

# **COLLAPSE OF THE GLOBAL ORDER ON DRUGS**

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# **COLLAPSE OF THE GLOBAL ORDER ON DRUGS: FROM UNGASS 2016 TO REVIEW 2019**

EDITED BY

**AXEL KLEIN**

*Global Drug Policy Observatory, UK*

**BLAINE STOTHARD**

*Independent Consultant, UK*



United Kingdom – North America – Japan – India – Malaysia – China

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# Abbreviations

AMMD	ASEAN Ministerial Meeting on Drug Matters
AP	Associated Press
ARQ	Annual Report Questionnaire
ASEAN	Association of Southeast Asian Nations
ATS	Amphetamine-type stimulants
BBC	British Broadcasting Corporation
BRICs	Brazil Russia India China
CBD	Cannabidiol
CDT	Commission for the Dissuasion of Drug Use (Portugal)
CELAC	Community of Latin America and Caribbean States
CICAD	Inter-American Drug Abuse Control Commission
CIS	Commonwealth of Independent States
CND	Commission on Narcotic Drugs
CNN	Cable News Network
COW	Committee of the Whole
CSO	Civil Society Organisation
CSTF	Civil Society Task Force
DAINAP	Drug Abuse Information Network for Asia and the Pacific
DEA	Drug Enforcement Administration (USA)
DPA	Drug Policy Alliance (USA)
DSG	Deputy Secretary General
ECDD	Expert Committee on Drug Dependence
ECOSOC	Economic and Social Council of the United Nations
ECOWAS	Economic Community of West African States
EECA	Eastern European and Central Asian countries
ELDD	European Legal Database on Drugs
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EKDF	Eidgenössische Kommission für Drogenfrage (Switzerland)
ENCOD	European Commission for Just and Effective Drug Policies
EU	European Union
FBN	Federal Bureau of Narcotics (USA)
FDCS	Federal Drug Control Service
GCDP	Global Commission on Drug Policy
HDG	Horizontal Drugs Group
HONLEA	Heads of National Law Enforcement Agencies

*viii Abbreviations*

HRC	Human Rights Council
HRC	Harm Reduction Coalition
iERG	Independent Expert Review Group
IAHPC	International Association for Hospice and Palliative Care
IDPC	International Drug Policy Consortium
IISC	Informal Interactive Stakeholder Consultation
INCB	International Narcotic Control Board
IRCCA	Instituto de Regulación y Control del Cannabis (Uruguay)
ISSDP	International Society for the Study of Drug Policy
MAS	Movimiento al Socialismo (Bolivia)
MENA	Middle East and North Africa
NEP	Needle Exchange Programme
NGO	Non-governmental organisation
NPS	New (or Novel) Psychoactive Substances
NYNGOC	New York NGO Committee on Drugs
OAS	Organisation of American States
OFDT	Observatoire Français des Drogues et des Toxicomanies (France)
OHCHR	Office of the High Commissioner on Human Rights
ONDCP	Office of National Drug Control Policy (USA)
OST	Opiate Substitution Therapy
PGA	President of the General Assembly
PWID	People who inject drugs
PWUD	People who use drugs
SCOPE	Strategy for Coca and Opium Poppy Elimination
SDGs	Sustainable Development Goals
StatComm	Statistical Commission
THC	Tetrahydro-cannabinols
TNI	Transnational Institute
TRP	Transnational Radical Party
UN	United Nations
UNAIDS	United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly Special Session
UNODC	United Nations Office on Drugs and Crime
VNGOC	Vienna NGO Committee on Drugs
WACD	West Africa Commission on Drugs
WACSI	West African Civil Society Institute
WADPN	West Africa Drug Policy Network
WCO	World Customs Organization
WHA	World Health Assembly
WHO	World Health Organisation



## About the Editors

**Axel Klein** is a Researcher and Project Consultant with a long-standing commitment to drug policy reform. Axel has headed the research and international units at DrugScope and been a trustee for Transform, two UK NGOs. His publications include *The Khat Controversy: Stimulating the Debate on Drugs* (2007), *Caribbean Drugs: From Criminalization to Harm Reduction* (2004), and *Drugs and the World* (2009). More recently, Axel has published on cannabis cultivation and the anthropology of drugs. He has been the editor of journal *Drugs and Alcohol Today* since 2007.

**Blaine Stothard** is an Educationalist and Prevention Specialist who came to drug policy through an advisory role in a London LEA at the time of the UK's first national drug policy. He was active in the Healthy Schools programmes from 1998 to 2010 as an independent consultant, has worked on related policy development and implementation in the UK and Eastern Europe and was the external consultant for the Moscow-based schools drug education programme run by Project HOPE from 1998 to 2006. He has been the co-editor of *Drugs and Alcohol Today* since 2014.

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## About the Authors

**Maria-Goretti Ane** is a private Legal Practitioner based in Ghana and a renowned expert on drug policy, having been involved in high-level engagements and advocacy on drug use and the law both locally and internationally. She is also an author of a number of articles on drug use and drug policy reform in Africa.

