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ADVANCING DRUG  
POLICY REFORM:

**A NEW APPROACH  
TO DECRIMINALIZATION**

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2016 REPORT



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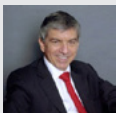
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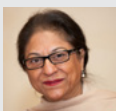
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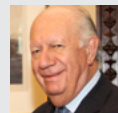
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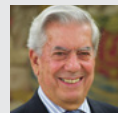
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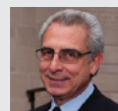
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July 21, 2016: inmates sleep on the steps of a ladder inside the Quezon City jail at night in Manila. There are 3,800 inmates at the jail, which was built six decades ago to house 800.  
© Noel Celis/AFP/Getty Images

## FOREWORD FROM THE CHAIR

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Since the Global Commission launched its first report in 2011, a significant shift has taken place in global drug policy, both in terms of public discourse, scientific evidence and policy implementation. An increasing number of national or local authorities are experimenting different ways of regulating the cannabis market, while many more are implementing alternatives to criminalizing those who use drugs. Furthermore, opioid substitution therapy and harm reduction interventions, including needle and syringe exchange programs, supervised injecting facilities and drug testing services, are being scaled up—albeit not enough—as governments recognize the need for a health- and human rights-centered approach. This fundamental shift is hugely welcome. What we are witnessing is drug policy reform in action.

It is, however, time to challenge more fundamentally the way societies view drugs and those who use them. Psychoactive substances have accompanied humanity throughout its whole history. Some, such as alcohol or tobacco, are legally accepted in many regions of the world; others are recognized and prescribed as medicines, while what people refer to as “drugs” in the context of illicit consumption are prohibited by international treaties. The vast majority of people use all these substances in a reasonable way; there are some, however, who are at risk of harming their health and experiencing social and professional difficulties. But illicit drugs confront the users with much higher harms: they have to rely on the criminal market—whose interest is in making them dependent and turning the highest profit—and risk repressive measures. This combination of criminal offer and criminalization is particularly cruel and degrading for people who became addicted to drugs and those who use them to self-medicate physical or mental sufferings. Prohibition makes societies and governments blind to the great variety of reasons why people use drugs either in a controlled or a problematic way. It contributes to the discrimination and marginalization of drug users, considering them as undeserving of understanding and help, when they need treatment and social integration. Furthermore, it justifies criminalizing people who cause no harm to others and punishing those who are suffering. Prohibition also limits scientific research about the possible medical utility of illicit substances, and builds obstacles to the prescription of pain relief and palliative medication.

A punitive approach to drug control fundamentally undermines the relationship between the individual and the State, with so many of its citizens in breach of illogical drug laws. Unfortunately, most governments continue to share the objective, enshrined in the international drug control treaties, of a “drug-free world” or a “world free of drug abuse”. This goal is both naïve and dangerous. Naïve, in that prohibition has had little or no impact on rates of drug use, with the number of consumers increasing by almost 20 percent between 2006 and 2013 to 246 million people; dangerous, in that prohibition fuels mass incarceration and executions in contravention of international law, stokes the spread of blood-borne viruses, drives human rights abuses of those who use and supply drugs, and contributes to the drug-related deaths of nearly 200,000 people annually around the world. National governments must urgently liberate themselves from the constraints of this archaic and punitive framework.

Yet we must define what we mean by decriminalization. Yes, many local and national authorities have adopted alternatives to punishment, abandoning criminal sanctions against people who use drugs and replacing them by administrative



Rowena Camacho, 24, incarcerated for two years on a drug charge, in an overcrowded cell at the Navotas Municipal jail, Manila, Philippines. © Paula Bronstein/Getty Images

consequences like fines, often combined with medical treatment and social measures. Nevertheless, these alternatives do not go far enough. In this report, the Commission calls for the removal of all punitive responses to drug possession and use. There is also a need to go further concerning the non-violent acts of those who are involved in the production and trade of drugs because of their economic and social marginalization. Alternatives to punishment, and the support of neglected communities, are the pathways to liberate both individuals and communities from the grip of organized crime, open new economic perspectives, and respect the rights and dignity of all.

This report builds on those we have published previously. It highlights the damage caused through the criminalization of people who use drugs and explores the alternatives to this approach. It welcomes the moves made towards more rational and humane policies in many countries around the world and shows the necessity to go further in reforming national and international drug control regimes. The Global Commission on Drug Policy is calling not only on governments and the United Nations, but also on the public, to change their perception of drug users and rid themselves of their prejudices. People who use drugs have to be recognized as equal and responsible members of society, in their full rights and dignity.

As long as drugs are considered as evil, and thereby criminalized, they will remain in criminal hands. Because they are potentially harmful they must be regulated by responsible governments, who are in charge of the well-being of their population. Exploring models of regulated production and markets is necessary and these experiences have to be scientifically monitored and the results made available. It is time for States to assume their full responsibility and to remove drugs from the hands of organized crime. It is time to take control.

**Ruth Dreifuss**

*Former President of Switzerland  
and Minister of Home Affairs*

## EXECUTIVE SUMMARY

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Every year, hundreds of millions of people around the world use illicit drugs. Many do so for enjoyment, some to relieve pain, while others use for traditional, cultural or religious reasons. Despite the fact that drug use is both widespread and non-violent, the predominant approach of governments around the world is to criminalize those who use and/or possess drugs. Such policies are enacted with the false hope that, combined with efforts targeting the production and supply of drugs, the drug market and use can be eliminated.

The harms created through implementing punitive drug laws cannot be overstated when it comes to both their severity and scope. On a daily basis, human rights abuses—from the death penalty and extrajudicial killings, to inhuman and coerced drug treatment—are committed around the world in the name of drug control, while strict drug laws have escalated public health crises in the form of HIV and hepatitis C epidemics. Furthermore, in a number of countries drug laws have caused severe prison overcrowding. These extensive damages wrought by a punitive approach to drugs and drug use fundamentally undermine the principle of human dignity and the rule of law, fracturing the relationship between States and their populations.

In order to begin mitigating these widespread harms, governments must as a matter of urgency decriminalize the possession of drugs for personal use. Decriminalization is typically understood as the removal of a criminal record for drug possession for personal use offenses, with the optional imposition of civil penalties such as fines or administrative sanctions, or no penalty at all.<sup>1</sup> Though some governments have already taken this approach, only a small number have implemented policies that have brought about positive outcomes for people who use drugs and society as a whole. What's more, these governments typically rely on penalizing people with civil sanctions. This approach does not go far enough.

**The Commission believes that for the principle of human dignity and the rule of law to be firmly upheld, there must be no penalty whatsoever imposed for low-level possession and/or consumption offenses.<sup>2</sup>**

Beyond decriminalizing the possession of drugs for personal use, governments must implement alternatives to punishment for many low-level actors in the drug trade, including those who engage in social supply, drug couriers, and cultivators of illicit crops. Many of these people engage in the trade non-violently and may do so to alleviate their severe socio-economic marginalization. Punishing these groups is unjust and only serves to heighten their vulnerability.

Ultimately, no longer criminalizing people who use drugs and addressing low-level actors with proportionate responses should be considered as a step toward bringing illicit drug markets under control through sensible regulation. Only then can the societal destruction caused by drug prohibition be properly mitigated.

Drug use is, and always has been, a reality in all of our societies. For too long governments have waged a misguided war against the drug market and people who use drugs, handing down sanctions that are disproportionate, unjust and wholly unnecessary. The evidence of just how harmful punitive drug laws are is irrefutable. Governments can no longer ignore the need for a new approach.

# FROM PROHIBITION TO DECRIMINALIZATION: A BRIEF HISTORY

## THE UNITED STATES AND EGYPT

Egypt is the first country in the world to prohibit a now-illicit drug, banning cannabis in 1884. From 1887, many US states begin prohibiting cocaine.



## CHINA, THE UNITED KINGDOM AND THE UNITED STATES

China prohibits opium imports through commercial treaties with the UK, France, Portugal and the US. In 1908, it commits to eliminate all domestic opium use within a decade.



## THE HAGUE INTERNATIONAL OPIUM CONVENTION

In 1912, China, France, Germany, Italy, Japan, the Netherlands, Persia (Iran), Portugal, Russia, Siam (Thailand), the UK, and the British overseas territories (including British India) adopt the Hague Convention to control the international trade in opium, morphine, cocaine and heroin.

## LEAGUE OF NATIONS

The League of Nations establishes the Opium Advisory Committee, the forerunner to the United Nations Commission on Narcotic Drugs.



## GENEVA OPIUM CONVENTIONS

From 1925-1936, the cannabis trade is put under international control and the forerunner of the International Narcotics Control Board, the Permanent Central Board, is established.

## CHINA, MALAYSIA AND IRAN

In 1948, China becomes the first country to implement the death penalty for drug-related offenses, and is followed by Malaysia in 1952 and Iran in 1959.



## UNITED NATIONS

The 1961 Single Convention on Narcotic Drugs, as amended by the 1972 protocol, enshrines and operationalizes drug prohibition in international law.



## THE UNITED STATES

US President Richard Nixon declares the "war on drugs" in 1971.



## UNITED NATIONS

The 1971 Convention on Psychotropic Substances is adopted as a response to new chemical substances, widening the scope of the international prohibition regime to psychotropic drugs.



## SINGAPORE

Singapore introduces the death penalty for drug offenses in 1975.



## NETHERLANDS

In 1976, the Netherlands amends its drug laws, which introduces the de facto decriminalization of cannabis possession and supply.



## SWITZERLAND, GERMANY, DENMARK, SPAIN, AND THE NETHERLANDS

In the 1980s, certain countries in Western Europe, faced with the negative consequences of criminalization, introduce harm reduction measures. These prove beneficial not only for people who use drugs, but for society in general.



## SAUDI ARABIA AND VIETNAM

In 1987, Saudi Arabia introduces the death penalty for drug-related offenses. Vietnam follows suit in 1999.



## UNITED NATIONS

The 1988 United Nations Convention on the Illicit Traffic in Narcotic Drugs and Psychotropic Substances lays out the provisions and punishments that states should adopt in their national legislations. The adoption of this convention marks the apogee of prohibition as a global response to drugs.



1880

1890

1900

1910

1920

1930

1940

1950

1960

1970

1980



### UNITED NATIONS GENERAL ASSEMBLY

In 1990, the United Nations General Assembly holds its first Special Session on Drug Abuse, and the second on the World Drug Problem in 1998. These special sessions serve to reinforce the prohibition-based criminal approach to drugs, and culminate with countries committing to securing a "drug free world" by 2008.



### UNITED NATIONS

The United Nations establishes its International Drug Control Program in 1991, which becomes the UN Office on Drugs and Crime in 1997.



### PORTUGAL AND THE CZECH REPUBLIC

In 2001, Portugal decriminalizes the possession of drugs for personal use, making drug possession an administrative offense. Eight years later, the Czech Republic revises its penal code and removes criminal penalties for the possession of drugs for personal use.



### ARGENTINA AND MEXICO

In 2009, Argentina's Supreme Court rules that criminalizing possession for personal use is unconstitutional. Mexico decriminalizes drug possession the same year.



1990

2000

### GLOBAL COMMISSION ON DRUG POLICY

In 2011, world leaders break the taboo and demand an end to the "war on drugs". In 2014, they propose five pathways for drug policy reform.



### BOLIVIA

In 2012, as a result of a dispute regarding the traditional use of the coca leaf, Bolivia becomes the first country to withdraw from the UN Single Convention. Bolivia later re-ratifies the Convention with a reservation on the coca leaf.



### COLOMBIA

Colombia reintroduces its policy decriminalizing drug possession for personal use in 2012, after it had been suspended three years earlier.



### COLORADO, WASHINGTON, ALASKA, OREGON, AND WASHINGTON D.C. (U.S.)

In 2012, Colorado and Washington become the first jurisdictions in the world to establish legally regulated markets for recreational cannabis use. In 2014, voters in Oregon and Alaska approve ballot initiatives to create legally regulated markets for cannabis, while the US capital, Washington D.C., votes to legalize cannabis possession.



2010

### URUGUAY

In 2013, Uruguay becomes the first country in the world to pass a law regulating cannabis for recreational use. Sales are expected begin toward the end of 2016.



### JAMAICA

Jamaica decriminalizes cannabis possession for personal use in 2015 and allows cannabis possession for religious purposes.



### UNITED NATIONS FUNDS, PROGRAMS AND AGENCIES

The UN Secretary-General calls on states to find alternatives to criminalization. In 2015 and 2016, the Office of the High Commissioner for Human Rights, UNDP, WHO, and UNAIDS publish papers recommending the decriminalization of drug use and possession.



### UNITED NATIONS GENERAL ASSEMBLY

In 2016, the General Assembly holds its third Special Session on the world drug problem and sees significant discontent between countries over appropriate ways to approach the drug trade and drug use. Several countries call for decriminalization and regulation, though these remain absent from the outcome document.



### CALIFORNIA AND CANADA

In November 2016, California and a number of other US states vote on whether or not to create a legally regulated market for cannabis. In 2017, Canada will be the first G7 country to regulate an illicit drug (cannabis) at the national level.



1

## THE FAILURE OF PROHIBITION



June 26, 2015. Kiev, Ukraine. on the International Day against Drug Abuse and Illicit Trafficking in Kiev. Activists protesting against police harassment of people who use drugs.  
© E.Kryzhanivskiy / Shutterstock.com

## 1. PUNITIVE APPROACHES TO DRUGS: A FAILURE BY THEIR OWN MEASURE

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Drug use is, and always has been, a reality in our societies. Every year, hundreds of millions of people around the world use illicit substances<sup>3</sup>—for many it is about enjoyment, for some it is to relieve pain, while for others it is for traditional, cultural or religious reasons. Despite the widespread and non-violent nature of drug use, the predominant government response to this issue is to enact highly punitive policies that criminalize those who use and/or possess drugs, as well as other low-level actors in the drugs trade. Such policies, which were reinforced with the signing of the three UN drug control treaties (see Box 1) in the second half of the 20th century, are implemented with the misguided hope that drug use and the wider drug market can be eradicated, something that the evidence reveals is an impossibility.

In 2003, an estimated 185 million people globally aged 15–64 (4.7 percent of the world’s population) had consumed an illicit drug in the previous 12 months;<sup>4</sup> by 2014, this number had risen 33 percent to 247 million (5.2 percent of the world’s population).<sup>5</sup> The number of people who were dependent on drugs “increased disproportionately” from 27 million in 2013 to 29 million in 2014.<sup>6</sup> At the same time, the illegal cultivation of opium poppies increased to the highest levels on record in 2014, reaching almost 320,000 hectares globally,<sup>7</sup> while cocaine production rose 38 percent from 2013 to 2014.<sup>8</sup>

Many factors, of course, account for increases and decreases in the use and production of drugs. What can be observed, though, is that punitive approaches have unequivocally failed in their goal to extinguish the market. Worse, these approaches have led to devastating health and social consequences for people who use drugs, other actors in the drugs trade and wider society. On a daily basis, significant human rights abuses are carried out in the name of drug control, from the use of the death penalty<sup>9</sup> and extrajudicial killings,<sup>10</sup> to torture, police brutality and inhumane drug treatment programs.

