

# Repairing the “Machinery”: Recommendations and expectations for the independent review of international drug policy commitments

## Introduction

In March 2025, amongst the geopolitical tensions, protracted negotiations and a chaotic voting session at the 68th session of the Commission on Narcotic Drugs (CND), a ground-breaking document was adopted. A new resolution, submitted by Colombia and supported by a broad cross-regional coalition of Member States, agreed to create a “multidisciplinary panel of 19 independent experts” tasked with reviewing “the existing machinery for the international control of narcotic drugs” and providing recommendations to strengthen the system and its implementation.<sup>1</sup>

**This is a historical, once-in-a-generation opportunity to propose serious changes that further social inclusion, social justice and “the health and welfare of humankind”. This opportunity must not be wasted.**

In this advocacy note, IDPC lays out some key considerations and aspirations for the panel, as well as some of the potential pitfalls to avoid, in order to make this review count.

## Historical context

The language of ‘review’ at the Commission is nothing new – indeed, as recently as 2024, Member States carried out a “midterm review of progress made” against the latest ten-year Ministerial Declaration on drugs from 2019.<sup>2</sup> However, like the procession of other ‘reviews’ that have been

led by Member States and/or the United Nations Office on Drugs and Crime (UNODC), very little actually happened in terms of honest evaluation and assessment despite overwhelming evidence (including from IDPC<sup>3</sup>) of a system that is not fit for purpose.

To date, there have been three UN General Assembly Special Sessions (UNGASS) on the topic of drugs: in 1990, 1998 and 2016. Two months before the 1990 session, the UN Secretary-General at the time was requested to select a “Group of Experts” to “enhance the efficiency of the United Nations structure for drug abuse control”. The Group comprised 15 government representatives from different regions, “chosen for personal expertise in respective disciplines, and not as spokesmen for Governments”.<sup>4</sup> The Group submitted their report in October 1990,<sup>5</sup> and their findings were influential in the restructuring of the UN drug control architecture soon after – including the establishment of the UN International Drug Control Programme (UNDCP) which later became UNODC.

For the second UNGASS in 1998, the CND agreed to create a ‘High-Level Expert Group to Review the United Nations International Drug Control Programme and to Strengthen the United Nations Machinery for Drug Control’, which met in both Vienna and New York.<sup>6</sup> However, the process was more politicised than in 1990, with the final mandate being restricted and any references to ‘independent’ being removed. Ultimately, the

13 ‘experts’ appointed to the Group mirrored the CND’s own ‘Extended Bureau’ of diplomats that were preparing the UNGASS itself.<sup>7</sup> Nonetheless, the Expert Group report still referenced “critical issues affecting the international drug control regime that needed to be dealt with as a matter of priority” and how the CND itself had changed “from a technical entity towards a more political one”.<sup>8</sup> Like its 1990 counterpart, the Group highlighted a lack of UN system-wide coherence around drug-related issues, but those recommendations were once again not taken on board. Despite support from some member states, a similar expert group was not mandated for the 2016 UNGASS.

The establishment of a panel of independent experts acting in their personal capacity is a radically different process that is used by the UN on rare occasions as a mechanism to assess and strengthen its own functioning and systems. Notable examples include the 1999 review of the UN response to the Genocide in Rwanda, the 2006 high-level panel on UN system coherence, and the 2021 panel to evaluate the UN’s pandemic preparedness and response (see Box 1). These were all situations in which crises required an evidence-based and neutral assessment that could

steer political actors (rather than be steered by them). The intention of the 2025 CND resolution was to achieve a similar independent process for the UN drug control “machinery”. The final resolution that passed goes some way towards this, albeit with some diplomatic compromises that potentially undermine a truly independent approach. Nevertheless, it is still an extraordinary opportunity now that the CND has passed a resolution to create this mechanism.

## The resolution and vote

The CND resolution from March 2025, entitled “Strengthening the international drug control system: A path to effective implementation”,<sup>9</sup> is the fruit of several years of advocacy, diplomacy and coalition building led by Colombia – and particularly led by the Ambassador-at-Large for Global Drug Policies, Her Excellency Laura Gabriela Gil Savastano. Colombia’s emergence in the role of ‘chief protagonist’ for drug policy reform reflects the disproportionate damage and burden that the country has faced as a result of global drug control efforts.

Twelve months previously, at the 67<sup>th</sup> session of the CND in Vienna, the Colombian President

# VIENNA CONSENSUS ‘FLIES OUT OF THE CND’!

Historic CND session concludes with flurry of votes that reveal global appetite for review and reform, despite marginal opposition led by the US.

