regions “act like an investment bank for a host of other environmentally damaging organized criminal enterprises, extractive industries, and carbon-intensive agribusinesses”.¹³⁶ OCGs seek to reinvest drug profits by diversifying their portfolios into other illegal and environmentally harmful trades, such as endangered wildlife, tropical timber, archaeological artefacts, illegal mining of gold and other minerals, and human trafficking, as well as laundering money through legal agribusinesses such as beef ranching, palm oil, soy and avocados. The drug trade often shares infrastructure with these other problematic extractive trades. As described by the World Resources Institute, the “extraordinary and stubbornly persistent” rates of deforestation stemming from these OCG activities has led to the loss of tropical forests “of critical importance to livelihoods, carbon storage and biodiversity”,¹³⁷ prompting calls from the United Nations’ International Panel on Climate Change (IPCC) for urgent action to protect and restore forests by strengthening their governance and management.¹³⁸

Despite calls for government action from international organizations, the profit-driven nature of illegal drug markets, which often operate in remote regions with weak

134 UNODC (United Nations Office on Drugs and Crime), 2023. *Global Report on Cocaine 2023*. www.unodc.org/documents/data-and-analysis/cocaine/Global_cocaine_report_2023.pdf

135 UNODC (United Nations Office on Drugs and Crime), 2023. *The nexus between drugs and crimes that affect the environment and convergent crime in the Amazon Basin*. In: UNODC, World Drug Report 2022, Booklet 5, Drugs and the Environment (United Nations publication, 2022). www.unodc.org/res/WDR-2023/WDR23_B3_CH4_Amazon.pdf

136 Health Poverty Action. *Climate Justice Drugs Policy - International Coalition*. www.healthpovertyaction.org/climate-justice-drugs-policy/international-coalition

137 World Resources Institute (WRI). *Global Forest Watch*. www.wri.org/initiatives/global-forest-watch

138 IPCC. 2019. Summary for Policymakers. In: Climate Change and Land: an IPCC special report on climate change, desertification, land degradation, sustainable land management, food security, and greenhouse gas fluxes in terrestrial ecosystems. In: P.R. Shukla, J. Skea, E. Calvo Buendia, V. Masson-Delmotte, H.- O. Pörtner, D. C. Roberts, P. Zhai, R. Slade, S. Connors, R. van Diemen, M. Ferrat, E. Haughey, S. Luz, S. Neogi, M. Pathak, J. Petzold, J. Portugal Pereira, P. Vyas, E. Huntley, K. Kissick, M. Belkacemi, and J. Malley, (eds.). <https://doi.org/10.1017/9781009157988.001>

governance, creates conditions that fuel violence and corruption. These conditions further destabilize governance in these areas, undermine regions, and act as a direct barrier to environmental actions.¹³⁹ In regions where OCGs and other non-state actors enriched primarily in the drug trade have effectively captured the functions of the state in entire regions, meaningful protection of the environment and climate mitigation efforts can become impossible. Since this phenomenon is mainly concentrated in critical regions of environmental sensitivity that require the most robust climate-resilient development, this has become a neglected issue for the realization of environmental goals globally.



Striving for Climate Resilient Development means reducing exposure and vulnerability to climate hazards, cutting back greenhouse gas emissions and conserving biodiversity are given the highest priorities in everyday decision-making and policies on all aspects of society including energy, industry, health, water, food, urban development, housing and transport. It is about successfully navigating the complex interactions between these different systems so that action in one area does not have adverse effects elsewhere and opportunities are harnessed to accelerate progress towards a safer, fairer world.”– Intergovernmental Panel on Climate Change (IPCC),

FAQ 6: What is Climate Resilient Development and how do we pursue it? www.ipcc.ch/report/ar6/wg2/about/frequently-asked-questions/keyfaq6

139 Health Poverty Action. 2023. *Revealing the Missing Link to Climate Justice: Drug Policy*. www.healthpovertyaction.org/wp-content/uploads/2023/10/REPORT-Revealing-the-Missing-Link-to-Climate-Justice-Drug-Policy.pdf

Scarce resources, especially foreign aid budgets,¹⁴⁰ continue to be allocated to counterproductive drug enforcement and eradication projects, thus drawing away potential funding for other development policy goals, such as to protect biodiversity and climate mitigation.