Fundamentally, repressive drug policies create far more harm than the drugs themselves. Thus, we need new approaches that uphold the principles of human dignity, the right to privacy and the rule of law, and recognize that people will always use drugs. In order to uphold these principles all penalties—both criminal and civil—must be abolished for the possession of drugs for personal use. While a number of countries have implemented decriminalization policies, many still rely on penalizing the user with civil sanctions, a punishment that is disproportionate to the act. For low-level non-violent actors in the drug trade—particularly those motivated by eco-

conomic desperation—alternatives to punishment should be implemented. Only through these combined reforms can the extensive harms of punitive drug laws be mitigated.

## 2. UNDERMINING THE RIGHT TO PRIVACY

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The right to privacy is a fundamental human right enshrined in most international human rights treaties, including the 1948 Universal Declaration of Human Rights<sup>11</sup> and the 1966 International Covenant on Civil and Political Rights.<sup>12</sup>

Privacy is the “cornerstone of respect for personal autonomy and human dignity.”<sup>13</sup> The state is only justified in interfering in an individual’s private life if they can demonstrate that the interference is for a legitimate aim—such as preventing risk to others—is proportional, and is necessary. Penalizing people who possess drugs for personal use, and who cause no harm to others, is neither proportional nor necessary, and can never be a justified interference. Fundamentally, this interference undermines the right to privacy, personal autonomy and human dignity.<sup>14</sup>

Several constitutional and supreme courts across the world have determined that laws prohibiting the possession and use of drugs interfere with the right to human dignity, which can be defined as “respect for the autonomy of the person.”<sup>15</sup> For example, in relation to the state’s refusal to grant a license to four people who wanted to grow cannabis for personal use, Mexico’s Supreme Court ruled in 2015 that a system of administrative bans on the recreational consumption of cannabis was unconstitutional, citing disproportionate interference with the principle of human dignity, and in particular with the free development of the personality.<sup>16</sup>

Courts in Chile, Spain, Colombia and Argentina have similarly ruled that the private use of drugs should not be subject to any state sanction.<sup>17</sup> The Chilean Supreme Court, for example, in a case involving cannabis cultivation, stated that the legislature was correct in its exemption of the personal use of drugs from sanction in the legislation under scrutiny. The court found that this was consistent with the right to autonomy, where individuals are free to put their own health at risk.<sup>18</sup>

These judgments are indicative of an evolving legal landscape, where the punishment of drug use and possession is seen as being in direct conflict with the principle of human dignity. It is fundamental to this principle that states acknowledge that the consumption of drugs—in and of itself an act which does not harm or put at risk the legal rights of others—should not be subject to interference.



**BOX 1 – THE INTERNATIONAL DRUG CONTROL SYSTEM AND PUNITIVE RESPONSES TO POSSESSION**

The three international conventions that control illicit drugs are:

- The United Nations (UN) Single Convention on Narcotic Drugs 1961 (as amended by the 1972 protocol)
- The UN Convention on Psychotropic Substances 1971
- The UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances 1988

These conventions prohibit the use, supply, production, cultivation, importation and exportation of specific drugs unless for medical or scientific purposes.

The table below outlines the main provisions of the treaties as they pertain to restricting the possession of illicit drugs. The table also outlines where derogation from the provision is permissible.

Treaty Obligation	Derogation from Obligation
<b>1961 Convention</b> – “duty not to permit the possession” in respect of specific drugs controlled under the treaty (Article 33)	Not possible, except under “legal authority” (Article 33)
<b>1961 Convention</b> – “shall adopt measures as will ensure that ... possession ... shall be a punishable offense” (Article 36 (1) (a))	Subject to member states’ “constitutional limitations” (Article 36 paragraph 1. a) Where those who commit an offense under Article 36 are “abusers of drugs” an alternative to conviction/punishment can be applied (Article 36 (1)(b))
<b>1971 Convention</b> – “desirable that the Parties do not permit the possession of substances” in respect of specific drugs controlled under the treaty (Article 5 (3))	Except under “legal authority” (Article 5 (3))
<b>1971 Convention</b> – “each Party shall treat as a punishable offense ... any action contrary to a law or regulation adopted in pursuance of its obligation under this Convention” (Article 22 (1) (a))	Subject to member states’ “constitutional limitations” (Article 22 (1) (a)) Where those who commit an offense under Article 22 are “abusers of drugs” an alternative to conviction/punishment can be applied (Article 22 (1) (b))
<b>1988 Convention</b> – “each Party shall adopt such measures as may be necessary to establish as a criminal offense under its domestic law ... the possession, purchase or cultivation of narcotic drugs or psychotropic substances for personal consumption” (Article 3 (2))	“Subject to its [the party’s] constitutional principles and the basic concept of its legal system” (Article 3 (2)) Can provide an “alternative to conviction or punishment” (Article 3 (4)(d))

### 3. UNDERMINING THE RULE OF LAW

The rule of law requires that “citizens ... respect and comply with legal norms, even if they disagree.”<sup>19</sup> Such compliance is clearly absent when it concerns punitive laws controlling drug use, as evidenced by the hundreds of millions of people who use drugs every year.<sup>20</sup> Drug use crosses gender, race, class, and profession, with a significant portion of society regarding it as a normal leisure activity.<sup>21</sup> The risk of imprisonment or receiving a criminal record does little to stop them from committing this offense, one which essentially causes no harm to others. Thus, the punishment of drug possession and/or use can be seen as bringing the law into disrepute. It is hard to think of another offense which causes no direct and immediate harm to others and attracts such serious penalties, while being so frequently breached.

*Guaranteeing the rule of law needs to be viewed as a concept wider than mere coercion; it also encompasses inclusive access to justice delivered fairly, in full respect of human rights, through a robust system that places authority in the hands of relevant institutions, with appropriate safeguards.*

United Nations Office on Drugs and Crime (2016)<sup>27</sup>

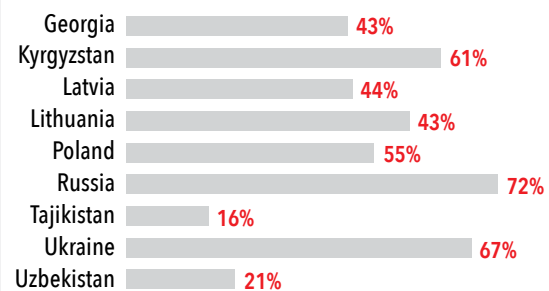
The widespread and persistent disregard for drug laws further calls into question the legitimacy of state actors such as the police. This is particularly the case when drug laws are overwhelmingly enforced against a narrow sub-section of society, and penalties fall most heavily on the poor<sup>22</sup> and those from minority communities.<sup>23</sup> Such inequitable application fundamentally undermines the basic principles of the rule of law—that all in society are equally subject to the law, and that its application is consistent, fair and impartial<sup>24</sup>—and severely weakens the relationship between the state and its citizens.

Beyond the inequitable application of the law, the growing body of evidence that shows no significant increase in drug use in countries that have adopted non-punitive responses to drug use,<sup>25</sup> as well as the increasing support for decriminalization from several UN bodies and regional multi-lateral agencies,<sup>26</sup> all call into question the rationale for pursuing harsh drug laws.

Any weakening of respect for institutional legal structures and the rule of law more generally has the potential to increase the risk of corruption, and vice versa. The decision by states to pursue punitive policies has been an expensive

and willful abdication of responsibility, allowing an illicit drug market worth in excess of US\$320 billion a year to become inherently violent as gangs and organized criminal groups vie for control.<sup>28</sup> The sheer scale of financial resources which the trade hands to criminal groups provides them with the power to corrupt state officials, from the police right up to the judiciary and politicians.<sup>29</sup> Indeed, the power of criminal organizations to infiltrate and corrupt state institutions and undermine the rule of law is well documented, from the endemic corruption of law enforcement and other officials in Mexico<sup>30</sup>, to drug traffickers financing presidential campaigns in Guinea-Bissau.<sup>31</sup>

#### PROPORTION OF PEOPLE INCARCERATED FOR DRUG POSSESSION WITHOUT INTENT TO SUPPLY



© Eurasian Harm Reduction Network (EHRN), Sergey Votyagov, 2014

The aforementioned uneven applications of drug laws are far from the only manner in which states themselves undermine the rule of law. For one, the disproportionate focus by law enforcement on the policing of people who use drugs has created opportunity costs:<sup>32</sup> by diverting resources to low-level drug activities, more serious criminal activity has been neglected, as will be shown later in the report. Worse, state actors frequently operate outside of the law in the name of drug control, as the barbaric actions of President Rodrigo Duterte of the Philippines can attest to; his call on the public to execute those involved in the drug trade led to the murder of thousands of people—many of them believed to be extrajudicial killings—during his first few months in office in 2016.<sup>33</sup> Similar incidences that damage respect for the rule of law include: police brutality against people who use drugs;<sup>34</sup> the detention of alleged drug offenders without trial,<sup>35</sup> and the detention of people without due process for the purposes of forced “drug treatment.”<sup>36</sup> All of these examples point to the widespread human rights abuses that states commit under the framework of punitive drug laws.



Overcrowding in a California prison.  
© HuffingtonPost

## 4. HUMAN RIGHTS ABUSES COMMITTED UNDER THE INTERNATIONAL DRUG CONTROL REGIME

Countries implementing their commitments under the three UN drug conventions often do so in violation of human rights. The most heinous of these violations can be seen in the use of the death penalty for low-level drug offenses and the hundreds of executions that take place annually. This issue is explored in greater depth later in the report.

Deprivation of life is not limited to cases involving the death penalty, though, as the killings under President Duterte in the Philippines show. Indeed, state-sanctioned murder of suspected drug users and those involved in the trade is not an infrequent occurrence. When Thailand launched its “war on drugs” in 2003, the result was the extrajudicial killing of almost 2,800 people, with thousands more sent to detention facilities and coerced into “treatment” for drug addiction.<sup>38</sup> In Brazil, military police operating in the favelas of Rio de Janeiro were responsible for over 1,200 killings from 2010–2013, many carried out in the context of the country’s “war on drugs.”<sup>39</sup> Amnesty International found strong evidence in one Rio favela that nine out of 10 deaths at the hands of the police should be classed as extrajudicial executions, and that between 2010 and 2013, 79 percent of victims of police killings in Rio de Janeiro were black, and 75 percent aged between 15 and 29 years old.<sup>40</sup>

The escalation in law enforcement responses to drugs more generally contributes to heightened levels of violence.<sup>41</sup> In 2006, Mexico’s president, Felipe Calderón, announced a military crackdown on drug trafficking organizations, resulting in an estimated 160,000 homicides between 2006 and 2014, many linked to cartel violence and the militarization of drug law enforcement. Furthermore, over 280,000 people have been internally displaced in Mexico<sup>42</sup> and at least 25,000 people have disappeared during the country’s so-called drug war.<sup>43</sup>

Human rights abuses are additionally carried out under the guise of helping people who use drugs. The forced or coerced “treatment” of people who use drugs in compulsory detention centers—where people are detained without due process, the right of judicial oversight or any legal safeguards—is still utilized in a number of countries, particularly in Southeast Asia and China.<sup>44</sup> Such detention breaches fundamental international human rights contained within the 1948 Universal Declaration of Human Rights and the 1984 Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, and undermines the right to health.

These centers are associated with the serious ill-treatment of detainees, including depriving people of their liberty, forcing them into detoxification<sup>44</sup>, and submitting them to torture, serious sexual and physical abuse, and forced labor.<sup>46</sup> Detention in these centers is often a result of police sweeps where people are drug tested and sent to the centers regardless of whether treatment should even be considered.<sup>47</sup> In some cases they are referred there by family members and it is estimated that there are 235,000 people forcibly detained in the

region,<sup>48</sup> a number of whom are children.<sup>49</sup> Arbitrary detention, furthermore, is not limited to Southeast Asia and China: similar cruel and inhuman treatment has been documented in Guatemala, Brazil, Mexico, Peru, India, Russia, Serbia, South Africa, and the United States.<sup>50</sup>

Neither is the use of torture against people who use drugs by any means confined to these centers. A study of policing practices in Russia found that law enforcement used violence against people who use drugs in an attempt to extract confessions or information about their suppliers, with “extra-judicial policing practices [instilling] fear and terror in the day-to-day lives of drug injectors”.<sup>51</sup>

## 5. PUNITIVE DRUG LAWS AND PUBLIC HEALTH CRISES

Criminalizing people who use drugs has fueled a “global pandemic” of HIV and hepatitis C.<sup>52</sup> Globally, of the 16 million people who inject drugs, approximately two-thirds are living with hepatitis C and at least 13 percent with HIV, with many at a heightened risk of contracting tuberculosis.<sup>53</sup> In some countries, the rates of people who inject drugs living with HIV and hepatitis C are as high as 50 percent and 90 percent respectively.<sup>54</sup>

*I have great hopes that the recent improvement of Iran's ties with the international community will also bring progress on human rights. While recalling that international law prohibits use of the death penalty for drug offenses, I acknowledge the initiative taken in the Iranian parliament to at least remove the mandatory death penalty for some drug offenses.*

Zeid Ra'ad Al Hussein, High Commissioner for Human Rights<sup>57</sup>

Even though the hepatitis C virus and tuberculosis can be cured and HIV treated, repressive drug policies, as well as the stigma and the marginalization of people who use drugs, contribute to treatment not being scaled up or reaching these populations. The criminalization of people who inject drugs pushes them toward risky injecting practices to avoid detection by law enforcement and acts as a barrier to accessing services, including needle and syringe programs (NSP). Additionally, many countries deny much-needed services by placing unnecessary legal restrictions on the provision of

### BOX 2 – THE APPROPRIATE UNDERSTANDING OF A PUBLIC HEALTH APPROACH TO DRUGS

It is vital that the shift from a criminal justice response toward a public health one does not result in supplanting one repressive model with another. As discussed in this report a number of countries utilize compulsory and/or non-evidence-based drug treatment and claim to do so in the name of public health, despite such interventions actively undermining it. The shift has to be comprehensive, with policies decriminalizing possession for personal use offenses at the root of it. A public health approach must recognize the social, economic and environmental conditions that are often underlying drivers for problem drug use, and only ever result in the implementation of policies that are evidence-based and do not contravene international human rights standards.<sup>64</sup> Only then can the threats of infectious diseases to public health truly be mitigated.

clean injecting equipment and opioid substitution therapy (OST), both of which are well-evidenced interventions that prevent the transmission of HIV and hepatitis C.<sup>55</sup> By doing so, and by disproportionately focusing resources on law enforcement over public health interventions, governments are actively undermining the health of their citizens.