**Danilo Ballotta** (MSc) has been working for the last 20 years in the field of international drug policy. He joined the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in 1997 where he has worked on national and European legislation, policy and anti-drug coordination systems and has contributed to the agency's work on international drug policy. Since 2005, he has been the EMCDDA's Principal Policy Analyst coordinating relations with the European Institutions. In this capacity, he represents the agency at the horizontal working group on drugs. Prior to joining the EMCDDA, he worked at the United Nations Office on Drugs and Crime and at the European Commission's Task Force 'Justice and Home Affairs'. Most recent publications include articles on European observations on cannabis legalisation with Brendan Hughes; on the United Nations General Assembly Special Session 2016 'The Turning Point in International Drug Policy?' with Tim Pfeiffer-Gerschel and Alexis Goosdeel (*SUCHT* (2016), 62, 59–60); and a review of regional drug strategies across the world: 'How is prevention perceived and addressed?' with Marica Ferri and Giuseppe Carrà (*Drugs: Education Prevention and Policy* (2015), 22(5)).

**Leandre Banon** is the Capacity Development Programme Officer for the West Africa Civil Society Institute. Prior to that he was the lead person at the West Africa Drug Policy Reform Project from 2015 to 2017 and led regional consultations that gave birth to the West Africa Common Position towards the United Nations General Assembly Special Session 2016.

**Isabela Barbosa** joined the Office of the UN Special Envoy on HIV/AIDS in Eastern Europe and Central Asia in 2014. Her work is mainly focussed on migration in Central Asia. Previously, she worked in the private sector and non-governmental organisations in her native Brazil, and most recently for the Global Commission on Drug Policy and the Global Health Centre at the Graduate Institute of International and Development Studies in Geneva. Her research interests focus on the connection between migration, development and public health. She studied Law (Pontifical University of Rio de Janeiro) and International Relations (University of Geneva) and is currently pursuing Migration studies (Georgetown University) and a Master's of Science in Global Health (London School of Hygiene and Tropical Medicine).

**David R. Bewley-Taylor** is a Professor of International Relations and Public Policy and founding Director of the Global Drug Policy Observatory (GDPO) at Swansea University. He has been researching aspects of drug policy for over 20 years, his main areas of interest being US drug policy and the United Nations and international drug control. David is the author of two major research monographs – *The United States and International Drug Control, 1909–1997* (Continuum, 2001) and *International Drug Control: Consensus Fractured* (Cambridge University Press, 2012) – several book chapters and has published in a wide range of academic journals. He has collaborated with and produced policy reports for a number of drug policy organisations beyond academia. He is currently an Associate of the International Drug Policy Consortium and an Associate Fellow of the Transnational Institute’s Drugs and Democracy Programme. He is on the editorial board of the *International Journal of Drug Policy* and Editor-in-Chief of GDPO Policy Reports, Policy Briefs and Situation Analyses.

**Tom Blickman** is a Senior Policy Analyst with the Transnational Institute, based in Amsterdam, the Netherlands. He has been working in the drug policy field for the last 20 years, specializing in international drug control policy and the UN conventions, drug markets, alternative development, money laundering and organised crime. He is a regular Speaker at international policy conferences and advises on developments in the drugs field. Mayor recent publication include *The Rise and Decline of Cannabis Prohibition* (2014), *Cannabis Policy Reform in Europe: Bottom Up Rather Than Top Down* (2014) and *Morocco and Cannabis: Reduction, Containment or Acceptance* (2016).

**Caroline Chatwin** is a Reader in Criminology at the University of Kent, where she runs Masters and Undergraduate courses on drugs, culture and control. Her research focusses on European drug policy, drug policy reform and new psychoactive substances. She is the author of *Drug Policy Harmonization in the European Union* (Palgrave Macmillan, 2011) and has recently published articles on the lessons Europe can provide for an increasingly harmonised global drug policy, the European approach to new psychoactive substances and the added value of European-level interventions in national drug policy.

**Ann Fordham** directs the work of IDPC, leading on the coordination and development of the network. Ann was appointed as Executive Director in 2011. She joined IDPC in 2008 as the first coordinator of the network and in that time has grown the network from 32 to more than 170 organisations. Ann leads on international advocacy efforts on drug policy and human rights, specifically calling for reform of laws and policies that have proven ineffective in reducing the scale of the drug market and have negatively impacted vulnerable population groups such as people who use drugs and growers of illicit crops. Ann is the Chair of the Strategic Advisory Group to the UN on HIV and Drug Use and is regularly invited to comment on global drug policy issues in the media. She has a Masters Degree in Human Rights from Sussex University where she specialised in human rights and harm reduction.