Efforts to resist the pressures of these illegal market dynamics in this context have proved largely ineffective against well-resourced, often heavily armed OCGs and non-state actors. Numerous environmental defenders, most commonly Indigenous Peoples, are threatened and attacked annually, with killings concentrated in drug production and trafficking regions. Global Witness notes that, in 2022, almost two-thirds of murders of environmental defenders took place in Colombia, Mexico and Honduras.^{141, 142}

The negative environmental impacts of illegal drug production and related enforcement efforts are a much more serious challenge than is commonly acknowledged. Although the historic focus on the harms of drug production such as deforestation and pollution are important, it has arguably distracted from the harms associated with enforcement and eradication efforts, and from the wider issue of the punitive enforcement paradigm as the enabler and driver of unregulated illicit markets in the first instance. Growing awareness of eradication-related harms in the evolution of alternative development programmes and acknowledgement in United Nations instruments of the need for efforts to respect the right to a safe, healthy and clean environment are welcome developments. However, there is an urgent additional need to focus attention more widely on the secondary impacts of illegal drug markets relating to profits being reinvested in environmentally harmful extractive industries in ecologically fragile regions. Perhaps even more significant is the undermining of governance and civic institutions through corruption and conflict related to the illegal drugs trade and enforcement. In vulnerable drug production and transit regions, these secondary effects can have negative impacts that eclipse those related directly to production or enforcement/eradication, undermining and impeding progress on environment-related SDGs. There is a need for drug policy to be explored beyond the traditional perspectives of criminal justice and for it to receive more serious consideration in high-level political forums and civil society discourse. This would require the support of more structured and systematic evaluations of the wider environmental impacts of drug policy, using established environmental indicators and assessment tools.¹⁴³ This would also require

¹⁴⁰ Harm Reduction International (HRI). 2023. *Aid for the War on Drugs*. <https://hri.global/publications/aid-for-the-war-on-drugs>

¹⁴¹ Global Witness. 2023. *Land and Environmental Defenders: Annual Report Archive*. www.globalwitness.org/en/campaigns/environmental-activists/land-and-environmental-defenders-annual-report-archive

¹⁴² Global Witness. 2023. *Standing Firm: The Land and Environmental Defenders on the Frontlines of the Climate Crisis*, Global Witness, 13 September. www.globalwitness.org/en/campaigns/environmental-activists/standing-firm.

¹⁴³ See, for example, UNDP (United Nations Development Programme). 2015. *Strategic Environmental Assessment (SEA) Approach to Adaptation*. www.undp.org/publications/strategic-environmental-assessment-sea-approach-adaptation

institutional support such as better coordination between relevant United Nations agencies. The Transnational Institute (TNI), an international research and advocacy organization, suggested the following:

Greater synergies can be forged by assessing drug policy against a set of cross-cutting climate and environmental indicators, in addition to those developed around human rights, public health, sustainable development etc. There is much to be gained by bringing in relevant natural resource and human rights governance instruments such as the Committee on World Food Security's Guidelines on the Responsible Governance of Tenure of Land, Fisheries and Forests and the United Nations Declaration on the Rights of Peasants and Other People Working in Rural Areas.¹⁴⁴

Calls to end forced eradication and aerial spraying of crops, along with ongoing reforms in alternative development that prioritize responsible environmental stewardship and are designed in partnership with impacted communities, are equally important. Yet, the problem will remain entrenched without questioning the logic of interdiction and eradication and its failures and unintended consequences. A problem displaced is not a problem solved.

UNODC has stated that “when compared with the licit economy, illicit drug activities can have a greater environmental impact per unit produced” since licit industries “have mechanisms in place to minimize their environmental impact because they are bound by national and international environmental regulations”.¹⁴⁵ The production of drugs for legal markets can also be environmentally damaging if inadequately regulated. Legally regulated markets, however, also have the potential to set environmental standards, for example, through systems of organic certification, eco-labelling, appellation systems and fair-trade certification that prioritizes environmental sustainability.

Legal cannabis markets, however, highlight the risks of policy design where environmental sustainability is not prioritized (see box VIII) – in this case, the potential for legally regulated markets where legal requirements or commercial incentives lead to an increase in the proportion of cannabis grown using energy-intensive indoor farming.

¹⁴⁴ Kay, S. 2022. *Prohibited Plants: Environmental Justice in Drug Policy*. Transnational Institute (TNI). www.tni.org/en/publication/prohibited-plants

¹⁴⁵ UNODC (United Nations Office on Drugs and Crime). 2022. *World Drug Report 2022. Booklet 5: Drugs and the environment*, p. 22. www.unodc.org/res/wdr2022/MS/WDR22_Booklet_5.pdf