Recent trends in HIV prevalence in the Eastern Europe and Central Asia (EECA) region underscore the harm caused by governments in pursuing punitive drug laws. While the incidence of HIV infection dropped by 35 percent globally from 2000 to 2014, new infections increased by 30 percent in the EECA in the same period, driven largely by injecting drug use.<sup>56</sup> Russia is a key contributor to this trend due to its prohibition of OST and lack of support for NSP.<sup>56</sup> These policies have led to an HIV/AIDS epidemic in the country, with official figures for 2014 reporting 907,000 people living with the virus, an increase of 7 percent over the previous year. Fifty-seven percent of new cases of HIV are attributed to “unsafe drug injection,”<sup>58</sup> and it is estimated that by 2020 up to 3 million people in Russia could be living with HIV.<sup>59</sup>

Beyond escalating the transmission of infectious diseases, the criminalization of people who use drugs and the punitive international drug control regime in general contribute to thousands of deaths and the suffering of millions each year. For example, the UN drug control treaties and over-reaching national laws have helped create a situation whereby 5.5 billion people around the world suffer from little or no access

to adequate pain relief medication because of, among other reasons, restrictions placed on prescribing opiates and other pain medicines. This lack of access violates the international right to the highest attainable standard of health.<sup>60</sup>

There were over 200,000 known drug-related deaths worldwide in 2014, with overdose fatalities accounting for between one third and one half of that number.<sup>61</sup> In the US, drug-related deaths have increased 137 percent since 2000, with 47,055 deaths recorded in 2014, 61 percent of which involved opioids.<sup>62</sup> Fear of arrest and prosecution is one reason why those witnessing overdoses may be reluctant to call the emergency services.<sup>63</sup>

## 6. PUNITIVE DRUG LAWS AND THEIR IMPACT ON PRISON OVERCROWDING

According to the United Nations Office on Drugs and Crime (UNODC) 2016 World Drug Report, 18 percent of the global prison population is comprised of people convicted of drug crimes,<sup>65</sup> many of them from economically marginalized backgrounds. The mass incarceration of drug offenders has led to prison overcrowding in countries across the globe, with such conditions highly detrimental to the health and well-being of inmates.

There is ample evidence of drug laws driving overcrowding. In Brazil, which in 2014 had a prison occupancy level of 157 percent,<sup>66</sup> the prison population has grown exponentially since the turn of the 21st century after changes in the country's drug laws led to a 62 percent increase in incarcerations for drug offenses between 2007 and 2010.<sup>67</sup> Fears of increased use of methamphetamine in Thailand resulted in

the Thai Government clamping down on users, with almost 196,000 people arrested in 2012.<sup>68</sup> Thai prisons are severely overcrowded at 144 percent of their official capacity,<sup>69</sup> with 70 percent of inmates sentenced for drug offenses.<sup>70</sup>

*I think that a lot of states are taking a look to see, do we have proportionality in terms of how we are penalizing the recreational user? Do we want to be throwing people in jail for five, 10, 15 years if they're not major drug dealers but they're using a substance that's probably not good for them but is probably not hurting too many other people?*

Barack Obama, US President, in an interview with KMBC, Kansas City, 26 February 2015

In the US, mass incarceration driven by drug laws—including mandatory minimum sentences for low-level offenses—has had a devastating impact on communities of color. Thirteen percent of the US population is African-American but they account for nearly 40 percent of those incarcerated both at the state and federal levels for drug offenses. The Latino community, meanwhile, accounts for 17 percent of the population but 38 percent of those in federal prison for drug offenses.<sup>71</sup>

Equally devastating is the impact of criminalization on women. Prison statistics show that the percentage of women imprisoned for drug offenses exceeds men, and in parts of Latin America and Southeast Asia over 70 percent of women in prison have been sentenced for drug offenses, including possession.<sup>72</sup> In some US states, pregnant women who use drugs are vulnerable to being prosecuted for fetal child abuse.<sup>73</sup> The incarceration of low-level female drug offenders can have a profound and negative impact on the family, and in particular children of incarcerated parents. Furthermore, across the world, mothers and pregnant women who use drugs are fearful of seeking support, or accessing harm reduction or treatment services due to the risk that their children might be taken away from them.

## 7. DRUG LAWS AS A TOOL OF SOCIAL CONTROL

The harm caused by drug policing is not confined to people who use drugs and others engaged in the trade—they affect society as a whole. Drug policing is marred by high levels of



Former drug scene of Casal Ventoso, a neighborhood of Lisbon.  
© Gael Cornier, Archives Associated Press



racial disparity in the criminal justice system and by practices that are wholly disproportionate to the offenses involved. For instance, stop-and-search practices for drugs that exist in many countries frequently lead to people being caught up in the criminal justice system, whether or not they have drugs on them.

In the United Kingdom, for example, 60 percent of all police searches are for drugs,<sup>74</sup> predominantly for “low level street possession.”<sup>75</sup> In the vast majority of cases no drugs are found.<sup>76</sup> Worse, black people are six times more likely to be stopped and searched for drugs than white people, and Asians twice as likely despite the fact that drug consumption is higher among white people.<sup>77</sup> This kind of disparity is replicated around the world, with minority and economically marginalized communities often targeted.

Police practices used for detecting drug possession often include repeated harassment of certain communities, strip searches of individuals and forcible entries of homes. They also contribute to the breakdown of the relationship between communities and states, as law enforcement is viewed as lacking legitimacy.

## 8. THE HARMS OF RECEIVING A CRIMINAL RECORD

Law enforcement-led drug control has created numerous victims worldwide, from those involved in cultivating illicit crops and low-level couriers, to society in general. But it is important not to overlook the negative and sometimes less visible consequences that arise as a result of criminalizing people for drug possession. It is, after all, the offense that dominates criminal justice statistics globally.

Data from the European Monitoring Centre for Drugs and Drug Abuse (EMCDDA) for 2014 shows that of the almost 1.4 million recorded drug offenses in European countries<sup>78</sup> 82 percent were possession/use offenses, with the remainder related to trafficking.<sup>79</sup> The figure is mirrored at a global level, with possession accounting for 83 percent of all drug offenses.<sup>80</sup>

A criminal record can have myriad negative “collateral consequences,” affecting a person’s employment, education, housing and family life.<sup>81</sup> In the US, for example, felony convictions for drugs, which include possession of certain substances, can lead to: exclusion from juries; voter disenfranchisement in a number of states; eviction or exclusion from public housing; refusal of financial aid for higher education; revocation or suspension of a driver’s license; deportation and in some cases permanent separation from their families of those considered “non-citizens;” exclusion

from certain jobs, and denial of welfare.<sup>82</sup> In the United Kingdom, research estimated that a criminal record for a cannabis offense could reduce lifetime earnings by 19 percent.<sup>83</sup> Evidence also shows that the first contact with the criminal justice system can lead to reoffending. Considering the scale of policing of drug possession offenses, it is arguable that this creates a gateway effect increasing rates of recidivism.<sup>84</sup>

## 9. ENDING THE CRIMINALIZATION OF DRUG POSSESSION AND USE

The above outline of the damage that punitive drug policies have wrought serves as a brief snapshot of the global situation. The extensive level of harm that has been caused by criminalizing people who use drugs, along with other actors in the trade, cannot be understated. This is why states must, as a first step, move toward a policy model whereby no sanctions—criminal or civil—are levied against people who use drugs.

A number of countries have decriminalized drug possession and/or use. However, almost all rely on penalizing the user with civil sanctions. Thus, drug use is still unnecessarily deemed to be a socially unacceptable act that needs to be punished. The Commission advocates for a model of decriminalization that involves no punishment of people who use drugs. This must be the policy that countries strive to implement when reforming their drug laws, in recognition of their human rights obligations, and the need to uphold the principles of human dignity and the rule of law.


*As I have said before and I repeat here tonight: I believe that drugs have destroyed many lives, but wrong government policies have destroyed many more. A criminal record for a young person for a minor drug offence can be a far greater threat to their wellbeing than occasional drug use.*

Kofi Annan, former UN Secretary General, Chairman of the Kofi Annan Foundation, member of the Global Commission on Drug Policy, in a speech at the 68th World Health Assembly in Geneva, 19 May 2015

# 2

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## THE BENEFITS OF WELL-IMPLEMENTED DECRIMINALIZATION



Used needles are returned to a needle exchange point in St. Petersburg, Russia. © Lorena Ros / OSF

The decriminalization of drug possession and/or use, though not commonplace worldwide, is not a particularly novel approach; some countries have had decriminalization policies in place since the 1970s, while others have never criminalized drug use.<sup>85</sup> It is thought that over 30 countries have decriminalized in practice, though the exact number is unclear due to the variation in definitions used.<sup>86</sup>

While criminalizing people who possess drugs for personal use is a central component of many countries' drug strategies, decriminalization is in fact permitted under the international drug control system. This can be seen most clearly in the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances; though requiring countries to criminalize possession, it is "[s]ubject to [the country's] constitutional principles and the basic concepts of its legal system." Thus, countries can opt out of criminalizing possession on constitutional or human rights grounds.<sup>87</sup>

As noted earlier in the report, jurisdictions that have adopted non-punitive responses to drug possession and/or use have not experienced an increase in prevalence.<sup>88</sup> Indeed, a 2014 study which analyzed the drug policies of 11 countries—a mixture of those with a predominantly criminal justice approach and those that had adopted decriminalization—"did not observe any obvious relationship between the toughness of a country's enforcement against drug possession and levels of drug use."<sup>89</sup>

.....  
*Over the past decade, my country, Portugal, has implemented innovative policies that are people-centered, focused on health and aimed at keeping people alive while respecting human rights. In 2001, Portugal decriminalized possession of drugs for personal use and reprioritized resources away from law enforcement towards public health-based policies of harm reduction and treatment, thus shifting the entire paradigm from a law enforcement, justice-based perspective to an issue of health.*  
.....

Jorge Sampaio, former President of Portugal, member of the Global Commission on Drug Policy.<sup>90</sup>

## 1. DECRIMINALIZATION: POORLY UNDERSTOOD AND POORLY IMPLEMENTED

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Though there are numerous decriminalization policies in practice across the globe, very few are well devised or implemented effectively. As a result, they have failed to achieve positive outcomes for people who use drugs, the state and/or society. For example, countries such as Mexico have policies where the thresholds used to distinguish possession for use from a supply offense are so small as to be meaningless. This leaves the majority of people vulnerable to being charged with drug dealing or trafficking and thus receiving a lengthy custodial sentence, despite having no involvement in those aspects of the drug trade.<sup>91</sup> Even in some countries that have more realistic thresholds—for example, Colombia—police corruption ensures that many people who use drugs are still ensnared in the criminal justice system.<sup>92</sup>

In other countries, notably some in Southeast Asia, the imposition of alternatives to a criminal record is no guarantee that people who use drugs are safeguarded from the harms of a punitive approach. Indeed, the alternative penalties are far worse if they involve compulsory detention centers because of the human rights abuses that occur in these facilities, as highlighted earlier in this report.

Within this rather bleak picture exist a select few bright spots that demonstrate the benefits that decriminalization can bring when implemented well and with a concurrent investment in harm reduction interventions and treatment. These benefits range from improving public health and related social factors, to reducing economic costs to the state.

## 2. DECRIMINALIZATION AND IMPROVED PUBLIC HEALTH

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In its 2013 report, *The Drug Problem in the Americas*, the Organization of American States noted: "decriminalization of drug use needs to be considered as a core element in any public health strategy."<sup>96</sup> This position is certainly evidenced in countries that, along with investing in public health interventions, no longer criminalize drug use and possession for personal use.

Portugal is perhaps the best example in this regard. After decriminalizing drug possession for personal use for all illicit substances in 2001, people apprehended with a small quantity of drugs are now referred on a voluntary basis to specialized committees—known as "dissuasion commissions" (CDTs)—to determine if they need assistance in addressing

### BOX 3 – DRUG COURTS: A NON-ALTERNATIVE TO CRIMINALIZATION

A number of countries have implemented so-called drug courts—most notably the US, which has over 3,000 such courts—as a way to stop incarcerating low-level drug offenders by diverting them into court-supervised treatment programs. While seemingly a more compassionate approach, drug courts are deeply flawed.

In the US, for example, many drug courts issue disposals that require a reduction in the use of opioid substitution therapy (OST) in order to participate in court-supervised treatment programs. These programs often actively deny OST despite its well-evidenced effectiveness in helping those with opioid dependence issues.<sup>93</sup> If someone relapses and tests positive for drugs during the treatment program, they may be threatened with the prospect of a criminal record and even incarceration, despite the chronic relapsing nature of drug dependence.<sup>94</sup>

The Commission reiterates its position in previous reports that drug courts are a conceptually flawed and insufficient approach.<sup>95</sup> Drug treatment should be a matter for health professionals working in the health sector and should never involve the criminal justice system. Coercing people into treatment through the threat of a criminal sanction is wholly unethical and counterproductive. It is concerning that drug courts are becoming increasingly common in the Caribbean and Latin America as the US, through the Organization of American States, impels this extremely controversial initiative

their drug use. In 83 percent of cases proceedings are provisionally suspended.<sup>97</sup>

Since 2001, the country has experienced a number of positive health outcomes including: a reduction in drug use among certain vulnerable populations; increases in the numbers accessing treatment services;<sup>98</sup> significant decreases in HIV transmission rates and new cases of AIDS among people who use drugs (85 percent and 91 percent respectively over a 13-year period);<sup>99</sup> and a significant reduction in drug-related deaths.<sup>100</sup> The current president of the International Narcotics Control Board in 2015 described Portugal's policy as "a model of best practices" in light of these achievements.<sup>101</sup>

Other jurisdictions similarly demonstrate the effectiveness of a non-criminal justice response to drugs coupled with investment in health services. The Czech Republic, whose decriminalization policy has been in place since the 1990s, has HIV rates of less than 1 percent among people who inject drugs, one of the lowest rates for the region.<sup>102</sup> In Australia, schemes that divert people caught in possession of drugs away from the criminal justice system reduced both the frequency and the harms associated with drug use, while improving physical and mental health.<sup>103</sup>

Equally, the Netherlands, which decriminalized drug possession in the mid-1970s, has reported lower rates of "hard-drug" use when compared to many of its Western European neighbors and the US.<sup>104</sup> It also has one of the lowest rates globally of opiate-related deaths and significantly lower rates of injecting drug use compared to other countries in the region.<sup>105</sup>

The impact of decriminalization alone, however, should not be overstated in terms of its impact on public health; it is only with substantial investments in harm reduction and treatment services that the health problems primarily associated with problematic use can be mitigated. However, an environment where drug use is not criminalized can reduce the stigma and fear of prosecution, leading to people feeling more able and comfortable to call on services for support should they require it.

## 3. DECRIMINALIZATION AND IMPROVED SOCIAL OUTCOMES AND SAVINGS

The criminalization of people who use drugs undermines their rights and negatively impacts on their social environment. Decriminalization mitigates some of those harms. In Australia, the drug diversion scheme has seen those not crimina-



UGANET, Network on Law and Ethics and HIV/Aids, NGO based in Kampala. © Sven Torfinn / OSF



Consumption center, Quai 9, Geneva, Switzerland  
© Max Jacto/Première Ligne

lized for drugs suffering less adverse employment outcomes and experiencing better relations with their partners.<sup>106</sup> This finding is supported by additional research, which found that those criminalized suffered greater negative consequences in relation to their employment, relationships and housing, than those who received a civil penalty for possession.<sup>107</sup>

Portugal, meanwhile, saved 18 percent in social costs over the first 10 years of decriminalization. These savings were related to maintained income and productivity as a result of individuals avoiding imprisonment for drug possession, and indirect health costs such as the reduction of drug-related deaths and HIV rates.<sup>108</sup> There were, furthermore, direct savings to the criminal justice system resulting from decriminalization, something a number of other jurisdictions have experienced.