**Maziyar Ghiabi** is a Lecturer at the University of Oxford and Titular Fellow at Wadham College. Prior to this position, he was a Postdoctoral Fellow at the Paris School of Advanced Studies in Social Sciences (EHESS) and a member of the Institut de Recherche Interdisciplinaire des Enjeux Sociaux (IRIS). Maziyar obtained his Doctorate in Politics at the University of Oxford (St Antony's College) where he was a Wellcome Trust Scholar in Society and Ethics (2013–2017). He edited a Special Issue on 'Drugs, Politics and Society in the Global South' published by Third World Quarterly. His first monograph book is under contract by Cambridge University Press and will be in press in Spring 2019. Beside working on drug policy, Maziyar has published on urban ethnography and history.

**Mikhail Golichenko** is a Senior Policy Analyst at the Canadian HIV/AIDS Legal Network, leading research and advocacy work in Russian-speaking countries, with a particular focus on drug policy issues. Previously, Mikhail was a Legal Officer with the United Nations Office on Drugs and Crime Country Office for the Russian Federation in Moscow. He has also worked for the UN Peacekeeping in West Africa and the Russian police service in different positions, including as an Instructor. Mikhail holds a Candidate of Sciences degree (PhD equivalent) in Russian Civil Law from Saratov State Academy of Law and an LLM in Canadian Common Law from Osgoode Hall Law School of York University. He has been a Member of the Russian Bar Association since 2007.

**Ricky Gunawan** is a Human Rights Lawyer and the Director of Community Legal Aid Institute (LBH Masyarakat), based in Jakarta. LBH Masyarakat provides free legal services for marginalised groups and victims of human rights abuses, including people who use drugs. Ricky earned his Law degree from the University of Indonesia and MA degree in Theory and Practice of Human Rights from University of Essex (UK).

**Heather Haase** has served as the IDPC members' link to UN Headquarters on drug policy issues since 2013, most notably during the 2016 UN General Assembly Special Session (UNGASS) and its aftermath. Her work includes interfacing with key missions and UN agencies on drug policy issues, following UN activities and processes around drugs, and disseminating information to IDPC membership, with the goal of maximizing the involvement of civil society in UN processes around drugs. Heather also chairs the New York NGO Committee on Drugs, a Substantive Committee organized under the Conference of NGOs in Consultative Status with the UN (CoNGO), which promotes global NGO participation in UN processes around drugs. Through the NYNGOC she helped lead efforts to form the Civil Society Task Force for UNGASS 2016, which gave a voice in the UNGASS process to drug policy NGOs from all over the world.

Heather holds a law degree from the Wake Forest University School of Law in North Carolina, and is currently earning an LL.M degree at Columbia Law School, concentrating on international law & diplomacy, human rights, and drug policy.

**Jonas von Hoffmann** is a DPhil Candidate at the University of Oxford, UK. His chapter is part of a larger project that examines the variation of recent cannabis

policy reforms in Latin America. Jonas holds a BA degree in Politics, Psychology and Sociology from the University of Cambridge (2013) and an MPhil in Latin American Studies from the University of Oxford (2015). He has been an Amelia Jackson Scholar at Exeter College and won the Crowley Price for his Master's dissertation on Cannabis Legalisation in Uruguay. Currently, his research is funded by the ESRC.

**Brendan Hughes** has been working at European Monitoring Centre for Drugs and Drug Addiction since 2001 in the field of national drug legislation, after gaining a Master's degree in International Criminal Law (LLM) specialising in narcotics law. He manages the European Legal Database on Drugs, which holds various comparative overviews and analyses on different topics relevant to drug laws; not only use, possession and trafficking laws but also issues such as drug classifications, threshold quantities, alternatives to punishment, drug driving and control systems for new psychoactive substances. He published the first European quantitative comparison of drug law sentencing and outcome statistics in 2009, followed by a qualitative comparison of trafficking scenarios in 2016. He has advised ministers and parliamentary committees on issues such as decriminalisation and legalisation and has authored several articles published in peer-reviewed journals. Brendan Hughes is a British national.

**Michel Kazatchkine** has over 30 years of experience in the fight against AIDS as a leading physician, researcher, administrator, advocate, policy-maker, and diplomat. He attended medical school in Paris and has completed postdoctoral fellowships at St. Mary's hospital in London and Harvard Medical School. He is Professor of Immunology at Université René Descartes in Paris and has authored or co-authored over 500 publications. Professor Kazatchkine has played key roles in various organizations, serving as director of the national Agency for Research on AIDS in France (1998-2005), and as French ambassador on HIV/AIDS and communicable diseases (2005-2007). In 2007, Professor Kazatchkine was elected Executive Director of the Global Fund to fight AIDS, Tuberculosis and Malaria, a position in which he served until March 2012. Between 2012 and 2017, Professor Kazatchkine served as the UN Secretary General's Special Envoy on HIV/AIDS in Eastern Europe and Central Asia. Since 2018, he is the Special Advisor to the Joint UN Programme on HIV/AIDS (UNAIDS) for Eastern Europe and Central Asia. He is also Senior Fellow with the Global Health Centre of the Graduate Institute for International and Development Studies, and a member of the Global Commission on Drug Policy.