## L.6 Strengthening the global drug control framework: a path to effective implementation

(L.6. Rev.1 –as amended by L.10)

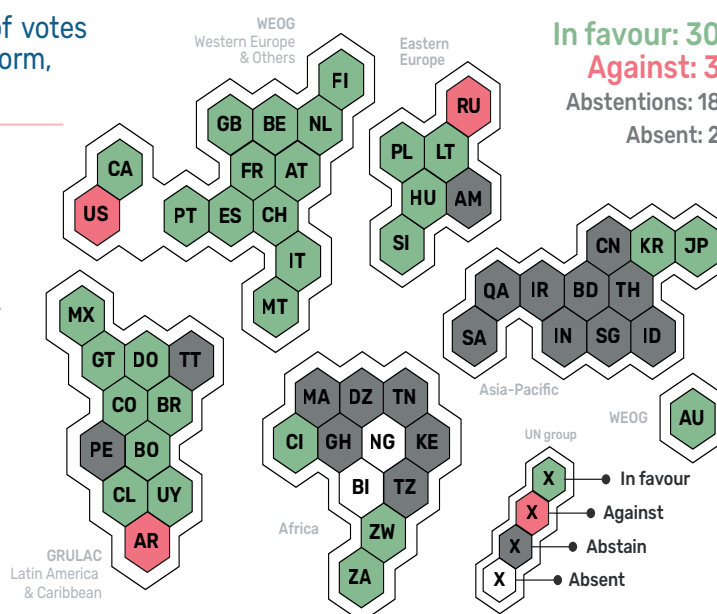
Co-sponsored by: Belgium, Brazil, Colombia, Côte D'Ivoire, Honduras, the Netherlands, Norway, Portugal, United Kingdom, Switzerland, Uruguay.

This ground-breaking resolution, **led by Colombia**, sets the basis for the first-ever **independent review** of global drug control.

It provides for the creation of a **panel of 19 experts** to hold consultations and propose recommendations to align drug policies with all international obligations, including human rights.

Despite difficult negotiations, a **cross-regional alliance** successfully challenged US dominance, showing **growing international support for drug policy reform**.

After over three decades agreeing on everything, the intergovernmental body in charge of global drug policy cannot unanimously agree on anything. Calls for transformative change by Member States, UN agencies and civil society clashed with status quo and anti-rights powers.



Gustavo Petro gave a rousing address in which he described the international drug control regime as “antiquated and lethargic”. Off the back of this, Ambassador Gil led on the development of a joint statement that was signed by a diverse group of 62 Member States.<sup>10</sup> The statement proclaims that “the international drug control system as currently applied needs rethinking based on concrete evidence to make progress together”, and concludes with the “resolve to jointly review and reassess the international drug control system”. The joint statement, billed at the time by IDPC and others as an ‘alternative outcome document’ from an otherwise lacklustre “midterm review” meeting,<sup>11</sup> was a significant development that demonstrated the strength and geographical breadth of the sentiment that review and reform are desperately needed. At the 68<sup>th</sup> CND session, Colombia followed up on this urgent call with the resolution.

After several exhaustive rounds of inter-governmental negotiations at the CND, hours of bilateral meetings and outreach conducted by Colombia, a substantive re-write midway through the week, and a counterproposal by Singapore, the draft resolution – like all the other resolutions this year – failed to achieve the sought-after consensus between Member States. On Friday 14 March, in a packed CND plenary hall, the 53 CND members prepared to vote.<sup>12</sup> The USA (who had been the main barrier to consensus on all resolutions throughout the week, reflecting the new positions of the Trump administration) proposed a late amendment which fundamentally changed the entire proposal – and which was roundly defeated by vote.<sup>13</sup> After some tortuous back-and-forth about processes and rules of procedure, the resolution was adopted, with 30 Member States voting in favour, a further 18 countries abstaining, and two who were either not present or did not vote. Crucially, only three voted against the proposal: the new conservative alliance of Argentina, the Russian Federation and the USA (see Figure 1).

The final resolution recalls the CND’s foundational mandate, citing the UN Economic and Social Council (ECOSOC) Resolution 9(I) from 1946 which established the CND and states: “The Commission shall... consider what changes may be

required in the existing machinery for the international control of narcotic drugs and submit proposals thereon to the Council”.<sup>14</sup> The 2025 resolution then goes on to create a “multidisciplinary panel of 19 independent experts, acting in their personal capacity, to prepare a clear, specific, and actionable set of recommendations” with a focus on:

- “enhancing the implementation of the obligations” of the three international drug conventions,
- enhancing the implementation of “the obligations of other relevant international instruments”, and
- “the achievement of all international drug policy commitments”.