Indeed, there is significant evidence that ending criminal sanctions for drug use and possession can to an extent free up police time, allowing them to focus on more serious crimes such as property and violent crimes. Portugal witnessed a decline in the number of criminal drug offenses from approximately 14,000 per year in 2000 to an average of 5,000-5,500 per year after decriminalization,<sup>109</sup> and the number of people incarcerated for low-level drug offending fell from 44 percent of all prisoners in 1999<sup>110</sup> to 24 percent by 2013,<sup>111</sup> resulting in a substantial reduction in prison overcrowding.<sup>112</sup>

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*Jamaica's reform of the law relating to cannabis in Jamaica represents a bold attempt to bring the law more in line with the conditions and expectations in our social context within the limits permissible under the international drug conventions to which we are party.*

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Mark Golding, former Minister of Justice of Jamaica, at the Symposium on Experience with New Evolutions in Drug Policy, Oslo, 17 November 2015

Similar trends have been witnessed elsewhere. Following the

decriminalization of cannabis possession in Jamaica in 2015, it was estimated that arrests for cannabis-related offenses fell by approximately 1,000 per month. It is predicted that there will be 15,000 fewer prosecutions annually, reducing the burden not only on police forces but also on the criminal justice system as a whole.<sup>113</sup> In the US, California saw an estimated \$1 billion in savings to the criminal justice system in the 10 years after it decriminalized cannabis possession in 1976,<sup>114</sup> while in Washington D.C., possession arrests for cannabis fell from 1,820 in 2014 to just 32 in 2015 after possession was legalized.<sup>115</sup>

There are longer-term benefits of decriminalization, too. Police in jurisdictions that have decriminalized drug possession effectively have reported improved community relations as a result of the reform.<sup>116</sup> Furthermore, research into cannabis decriminalization in Australia indicates that it can impact positively on recidivism rates,<sup>117</sup> a significant finding in the face of growing evidence internationally that contact with the criminal justice system is likely to result in "enhanced offending [rather] than diminished offending."<sup>118</sup> Considering the scale of criminalization globally, it is arguable that entire generations of young people are at risk of continued offending initiated by an arrest for drug possession, thus damaging their lives and placing an even greater burden on law enforcement and the state.

## 4. BEYOND EXISTING MODELS: WHY DRUG USE AND POSSESSION SHOULD NOT BE PENALIZED

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The Commission recognizes the positive outcomes from a small number of decriminalization policies. However, it is the Commission's view that we need a new understanding of decriminalization—in order to fully roll back the damage of punitive drug laws and uphold the principles of human dignity and rule of law, there must be no sanctions whatsoever for drug possession for personal use.

Even in cases where administrative sanctions and civil penalties take the place of criminalization, those measures are still an unnecessary use of the state's resources. This is particularly the case in countries that may lack the institutional capacity to implement a regime of civil penalties, and/or ones that have more pressing security and law enforcement concerns.

# 3

**BEYOND POSSESSION:  
ALTERNATIVES TO  
PUNISHMENT OF  
LOW-LEVEL ACTORS  
IN THE DRUG TRADE**



While decriminalizing possession for personal use is fundamental, there are many other low-level and non-violent actions in the drug trade for which criminalization is both unnecessary and wholly disproportionate. Indeed, in its 2015 unreleased briefing paper on decriminalization, UNODC stated that minor drug-related offenses, “such as drug dealing to maintain personal drug use or to survive in a very marginalized environment,” should receive alternative sanctions to punishment.<sup>119</sup>

Individuals engage in the drug market for a number of reasons; some may do so due to economic marginalization and a lack of other opportunities, others out of coercion. Yet criminal justice systems rarely take these factors into consideration when prosecuting low-level actors, who are vulnerable to facing severe punishment, from lengthy custodial sentences to the death penalty in certain instances.

Thirty-three countries retain the death penalty for drug offenses, and though only some of these countries enforce this law, it is estimated that hundreds of people—primarily low-level drug couriers—are executed annually for minor drug offenses.<sup>120</sup> Worryingly, in some countries there has

been an increase in executions for drug-related offenses in recent years. For example, when comparing data from 2014 to 2015, the number of executions jumped from 41 to <sup>64</sup> in Saudi Arabia and 367 to 638 in Iran.<sup>121</sup> Similarly, after executing two drug offenders between 2007 and 2012, Indonesia carried out 14 such executions in 2015 and another four in July 2016.<sup>122</sup> The number of people executed annually says nothing of the hundreds who languish on death row around the world for low-level drug offenses.

The death penalty for drug offenses is a gross violation of international human rights law<sup>124</sup> and must be halted immediately. Similarly, other severe punishments for low-level actions in the drug trade must be rescinded. What follows is a necessarily brief overview of a selection of low-level actors who should not be criminalized for their participation in the drug trade. Rather, alternative measures should be utilized, such as fines, other administrative penalties, or the option of engaging in education or social reintegration programs. The omission of any other low-level actors here does not mean they should not also be candidates for alternative measures of punishment.

## THE APPLICATION OF THE DEATH PENALTY FOR DRUG OFFENSES AROUND THE WORLD

High Application States <sup>123</sup>	Low Application States	Symbolic Application States	Insufficient Data
China Indonesia Iran* Saudi Arabia Singapore* Vietnam†	Egypt Kuwait* Pakistan Taiwan Thailand Malaysia††	Bahrain Bangladesh Brunei-Darussalam* Cuba India Lao PDR* Myanmar* Oman Palestinian Authority Qatar Sri Lanka South Korea South Sudan United Arab Emirates United States of America	Iraq Libya North Korea Sudan* Syria* Yemen*

\* States where the death penalty for drug offenses is a mandatory sanction.

† Vietnam removed the death penalty for drug possession and appropriation in July 2016, though retained it for other drug-related crimes.

†† At the time of writing, Malaysia had placed a moratorium on the death penalty for drug offenses and was reportedly considering no longer having the penalty as a mandatory sanction.

## 1. SOCIAL SUPPLY AND 'USER-DEALERS'

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Governments and the media have historically portrayed people who deal drugs as inherently evil, pushing their dangerous product onto vulnerable or curious young people.<sup>125</sup> This characterization not only feeds into the overarching aims of states to deter drug use,<sup>126</sup> but also helps justify severe custodial sentences that are handed down to those who engage in supplying drugs. The portrayal of dealers as predatory is not only inaccurate, arising from a misunderstanding of the varied interactions within the drug market, but also extremely unhelpful.<sup>127</sup>

For example, research has shown that “social supply” constitutes a significant portion of the lower levels of the retail drug market.<sup>128</sup> In this situation, there could be a designated buyer among a social group who will purchase drugs and share them among the group for minimal, if any, financial gain. Even in the absence of a structured designation of a buyer, sharing of drugs among friends is commonplace, the exchanges being carried out with a view more to accruing social rather than financial capital.<sup>129</sup>

Within the lower levels of the market are also “user-dealers,” a term typically used to define those who deal in order to support their problematic drug use.<sup>130</sup> Evidence from the limited amount of research carried out among this group of people shows that many might engage in this activity in order to avoid other criminal income streams, such as sex work or acquisitive crime.<sup>131</sup> Indeed, user-dealing may be for those who use drugs problematically and are economically marginalized “a practice that is perceived [as] the best choice in a very limited range of options.”<sup>132</sup>

The workings of drug markets are extremely complex, and it is for the sake of brevity here that only two examples of supply have been highlighted. What they underscore, however, is the need for nuance when it comes to prosecuting those involved in dealing drugs, which currently does not exist in most countries. The harsh laws that exist around the world against supply offenses rest on a dehumanized concept of the drug dealer and ignore the fact that a great deal of supply is non-predatory and non-violent.

## 2. DRUG COURIERS

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Drug couriers are those who transport drugs that have been paid for by someone else. Research has shown that in some settings those acting as couriers typically come from vulnerable and marginalized parts of society.<sup>133</sup> Though many be-

come involved in the trade voluntarily, they are often motivated by poverty and economic hardship and may have little idea of the severe penalties they face if caught.<sup>134</sup> Other couriers have been forced into transporting drugs for someone else and have faced threats of violence against their loved ones if they try to resist.<sup>135</sup>

Once couriers have assumed their role they are typically powerless. Recruiters of couriers have stated that they often mislead those recruited when it comes to both how much they are going to be transporting and the drug in question.<sup>136</sup> This leaves the courier in an extremely vulnerable situation, as sentencing is determined in most countries by both the class of drug and the weight. The investor can, for example, take the risk and send the courier with a larger amount than agreed in the pursuit of greater profit, leaving the courier open to receiving a lengthy sentence if caught—or worse, execution in countries that retain the death penalty for drug offenses. In contrast, professional traffickers typically transport less than couriers since they understand how the weight they are caught with can determine the length of prison sentence ultimately handed down.<sup>137</sup>

Couriers are essentially held responsible for decisions and circumstances that are well outside of their own control.<sup>138</sup> Any claim they might make in court that they were unaware of the amount they were transporting or that they were coerced would be extremely difficult for them to prove.<sup>139</sup> Evidence shows, furthermore, that couriers who are convicted are more often than not first-time offenders with no prior criminal activity.<sup>140</sup>

To criminalize people who engage in transporting drugs out of economic desperation is unjust, particularly when another individual determines the scale of their act. Criminalization in this context is wholly disproportionate to the low-level and non-violent act being carried out.

## 3. CULTIVATORS AND THE NEGATIVE EFFECTS OF FORCEFUL ERADICATION

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As with couriers, cultivators of crops used to produce illicit drugs—for example, opium poppies, coca, and to a lesser extent cannabis—often engage in the drug trade out of economic necessity. Many reside in areas where basic infrastructure, access to licit markets and health services are lacking.<sup>147</sup> In this context the decision to grow illicit crops can be seen as a highly rational one; these crops offer a degree of economic stability, are comparatively robust and able to grow in poor agricultural conditions.<sup>148</sup> Getting crops to market—particu-



larily in an area with poor infrastructure—can be a non-factor due to the willingness of transporters to collect crops, and the demand for the crops is relatively reliable.<sup>149</sup> However, growers' limited range of economic options is rarely factored in when it comes to state responses to them; most cultivators are vulnerable to being criminalized like other low-level actors in the trade.

In addition to the threat of criminalization, growers face having their livelihoods destroyed. The eradication of illicit crops has been a key component of failed supply reduction efforts for decades, enshrined as it is in the 1961 Single Convention, which allows cultivation of these crops only for scientific or medical purposes.

Such eradication efforts have had disastrous consequences, not only economically for growers but also for the health and security of entire communities. For example, 1.2 million people faced starvation in Burma in the mid-2000s due to a ban on opium cultivation and lack of efforts to address deficiencies in infrastructure and access to alternative markets.<sup>150</sup> In Colombia, aggressive aerial fumigation campaigns using glyphosate to eradicate coca cultivation—carried out as they were from the mid-1990s until 2015 when aerial fumigation was ended (though ground fumigation continues)—caused significant collateral damage: people's licit crops were destroyed, soil fertility was damaged, and there were reports of skin, respiratory and gastrointestinal problems, along with miscarriages, all linked to spraying.<sup>151</sup> The resulting displacement of entire communities whose livelihoods were ruined can also not be ignored.<sup>152</sup>

Compounding the negative effects of forceful eradication is its inefficacy. Even if cultivation is momentarily wiped out in one area it will simply emerge in another, either within or outside of national borders. Some countries have implemented alternative development programs in order to shift cultivators from growing illicit crops to producing licit ones, and programs such as these have been increasingly incorporated into UN guidelines. However, alternative development programs have by and large failed: many are poorly targeted—i.e., do not reach cultivators who are most marginalized and reliant on illicit crops for their livelihoods—and fail to account for the economic motivation which cultivators may have for engaging in illicit markets.<sup>153</sup> Above all, alternative development is an inadequate approach because it continues to address marginalized communities through a prohibitionist lens, seeing the very basis of their livelihoods as something that should be wiped out.

Fundamentally, the cultivation of illicit crops is not something that should be addressed through aggressive eradication and/or criminal justice measures. The criminalization of cultivators acts as an impediment to properly overcoming their

#### **BOX 4 – DIVERSION SCHEMES FOR LOW-LEVEL OFFENDERS IN SEATTLE, WASHINGTON (U.S.)**

In 2011, Seattle launched the Law Enforcement Assisted Diversion (LEAD) pre-booking pilot program, a scheme that redirects low-level drug offenders or those engaged in sex work away from the criminal justice system to community-based services. This was the first program of its kind in the US, and four others have since been set up across the country, with several more in development or reaching the final stages prior to implementation.<sup>141</sup>

Those caught possessing or supplying three grams or less of any drug<sup>142</sup> under Seattle's LEAD program can be directed to housing, treatment or other services. Crucially, the program does not require people to abstain from drugs if they engage with services; rather, LEAD focuses on meeting people where they currently are in their lives and removes court-based interventions from the scenario.<sup>143</sup>

Results from the initial evaluation phase of LEAD have been overwhelmingly positive. Participants in LEAD were found to be 60 percent less likely to reoffend than non-participants,<sup>144</sup> resulting in reduced costs to the criminal justice system.<sup>145</sup> Participants themselves have reported a higher likelihood of securing housing and licit employment thanks to LEAD when compared to the time prior to participation in the program.<sup>146</sup> Taken as a whole, the evidence from Seattle's LEAD program highlights just how beneficial not criminalizing low-level drug offenders can be, both for those involved in drug markets, and for society and the state in general.

economic marginalization, and including them in the design and implementation of much needed development measures for their communities.<sup>154</sup> Effective alternatives to punishment of this group, such as diversion measures addressing core drivers for the activity, would not only mitigate the harms of unnecessary and disproportionate approaches toward illicit crop cultivation, but would also remove barriers to meaningful and inclusive sustainable development.



# 4

## REGULATING DRUG MARKETS: THE LOGICAL NEXT STEP

URUGUAY  
REGULA  
2013

Demonstration for the regulation of cannabis for recreational use in front of the Legislative Palace in Montevideo, Uruguay. The law passed in 2013, and sales are expected end 2016. © Pablo Porciuncula/Getty Images

As the Commission stated in its 2014 report,<sup>155</sup> decriminalization is a vital step in the right direction for drug policy reform, but it is just that—a step. In order to fully mitigate the harms caused by ineffective and dangerous punitive responses to drugs, governments must ultimately regulate illicit drugs, from production through to distribution.

A policy framework that decriminalizes personal use and possession of drugs, and implements alternatives to punishment for all low-level actors, can bring positive economic, health and societal outcomes. It can also free up law enforcement resources that can be used to tackle more serious violent crimes, in particular those related to organized criminal groups. However, in order to undercut these groups further, the drug market must be regulated. Globally, it is estimated that the illicit drug trade constitutes the largest revenue stream for organized crime,<sup>156</sup> providing them with the financial power to corrupt weak state institutions.