**Gloria Lai** is the Regional Director for Asia for the International Drug Policy Consortium, based in Bangkok, Thailand. She previously worked as a Senior Policy Advisor on Law Enforcement and Drugs, and as a Lawyer, for the Australian Government. Gloria holds a double Master's degree in Public Policy (Central European University) and International Development (Institute of Social Studies, Erasmus University) and Undergraduate degrees in Law and Asian Studies (Chinese) from the Australian National University.

**Rick Lines** is Associate Professor of Criminology and Human Rights at the Hillary Rodham Clinton School of Law, Swansea University, Wales. He has been called ‘a key figure in the emerging field of human rights and drug policy’, and is known for his leading research and teaching on subjects including international drug control law, prisoners’ rights, capital punishment and harm reduction. Rick is the author of *‘Drug Control and Human Rights in International Law’* (Cambridge University Press, 2017).

**Larissa Maier** is a psychologist and postdoctoral addiction researcher at the University of California, San Francisco (UCSF). Prior to this, she was appointed as a consultant in Drug Use Epidemiology at the United Nations Office on Drugs and Crime (UNODC) in Vienna. In March 2015, she completed her PhD in Psychology at the University of Zurich in 2015, while working at the Swiss Research Institute for Public Health and Addiction (ISGF). Larissa is part of the Core Research Team of Global Drug Survey (GDS) aiming to make drug use safer, regardless of the legal status of the drug. She is also a member of the European Society of Prevention Research (EUSPR) and the related Early Career Forum as well as a member of the International Society for the Study of Drug Policy (ISSDP) and the College on Problems of Drug Dependence (CPDD).

**Marie Nougier** has been responsible for the communications and publications work stream of International Drug Policy Consortium (IDPC) since 2008 and also engages in networking, civil society capacity building activities and policy advocacy engagement, in particular at the United Nations. Marie supports IDPC’s activities in Latin America, where she helps coordinate a project to reduce the incarceration rate of women for drug offences. Marie is also a Member of the Core Group of the EU Civil Society Forum on Drugs. Marie has a Masters’ degree in International Law, Human Rights and the Law of Armed Conflicts. Before working at IDPC, she worked on issues related to compulsory drug detention in South East Asia at the World Health Organisation, as well as immigration, racism and police brutality in Western Europe at Amnesty International.

**Katherine Irene Pettus** is Advocacy Officer at the International Association for Hospice and Palliative Care, a global charitable organisation based in the United States. She holds a PhD in Political Theory from Columbia University and a Master’s degree in Health Policy and Law from the University of California, San Diego. She is a trained hospice Volunteer and a Graduate of the Metta Institute for End of Life Care. As IAHPC Advocacy Officer, Katherine advocates at the UN organisations, and at regional and national palliative care meetings, for improved access to internationally controlled essential medicines such as oral morphine as a component of the internationally recognised rights to health for children, adults and persons with disabilities, and to the right to be free from cruel, inhuman or degrading treatment. Palliative care and controlled medicines are essential components of Universal Health Coverage under Target 3.8 of the Sustainable Development Goals, or Agenda 2030.

**Gen Sander** is a Human Rights Analyst at Harm Reduction International (HRI) in London, UK, where she leads on human rights and prison-related research.

Prior to working at HRI, she was a Senior Researcher at the Essex Human Rights Centre, where she worked with Prof. Paul Hunt, former UN Special Rapporteur on the Right to Health, on issues relating to health and human rights and taught a module on international human rights law. She has worked with various human rights non-governmental organisations in Canada, Europe and the Middle East and has also been a Consultant for the World Health Organisation and the Independent Expert Review Group on right to health issues.

**Anya Sarang** is the President of Andrey Rylkov Foundation for Health and Social Justice (ARF) – the main activist group fighting for the rights and health of people who use drugs in Russia. While focussing on human rights activism, she has carried out a number of research projects focussing on qualitative studies on health and rights of people who use drugs and gender issues. Anya received an MSc in Alcohol and Drugs: Policy and Interventions from the University of London in 2009 and MSc in Medical Anthropology and Sociology from the University of Amsterdam in 2016. She has been recognised as a courageous human rights and public health advocate and awarded with the International Rolleston Award for outstanding contributions to Harm Reduction by Harm Reduction International; the Crystal of Hope Award for ARF's HIV advocacy and the Human Rights Watch-Canadian HIV/AIDS Legal Network Award for Action in HIV and Human Rights.

**Zara Snapp** is the Co-Founder of Instituto RIA, a member of the Drugs, Politics and Culture Collective, board member of ReverdeSer Colectivo (all in Mexico) and the International Advisor for Acción Técnica Social (Colombia). From 2014–2017, Zara formed part of the Secretariat of the Global Commission on Drug Policy, where she focused on the Latin American strategy and UNGASS 2016. She often writes and gives presentations on innovative public policies related to the regulation of psychoactive substances, from a human rights and social justice based framework. Zara is the author of *Drugs Dictionary*, published in 2015 by Ediciones B. She has a bachelor's degree in Political Science from the University of Colorado at Denver, where she was awarded a National Truman Scholarship and a master's in Public Policy from the Kennedy School of Government at Harvard where she was a Public Service Fellow.