The panel, with UNODC as its secretariat, will have two years to prepare its recommendations in time for the 70<sup>th</sup> session of the CND (2027), so that these may feed into the next high-level UN drug policy milestone in 2029 (a decade after the 2019 Ministerial Declaration).

## Recommendations: Creating the panel

According to the final resolution, the 19 independent experts on the panel will be nominated as follows:

- Ten experts selected by the CND, with two panellists to be agreed by each of the five regional blocks (Africa, Asia, Latin America and the Caribbean, Eastern Europe, and Western Europe and Other States). One of these ten members will then be appointed as the Co-Chair by the CND, but the process for this decision is unclear.
- Five experts selected by the UN Secretary-General (who is also requested to appoint the second Co-Chair).
- Three experts selected by the International Narcotics Control Board (INCB).
- One expert selected by the WHO.

## Box 1 Precedents and lessons from other UN independent review panels

On rare occasions in the past, independent panels have been convened by the UN to examine its structure and performance in response to extraordinary circumstances or the need for systemic reform. Examples include:

- The 1999 Independent Inquiry into the Actions of the United Nations During the 1994 Genocide in Rwanda
- The 2006 High-level Panel on United Nations System-wide Coherence in the Areas of Development, Humanitarian Assistance and the Environment
- The 2015 High-Level Independent Panel on [the UN's] Peace Operations
- The 2016 Panel of External Independent Experts for the Review of the UN Response to Allegations of Sexual Abuse in the Central African Republic
- The 2017 High-Level Independent Panel to Assess and Enhance the Effectiveness of UN-Habitat
- The 2021 Independent Expert Panel for the Evaluation of the UN's Pandemic Preparedness and Response.

While each panel is unique – shaped by its specific mandate and temporary nature – several common lessons can be drawn from past experiences:

- Panel members are carefully selected to ensure independence, impartiality and regional diversity. This often involves appointing high-level experts and prominent public figures. For instance, the 2021 panel on pandemic preparedness was chaired by Helen Clark (former Prime Minister of New Zealand) and Ellen Johnson Sirleaf (former President of Liberia and Nobel Laureate),<sup>15</sup> and the 2015 high-level panel on UN Peace Operations was Chaired by José Ramos-Horta (former President of Timor-Leste and Nobel Laureate). Whilst less high level, the 2016 panel in

response to allegations of sexual abuse in the UN operations in the Central African Republic was comprised of a former Justice at the Supreme Court of Canada, a former Attorney General and Minister of Justice of Gambia, and a former member of two Truth and Reconciliation Commissions.<sup>16</sup>

- Independence is further reinforced by the establishment of an ad-hoc or fully independent secretariat that operates outside the normal framework of UN agencies. For instance, when the 2021 panel on pandemic preparedness was convened, the co-chairs were mandated to recruit a secretariat independent from the World Health Organization (WHO), chaired by the Swedish Ambassador for Global Health.
- Panel agendas, working methods and the content of final reports are determined solely by the panel members, without interference from Member States or UN agencies.
- Diverging views are unavoidable, particularly when the membership of a panel is large. Whilst panels aim to reach general agreement, reports may note that there have been diverging views on some specific points. For instance, the report of the 2015 high-level panel on UN peace operations notes that “We have wrestled with challenging issues such as the use of force, which has divided the Membership [of the panel]”.<sup>17</sup>
- Working methods are tailored to each mandate and often include literature reviews, stakeholder interviews, targeted consultations, and public calls for submissions.
- While most panels maintain confidentiality of deliberations, the 2021 panel on pandemic preparedness marked a shift toward transparency by publishing meeting summaries and reports.

The exact split of appointments, and the total number of panellists, was the subject of much debate at the CND but the final outline represented a compromise that the majority of Member States could support. While the inclusion of WHO is welcomed, as one of the treaty-mandated agencies in the UN drug control system, the redaction of their role was a disappointing concession during the negotiations. The absence of any role for other UN agencies, such as the Office of the UN High Commissioner for Human Rights (OHCHR), is also regrettable as it would have helped to ensure system-wide engagement and human rights expertise on the panel (in line with the resolution's inclusion of 'other relevant international instruments').