Under a decriminalized model, furthermore, society is still vulnerable to the negative effects of the illegal trade, and people who use drugs are placed at considerable risk through having to navigate the uncertainties of an unregulated market. For example, they may not know the exact composition of the substance they are buying or how to dose accordingly. It is a societal priority, therefore, that governments take control of this market to mitigate the harms and ensure that people can use drugs as safely as possible, while establishing age restrictions and other safety measures to govern access to the market. This is not a novel idea—governments already regulate harmful substances and there is little reason that illicit drugs should be treated differently.

Drug use is very much a reality in societies around the world and one that governments must acknowledge. Though regulatory models are being implemented in certain jurisdictions for cannabis, it is time for governments to be bold and go further by responsibly regulating all drugs—not just for the protection of people who use drugs, but for the health and well-being of society as a whole.

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*Certainly in New Zealand, we allowed an unregulated, under the radar New Psychoactive Substances industry to steal a march before it was brought into a regulated system via our Psychoactive Substances Act. This Act allows for NPS products to be brought to market if they can be proven to be low risk, essentially reversing the onus of proof back on to the industry.*

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Peter Dunne, Minister for Internal Affairs and Associate Minister for Conservation and Health, New Zealand.<sup>157</sup>



# 5

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## RECOMMENDATIONS

«Assist not arrest»: The Law Enforcement Assistant Diversion (LEAD) program aims at keeping people who use drugs for personal consumption and sex workers out of jail and receiving services for housing, counseling and job training © Ted Warren/Associated Press

As we move toward 2019 and the 10-year review of 2009's Political Declaration and Plan of Action to "counter the world drug problem,"<sup>158</sup> drug control has to be aligned with the Sustainable Development Goals (SDGs) agenda that was approved by UN member states in 2015. This agenda shapes the multilateral global framework until 2030 and is aimed at achieving social justice and inclusion for all.<sup>159</sup>

The UN's commitment to ensure that all future policies should operate within the sustainable development framework is

crucial to drug policy reform. The pledge to leave no one behind must apply to every individual, including people who use drugs.<sup>160</sup>

Any agreement that member states reach in 2019 at the review of the Political Declaration should be framed within the SDGs agenda and the pillars of the UN Charter internationally. This is the pathway to move away from the harms of punitive drug policies toward ones centered on justice, dignity and human rights for all.

**1** States must abolish the death penalty for all drug-related offenses.

**2** States must end all penalties—both criminal and civil—for drug possession for personal use, and the cultivation of drugs for personal consumption. Millions of people around the world use drugs and do so without causing any harm to others. To criminalize people who use drugs is ineffective and harmful, and undermines the principle of human dignity and the rule of law.

**3** States must implement alternatives to punishment, such as diversion away from the criminal justice system, for all low-level, non-violent actors in the drug trade, such as those engaging in social supply, drug couriers, user-dealers, and cultivators of illicit crops. States must recognize that a number of people engage in these acts out of economic marginalization and implement alternatives to criminalization that uphold international human rights standards.

**4** UN member states must remove the penalization of drug possession as a treaty obligation under the international drug control system.

**5** States must eventually explore regulatory models for all illicit drugs and acknowledge this to be the logical next step in drug policy reform following decriminalization.

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## TESTIMONIES



## BRAZIL - KATIELE FISCHER

### Mother of a child needing medical cannabis

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Our daughter Anny suffers from CDKL5, a rare syndrome that brings along with it intractable epilepsy, among many other symptoms. When she turned four, her condition worsened and the medicines we had at hand no longer controlled her convulsions. Even when we combined different medications there was no effect.

It was around this time that we heard an American family talk about Cannabidiol (CBD) in a support group. Their daughter had the same syndrome as Anny and she had progressed since using this medication. Soon afterwards, a Brazilian friend called us and told us she was going to get some CBD to see if it would also work with her child. She asked if we wanted to join in and we went for it. We had run out of options.

At that time, Brazilian law did not consider the medical use of marijuana legal. Just for trying to find a solution for our daughter's illness, we had suddenly entered the world of "drug dealing". Until this moment, drugs, marijuana, drug policy, and cannabis demonstrations were not topics we would regularly discuss at the dinner table, like most Brazilians. Now we had become outlaws.

It took no more than a couple of weeks of this illegal treatment for us to control Anny's seizures, all thanks to the medicinal effects of CBD. We grew ecstatic as we watched her quality of life increase – as did the whole family's.

Our story became public on March 30th, 2014, when Fantastico, a famous Sunday-evening television staple, aired a report on our struggle. This was right after Customs retained a shipment of the illegal medication Anny was taking and she slipped back into the routine of intractable epilepsy.

We then filed an injunction and on April 3rd, 2014, Anny

became the first person in Brazil to be legally authorized to import cannabis-based substances for medical use. Her story – along with four others - later became a movie, Illegal. And that's how, quite out of the blue, we took center-stage in this debate.

Regulation of medical marijuana has since come a long way in Brazil. The federal agency responsible for authorizing the medical use of substances, Anvisa, has since reclassified both CBD and THC, authorizing patients to import these medicines. Receita Federal, the Brazilian equivalent of the IRS, also got on board and simplified importation procedures. Marijuana-based medicines are now tax-free. On the other hand, the Federal Medical Council has spoken against medical marijuana.

Presented like this, it might seem like a simple process, but getting to where we are now was far from easy.

There were countless meetings, strategies, contacts and disagreements amongst all those involved in this effort, between families, Anvisa, our Drug Policy Department, the Drug Policy Council, Receita Federal, politicians and associations.

Nowadays, we are still trying to grasp the whole dimension of what is happening, as we take time to think through a lot of these issues. But we can already fully appreciate the impact that decision makers in government have on our daily lives.

We are a family that has to fight daily for our daughter's well-being. From our point of view, we see that when the State creates even more paperwork or creates legislation to try and prevent the use of certain substances, this only ends up feeding the black market, while families like ours are left helpless.

## CHINA - DAMING

### Person using drugs

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My name is Daming, I am 35 years old. I live in Yuxi City, Yunnan Province. I used to live a happy life, but everything changed when I was 24. That year I married my girlfriend after a three-year romance. However, we often quarreled and, feeling depressed, I would go to a club to get drunk. I met a guy who told me that there was a type of medicine that could rid me of my unhappiness. I knew it was a drug, but he said occasional use would do me no harm. I vomited the whole night after first taking it, but then I took it several times within a month. Gradually, I got used to it and stopped vomiting. I went to him every time I felt depressed and sank into a free world, where I felt like I was flying. At first he offered me free drugs, but then he

began to charge me after I became addicted. My addiction got worse and I needed more and more money. After spending all my savings, I began to lie to my friends and family.

Over half a year later, I was caught taking drugs and held in custody for 15 days. My relatives and friends started avoiding me and I returned to taking drugs. Later my parents sent me to Kunming to receive treatment as a volunteer addict, but I turned back to drugs for various reasons several days after the treatment. I was sent to a compulsory rehabilitation center three times by the police, where I spent several months or even years. My mother wept all day and her health became worse. The third time I was

sent to the compulsory rehabilitation center by the police, my wife filed for divorce. Consequently, my mother had a heart attack and passed away. Driven by the sorrow, my father also died the second year I was in the center. I was held in custody in the center and failed to fulfill my work tasks, so I was deprived of visitation rights. Because of this, I had no knowledge that my parents had died. I missed the chance to see them for the last time, and this regret will stay with me for the rest of my life. I, along with many of my addicted friends, could not get away from drugs after leaving the rehabilitation center. Instead, we became more addicted. We met more friends taking drugs in the center and found more access to drugs after leaving. I lived a miserable and lonely life. I blamed myself deeply, knowing that my parents died

because of what I did. I stayed at home alone to avoid seeing other people. My parents had passed away, my wife divorced me and I was in the rehabilitation center for years, all of which made me feel like an outsider in society, despite the fact that I was set free. I gave up on myself and even attempted suicide by taking drugs, but I woke up after a coma that lasted for a full day and night. After the local disease control center learned about my situation, they found a psychologist to help me. I took part in the activities they organized and later received methadone treatment. Now I have a job and live a stable life. However, I cannot bear to think about the past and the experience of hiding, and I fear being caught and sent back to the rehabilitation center. These memories often haunt me in my dreams.

## INDONESIA - RICKY GUNAWAN

### Director of Lembaga Bantuan Hukum Masyarakat, Indonesia

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It was around 3pm on Thursday 28 July, 2016. I was shocked to receive news from the prosecutor that I had to “prepare” for that night. It was a hint that the execution would take place. Indeed, when the prosecutor picked me up at my hotel around four hours later it was confirmed. We went straight to Nusa Kambangan, the so-called execution island where a third round of executions under President Joko Widodo’s administration would be carried out that night, and not the following night as they were supposed to according to the law.

On Friday 29 July, around 3am, an ambulance came down from the execution site to the area carrying the body of my friend and client, Humphrey Ejike Jefferson (‘Jeff’). I had lost him after eight years of struggle.

Jeff had been sentenced to death for a drug-related offense. Not only was the judgment he received racially motivated, his execution was entirely illegal. Not only did Jeff have a clemency decision pending, the execution went ahead less than the required 72 hours after the execution notice was handed down. In April 2015, I had already lost another of my clients, Rodrigo Gularte, who had suffered from paranoid schizophrenia and bipolar disorder. Although Indonesian law prohibits sentencing people with mental illness, Rodrigo was sentenced to death for drug trafficking in February 2005. Both Jeff and Rodrigo were sentenced for crimes they never committed, and were victims of a senseless and failed prohibitionist drug policy. In the past decade I have met many other people facing the death penalty for drug offences. Nearly all of them share stories similar to Jeff and Rodrigo. There is a death row prisoner whose first lawyer specialized in property

instead of criminal defense, another who was tortured to confess. These are poor and vulnerable people exploited by drug kingpins. They are deprived economically and politically, making them easy prey for Indonesia’s broken justice system and draconian, repressive drug laws.

Through decades of propaganda, the government has now succeeded in shaping the public perception that drugs are evil and must be eradicated from the country. “Drug-free Indonesia 2015”, was their 2014 tagline. A year later, the tagline changed, though, to “Indonesia: drug emergency situation.” Perhaps they knew they had failed in their impossible goal of a drug-free country. But regardless of the change in tagline, the narrative continues. And so, when the government carries out its executions – despite serious unfair trials and a wall of evidence showing that this tactic fails to curb drug supply – the public continues to back this policy. What the public sees is that the government is trying to get rid of society’s evil. What the public does not see is that the government’s policy is making the situation worse. It is not only targeting supply, but also criminalizing drug use and small possession offenses, resulting in serious prison overcrowding. This policy fails to prevent overdose and drug-related deaths, contributing to the so-called “drug emergency situation.” It is a policy that stigmatizes people who use drugs, which only discourages the most vulnerable from accessing treatment.

Ultimately, the executions that the government undertakes are no more than a mask to cover up their failure to overcome Indonesia’s drug problem and disastrous zero-tolerance paradigm.



## MOROCCO - ABDELLATIF ADEBIBE

### Chair of the Confederation of Associations of Senhaja of the Rif for Development

I'm a descendent of the Amazigh (Berber) tribe "Senhaja Srair", and native of Morocco's High Central Rif mountains, the historic area of kif (cannabis) culture.

I have defended the interests of our tribe since 1999, first through the Association of Development of the High Central Rif, and since 2014 as President of the Confederation of Associations of Senhaja of the Rif for Development (CASRD). My national and international efforts, in partnership with national and international organizations, are focused on the defense of human rights, case studies, environmental projects, beekeeping, animal breeding, the transformation of cannabis into legal products, alternative cultures, re-forestation, agro-tourism, sports projects, and training programs, especially for women and young people.

With those projects I want to combat ignorance and poverty among the population, and create new economic alternatives in order to recover the dignity of our tribe.

Cannabis, cultivated in our region for many centuries, was considered a legal economy, including during the Spanish colonialism era, until our country's independence. It was used for recreational and industrial purposes on a national level till Morocco signed the UN convention in 1961. With prohibition, our tribe had no other alternative then to sell their harvest to hippies, and then to national and international drug traffickers. The change of law had undesirable effects on the development of our area, and caused a situation of repression and persecution by the national authorities.

A lot of innocent family members of our tribe were captured to create a situation of fear. No family remained unaffected. Two of my brothers, and other family members, were sent to prison without any evidence, only based on accusations. We didn't have any news about them for the first 52 days of their disappearance. Finally we found out from a lawyer that they were sent for interrogation in a secret place. When the tribunal started we hardly recognized them as they had been subjected to torture. During their 18-month detention they were continuously interrogated in Rabat, far away from our region, making it very difficult for our family members to take care of them because of distance and waiting times for visits. Their five- and six-year stays in different prisons of the country, without any evidence, was the reason for my mother's sadness and preoccupation, finally causing her death. I was obliged to give up my higher studies to take care of my brothers, my family and several members of our tribe.

From this time until now, the situation has hardly changed. The only people to benefit from this situation are the national and international drug traffickers. Due to the international demand for drugs, and the lack of development ideas for our region on the part of national and international authorities, our tribe is obliged to continue looking for solutions to their socio-economic problems caused by the prohibition. This situation has also caused social instability and an unpredictable future. Our population lives in fear of arrest because of the kif culture.

## TANZANIA - HAPPY ASSAN

### Tanzania Network of People Who Use Drugs

The criminalization of drugs and drug use often affects my outreach activities. For instance, when drug user hot spot is found, they all run away, making intervention impossible. At times we face difficulty in supporting drug users with referrals or providing harm reduction kits, such as needles and syringes.

Many times I have seen users test negative on HIV or Hepatitis but soon after police raids happen these same users test positive. When I ask how they think they got the disease, they say that when police were harassing them, they went into hiding, forcing them to share syringes and needles.

Another issue is that users make their money in areas such as bus stops and market places. They are then caught by police, with the excuse that they are movers who cause problems as they don't have proper jobs. But I truly don't understand why the police treat users like this. They are grown up people who can't just stay at home. They have a life to live and needs to fulfill, and for that they have to ensure their livelihood,

otherwise they will become thieves if they are stopped from doing such jobs.

We have a crisis response team, and many times we have to intervene for drug users who have been caught for no good reason. In only one day we can have about 20 or more calls from users who are in a police station or in court, and need our help and support so they can be released.

Criminalization not only doesn't help, it causes further problems. New infections of HIV, hepatitis and tuberculosis increase every day. In jail cells, people are piled up and there is not enough space, further increasing the risk of tuberculosis infection. Injecting tools are shared too as there are very few in there and are hidden, causing new prisoners who use drugs to be manipulated and bribed for sexual favors in exchange for injecting tools. This, of course, leads to a higher number of new HIV and Hepatitis infections.

The criminalization of drugs has made demand increase, leading big pushers to increase supply, providing an opportu-

nity for new users to join in. Furthermore, there has been a lot of mob justice from the community just because of the negative impact directed against drug users.

The criminalization of drugs also means pharmacies do not have the freedom to sell drugs that can support drug users, such as buprenorphine or other similar drugs that reduce withdrawal symptoms. Criminalization forces the inevitable into hiding, which is not good because it can lead to a greater risk

of long-lasting diseases.