**Khalid Tinasti**, is an Honorary Research Associate at Swansea University, a guest researcher at the University of Geneva, and the Executive Secretary of the Global Commission on Drug Policy. Before joining the Global Commission's Secretariat as a Policy Analyst in 2013, he worked as an Independent Consultant for United Nations Program on AIDS, World Health Organisation, the Graduate Institute and others. Prior to that, Khalid worked as a Press and Communications Officer in the Office of the Minister of Urban Cohesion in France and as an Administrative Officer in Gabon. Khalid holds a PhD in Political Science and held Research Fellowships at the Graduate Institute of International and Development Studies (Switzerland). He is the author of scientific papers and policy research reports with a focus on public policies, democracy and the role of elections and international drug control mechanisms.



**Mike Trace** is a former UK Drug Czar, who has held senior drug policy responsibilities at the European Union and the United Nations. He founded and, until 2016, chaired the Board of the International Drug Policy Consortium. Through all of these roles, he has promoted drug policies that are rational, effective and based on principles of human rights and the promotion of positive public and mental health. His reflections in the Epilogue are based on 20 years of close involvement in international diplomacy around drug control and are the author's own views.

**Jorge Herrera Valderrábano** is a Policy Analyst and Co-Founder within the RIA Institute, based in Mexico City, Mexico. During the last five years, he has been working on human rights issues, specializing in drug policy reform, and sexual and reproductive rights. He is a founding member of the *Ágora México* civic movement, aiming to promote citizen engagement in political affairs among young people, and is currently co-presiding *Dilo Escuelas Incluyentes*, a Mexican organization fostering inclusive policies in educational environments.

**Frank Zobel** is a Sociologist and Public Health Researcher. He is Deputy Director at Addiction Switzerland, the largest centre for substance use epidemiology in the country. His former positions were with the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in Lisbon, as Policy Analyst and Coordinator of the European Drug Report, and with the University Institute of Social and Preventive Medicine (ISPM) in Lausanne, as external evaluator of the Swiss drug strategy. Frank is a member of the national advisory board for addiction issues of Switzerland and of the scientific board of the French Monitoring Centre for Drugs and Drug Addiction (OFDT).

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# Foreword

Drug policy is about good and bad governance and government at global, national and local levels. It is about striking the right balance in policies that would ensure both the equality and safety of all and the autonomy/freedom of every citizen, a debate that has been ongoing in our societies from the times of Plato's *Republic* to contemporary politics. Few specific policy areas, however, have been as controversial in this respect as that of drug policy, since the endorsement of the International Drug Control Conventions by United Nations member states over 30 years ago and the subsequent implementation of prohibition-based law enforcement policies across the world.

I warmly welcome Axel Klein and Blaine Stothard's initiative, together with a broad circle of experts, to review the current tensions in the field, ahead of the 2019 UN summit aimed at assessing the 10-year achievements of the 2009 political declaration and action plan on drugs.

The tensions are many, exemplified throughout this volume through the analysis of country contexts, issues relating to specific substances, access to controlled medicines, metrics and human rights.

The first and obvious tension resides in the contraposition between the steady increase in illicit drug availability and consumption documented in the last 10 years; and the original aim set up by the Political declaration to 'eliminate or significantly reduce illicit drug supply and demand and the diversion and trafficking of precursors'. One may wonder for how long a number of governments will refuse to admit the simple reality that demand for psychoactive substances will always be there; that as long as prohibition will remain, supply will come from parallel criminal sources; and that prohibition-based policies have not only failed in their own objectives of decreasing illicit drug production and use but have actually proven harmful for the health and rights of people and fuelled a criminal economy.

Another tension of the current debate resides between governments and theorists who wish to stick to the outdated/unrealistic political orientation of 2009 and those who will promote a fresh and modernised look at drug policies based on evidence, building on the progressive language adopted at the 2016 UNGASS on drugs, the follow up of which is a mandate of the Commission on Narcotic Drugs in the 2016–2019 interval.

The major tension – it seems to me – is more fundamental: whether the debate should be about the governance of substances or about the welfare of people. Clearly, there remains a huge gap between the original objective of the

Conventions to ensure ‘the health and welfare of mankind’ and the reality that prohibition-based policies have generated for people on the ground: a ‘war on drugs’ that turned into a war against people who use drugs; an international black market that fuels corruption, spreads violence and insecurity for citizens; mass incarceration of people who use drugs; the spread of HIV/AIDS and Hepatitis C; epidemics of overdose; stigmatisation and marginalisation of people who use drugs across the world, who continue to live under the threat of arrest and face often unsurmountable obstacles to access services and treatment.

The latter tension pertains to the interference of government and policies with human life and to ways by which political power, here based on enforcement of prohibition of certain substances, has regulated/prohibited conducts and behaviours, something that Michel Foucault referred to as ‘biopower’ and ‘biopolitics’.