The nomination process, including for those being selected by the CND, is not outlined in the resolution itself, other than the criteria that the panel should have "balanced representation" in terms of expertise in relevant fields, geography, and "diverse policy approaches". Although not explicit in the resolution, other elements of balance – such as for gender and ethnic background – will also be important to achieve. The CND will receive "an update on the progress made in establishing the panel" at the 69<sup>th</sup> CND session (March/April 2026).

The composition of this multidisciplinary panel will be key to its impact and success, yet is likely to be a highly charged political affair. As such, IDPC makes the following recommendations for how the panel should be selected and composed:

1. The selected panel members should be widely recognised experts and personalities with a strong reputation for independence in their field, as well as high integrity and ethical standards. The resolution states they must be "acting in their personal capacity", so they must be willing and able to make decisions based on their professional judgement – entirely free from any political interference, instructions or restrictions.
2. The panel must include experts who can help assess and review international drug policy commitments from a broad range of perspectives. The specific mention of "other relevant international instruments" in the panel's

mandate calls for panellists with "expertise in relevant fields" such as human rights, health, access to controlled medicines and development-oriented approaches to drug policy. This may require a specific focus on these areas by the UN Secretary-General, the INCB and the WHO in their panel selections to fill possible gaps from nominations by CND Members.

3. The inclusion of experts with lived experiences of drug use and the impacts of drug control is crucial to ensure the representation of invaluable real-world perspectives and realities.
4. The panel should be balanced in terms of gender, geographical diversity, race and ethnicity, including minority and Indigenous backgrounds.
5. It is important that the selection is done in a transparent way to help ensure the panel's legitimacy. Each of the five regional blocks of Member States should openly list their nominations, and the rationale for them, before selecting their final panellists.
6. The remaining nine panellists should then be selected after the Member State process is complete. This will allow the UN Secretary-General, the INCB and the WHO to proactively fill any gaps that may emerge and ensure overall balance on the panel as requested by the resolution. Again, any short-listing and decision-making process by these entities should be transparent.
7. Following the precedent of other independent review panels at the UN, the panel should establish its own working methods to preserve its independence and impartiality, with no interference from Member States, the CND or UNODC. When deciding on such working methods, the panel should seek a balance between ensuring transparency in its agenda, consultations, and other inputs, and the necessary confidentiality in its meetings and debates.



## Box 2 Ensuring adequate support and funding for the panel

Like all CND resolutions, the Colombian text ends with a decision that “implementation... is subject to the availability of extrabudgetary resources” and “invites Member States and other donors to provide extrabudgetary resources for the purposes described above”. Given the urgent nature of a review of the UN drug control system, Member States must ensure that adequate funding is made available for the panel.

While efforts can be made to reduce costs involved (for example holding meetings virtually where possible), the panel will require sufficient resources for the secretariat function, background research, interviews, literature reviews, consultations, some in-person meetings and translations. However, UNODC (as the appointed secretariat of the panel) must not be allowed to inflate the sums needed, either to try and frustrate the process, or to use this as an opportunity for their own

fundraising and overheads.

The political will to support the panel is more critical than ever in light of funding cuts to the UN by the USA and other governments. President Trump’s second term as US President has heralded sweeping and sudden cuts to aid funding around the world. Indeed, the financing of the panel was one of the many questions posed by the USA (the very country that has escalated the UN’s funding crisis) to highlight that, in their view, “this resolution is simply not ready for this CND’s consideration today”. The financing of the panel cannot be allowed to derail, nor unduly influence the outcomes of, this opportunity for genuine, independent review and recommendations.

**Those progressive Member States who support the idea of a review now need to become the champions of this panel of independent experts, supporting its establishment and its work both politically and financially.**

## Recommendations: Maximising the opportunity

By establishing a panel of independent experts to rethink the drug control “machinery”, the CND has endorsed a process outside the tense political and diplomatic spaces in Vienna. The aim of the panel is to provide impartial and evidence-based recommendations to the CND, and this can only happen if its independence is preserved throughout the entire process of consultation and debate. The political phase of digesting and considering the recommendations of the panel will then follow later, from 2027 to 2029.

The CND resolution provides the panel with a mandate to present “a clear, specific and actionable set of recommendations” to strengthen the implementation of the drug conventions, other relevant international instruments – terminology that is typically used to refer to international human rights law – and all international drug policy commitments. The resolution also specifically recognises that “the abiding concern of the three international drug control conventions is

the health and welfare of humankind”, and that “drugs have continued to present challenges to the health, safety and security of all humanity”.