BOX XII

Cannabis production and climate change

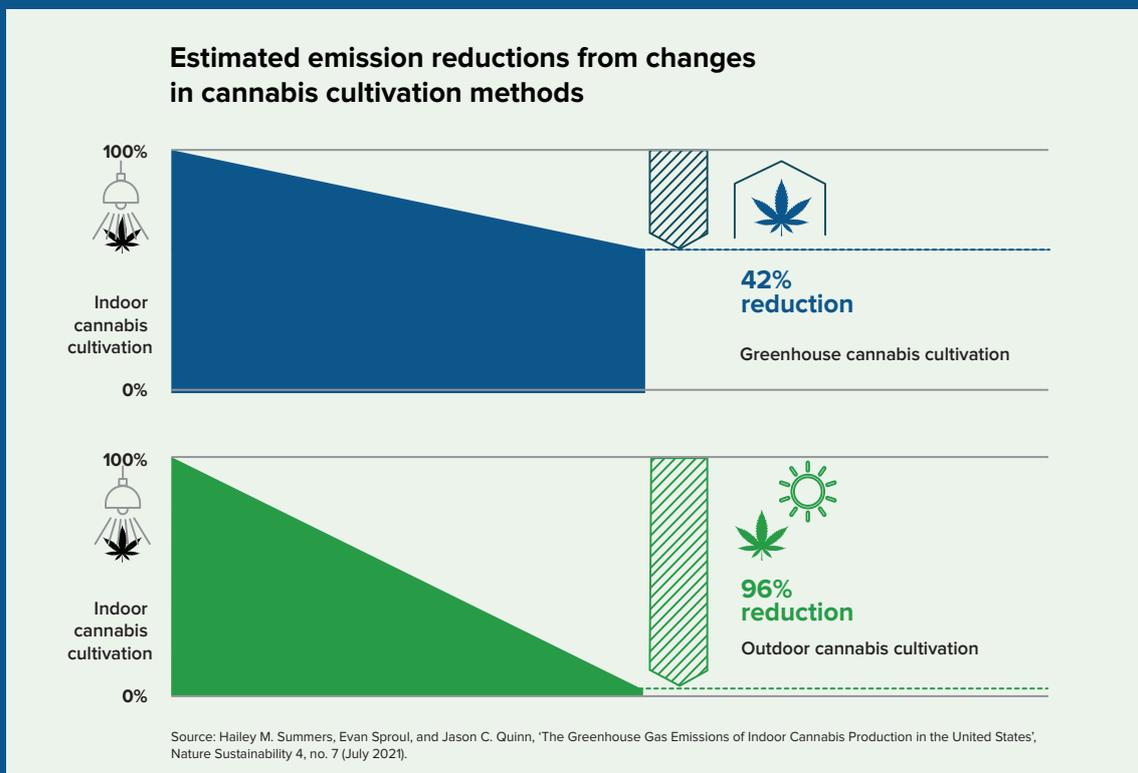
As legally regulated cannabis markets for both medical and non-medical use have expanded over the past decade, discussions on the environmental sustainability of the new industries have become increasingly prominent. A key flashpoint in recent debates, notably in European countries exploring cannabis regulation for non-medical use, has been the energy-intensive nature of indoor grown cannabis. UNODC estimates indoor growing has a carbon footprint 16–100 times greater than outdoor grown cannabis, depending on external environment and choice of greenhouse- or artificial light-based growing.¹⁴⁶ Research suggests that the carbon footprint of producing 1 kg of cannabis indoors ranges from 2,300 kg CO₂ to 5,200 kg CO₂, equivalent to burning 900 to 2,000 litres of gasoline. This applies to large-scale legal industrial production as well as smaller-scale illegal or homegrown indoor production.

Illustrating the scale of this energy consumption, estimates indicate that in California, the largest cannabis market in the United States of America, indoor cannabis cultivation was responsible for about 3 percent of electricity use, equivalent to the electricity use of 1 million average California homes, or the greenhouse gas emissions from 1 million average cars.¹⁴⁷ TNI estimated that if the demand for cannabis in Germany, estimated at 400 tonnes, was all grown indoors domestically, the energy consumption would compare with that of Cologne, Germany's fourth largest city with 1.1 million inhabitants.

146 Ibid.

147 Mills, E. 2012. The carbon footprint of indoor cannabis cultivation. *Energy Policy*, 46, pp. 58–67.





Cannabis does not have to be produced indoors. As the Transnational Institute (TNI) notes: “The idea that quality and safety standards can only be met by moving cultivation indoors is a myth that pushes legal cannabis markets in the direction of becoming one of the most carbon-intensive industries.”¹⁴⁸

Some cannabis for medical uses may require a level of controlled production only available in indoor growing, but this is a small fraction of total cannabis production. On-the-ground practice demonstrates that outdoor growing of cannabis for non-medical use is practical and sustainable, and can meet quality control standards following the WHO guidelines on good agricultural and collection practices (GACP) for medicinal plants

in most jurisdictions, including in much of Europe and Canada. Germany, potentially Europe’s largest legal non-medical cannabis market, for instance, could produce most of its cannabis domestically using outdoor growing. Where outdoor production is not feasible (e.g., in extreme northern latitudes or out of season), it would be more sustainable to establish markets where outdoor production occurs in season and is stored, or in southern regions with climates suitable for year-round cultivation, with the product then transported to other markets. However, due to restrictions on non-medical cannabis production and international trade under the United Nations drug treaties, this approach is currently only permitted for medical cannabis production.