The 2019 debate on drug policy should, however, go beyond the question of regulating behaviours based on the pretext of regulating a substance. It should start from restoring the value of the lives of people who use drugs and their dignity. People who use drugs are criminalised and discriminated against on a daily basis in almost every country of the world, and repressive prohibition policies impact on their health, life expectancy and quality of life. The issue here is about how governments and policies at all levels address human lives and put different price tags on different lives; it is about policies that target certain groups of the population whose lives have less value to governments; it is about the fundamental tension between global ethics that promote the universal value of human life and the reality of political management of lives in the frame of repressive drug policies.

Mike Trace’s analysis in this volume rightly states that the lack of international consensus at the 2016 UNGASS should be seen as a positive development and the end of an era during which member states have worked hard to maintain unity behind a single global strategy of widespread punishment of consumers and suppliers. A consensus that was based on considering illicit drugs as ‘evil’ rather than focussing on people.

It is now time to shift the debate from substances to people; start the discussion on policies with a people’s perspective, people’s fundamental liberties and rights and people’s health. This will be the main challenge for debating the future of drug policy in Vienna next year and the next 10 years’ plan of action.

**Michel Kazatchkine**

Special Advisor to the Joint United Nations Program on AIDS (UNAIDS)  
in Eastern Europe and Central Asia

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Putting together a book like this is a collective undertaking that could never have been realised without the support of many friends and colleagues. We would like to thank all the people with whom we have been talking about drug policy for longer than we care to remember. It is to the credit of all who continue to engage in this field in spite of setbacks, frustration and tedium. We are particularly indebted to David Bewley-Taylor, Khalid Tinasti and Chris Hallam for their generous support from the outset of this project, helping to give it shape and suggesting authors. The input from Vicky Hanson, Marcus Day, Isidor Obot, Bia Labate and Esbjörn Hörnberg was invaluable in moving the process forward. We also want to mention Mike Ashton, John Collins, Maik Dunnbier, Chris Ford, Willem Scholten, Alexander Soderholm and John Witton for taking a critical interest and sharing their ideas throughout the process. We were greatly encouraged by the support and inspiring leadership of Ruth Dreifuss and Michel Kazatchine from the Global Commission on Drug Policy, to whose work this volume will, we hope, contribute. Most of all, of course, we want to thank our authors, who in these straitened times have contributed their energy and genius in writing a remarkable collection of papers. Although we will get the printed credit as editors, we hope that this collection will also serve as a testament to professionalism, collegiality and co-operation.

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# Introduction

*Axel Klein and Blaine Stothard*

## Abstract

*The landscape for international drug policy is shifting rapidly as the tensions between the objectives, assumptions and activities that are being introduced at local level are tearing apart the assumptions on which the system was founded. Countries are divided into camps that pursue different aims with drug policy. In addition to an established distinction between those that seek to reduce drug harms and those pursuing a vision of a drug-free world, some UN member states have established licit markets for products that the conventions hold are available for medical and scientific purposes. This incongruence is matched by states in the other camp who apply capital and corporal punishment ostensibly in pursuit of a public health objective. These differences over underlying values, but also in the use of evidence, and interpreting the purpose of the drug control system are no longer reconcilable. While there is pressure on maintaining the system, it no longer serves an organic function and continues mainly for the benefit of constituent members. With the dissolution of US leadership, drug policy is no longer operating within an effective international framework.*

**Keywords:** International drug policy; UN conventions; drugs and human rights; evidence-based policy; policy reform

He who seeks to regulate everything by law is more likely to arouse vices than to reform them. It is best to grant what cannot be abolished, even though it be in itself harmful. How many evils spring from luxury, envy, avarice, drunkenness and the like, yet these are tolerated because they cannot be prevented by legal enactments.

(Baruch Spinoza)

The premise behind collecting this series of papers on the international drug policy process in the interval between the 2016 United Nations General Assembly Special Session on Drugs and the 2019 High Level Meeting is that the global order is on the brink of collapse. The multiple incongruities between open drug markets in some states and severe penalisation in others, the pursuit of public health and the exercise of authoritarian control, have reached a tipping point where the system cannot survive in its current form.

Dissatisfaction with the regime has been growing over decades in the light of mounting evidence of its patent failure to fulfil its objectives – a drug-free world – and the high cost of enforcement in human, financial, environmental and social terms. The run-up to the 2016 United Nations General Assembly Special Session (UNGASS) was therefore accompanied by great anticipation within the reform community that led to an equally great sense of disappointment at the end of the United Nations General Assembly Special Session on Drugs (Godfrey, 2016; Jelsma, 2016). After the build-up to what some commentators thought of as a paradigm shifting event (Fordham & Haase, Chapter 1), what transpired was more akin to re-affirmation of the established system, where the drug control conventions remain the central international drug policy reference point, with the role of the ‘Vienna Institutions’ (Commission on Narcotic Drugs, CND; United Nations Office on Drugs and Crime, UNODC; and International Narcotics Control Board, INCB) shored up and their mandates extended. There is no explicit reflection on impact, no concern over unintended consequences, no acknowledgment that the policies themselves have been the cause of any harm. Instead the Outcome Document attributes the high price paid by societies to the postulated ‘world drug problem’ and in an explicit endorsement of the prevailing repressive approach pays the first tribute to ‘law enforcement and judicial personnel’ (United Nations Office on Drugs and Crime (UNODC), 2016, p. 4).