We need to decriminalize and not criminalize drug users. We need support and not punish. We need tools to inject and need to educate about safe injection and safe sex, and not have people criminalized for these acts. We aren't the pushers, we only defend the users who are victims of circumstance.

## UKRAINE - VOLODYMYR TYMOSHENKO

### Former Head of the State Service on Drugs Control

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In 1992, I was working in Kyiv as an experienced 40-year-old security service officer in the field of combat with organized crime. One day my boss called me in and said: "Ukraine is now an independent state, we have to have a special unit to fight international drug trafficking. Since you have experience in fighting smuggling, drug trafficking should also be no problem for you." So I had to create a whole unit from scratch, even though I knew nothing about drug policy or international drug trafficking at that time.

Since Ukraine gained its independence, the procurement of precursors was not controlled at all. Those for synthetic drugs like meth were produced at our chemical plants, smuggled to Europe en masse and sold there for big cash. It was first trafficking channel we managed to uncover and stop. Then I initiated amendments to the Ukrainian drug legislation to enforce control over these substances. These were good laws, but all of them were written from a law enforcement point of view: everything must be banned and controlled. No-one from the Ministry of Health ever cooperated with us.

I always looked at this situation through the eyes of the police officer, not those of a patient or of a doctor. I was delighted that, after all the chaos, I managed to implement these controlling procedures, which we proudly reported on at the UN meetings of CND. We always treated a drug user as a criminal, at the very least as a potential criminal, never as a person to get into a difficult life situation. All I used to care about was to arrest a person, put him or her in jail, break the channel of drug supply.

It was in 1995, when I became the country representative at UN CND, that I first heard about substitution therapy from doctors who claimed you can treat drug dependency with opioid medicines. They were experts from Switzerland and France. I thought, "How can one use methadone? This is like treating alcoholism with vodka!" I did not believe it, but realized that I had been previously ignoring the medical aspects of drug policy, and they are so important.

In April of 2010, on my first day as Head of Committee on Drug Control under the Ministry of Health, I received a phone call from a man who said his mother was dying and in severe pain. Every other day he had to travel 40 kilometers to get her morphine, then had to get a nurse to inject her every four hours. "My mother is in such pain! How can you do this to people!" he shouted. I answered honestly: "I don't know..." I realized that I was this person who had written these laws that made people suffer so much. I saw that this prohibitive drug policy had created so many obstacles for doctors who couldn't prescribe medicines to those who suffered.

Later, when my elder brother got sick and he needed pain relief, he received only tramadol, which was not enough for him. So he called me one day and said: "Volodia, take your gun, come and kill me, because I can't do it myself!" After that I started actively to change existing norms, finally succeeding in having the National Strategy of the State Drug Policy adopted in 2013, encompassing progressive and humane principles of drug policy, which Ukraine is now implementing.

## UNITED KINGDOM - SUZANNE SHARKEY

### Co-founder of Recovering Justice and a member of Law Enforcement Against Prohibition (LEAP)

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I am an ex-police officer and used to be based in the east end of Newcastle upon Tyne, a city in the North East of England. I joined the police service to make a difference, seek justice, and serve and protect the community I worked in. Initially I worked as a Police Constable on the streets before progressing to work under the Criminal Investigation Department co-ordinating special operations. Later I worked as an undercover drugs buyer. I am also in long term recovery

from problematic substance use, but I don't see myself as someone special, different or unique. I am one of the lucky ones.

My use had catastrophic consequences. I was admitted to rehab, relapsed, and kicked out for failing at my one chance of treatment. I was arrested multiple times, admitted to hospital on many occasions because of suicide attempts (the sense of shame, guilt and failure was too much to bear), and I ended

up homeless.

Nearly eight years ago I woke up in hospital again, attached to monitors and tubes, not quite believing I wasn't dead. But this time I made the decision to live.

What changed? How did I do it? It wasn't the police cells and court appearances and criminalization that helped; the act of criminalization actually pushed me further out of society, compounded my problematic use, and alienated me. It took any sense of dignity I had left, my frail sense of self eroded. I wasn't shown compassion or empathy. I only faced judgement, further stigmatisation and marginalisation, and was made to feel as though I was some depraved person lacking moral fibre, that I just needed to pull myself together. Worse, a mother who could not stop using even for her children.

It was the people I had seen in recovery who had on many occasions tried to help me. They were by my hospital bed. They nurtured me and loved me until I could feel the same toward myself. What they did was treat me with dignity and respect. They treated me as a human being. I regained a sense of value, of worthiness, and was able to hold my head up again.

The power of being treated with simple human dignity was fundamental to my recovery.

As I reflect on my time in the police I also feel guilt, shame and a sense of failure. Ashamed that I wasn't arresting career criminals, locking up bad people, that I was instead arresting people from poor, socially deprived areas of high unemployment, people who had little or no hope. Many whose only crime was non-violent drug possession. The consequences they faced are on my conscience.

In my time I made absolutely no difference except wreck the lives of those who had little or no hope in the first place. I helped create unnecessary barriers to those wanting better lives and opportunities by giving them criminal convictions.

This is the reality of the war on drugs.

I believe one of the biggest barriers to people with problematic substance use seeking help and accessing treatment are the current drug policies. They achieve nothing except create more harm for individuals, families and society as a whole.

## UNITED STATES OF AMERICA - SUSAN SHERMAN

Professor, Health, Behavior and Society, Johns Hopkins University

Public health is unique in that it is truly positioned at the intersection of social justice, human rights, and all around good policy. There are countless examples of how public health has reduced morbidity and mortality at a cost savings, and leveled the playing field of disparity that often characterizes adverse health and illness. My own personal road to public health is firmly rooted in the AIDS crisis in the early 1990s in San Francisco. After working on issues of justice surrounding sexual assault during my time at college, I could not believe there was yet another disease that was so political yet so personal. The world of HIV opened my eyes to the injustice that derives from many nonresponses. And the great disconnect between science and political will. Over the past two decades, my research has focused on improving the health and wellbeing of drug users, which includes expanding their options for employment, access to services, and access to healthcare. This work has taken me to many places around the world, but none as startling as my home in Baltimore, Maryland. Most recently I have been examining the role of the police on the HIV risk environment of both cis- and trans- street-based sex workers. In this context, the majority of cis-female sex workers have enduring drug habits, which often are a driver into selling street-based sex. Public health has failed these women – notably in our lack of effective advocacy in decriminalizing sex work and low-level drug offenses. These women lie at the crossroads of bad policies, a lack of employment and enduring drug markets. They are largely unstably housed, have extensive heroin habits, have been in

and out of prison on low-level drug and prostitution charges, and have a history of past and current sexual abuse. How is it that this exists in 2016 in places such as Baltimore in the US? How is it that their HIV rates are over 7 percent, and there are few programs outside of our observational and intervention research that focuses on them? My struggle as a researcher is now to create the evidence that brings light and documents the lives of these women, while doing all that we can do for them in the context of an observational study. The only way that I can bear witness without great guilt in not just "observing," is knowing how much responsibility I have in making sure my research informs policy: just sentencing laws, decriminalization of low level drug offenses, diversion programs that are accessed in advance rather than after someone is already in the criminal justice system. It is my obligation to use my privilege to share their stories and the statistics, in developing and advocating for necessary services and policies that promote these women's health, wellbeing, and future. It is my challenge to find a balance between working with the police to institute programs that hold their own accountable and shed light on their harmful behaviors, and staying true to my own sense of social justice and what is right. Public health research is a powerful means to create just societies, and research is at the forefront of providing the evidence to create the necessary change to that end.

## REFERENCES

- 1 See Hughes, C. & Stevens, A. (2010), "What can we learn from the Portuguese decriminalization of illicit drugs?" *British Journal of Criminology*, 50 (6): 999–1022. Decriminalization can be de jure (a policy defined by law) or de facto (the de-prioritized policing of drug possession).
- 2 Some countries around the world criminalize both the consumption and possession of drugs for personal use, while others criminalize possession only. See Al-Shazly, F. & Tinasti, K. (2016), "Incarceration and Mandatory treatment: Drug use and the law in the Middle East and North Africa," *International Journal of Drug Policy* 31: 172–177.
- 3 United Nations Office on Drugs and Crime (UNODC) (2016), *World Drug Report 2016*, United Nations: Vienna, p. x.
- 4 UNODC (2004), *World Drug Report 2004*, United Nations: Vienna, p. 8.
- 5 UNODC, *World Drug Report 2016*, p. 1.
- 6 UNODC (2016), "Number of drug dependent adults up for first time in six years, now at 29 million: UNODC World Drug Report 2016," [https://www.unodc.org/unodc/en/frontpage/2016/June/number-of-drug-dependent-adults-up-for-first-time-in-six-years--now-at-29-million\\_unodc-world-drug-report-2016.html](https://www.unodc.org/unodc/en/frontpage/2016/June/number-of-drug-dependent-adults-up-for-first-time-in-six-years--now-at-29-million_unodc-world-drug-report-2016.html) (accessed August 04, 2016).
- 7 UNODC, *World Drug Report 2016*, 27.
- 8 Ibid., 35.
- 9 Gallahue, P. & Lines, R. (2015), *The Death Penalty for Drug Offences: Global Overview 2015*, International Harm Reduction Association: London.
- 10 Human Rights Watch (2004), *Not Enough Graves: The War on Drugs, HIV/AIDS, and Violations of Human Rights*, HRW: New York, vol. 16, no. 8 (c), <https://www.hrw.org/reports/2004/thailand0704/thailand0704.pdf> (accessed August 01, 2016).
- 11 UN General Assembly "United Nations Declaration of Human Rights", 10 December 1948, 217 A (III), available at: <http://www.refworld.org/docid/3ae6b3712c.html> [accessed 12 October 2016].
- 12 UN General Assembly, "International Covenant on Civil and Political Rights" (ICCPR), 1966, Article 17.
- 13 Human Rights Watch (2015), *Call for Submissions on the Issue of Drugs and Human Rights (Implementation of Resolution A/HRC/28/L.22)*, Submission to the Office of the UN High Commissioner for Human Rights, 6, <http://www.ohchr.org/Documents/HRBodies/HRCouncil/DrugProblem/HumanRightsWatch.pdf> (accessed August 01, 2016).
- 14 Ibid.
- 15 Gearty, C. (2005), *Principles of Human Rights Adjudication*, Oxford University Press: New York, 84.
- 16 For the full decision, see *Amparo en revision 237/2014*, [http://www.smartclub.mx/uploads/8/7/2/7/8727772/ar237\\_smart.pdf](http://www.smartclub.mx/uploads/8/7/2/7/8727772/ar237_smart.pdf) (accessed September 30, 2016); see also Marks, A. (2016), *The Cannabis Club Model from Spain to Latin America: Collective Cannabis Cultivation and Consumption as constitutionally protected recreational activities*, Queen Mary: University of London, working paper series (forthcoming).
- 17 Marks, *The Cannabis Club Model*.
- 18 Ibid.
- 19 Waldron, J. (2016), "The Rule of Law." In *The Stanford Encyclopaedia of Philosophy (Fall 2016 Edition)*, Edward N. Zalta (ed.), <http://plato.stanford.edu/archives/fall2016/entries/rule-of-law/>.
- 20 UNODC, *World Drug Report 2016*, 1.
- 21 Parker, H., Aldridge, J. & Measham F. (1998), *Illegal Leisure: The Normalisation of Adolescent Recreational Drug Use*, Routledge: London, 154.
- 22 The Economist (2015), "Prosecuting Drug Offenders: A Matter of Class," <http://www.economist.com/news/britain/21672286-those-arrested-harder-drugs-have-easier-time-matter-class> (accessed June 28, 2016).
- 23 Eastwood, N., Shiner, M. & Bear, D. (2013), *The Numbers in Black and White: Ethnic Disparities in the Policing and Prosecution of Drug offenses in England and Wales*, Release & LSE: London.
- 24 Shelby, T. (2004), "Race and Ethnicity, Race and Social Justice: Rawlsian Considerations," *Fordham Law Review* 72 (5): 1705.
- 25 Eastwood, N., Fox, E. & Rosmarin, A. (2016), *A Quiet Revolution: Drug Decriminalisation Across the Globe*, Release: London, 7.
- 26 UN General Assembly, United Nations High Commissioner for Human Rights (2015), *Study on the impact of the world drug problem on the enjoyment of human rights*, UN: Geneva, A/HRC/30/65, pp. 15-16; United Nations Development Program (2015), *Addressing the Development Dimensions of Drug Policy*, UNDP: New York, 34, <http://www.undp.org/content/dam/undp/library/HIV-AIDS/Discussion-Paper-Addressing-the-Development-Dimensions-of-Drug-Policy.pdf> (accessed August 03, 2016); World Health Organization (WHO) (2014-16), *Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations*, WHO: Geneva, 86; UNAIDS (2016), *Health, Human Rights and People Who Use Drugs*, UNAIDS: Geneva, 7, [http://www.unaids.org/sites/default/files/media\\_asset/donoharm\\_](http://www.unaids.org/sites/default/files/media_asset/donoharm_)