148 TNI (Transnational Institute). 2022. *Cannabis and Climate: The carbon footprint and energy use of indoor cultivation*. www.tni.org/en/publication/cannabis-and-climate

BOX XIII

Regulated coca and cocaine production

Civil society organisations have argued that regulation of drug production offers potential for some of the most egregious environmental harms associated with the illegal trade to be reduced. The acute issues relating to cocaine production in the Andean/Amazon regions may be the most urgent and challenging; while there has been progress on coca leaf regulation for local traditional use has witnessed progress across the Andean region, the political and practical challenges of regulated cocaine production for international markets in the Global North are much more intense and intractable.

More detailed proposals around coca leaf, coca products and cocaine regulation have emerged,¹⁴⁹ helping to inform regional debates. This has been particularly evident in Colombia, where a bill to regulate coca leaf products, including a pilot cocaine regulation model and harm reduction and treatment approaches for people who use crack cocaine, was tabled and debated in the Senate in 2021¹⁵⁰ and endorsed by the now-President. A call for regulation also notably featured in the recommendations of the Colombian Truth Commission¹⁵¹ (see box V) as essential to eliminating one of the key structural drivers of violence and insecurity in the country. There have also been proposals for regulated cocaine at the municipal level in Bern, Switzerland,¹⁵² and calls for the idea to be advanced from a coalition of City Mayors.¹⁵³ Despite these developments, possibilities of significant movement in the short to medium term, even comparable to reforms seen with cannabis markets in the past decade, seem remote.

Legal production of cocaine for medical use is, however, already a reality, albeit operating on a comparatively small scale¹⁵⁴ within the United Nations drug treaty framework. It has demonstrated that regulated production of the drug can take place without the multiple environmental, human rights and criminal justice challenges associated with the illicit trade. Under this legal model, most of the cocaine production for medical use occurs in Peru, from where it is exported. It is produced by the Empresa Nacional de la Coca (ENACO, National Company of the Coca), which buys coca from licensed small-scale farmers. Andean coca leaf is also exported to the United States of America, where the cocaine is extracted and sold onto the global market, and the decocainized coca leaf is used as an ingredient in the eponymous Coca-Cola®.

149 Transform Drug Policy Foundation. 2020. *How to Regulate Stimulants: A Practical Guide*. <https://transformdrugs.org/publications/how-to-regulate-stimulants-a-practical-guide>

150 *El Espectador*. 2024. Histórico: Congreso aprobó en primer debate proyecto para regular hoja de coca, pero con cambios. www.elespectador.com/politica/historico-congreso-aprobo-en-primer-debate-proyecto-para-regular-hoja-de-coca-pero-con-cambios-article/