Resolving the problem is primarily presented as a question of resources, which the international community is then invited to invest across a range of thematic areas. The list that follows covers an extraordinarily wide band of technical areas. This very breadth of activities, reminiscent in scope of the Sustainable Development Goals, is a striking, yet plausible, consequence of the very vagueness defining an underlying ‘world drug problem’. The Operational Recommendations that make up the bulk of the documents therefore require member states *inter alia* to:

- Put in place effective drug use prevention strategies (Outcome Document, p. 5).
- Ensure the prevention of blood-borne diseases (Outcome Document, p. 7).
- Establish comprehensive drug treatment systems (Outcome Document, p. 6).
- Set up health and social welfare measures (Outcome Document, p. 7).
- Ensure access to controlled medicines (Outcome Document, p. 8).
- Monitor trafficking trends and promote intelligence exchange (Outcome Document, p. 11).
- Enhance anti-money laundering capacity (Outcome Document, p. 12).
- Gather data on trafficking flows (Outcome Document, p. 11 and 13) and crop cultivation (Outcome Document, p. 15).



- Raise awareness of the drug problem at governmental (Outcome Document, p. 14) and societal (Outcome Document, p. 5) levels.
- Improve law enforcement information exchange (Outcome Document, p. 16).
- Gather information on New Psychoactive Substances and join early warning networks of the global Synthetics Monitoring: Analysis, Reporting and Trends (Outcome Document, p. 17).
- Raise national laboratory capacity (Outcome Document, p. 19).
- Provide information exchange on non-medical use of prescription medicines (Outcome Document, p. 20).
- Update states drug policies in line with new developments such as internet-based drug distribution (Outcome Document, p. 20).
- Elicit alternative development programmes and research on illicit crop cultivation (Outcome Document, p. 23).

In each of those 15 thematic areas member states are furthermore called upon to work closely with UN agencies, particularly [UNODC \(2016\)](#), ‘the leading entity in the United Nations system for addressing and countering the world drug problem’ (p. 3). As global problems require global solutions, a premise of the international system, while financial resources and technical capacities are unevenly distributed the document exhorts donor states to enhance ‘North-South’ cooperation along the principle of ‘common and shared responsibility’ ([UNODC, 2016](#), p. 2). For operational purposes, then, the UNGASS Outcome Document puts pressure on donor states to invest in the UNODC regional programmes that shape up alongside the Operational Recommendations. In a previous paper, we argued that the ‘Outcome Document’ can also be seen as ‘fundraiser for the perpetuation and expansion of the existing system’ ([Klein & Stothard, 2016](#)). In the immediate aftermath of the event, it appeared to most observers that the key institutions and the countries supporting the status quo had succeeded in averting change and consolidating the existing mechanisms.

And yet, reform advocates have since drawn comfort from the document, in particular the creation of seven pillars that include: access to controlled medicines; human rights and gender; and development, to replace the three-pillar structure of demand reduction, supply reduction and money laundering. These developments can be seen as an historic break with the prevailing discourse on punitive controls ([Fordham & Haase, Chapter 1](#)). The call, led by member states, to broaden the system out to specifically include and involve other UN agencies (UNAIDS, UNDP, WHO and United Nations High Commissioner for Refugees (UNHCR)), can also be seen as an implicit questioning of and dissociation from the status quo and the increasingly meretricious claims of the system advocates. The shift away from calls for the elimination or significant reduction of drug supply and demand, and the tussles between different member states at subsequent CND meetings over the status of the document vis à vis other UN documents, is indicative of the discomfort of some countries with the document’s provisions ([Bewley-Taylor & Nougier, Chapter 3](#)).

More trenchant still are the reforms taking place within a growing number of UN member states where the bundle of interventions known as ‘harm reduction’ is increasingly, but not yet universally, replacing heavy-handed enforcement of zero

tolerance. In most European countries but also in Oceania and South America, drug possession itself is being widely decriminalised, de facto and de jure. Indeed, as we will explore further below, the entire panoply of ‘drugs’ as a particular and peculiar category of substances is put into questions and is now under review.

This process is most evident in the comprehensive changes that are sweeping across countries such as Uruguay and parts of North America, where legal markets are being created for the non-medical use of cannabis products (von Hoffmann, Chapter 9; Snapp & Herrera, Chapter 12). For the first time, countries that are signatories to the same set of international treaties have policies in place concerning the way a particular psychoactive substance is managed that are diametrically opposed. There are precedents for a dramatic divergence in the regulatory arrangements for consumption items. The commercial market for alcohol is flourishing in many countries, yet distribution and even possession are punished severely in a number of Islamic states and some other jurisdictions. But alcohol is not covered by any international treaty obliging signatories to adopt strict controls. Going further, the emerging marijuana economy, from Colorado to Montevideo, is merely the most conspicuous manifestation of divergence.