What is most remarkable about this mandate is its comprehensive nature. As noted above, the resolution recalls the CND’s foundational mandate “to consider what changes may be required in the existing machinery for the international control of narcotic drugs” – and this reference to “machinery” drew much discussion during the negotiations. It covers the institutional architecture for international drug control, as well as the legal frameworks and the intersections with other – often conflicting – international instruments and institutions. Furthermore, the full range of “all international drug policy commitments” goes well beyond drug enforcement and extends to harm reduction, access to medicines, health, human rights and development-oriented approaches to drug policy.

Crucially, the resolution requests the panel to conduct virtual consultations with Member States and “relevant stakeholders, including civil society, the scientific community, academia,

youth groups, the private sector and other pertinent actors”. As such, IDPC makes the following recommendations for how the panel operates and the topics that it addresses:

1. Given the broad mandate provided by the resolution, the panel should explore all themes connected to international drug policy commitments and relevant international instruments – including discussions around health, security and human rights. To this end, the seven-chapter framing of the 2016 UNGASS Outcome Document may provide a useful analytical framework. These chapters cover demand reduction and harm reduction, access to medicines, supply reduction, human rights, “evolving trends”, international cooperation, and development.<sup>18</sup>
2. In order to fulfil its mandate, the panel should make use of its independence to conduct an objective assessment of the “existing machinery” of the drug control system – which includes the current mandate, structure and funding of UNODC itself, well-documented tensions between the UN drug control and human rights regimes, as well as the existing mechanisms for ensuring the participation of other relevant entities within the UN system.
3. The resolution notes the “urgent need to take further ambitious, effective, improved and decisive actions”, including to address what the CND frequently refers to as “persistent and emerging trends and challenges”. For the panel, this must include an evidence-based assessment of, and recommendations relating to, the growing tensions between the international drug conventions and the regulated recreational markets in several countries for drugs such as cannabis and the coca leaf.
4. The panel must be free to decide on its own decision-making processes, noting that the CND resolution does not mandate the need for the same kind of consensus-based decision making which has held it back for so many years. While the use of voting on the panel should be a last resort, the Co-Chairs need to find a way to present general agreements while also acknowledging divergent views. They can learn from previous UN review panels (see Box 1), which point to a clear practice of seeking general agreement while acknowledging that experts may disagree on specific points but will not veto or withhold the entire report. Crucially, the CND and UNODC / secretariat should have no role in these decisions.
5. Drawing on the example of the 2021 UN Pandemic Preparedness panel, the review process should include literature reviews, interviews, targeted consultations, the use of case studies, and an open call for submissions. The panel’s work should reflect the evolving and complex dynamics of drug use and drug markets, and the lessons that have been learned at the national, regional and international levels to date.
6. Civil society from a wide range of sectors must all be allowed to play a prominent role in this review process. This must also include those representing affected communities such as people who use drugs, incarcerated and formerly incarcerated people, and farmers of crops deemed illicit. Consultations with civil society should be delivered in an inclusive way, taking into account language and time zones, and complemented by other methods of engagement such as a call for written submissions.
7. The resolution also specifically highlights the need to consult with “youth groups”, which must also include the perspectives outlined above and not just amplify voices for abstinence-based approaches (as is frequently the case for programmes such as UNODC’s Youth Forum).<sup>19</sup>
8. The resolution omits a specific mention of Indigenous Peoples, but given their rights under UN Declaration on the Rights of Indigenous Peoples and other instruments to be properly consulted in any process that may affect their lives, the panel should ensure their voices are heard, either by including a representative of one of the Indigenous expert mechanisms on the panel itself, or by establishing a special procedure for dialogue and consultation with Indigenous Peoples.
9. Consultations should be held at different

times of the day and in all official UN languages, in order to maximise the opportunities for global engagement. The crucial perspectives and evidence provided should then be reflected in the panel's recommendations.

10. As is standard practice for other independent expert panels, the review must also encourage and utilise inputs from other UN entities and mechanisms, especially those working on health, human rights and development-oriented approaches to drug policy.
11. Although the resolution only mandates the presentation of the panel's recommendations at the 70<sup>th</sup> session of the CND in 2027, a wider dissemination and outreach plan for the panel's work should also include online sessions and presentations in other UN capitals, alongside proactive media engagement to showcase the recommendations.

12. As the panel's recommendations in 2027 will be non-binding and for discussion by the CND, they should be accompanied by a roadmap and/or action plan, ideally developed by the panel itself or by the UN Secretary-General, outlining how they can best be considered and implemented in the context of the 2029 high-level meeting.