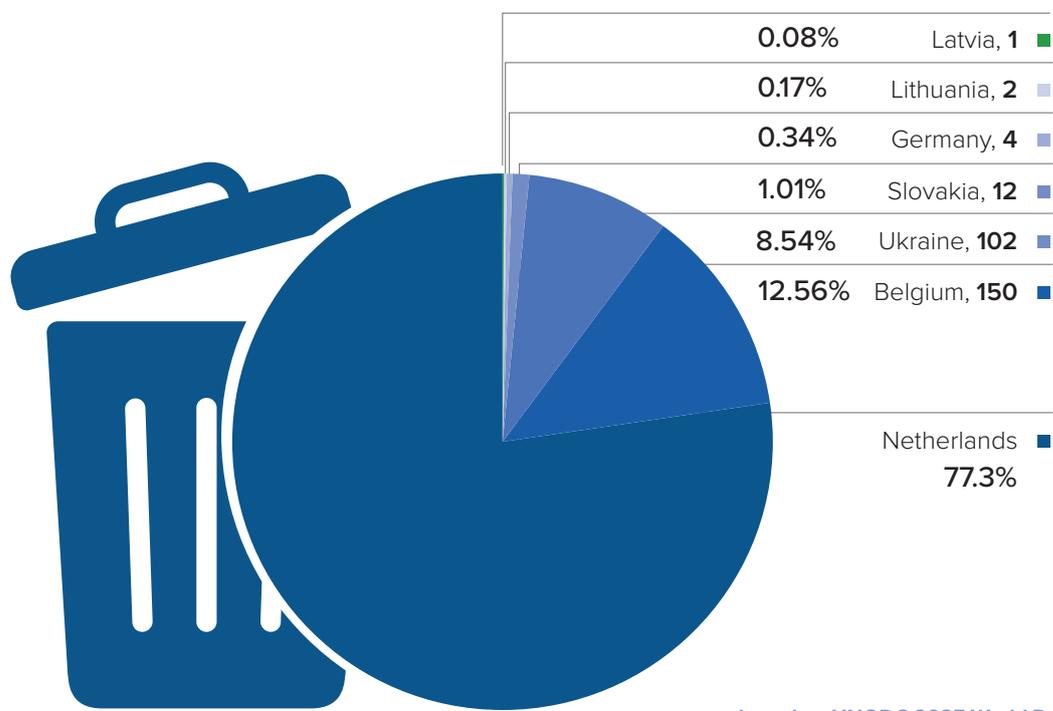
151 Comisión de la Verdad. 2022. *Informe Final, capítulo Hallazgos y recomendaciones*. [www.comisiondelaverdad.co/sites/default/files/descargables/2022-06/Informe percent20Final percent20capi percentCC percent8itulo percent20Hallazgos percent20y percent20recomendaciones.pdf](http://www.comisiondelaverdad.co/sites/default/files/descargables/2022-06/Informe%20Final%20capi%20CC%20tulo%20Hallazgos%20y%20recomendaciones.pdf)

152 Reuters. 2023. Swiss capital Bern considers legal cocaine project. www.reuters.com/world/europe/swiss-capital-bern-considers-legal-cocaine-project-2023-12-20/

153 City of Amsterdam. *Dealing with Drugs*. www.amsterdam.nl/dealingwithdrugs/

154 NCB (International Narcotics Control Board). 2022. *Technical Publication: Narcotic Drugs*. Part 4, Tables, p. 201. www.incb.org/documents/Narcotic-Drugs/Technical-Publications/2022/4_NAR_2022-Part_4_Tables_EFS.pdf

Reported Drug Manufacture Waste Dumping Sites in Europe (2019–2023)



based on UNODC 2025 World Drug Report

The 2025 World Drug Report also notes that synthetic drug production is now a contributor to environmental degradation, especially in Europe, where nearly 1,200 drug waste dumping sites were reported between 2019 and 2023. The Netherlands alone accounted for over 77 percent of these sites, reflecting the concentration of synthetic drug manufacture in the region. Waste from drug production includes toxic chemicals that are frequently dumped illegally, contaminating soil and water systems and posing long-term risks to human health and biodiversity. Synthetic drug production is not only highly polluting due to the generation of toxic chemical waste, but also energy-intensive, with the clandestine use of volatile precursors and poor waste management practices contributing to air, water, and soil contamination, particularly in areas with weak environmental enforcement.¹⁵⁵

¹⁵⁵ UNODC, *World Drug Report 2025: Contemporary Issues on Drugs* (Booklet 2), Vienna, 2025. Available at: https://www.unodc.org/documents/data-and-analysis/WDR_2025/WDR25_B2_Contemporary_drug_issues.pdf.



Ways forward

As critiques of the war on drugs from a development and human rights perspective have become stronger, alternative, innovative approaches that might deliver better sustainable development and human rights outcomes have become more prominent.

Today, in 2025—over halfway through the United Nations ten-year drug strategy outlined in the 2019 Ministerial Declaration, and also past the midway point toward achieving the Sustainable Development Goals and the pledge to leave no one behind by 2030—it is important to review and reflect on progress. While there have been advancements in some areas, in recent years, generally there have been growing challenges and deteriorating outcomes on key development indicators in the drug policy context such as in governance, peace and security, economic development, public health, human rights and environmental sustainability. A compelling case is made by a growing number of institutional and civil society voices that key sustainable development goals may not be achieved within the existing punitive drug control paradigm.