- en.pdf (accessed September 27, 2016); Organization of American States (OAS) (2013), *The Drug Problem in the Americas: Analytical Report*, OAS: General Secretariat, 103.
- 27 NODC, *World Drug Report 2016*, xxiii.
- 28 The Global Commission on Drug Policy (2014), *Taking Control: Pathways to Drug Policies That Work*, GCDP, 13, [http://www.globalcommissionondrugs.org/wp-content/uploads/2016/03/GCDP\\_2014\\_taking-control\\_EN.pdf](http://www.globalcommissionondrugs.org/wp-content/uploads/2016/03/GCDP_2014_taking-control_EN.pdf) accessed June 20, 2016).
- 29 Ibid.
- 30 Morris, S. (2012), "Corruption, Drug Trafficking, and Violence in Mexico," *The Brown Journal of World Affairs* 18 (2): 29.
- 31 West African Commission on Drugs (2014), *Not Just in Transit: Drugs, the State and Society in West Africa*, WACD, 20.
- 32 International Drug Policy Consortium (2016), *IDPC Drug Policy Guide 3<sup>rd</sup> Edition*, IDPC: London, 91, <http://idpc.net/publications/2016/03/idpc-drug-policy-guide-3rd-edition> (June 29, 2016).
- 33 Ali, M. & Regencia, T. (2016), "Philippines: Death toll in Duterte's war on drugs," *Al Jazeera*, <http://www.aljazeera.com/indepth/interactive/2016/08/philippines-death-toll-duterte-war-drugs-160825115400719.html> (accessed September 26, 2016).
- 34 See for example: Human Rights Watch (2003), *Abusing the User: Police Misconduct, Harm Reduction and HIV/AIDS in Vancouver*, HRW: New York, <https://www.hrw.org/report/2003/05/06/abusing-user/police-misconduct-harm-reduction-and-hiv/aids-vancouver-canada>; Csete, J. et al. (2016), "Public Health and international drug policy," *The Lancet Commission, The Lancet* 387 (10026): 1434, [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)00619-X/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)00619-X/abstract) (accessed June 14, 2016).
- 35 Human Rights Watch (2004), *Lessons Not Learned: Human Rights Abuses and HIV/AIDS in the Russian Federation*, HRW: New York, <https://www.hrw.org/reports/2004/russia0404/russia0404.pdf> (accessed August 02, 2016).
- 36 International Drug Policy Consortium, (2016), *A Public Health Approach to Drug Use in Asia: Principles and Practices for Decriminalisation*, IDPC: London, 22, [https://dl.dropboxusercontent.com/u/64663568/library/Drug-decriminalisation-in-Asia\\_ENGLISH-FINAL.pdf](https://dl.dropboxusercontent.com/u/64663568/library/Drug-decriminalisation-in-Asia_ENGLISH-FINAL.pdf) (accessed August 02, 2016).
- 37 Office of the UN High Commissioner for Human Rights (2016), *Statement by Zeid Ra'ad Al Hussein, United Nations High Commissioner for Human Rights, to the Human Rights Council's 31st session*, UN: Geneva, <http://www.ohchr.org/FR/NewsEvents/Pages/DisplayNews.aspx?NewsID=17200&LangID=E#sthash.9ErMAAxp.dpuf> (accessed October 03, 2016).
- 38 Harm Reduction International & Human Rights Watch (2008), *Thailand's 'war on drugs'*, HRW: New York, <https://www.hrw.org/news/2008/03/12/thailands-war-drugs> (accessed 15 June 2016).
- 39 Amnesty International (2015), *You killed my son: Homicides by military police in the city of Rio de Janeiro*, Amnesty International, <https://www.amnesty.org/en/documents/amr19/2068/2015/en/> (accessed August 03, 2016).
- 40 Ibid.
- 41 International Centre for Science and Drug Policy (2010), *Effect of Drug Law Enforcement on Drug-Related Violence: Evidence from a Scientific Review*, ICSDP: Vancouver, [https://d3n8a8pro7vnm.cloudfront.net/michaela/pages/57/attachments/original/1432063035/ICSDP-1\\_-\\_FINAL\\_\(1\).pdf?1432063035](https://d3n8a8pro7vnm.cloudfront.net/michaela/pages/57/attachments/original/1432063035/ICSDP-1_-_FINAL_(1).pdf?1432063035) (accessed August 05, 2016).
- 42 Internal Displacement Monitoring Center (2014), *Mexico*, <http://www.internal-displacement.org/americas/mexico/> (accessed August 11, 2016).
- 43 Heinle K. Molzahan, C. & Shirk, D. (2015), *Drug Violence in Mexico: Data and Analysis Through 2014*, Justice in Mexico Project, University of San Diego: San Diego.
- 44 International Drug Policy Consortium (2016), *A Public Health Approach to Drug Use in Asia: Principles and practices for decriminalisation*, IDPC: London, 22, <http://idpc.net/publications/2016/03/public-health-approach-to-drug-use-in-asia-decriminalisation> (accessed June 23, 2016).
- 45 Ibid.
- 46 Human Rights Watch (2012), *Torture in the Name of Treatment: Human Rights Abuses in Vietnam, China, Cambodia, and Lao PDR*, HRW: New York, <https://www.hrw.org/news/2012/07/24/drug-detention-centers-offer-torture-not-treatment> (accessed June 23, 2016).
- 47 International Harm Reduction Development Program (2009), *Human Rights Abuses in the Name of Drug Treatment: Reports from the Field*, Open Society Foundations Public Health Program, 1, <https://www.opensocietyfoundations.org/publications/human-rights-abuses-name-drug-treatment-reports-field> (accessed August 03, 2016).
- 48 United Nations Development Program (2015), *Addressing the Development Dimensions of Drug Policy*, 25.
- 49 Csete, J. & Pearshouse, R. (2016), *Detention and Punishment In the Name of Drug Treatment*, Open Society Foundations, 11, <https://www.opensocietyfoundations.org/sites/default/files/detention-and-punishment-name-drug-treatment-20160315.pdf> (accessed August 03, 2016).
- 50 Ibid., 4.
- 51 Sarang, A., et al. (2010), "Policing Drug Users in Russia: Risk, Fear, and Structural Violence," *Substance Use & Misuse*; 45(6), : 813–864, doi: 10.3109/10826081003590938.

- 52 Global Commission on Drug Policy (2013), *The Negative Impact of the War on Drugs on Public Health: The Hidden Hepatitis C Epidemic*, GCDP, <http://www.globalcommissionondrugs.org/reports/the-negative-impact-of-the-war-on-drugs-on-public-health-the-hidden-hepatitis-c-epidemic/> (accessed June 22, 2016).
- 53 Csete, J. et al. (2016), *Public health and international drug policy*, The Lancet Commissions, The Lancet 387 (10026): 1427-1480 (2016); WHO (2014), *Guidelines for the screening, care and treatment of persons with hepatitis C infection*, WHO: Geneva.
- 54 Harm Reduction International (2014), *The Global State of Harm Reduction 2014*, HRI: London (<https://www.hri.global/files/2015/02/16/GSHR2014.pdf> accessed September 26, 2016).
- 55 See, for example, the Lancet 2010 special series on HIV infection among people who inject drugs
- 56 Csete, J. et al. (2016), *Public health and international drug policy*, 1435 (2016).
- 57 Ibid, 1441.
- 58 Ibid.
- 59 Ruehl, C., Pokrovsky, V. and Vinogradov, V. (2002), *The Economic Consequences of HIV in Russia*, The World Bank Group.
- 60 Global Commission on Drug Policy (2015), *The Negative Impact of Drug Control on Public Health: The Global Crisis of Avoidable Pain*, GCDP, <http://www.globalcommissionondrugs.org/reports/the-negative-impact-of-drug-control-on-public-health-the-global-crisis-of-avoidable-pain/> (accessed June 22, 2016).
- 61 UNODC, *World Drug Report 2016*, ix.
- 62 Centers for Disease Control and Prevention (2016), *Increases in Drug and Opioid Overdose Deaths — United States, 2000–2014*, 64(50), pp. 1378-82.
- 63 Drug Policy Alliance (2016), *911 Good Samaritan Fatal Overdose Prevention Law*, DPA: New York, <http://www.drugpolicy.org/911-good-samaritan-fatal-overdose-prevention-law> (accessed August 04, 2016).
- 64 Csete, J. & Pearhouse, R. (2007), *Dependent on Rights: Assessing Treatment of Drug Dependence from a Human Rights Perspective*, Canadian HIV/AIDS Legal Network: Toronto, [http://www.aidslaw.ca/site/wp-content/uploads/2014/02/Dependent-Rights\\_July07.pdf](http://www.aidslaw.ca/site/wp-content/uploads/2014/02/Dependent-Rights_July07.pdf) (accessed September 27, 2016).
- 65 UNODC, *World Drug Report 2016*, 101.
- 66 World Prison Brief (2016), *Brazil country profile*, <http://www.prisonstudies.org/country/brazil> (accessed August 11, 2016).
- 67 Szabó, I. (2014), *Drug policy in Brazil: A long-overdue discussion*, Transform Drug Policy Foundation <http://www.tdpf.org.uk/blog/drug-policy-brazil-long-overdue-discussion> (accessed 17 June 2016).
- 68 The National (2014), *Thai women pay the price of drugs*, <http://www.thenational.ae/world/southeast-asia/thai-women-pay-the-price-of-drugs> (accessed 17 June 2016).
- 69 World Prison Brief (2016), *Thailand country profile*, <http://www.prisonstudies.org/country/thailand> (accessed August 11, 2016).
- 70 Sawitta Lefevre, A. (2016), "Soaring prison population prompts Thailand to re-think 'lost' drug war," *Reuters*, <http://uk.reuters.com/article/uk-drugs-thailand-prisons-idUKKCN0ZX01X> (accessed August 05, 2016).
- 71 Drug Policy Alliance (2016), *The Drug War, Mass Incarceration and Race*, DPA: New York, [http://www.drugpolicy.org/sites/default/files/DPA%20Fact%20Sheet\\_Drug%20War%20Mass%20Incarceration%20and%20Race\\_\(Feb.%202016\).pdf](http://www.drugpolicy.org/sites/default/files/DPA%20Fact%20Sheet_Drug%20War%20Mass%20Incarceration%20and%20Race_(Feb.%202016).pdf) (accessed August 04, 2016).
- 72 Penal Reform International (2016), *Global Prison Trends 2015: Drugs and Imprisonment*, PRI: London, 2, <http://www.penalreform.org/wp-content/uploads/2015/04/PRI-Prisons-global-trends-report-LR.pdf> (accessed June 22, 2016).
- 73 National Advocates for Pregnant Women (2016), *Punishment of Pregnant Women*, NAPW: New York, [http://www.advocatesforpregnantwomen.org/issues/punishment\\_of\\_pregnant\\_women/](http://www.advocatesforpregnantwomen.org/issues/punishment_of_pregnant_women/) (accessed June 22, 2016).
- 74 Home Office (2015), *Police powers and procedures England and Wales statistics ending 15 March 2015*, UK Government, <https://www.gov.uk/government/statistics/police-powers-and-procedures-england-and-wales-year-ending-31-march-2015> (accessed June 23, 2016).
- 75 Her Majesty's Inspectorate of Constabulary (2013), *Stop and Search Powers: Are the police using them effectively and fairly?*, HMIC, <http://www.hmic.gov.uk/media/stop-and-search-powers-20130709.pdf> (accessed June 23, 2016).
- 76 Home Office, *Police powers and procedures*.
- 77 Eastwood et al., *The Numbers in Black and White*.
- 78 The data does not include statistics from the United Kingdom or Luxembourg.
- 79 European Monitoring Centre on Drugs and Drug Abuse (2016), *Statistical Bulletin: Drug Law offenses, Offenses By Type*, EMCDDA: Lisbon, <http://www.emcdda.europa.eu/data/stats2016> (accessed 19 June 2016).
- 80 Penal Reform International (2016), *Global Prison Trends 2015: Drugs and Imprisonment*, PRI: London, 2, <http://www.penalreform.org/wp-content/uploads/2015/04/PRI-Prisons-global-trends-report-LR.pdf> (accessed 22 June 2016).
- 81 Chin, G.J. (2002), "Race, The War on Drugs, and the Collateral Consequences of Criminal Conviction," *The Journal of Gender, Race & Justice* [6:2002: 255].

- 82 Ibid., 260-262.
- 83 Bryan, M., Del Bone, E. & Pudney, S. (2013), *A Cost Benefit Analysis of Cannabis Legalisation*, Institute for Social & Economic Research, University of Essex, 92, <https://www.iser.essex.ac.uk/2013/09/15/a-cost-benefit-analysis-of-cannabis-legalisation> (accessed June 22, 2016).
- 84 Payne, J., M. & Wundersitz, J. (2008), *Police Drug Diversion: A Study of Criminal Offending Outcomes. AIC Reports: Research and Public Policy Series 97*, Australian Institute of Criminology: Canberra, 70, <http://www.aic.gov.au/publications/current%20series/rpp/81-99/rpp97.html> (accessed June 22, 2016).
- 85 Eastwood, N., et al., *A Quiet Revolution*, 6.
- 86 Ibid.
- 87 See UN General Assembly, "United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances," 1988, Article 3; Bewley-Taylor, D. & Jelsma, M. (2012), *The UN Drug Control Conventions: The Limits of Latitude*, Series on Legislative Reform of Drug Policies, no. 18, TNI: IDPC, <https://www.tni.org/files/download/dlr18.pdf> (accessed June 22, 2016).
- 88 Eastwood, N., et al., *A Quiet Revolution*, 7.
- 89 UK Home Office (2014), *Drugs: International Comparators*, UK Government, 47, [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/368489/DrugsInternationalComparators.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/368489/DrugsInternationalComparators.pdf) (accessed June 26, 2016).
- 90 Sampaio, J. (2016), "It's Time to Abandon the War on Drugs for a Health-Focused Drug Policy," *The Huffington Post*, 20 April.
- 91 See generally Eastwood, N., et al., *A Quiet Revolution*.
- 92 Ibid. See section on Colombia.
- 93 Dooley-Sammuli, M. (2011), *Drug Courts Are Not the Answer*, Open Society Foundations. (<https://www.opensocietyfoundations.org/voices/drug-courts-are-not-answer> accessed June 23, 2016).
- 94 Csete, J. & Tomasini-Joshi, D. (2015), *A Well-Intentioned, Deeply Flawed Approach to Drug Treatment*, Open Society Foundations, <https://www.opensocietyfoundations.org/voices/well-intentioned-deeply-flawed-approach-addiction-treatment> (accessed June 23, 2016).
- 95 Global Commission on Drug Policy, *Taking Control*, 22.
- 96 OAS, *The Drug Problem in the Americas*, 103.
- 97 EMCDDA & SICAD (2014), 2014 National Report (2013 data) to the EMCDDA by the Reitox National Focal Point: *Portugal New Developments, Trend*, EMCDDA: Lisbon, 11, [http://www.emcdda.europa.eu/system/files/publications/996/2014\\_NATIONAL\\_REPORT.pdf](http://www.emcdda.europa.eu/system/files/publications/996/2014_NATIONAL_REPORT.pdf) (accessed June 26, 2016).
- 98 Hughes & Stevens, "What can we learn," 1015.
- 99 Ibid. & EMCDDA & SICAD, 2014 National Report, 75.
- 100 Hughes, C. & Stevens, A. (2012), "A resounding success of a disastrous failure: re-examining the interpretation of evidence on the Portuguese decriminalisation of illicit drugs," *Drug and Alcohol Review* 31: 108.
- 101 International Narcotics Control Board (2015), Statement of the President of the International Narcotics Control Board (INCB), Mr. Werner Sipp, *Reconvened fifty-eighth session of the CND Special event: A public health approach as a base for drugs policy: The Portuguese case*, INCB: Vienna, [https://www.incb.org/documents/Speeches/Speeches2015/statement\\_reconvened\\_CND\\_side\\_event\\_portugal.pdf](https://www.incb.org/documents/Speeches/Speeches2015/statement_reconvened_CND_side_event_portugal.pdf) (accessed June 26, 2016).
- 102 The National Monitoring Centre for Drugs and Addiction, Annual Report: *The Czech Republic Drug Situation 2013*, 2, [http://www.vlada.cz/assets/ppov/protidrogova-politika/AR\\_2013\\_CZE.pdf](http://www.vlada.cz/assets/ppov/protidrogova-politika/AR_2013_CZE.pdf) (accessed June 26, 2016).
- 103 Hughes, C. & Ritter, A. (2008), Monograph no. 16: *A Summary of Diversion Programs for Drug and Drug Related Offenders in Australia*, DPMP Monograph Series, National Drug and Alcohol Research Centre: Sydney.
- 104 Mamber, N. (2006), "Coke and smack at the drugstore: harm reductive drug legalization: an alternative to a criminalization society," *Cornell Journal of Law and Policy*, 15 (3): 619-664.
- 105 Stevens, A. (2011), *Drugs, Crime and Public Health: the political economy of drug policy*, Routledge: Abingdon, 122-123.
- 106 Shanahan, M., Hughes, C. & McSweeney, T. (in press), *Australian police diversion for cannabis offenses: Assessing program outcomes and cost-effectiveness*, National Drug Law Enforcement Research Fund: Canberra.
- 107 McLaren, J. & Mattick, R.P. (2007), *Cannabis in Australia: use, supply, harms, and responses*, National Drug and Alcohol Research Centre, University of New South Wales, 560.
- 108 Goncalves, R., Lourenc, A. & Nogueira da Silva, S. (2015), "A social cost perspective in the wake of the Portuguese strategy for the fight against drugs," *International Journal of Drug Policy* 26, p. 207, doi: <http://dx.doi.org/10.1016/j.drugpo.2014.08.017> (accessed June 26, 2016).
- 109 Hughes & Stevens, "What can we learn," 1008; and see EMCDDA & SICAD, 2014 National Report, 110.
- 110 Hughes & Stevens, "What can we learn," 1010.
- 111 EMCDDA & SICAD, 2014 National Report, 109.
- 112 Hughes & Stevens, "What can we learn," 1010.