Given the UN Secretary-General's 'UN80 Initiative' that emphasises efficiency, coherence and accountability in line with the core values of the UN,<sup>20</sup> it would be important that the panel considers how to integrate these considerations and prioritise alignment of the UN drug control machinery with broader UN reforms aimed at enhancing effectiveness, inclusivity, and coordination across UN entities. The UN80 Task Force has laid out several options for wide-ranging operational reforms and mergers amongst the patchwork of UN agencies active in four key areas: peace and security; humanitarian affairs; sustainable development;

### Box 3 The Role of Secretariat

Although the original text from Colombia was a request to the UN Secretary-General to establish the panel of independent experts, concessions were made during the negotiation process to appease those at the CND who were keen to keep the process "under its auspices" within Vienna. One such concession was that the final resolution now requests UNODC to serve as "the secretariat to provide administrative support for the panel's work".

All stakeholders, and especially the panel members themselves and those Member States providing the funding for this work, must ensure that UNODC's secretariat role does not surpass this administrative mandate. For example, the secretariat should not influence the process in any way, including the selection of panellists, drafting or editing the report and/or recommendations, dictating the methods used by the panel, or using the panel as a means to cover unrelated operational costs (see Box 2).

UNODC has a less-than-illustrious track record when it comes to UN systemwide coherence and anything which examines or

seeks to improve the existing drug control machinery, of which it is a very central part. For example, UNODC has underperformed in their role as the lead agency for the 'UN system coordination Task Team on the Implementation of the UN System Common Position on drug-related matters': the Task Team meets very infrequently and is largely inactive, it took several years for the Common Position itself to be translated, designed and made properly available online, and UNODC continues to publicly decry the Task Team's shortcomings – all while itself remaining entirely at odds with fellow UN entities on key issues such as human rights, harm reduction and decriminalisation.

**As is the common precedent for previous UN review panels, UNODC should be asked (and funded) to create an ad-hoc secretariat with new staff who can operate outside of the agency's hierarchical structure, regular operating budget and clear conflicts of interest.**



and human rights.<sup>21</sup> It would make sense for the panel to coordinate its review of drug-related mandates within the UN system with the UN80 Task Force and the reform initiative undertaken in parallel by the Secretary-General for the UN system as a whole.

## Conclusion

The CND's decision to create a "multidisciplinary panel of 19 independent experts" to review the implementation, and "existing machinery", of the international drug control system is a historical, generational opportunity to propose meaningful changes that promote social justice, social inclusion and "the health and welfare of humankind". This opportunity must not be wasted.

The adoption of the resolution resulted from new alliances between the Global North and South, and succeeded in engaging Member States that have not traditionally been voices for change at the UN, yet who now acknowledge the need for review. Following the successful vote, Ambassador Gil of Colombia took the floor, and told her fellow Member States:

*"This panel is an invitation, within the framework of the conventions, to rethink ourselves, to highlight the significance of the principle of common and shared responsibility today, now. My country has sacrificed more lives than any other in the war on drugs imposed on us. We have postponed our development, dedicating our best men and women and a lion's share of our national budget to tackling illicit trafficking. Continuing the same approach will not lead anywhere fruitful... We want new and more effective ways to implement the global regime. This does not have to be a confrontation among us, the members of the CND, but rather an expression of our commitment to tackle organised crime".*

The way the panel is created, the autonomy it is allowed, and the extent to which it is enabled to do its work will determine the value of its recommendations and, ultimately, its impact on the global drug control system. Panellists must be granted the freedom to truly and openly review the "existing machinery" from a range of different perspectives, without political interference and

drawing on all available evidence and expertise. Only then, and not bound by the bureaucratic constraints of the drug control system itself, can the panel fulfil its potential to chart a pathway for drug policies that advance social justice and human rights.

## Acknowledgements

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## Endnotes

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21. See: <https://healthpolicy-watch.news/exclusive-full-text-of-un80-task-force-pitch-for-streamlined-un-including-who-and-un-aids-merger/>

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### About this advocacy note

In this advocacy note, IDPC lays out some key considerations and aspirations for the independent panel established by the CND to review the UN drug control system, and highlights some of the potential pitfalls to avoid, in order to make this review count.

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### About IDPC

The International Drug Policy Consortium is a global network of NGOs that come together to promote drug policies that advance social justice and human rights. IDPC's mission is to amplify and strengthen a diverse global movement to repair the harms caused by punitive drug policies, and to promote just responses.

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