As UNDP has documented in previous discussion papers in 2016 and 2019,¹⁵⁸ many different communities and countries are innovating drug policy in different ways. The common theme of these innovations has been a reorientation away from ineffective or harmful punitive enforcement, towards more pragmatic people centred, evidence- and rights-based approaches that prioritize health, human rights and sustainable development. These messages have been powerfully reinforced

- 156 Ministerial Declaration on Strengthening Our Actions at the National, Regional and International Levels to Accelerate the Implementation of Our Joint Commitments to Address and Counter the World Drug Problem” (2019). www.unodc.org/documents/commissions/CND/2019/Ministerial_Declaration.pdf
- 157 Health Poverty Action. 2018. *SDGs and Drugs Policy Briefing*. www.healthpovertyaction.org/wp-content/uploads/2018/12/HPA-SDGs-drugs-policy-briefing-WEB.pdf Global Commission on Drugs. 2018. *Sustainable Development Goals and Drug Policy*. www.globalcommissionondrugs.org/wp-content/uploads/2020/06/2018SDG_ENG_web.pdf; International Peace Institute (IPI). 2018. *Aligning Agendas: Drugs and Sustainable Development Goals*. www.ipinst.org/wp-content/uploads/2018/02/1802_Aligning-Agendas.pdf
- 158 UNDP (United Nations Development Programme). 2019. *Development Dimensions of Drug Policy*. New York. www.undp.org/sites/g/files/zskgke326/files/publications/Development_Dimensions_of_Drug_Policy.pdf

by the United Nations System Common Position on Drugs¹⁵⁹ and the United Nations System Common Position on Incarceration, speaking on behalf of all 31 United Nations agencies.¹⁶⁰ A recurring theme in much of this analysis has been how the burden of negative impacts from drug prohibition and criminalization disproportionately affects marginalized individuals, groups and communities. Correspondingly, and drawing on lessons from other areas such as the global HIV response, it is clear that the most effective policy innovations are those that meaningfully reach vulnerable and marginalised people and leave no one behind. These innovations have, for example, notably included ending the criminalization of people who use drugs, providing treatment and harm reduction services, and embedding environmental sustainability and gender-sensitive principles into alternative development programmes.

The limits of these innovations, however, are also becoming clear. Decriminalization, while bringing benefits to health and human rights, does not address the wider harms associated with the illegal trade. Alternative development, however well implemented, does not reduce the scale of illicit drug markets. Many of the problems that harm reduction interventions seek to mitigate are created or exacerbated by illegal drug production and supply. In this context, it is unsurprising that civil society, United Nations entities, human rights mechanisms, and policymakers are increasingly exploring how the pragmatism and principles that underpin successful drug policy innovations might be extended into thinking about the supply-side dimension of drug policy,¹⁶¹ i.e. exploring options for regulated licit drug markets as alternatives to illicit drug markets under prohibition.

These debates are not new and remain politically challenging; however, they become harder to ignore as the systemic failings of global drug control become more acute, and real-world reforms continue to shift these debates from theory into practice. Indeed, today over 500 million people now live in jurisdictions where adult access to cannabis has been or is being legally regulated in some form for non-medical use. It seems likely that this trend will continue, and even accelerate, both for cannabis and other drugs.

¹⁵⁹ UNODC (United Nations Office on Drugs and Crime). 2023. *UN Common Position on Drugs*. Vienna. www.unodc.org/res/un-common-position-drugs/index_html/2315371E-eBook.pdf

¹⁶⁰ UNODC (United Nations Office on Drugs and Crime). 2021. *UN System Common Position on Incarceration*. www.unodc.org/res/justice-and-prison-reform/nelsonmandelarules-GoF/UN_System_Common_Position_on_Incarceration.pdf

¹⁶¹ Scottish Government. 2023. *A caring, compassionate and human rights informed drug policy for Scotland*. www.gov.scot/publications/caring-compassionate-human-rights-informed-drug-policy-scotland/pages/1; OHCHR. 2023. *Human Rights Challenges in Addressing and Countering All Aspects of the World Drug Problem: Contribution of the Czech Republic*. www.ohchr.org/sites/default/files/documents/issues/drug/cfi-hrc54-drug-policy/submission/subm-s-ohchrs-report-member-states-czech-republic-11.doc; Forbes. 2023. Colombian President Proposes Latin Alliance To Shift War On Drugs Towards Public Health Approach. www.forbes.com/sites/dariosabaghi/2023/09/11/colombian-president-proposes-latin-alliance-to-shift-war-on-drugs-towards-public-health-approach/

This raises a series of challenging questions about the detail and practicalities of drug market regulation, and how the complex array of intersecting legal and policy challenges can be negotiated to balance the sometimes-conflicting priorities of different stakeholders. As this report has highlighted, any drug policy reform presents both opportunities and risks. As licit drug market reforms progress around the world, the shared aspiration should be to ensure that the opportunities for realization of the SDGs are maximized, and risks minimized. Achieving this aspiration will require concerted engagement from policymakers, affected communities and expertise across a range of disciplines in health, human rights, development, science, academia and civil society. The voices of affected communities, such as those of people who use drugs and those involved in drug production, must be at the centre throughout each stage of policy development. There is potential to pursue a just transition, establishing new regulated markets that not only reduce the harms of prohibition, but also create opportunities for poverty reduction, more equitable economic development, and the transfer of enforcement spending and new tax resources into public services and support for wider development goals.