- 113 Jamaica Gleaner (2015), *Reformed Ganja Law Reaping Results, Says Justice Minister*, <http://jamaica-gleaner.com/article/news/20151008/reformed-ganja-law-reaping-results-says-justice-minister> (accessed June 26, 2016).
- 114 Aldrich, M.R. & Mikuriya, T. (1988), "Savings in California Marijuana Law Enforcement Costs Attributable to the Moscone Act of 1976: A Summary," *Journal of Psychoactive Drugs* 20 (1): 75-81, [http://digital.library.ucla.edu/websites/1998\\_999\\_002/platform/mj\\_study.html](http://digital.library.ucla.edu/websites/1998_999_002/platform/mj_study.html) (accessed June 26, 2016).
- 115 Boecker, K. (2016), "On D.C.'s one-year anniversary with legalized marijuana, work remains," *The Washington Post*, <https://www.washingtonpost.com/blogs/all-opinions-are-local/wp/2016/02/25/on-d-c-s-one-year-anniversary-with-legalized-marijuana-work-remains/> (accessed June 26, 2016).
- 116 Magson, J. (2014), *Drugs, Crime and Decriminalisation: Assessing the Impact of Drug Decriminalisation Policies on the Efficiency and Integrity of the Criminal Justice System*, Winston Churchill Fellowship, 27, [http://www.wcmt.org.uk/reports/1200\\_1.pdf](http://www.wcmt.org.uk/reports/1200_1.pdf) (accessed June 26, 2016).
- 117 McLaren & Mattick, *Cannabis in Australia*, 560.
- 118 Bradford, B., "Unintended Consequences," in Delsol, R. & Shiner, M. (Eds.) (2015), *Stop and Search: The Anatomy of a Police Power*, Palgrave Macmillan: London, 116.
- 119 UNODC (2015), *Briefing paper: Decriminalisation of Drug Use and Possession for Personal Consumption*, <http://www.tdpc.org.uk/sites/default/files/UNODC-decrim-paper.pdf> (accessed on June 15, 2016).
- 120 Gallahue, P. & Lines, R. (2015), *The Death Penalty for Drug Offences: Global Overview 2015*, HRI: London, [https://www.hri.global/files/2015/10/07/DeathPenaltyDrugs\\_Report\\_2015.pdf](https://www.hri.global/files/2015/10/07/DeathPenaltyDrugs_Report_2015.pdf) (accessed July 27, 2016).
- 121 Ibid; and data from Iran Human Rights (2016), *Annual Report on the Death Penalty in Iran 2015*, [http://iranhr.net/media/files/Rapport\\_iran\\_2014-GB-120314-BD.pdf](http://iranhr.net/media/files/Rapport_iran_2014-GB-120314-BD.pdf) (accessed August 2, 2016); and Amnesty International (2016), *Death Sentences and Executions Report 2015*, <https://www.amnesty.org/en/documents/act50/3487/2016/en/> (accessed August 2, 2016).
- 122 Al Jazeera (2016), *Indonesia executes four convicted drug traffickers*, <http://www.aljazeera.com/news/2016/07/reports-indonesia-executes-convicted-drug-traffickers-160728182341683.html> (accessed September 26, 2016).
- 123 This table is based largely on the one found in Gallahue & Lines, *The Death Penalty for Drug Offences*. However, Malaysia has been re-categorised from a "high application state" to a "low application state" in light of the moratorium it has reportedly placed on the death penalty for drug offenses.
- 124 Ibid., 8.
- 125 Coomber, R. (2010), "Reconceptualising drug markets and drug dealers—the need for change," *Drugs and Alcohol Today*, 10 (1): 10.
- 126 Benso, V. (2010), "User-dealer, those who have been forgotten by harm-reduction," *SuchtMagazin* 34, <http://www.talking-drugs.org/sites/default/files/drug-user-report-benso.pdf> (accessed June 15, 2016).
- 127 Coomber, R., "Reconceptualising drug markets," 10.
- 128 Coomber, R., Lowther, J. & Moyle, L. (2013), "Crushing a Walnut With a Sledge Hammer? Analysing the Penal Response to Social Supply of Illicit Drugs," *Social and Legal Studies*, 22 (4-), p.554.
- 129 Nicholas, R., (2008), *The impact of social networks and not-for-profit illicit drug dealing on illicit drug markets in Australia*, National Drug Law Enforcement Research Fund: Hobart, 2.
- 130 The term "user-dealer" can also be used to refer to people who deal drugs to fund recreational drug use, though it is more commonly utilised to describe those who use drugs problematically and who deal.
- 131 Coomber, R. & Moyle, L. (2015), "Earning a Score: An Exploration of the Nature and Roles of Heroin and Crack Cocaine 'User-Dealers'", *The British Journal of Criminology*, 55 (3): 534-555.
- 132 Ibid.
- 133 Fleetwood, J. (2011), "Five Kilos: Penalties and Practice in the International Cocaine Trade," *The British Journal of Criminology*, 51 (2): 382 & 389.
- 134 Fleetwood, J. (2013), "Five myths about drug mules and the death penalty," *The Conversation*, September 2, 2013, <https://theconversation.com/five-myths-about-drug-mules-and-the-death-penalty-17706> (accessed June 9, 2016).
- 135 Fleetwood, J. (2009), *Women in the international cocaine trade: Gender, choice and agency in context*, University of Edinburgh, 234, <https://www.era.lib.ed.ac.uk/bitstream/handle/1842/9895/Fleetwood2009.pdf?sequence=1> (accessed on June 17, 2016).
- 136 Fleetwood, J., Stevens, A., Klein, A. & Dr Chatwin, C. (2011), *Written Evidence for Draft Sentencing Guidelines: Drugs and Burglary*, UK Justice Committee, <http://www.publications.parliament.uk/pa/cm201012/cmselect/cmjust/1211/1211we05.htm> (accessed on June 9, 2016).
- 137 Ibid.
- 138 Green, P. cited in Fleetwood, "Five Kilos," 380.
- 139 Ibid., 381.
- 140 Fleetwood, "Five Kilos," 377.



- 141 At the time of writing, four programs were in the final stages of development, while 13 were being developed. A further 15 were being explored. See <http://www.leadbureau.org/> for more information.
- 142 The threshold does not apply to cannabis or prescription pills. See Collins, S.E., Lonczak, H.S. & Clifasefi, S.L. (2016), *LEAD Program Evaluation: The Impact of LEAD on Housing, Employment and Income/Benefits*, University of Washington, Harborview Medical Center, [http://static1.1.sqspcdn.com/static/f/1185392/27047605/1464389327667/housing\\_employment\\_evaluation\\_final.PDF?token=bcMH1VTfG6JVtrbfDvLcPlr%2F84%3D](http://static1.1.sqspcdn.com/static/f/1185392/27047605/1464389327667/housing_employment_evaluation_final.PDF?token=bcMH1VTfG6JVtrbfDvLcPlr%2F84%3D) (accessed June 23, 2016).
- 143 Drug Policy Alliance (2016), *Law Enforcement Assisted Diversion (LEAD): Reducing the Role of Criminalization in Local Drug Control*, 2, [http://www.drugpolicy.org/sites/default/files/DPA%20Fact%20sheet\\_Law%20Enforcement%20Assisted%20Diversion%20%28LEAD%29%20\\_%28Feb.%202016%29.pdf](http://www.drugpolicy.org/sites/default/files/DPA%20Fact%20sheet_Law%20Enforcement%20Assisted%20Diversion%20%28LEAD%29%20_%28Feb.%202016%29.pdf) (accessed June 23, 2016).
- 144 Collins, S.E., Lonczak, H.S. & Clifasefi, S.L. (2015), *LEAD Program Evaluation: Recidivism Report*, University of Washington, Harborview Medical Center, 2, [http://static1.1.sqspcdn.com/static/f/1185392/26121870/1428513375150/LEAD\\_EVALUATION\\_4-7-15.pdf?token=OGsa4Px6%2F4kRcyXU3mPqgSrLU-8o%3D](http://static1.1.sqspcdn.com/static/f/1185392/26121870/1428513375150/LEAD_EVALUATION_4-7-15.pdf?token=OGsa4Px6%2F4kRcyXU3mPqgSrLU-8o%3D) (accessed June 23, 2016).
- 145 Collins, S.E., Lonczak, H.S. & Clifasefi, S.L. (2015), *LEAD Program Evaluation: Criminal Justice and Legal System Utilization Associated Costs*, University of Washington, Harborview Medical Center, 2, (<http://static1.1.sqspcdn.com/static/f/1185392/26401889/1437170937787/June+2015+LEAD-Program-Evaluation-Criminal-Justice-and-Legal-System-Utilization-and-Associated-Costs.pdf?token=A%2BLi2LOgvSxBj2bAU-6tiOKfhLcY%3D>) (accessed June 23, 2016).
- 146 Collins, Lonczak, & Clifasefi, *LEAD Program Evaluation: The Impact of LEAD on Housing*.
- 147 Csete, J. et al., *Public health and international drug policy*, 1459.
- 148 Ibid.
- 149 Ibid., 1460.
- 150 Alternative ASEAN Network on Burma (2004), *A failing grade: Burma's drug eradication Efforts*, iv, [www.altsean.org/Docs/PDF%20Format/Special%20Reports/Failing%20Grade.pdf](http://www.altsean.org/Docs/PDF%20Format/Special%20Reports/Failing%20Grade.pdf) (accessed June 20, 2016).
- 151 Camacho, A. & Mejía, D. (2014) "Consecuencias de la aspersión aérea en la salud: evidencia desde el caso colombiano," in *Costos Económicos y Sociales del Conflicto en Colombia: ¿Cómo construir un posconflicto sostenible?* Universidad de los Andes: Colombia, 117-138, <http://www.jstor.org/stable/10.7440/j.ctt1b3t7zx> (accessed June 20, 2016).
- 152 Moloney, A. (date unknown), *Displaced in Colombia*, Nacla, <https://nacla.org/article/displaced-colombia> (accessed August 2, 2016).
- 153 Buxton, J. (2015), *Drug Crop Production, Poverty and Development*, OSF: New York, <https://www.opensocietyfoundations.org/sites/default/files/drug-crop-production-poverty-and-development-20150208.PDF> (accessed June 20, 2016).
- 154 Ibid, 13.
- 155 Global Commission on Drug Policy, *Taking Control*.
- 156 McFarland Sánchez-Moreno, M. (2015), "Winding Down the War on Drugs: Reevaluating Global Drug Policy," *Harvard International Review* 36 (4), <http://hir.harvard.edu/winding-down-the-war-on-drugs-reevaluating-global-drug-policy/> (accessed August 3, 2016).
- 157 New Zealand Government (2016), *National Statement to United Nations General Assembly Special Session on World Drug Problem*, New York, <https://www.beehive.govt.nz/speech/national-statement-united-nations-general-assembly-special-session-world-drug-problem-new-yor> (accessed October 03, 2016).
- 158 United Nations (2009), *Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem*, UNODC: Vienna, [https://www.unodc.org/documents/commissions/CND/Political\\_Declaration/Political\\_Declaration\\_2009/Political-Declaration2009\\_V0984963\\_E.pdf](https://www.unodc.org/documents/commissions/CND/Political_Declaration/Political_Declaration_2009/Political-Declaration2009_V0984963_E.pdf) (accessed June 29, 2016).
- 159 United Nations (2015), *Transforming our world: the 2030 Agenda for Sustainable Development*, UN: New York, <https://sustainabledevelopment.un.org/content/documents/7891Transforming%20Our%20World.pdf> (accessed June 29, 2016).
- 160 Tinasti, K., Bém, P., Grover A., Kazatchkine M. & Dreifuss R. (2015), "SDGs will not be achieved without drug policy reform," *The Lancet*, 386 (9999): 1132.

## ACKNOWLEDGEMENTS:

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## GLOBAL COMMISSION ON DRUG POLICY

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Virgin Unite  
Oak Foundation  
The Swiss Federal Department of  
Foreign Affairs

## ADDITIONAL RESOURCES:

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[www.countthecosts.org](http://www.countthecosts.org)  
[www.cupihd.org](http://www.cupihd.org)  
[www.drugpolicy.org](http://www.drugpolicy.org)  
[www.globalcommissionondrugs.org](http://www.globalcommissionondrugs.org)  
[www.hivlawcommission.org](http://www.hivlawcommission.org)  
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[www.inpud.net](http://www.inpud.net)

[www.incb.org](http://www.incb.org)  
[www.talkingdrugs.org](http://www.talkingdrugs.org)  
[www.tdpf.org.uk](http://www.tdpf.org.uk)  
[www.druglawreform.info](http://www.druglawreform.info)  
[www.beckleyfoundation.org](http://www.beckleyfoundation.org)  
[www.unodc.org](http://www.unodc.org)  
[www.wola.org/program/drug\\_policy](http://www.wola.org/program/drug_policy)  
[www.wacommissionondrugs.org](http://www.wacommissionondrugs.org)  
<http://www.ohchr.org/EN/HRBodies/HRC/Pages/WorldDrugProblem.aspx>  
[http://www.who.int/topics/substance\\_abuse/en/](http://www.who.int/topics/substance_abuse/en/)  
[www.release.org.uk](http://www.release.org.uk)

## REPORTS BY THE GLOBAL COMMISSION ON DRUG POLICY

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- War on Drugs (2011)
- The War on Drugs and HIV/AIDS:  
How the Criminalization of Drug Use Fuels the Global Pandemic (2012)
- The Negative Impact of the War on Drugs on Public Health:  
The Hidden Hepatitis C Epidemic (2013)
- Taking Control:  
Pathways to Drug Policies That Work (2014)
- The Negative Impact of Drug Control on Public Health:  
The Global Crisis of Avoidable Pain (2015)

<http://www.globalcommissionondrugs.org/reports/>

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## GLOBAL COMMISSION ON DRUG POLICY

The purpose of the Global Commission on Drug Policy is to bring to the international level an informed, science based discussion about humane and effective ways to reduce the harm caused by drugs to people and societies.

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## GOALS

- Review the base assumptions, effectiveness and consequences of the 'war on drugs' approach
- Evaluate the risks and benefits of different national responses to the drug problem
- Develop actionable, evidence-based recommendations for constructive legal and policy reform