There is no guarantee, however, that reforms will follow this path. Addressing specific development risks entails preventing marginalized communities who depend on illicit economies from being neglected. It also entails preventing post-prohibition market models from recreating inequities, harms and injustices of the racist and colonial war on drugs in new forms.

United Nations entities are uniquely positioned to inform and facilitate policy development within their dedicated areas of expertise. They can guide the joined-up thinking that will be needed to navigate the complex intersection of thematic areas that drug policy represents. Such work has already informed many areas of drug policy, such as the Framework Convention on Tobacco Control, the United Nations Common Position on Drugs, the International Guidelines on Human Rights and Drugs Policy, and the HIV/AIDS response relating to people who inject drugs.

For key areas of the dialogue on licit markets, however, institutional obstacles create dilemmas that can hold back more direct engagement from United Nations entities, Member States and key civil society voices in the development field. There are tensions between the growing momentum for specific drug market reforms at a national level and the unambiguous prohibitions on drug production and supply for non-medical/scientific uses established under the United Nations drug conventions. Some options, including medically prescribed 'safer supply' models, and some forms of cultivation for personal use, or non-profit collective decriminalization, are, or are potentially, permissible within the United Nations drug treaty framework. Yet, the wider shifts towards licit retail markets for non-medical use of certain drugs, in many cases already being implemented, will ultimately require some form of accommodation within the drug control framework for it to remain a viable multilateral tool. While possible pathways for these reforms have

been proposed and discussed,¹⁶² due to the lack of consensus among Member States, civil society and indeed United Nations entities, any modernization or evolution of the global drug control framework to achieve such an accommodation will be politically challenging and take considerable time.

The immediate challenge is that, in many places, reforms are moving forward regardless, with new legal markets being established without input from key centres of expertise that are uniquely positioned to provide guidance but are politically constrained from doing so. This is happening despite growing calls for collaboration and guidance from civil society and Member States.¹⁶³ While some civil society organisations have focused on the development dimensions of a transition to licit drug markets,¹⁶⁴ the same barriers have constrained many key civil society voices in the development sphere from proactively engaging in drug policy reform. There is a risk that a unique opportunity to prioritize sustainable development in significant and rapidly emerging global markets will be missed, and arguably is already being missed, when it is most needed. This is not because the issues are not understood or that expertise is lacking, but rather, because of political and institutional inertia. A key message for all relevant stakeholders must be that drug policy is an important development issue.

- 162** OAS (Organization of American States). 2013. *Scenarios for the Drug Problem in the Americas 2013–2025*. www.oas.org/documents/eng/press/Scenarios_Report.PDF; TNI (Transnational Institute), WOLA (Washington Office on Latin America), GDPO (Global Drug Policy Observatory). Transform Drug Policy Foundation, CDPC (Canadian Drug Policy Coalition), MUCD (Mexican Institute of Competitiveness). 2016. *New Report Offers Strategies for Regulating Cannabis in Ways that Uphold and Modernize International Law*. www.tni.org/en/article/new-report-offers-strategies-for-regulating-cannabis-in-ways-that-uphold-and-modernize
- 163** 8th Brandenburg Forum on Drugs and Development Policies. 2029. *The Way Forward to 2029: Accelerating Progress in Global Drug Policies*. www.gdpdp.org/fileadmin/media/file-upload/media/bericht_des_8_brandenburg_forums.pdf
- 164** Health Poverty Action. 2025. *The legal regulation of drugs: The potential to deliver global justice* <https://www.healthpovertyaction.org/the-legal-regulation-of-drugs-the-potential-to-deliver-global-justice/>

Strategic considerations

While the debates regarding transitions to regulated markets play out, it is important to recognize that other reforms for which there is a greater consensus continue to progress. Policy should shift away from punitive enforcement approaches that have proved ineffective and counterproductive, and prioritize evidence-based, human rights-centred policy models that support the realization of the SDGs. Here are some suggested strategic considerations for evaluating opportunities for reforms to evidence-based, rights-focused and development-oriented models on drug policy.

- Use SDG targets as a core framework for guiding design and evaluation of drug policy implementation.
- Foster meaningful community engagement in policy development, reform, implementation and monitoring/evaluation, including with people who use drugs and those providing services to them, people working in drug markets, and other disproportionately affected groups.
- Address systemic racial, gender and social inequalities, including integrating a gender dimension into all elements of drug policy design and implementation.
- Identify and target underlying structural drivers of high-risk drug use and substance use disorders, or that lead people to engagement with the illegal drug trade, including poverty, inequality and discrimination, conflict and forced displacement, trauma and social marginalization.
- Building on progress, support and catalyse further change towards the decriminalization of possession of drugs for personal use, including decriminalization of small-scale cultivation and not-for-profit sharing, and expunging past criminal records for decriminalized offences,¹⁶⁵ thus enabling more effective public health interventions, reducing stigma and institutional obstacles to accessing services, and freeing up resources to scale up services .
- Promote alternatives to incarceration for drug and drug-related offences.
- Review militarized approaches for the control of illicit drugs, such as the use of military personnel, equipment and techniques, and shift towards a policing approach that puts the protection of public health and human rights at the centre.

¹⁶⁵ International Drug Policy Consortium (IDPC). 2022. *Decriminalization of People Who Use Drugs: A Guide for Advocacy*. <https://idpc.net/publications/2022/02/decriminalization-of-people-who-use-drugs-a-guide-for-advocacy>

- Ensure access to justice and due process for all, specifically with regard to drug and drug-related offences.
- Support comprehensive evidence-based drug prevention and harm reduction service provision in particular targeting vulnerable populations such as youth, lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ+) communities, and people engaged in sex work and high-risk behaviours such as injecting drugs and using stimulants/chemsex.
- Support and scale up access to voluntary and evidence-based drug treatment, recovery and harm reduction services to meet needs for all people, including in community and prison settings.
- Ensure access to essential medicines, such as opioid pain medication, and also OAMT and other substitution medicines, as well as naloxone to manage opioid overdoses.
- Work with and for communities of people who use drugs and other stakeholders to remove legal barriers to access to prevention, treatment, care and support services, in line with the commitments made in the 2021 Political Declaration on HIV and AIDS.

In the context of emerging licit markets

- United Nations entities working with civil society, academia and impacted communities should seek to establish system-wide coherence in the response to licit drug markets, developing monitoring and evaluation frameworks, as well as minimum standards in their relevant areas of expertise, in order to support policymaking aligned with the United Nations System Common Position, the SDGs, and international human rights law.
- Learn lessons from successes and failures of regulatory policy and law regarding alcohol, tobacco and pharmaceutical industries, with particular attention to mitigating risks of over-commercialization, market consolidation, and attendant risks of corporate capture and distortion of policymaking.
- Address the gap in good practice guidance in the public health domain in a similar fashion to the guidance informing alcohol and tobacco regulation, as has been requested by civil society and Member States in order to inform emerging cannabis markets and other non-medical drug regulation models.
- Provide reparations for harms of ongoing punitive models, significantly from key consumer market regions to key producer and transit regions – and ensure that the interests of marginalized individuals and communities disproportionately impacted by the war on drugs are not neglected. Hence, the principles of equity and social justice must be embedded into the policy design of regulatory frameworks and applied to emerging market architecture from the outset.

- Consider developing international human rights law standards in the context of licit market transitions, including an expansion of the International Guidelines on Human Rights and Drug Policy.
- Good practice from alternative development can usefully inform a just transition into future licit drug markets or other sustainable livelihoods for those working in illicit drug markets and traditional drug crop-producing regions in the Global South.
- Ensure the protection of the rights of Indigenous Peoples who use plant-based drugs in traditional, ceremonial and religious contexts.
- Address the negative environmental impacts of illicit drug markets, drug enforcement efforts, the reinvestment of drug profits into environmentally harmful industries, and the undermining of good governance and environmental resilience—areas that have not yet received sufficient attention. Enhance monitoring and evaluation of the environmental impacts of drug control, along with the provision of good practice guidance and increased international cooperation to support and inform reforms.
- Explore and address the emerging challenges related to state practice in licit market regulation, not least the issues of system wide coherence and options for resolving tensions with UN drug treaty obligations. This is consistent with a resolution at the 68th UN Commission on Narcotic Drugs¹⁶⁶ which has called for an independent expert panel to prepare a ‘specific and actionable set of recommendations aimed at enhancing the implementation of the obligations’ under the UN drug conventions and ‘other relevant international instruments’, and further ‘[s]tresses the need to strengthen the capacity of Member States and relevant United Nations entities, within their respective mandates, to effectively respond to persistent and emerging drug-related trends and challenges’.

166 United Nations Economic and Social Council – Commission on Narcotic Drugs. “Strengthening the global drug control framework: a path to effective implementation” (E/CN.7/2025/L.6/Rev.1), adopted 14 March 2025. Available at: <https://docs.un.org/en/E/CN.7/2025/L.6/Rev.1>



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