The contents of the Outcome Document, with their recurrent referencing of human rights, and the tone of many of the national statements, mark a distancing between signatory states across a range of issues that is no longer reconcilable within the framework of an international system (Gunawan & Lai, Chapter 7; Zobel & Maier, Chapter 14). The very ‘success’ of drug policy in encroaching upon so many areas of contemporary public life, from health to wealth management, and the protean character of drug control as pretext and alibi for authoritarianism, is bringing the conflict between prohibition and human rights to a head. In the process, fault lines are appearing between and within states in their approach and response to particular issues. Differences boil down to conflicting sets of values, to different notions of evidence and respect for scientific investigation, and to fundamentally differing ideas about the purpose of the system – as a way of promoting public health or as a tool for the security state.

### **The Clash of Values: ‘Drug-free World’ versus Human Rights**

The countries coming together to restructure the international drug control system in the period after the Second World War staked out a common terrain between the ‘evil of drug addiction’ and ‘the health and welfare of mankind’. In the Spanish language version, the preamble of the Single Convention on Narcotic Drugs has a slight but important difference in that the contracting parties are concerned with ‘*la salud física y moral de la humanidad*’ – the physical and moral welfare of humanity (UN, 1961). At its core, the international drug control system is built on a set of values as part of an early twentieth century project to ‘roll back those parts of the market whose social costs had proved too high’ (Rodgers, 1998). To contain the damage caused by the nonmedical use of drugs they mobilised the state, and, at its apex, intergovernmental cooperation through the newly created global institutions (McAllister, 2000).

Today, however, the anxiety of the most vociferous drug policy activists no longer revolves around the damage inflicted by drugs, but the measures that have been put into place to combat them. With traffickers matching the efforts by governments to stop drug production and distributions, with ever more sophisticated concealment and deception, violence has escalated, leading in many countries to the militarisation of law enforcement and the rise of organised crime. Reform campaigners are concerned about the impact on third parties, such as women and children in drug crop cultivation areas; the excessive severity of penalties for drug offences; the criminalisation of people struggling with substance use disorders.

Yet, no other issue raises such heated debate as the application of the death penalty for drug-related offences. Perversely, at a time when the number of countries retaining the death penalty is declining, there has been a rise in those applying capital punishment for drug offences. Currently, 33 countries use the death penalty for drug offences (Sander, 2018). At the opening segment of the UNGASS, the EU representative, in a statement to which 56 countries aligned themselves, expressed deep regret that the Outcome Document did not include language mentioning the death penalty. Other countries, including Brazil, Costa Rica, Norway, Switzerland and Uruguay, expressed their disappointment in separate statements. In response, Indonesia, speaking on behalf of 15 ‘retentionist’ states, noted that there was no international consensus on the prohibition of the death penalty and that every state had the sovereign right to choose what was in its own best interest. China warned that drug control should be no pretext for interfering in another country’s affairs. Countries, it is clear, are digging in their heels on the issue.

But such criticism cannot mask a degree of complicity, since these killings take place in the context of the international drug control regime and are premised on a putatively shared understanding of the ‘world drug problem’. Critics go further, to argue that the very focus on capital punishment should not distract from the incarceration of people for drug consumption, mandatory sentencing, felony disenfranchisement, warrantless stop and search policies, mandatory drug testing at school, in the workplace or as a condition for welfare payments and the application of corporal punishment (Sander & Lines). The impact of these practices is predominantly borne by domestic minority groups and by foreigners, eternal scapegoats whose role is to divert governmental and public attention from reflective consideration of the origins of social ill health. This accumulation of abusive practices has reached a tipping point, where the harms committed by governments can no longer be justified by pursuing the ever-more elusive goal of a drug-free world.

### **Quibbling over Indicators: Producing the Evidence Base**

Assessing the number of people executed globally for drug offences is not possible because China withholds information on the grounds of ‘national security’. In fact, accurate data collection across the entire range of indicators relevant for measuring ‘the world drug problem’ is hampered by inadequate data provision, according to Bewley-Taylor and Nougier (Chapter 3), with many countries lacking the capacity for the comprehensive monitoring or collection of data (see too

Golichenko et al., Chapter 6). Technical shortcomings are further exacerbated by the political sensitivities of governments worried about being ‘shown up’ when reporting increases in supply or consumption. The information Member States supply to UNODC via the Annual Review Questionnaire goes into the World Drug Report, an authoritative document and point of reference within CND discussions. Data provision is less than perfect, because reporting against the 219 plus questions, many with extensive sets of sub questions, is a cumbersome exercise even for countries with well-resourced administrations and established data collection systems. Moreover, some respondents are wary of having ‘information used against us’<sup>1</sup> and refuse to participate. Others are selective, prioritising those sections advertising national achievements, particularly around arrests and seizures. In an effort to enrich the analysis, the drafters tap into other information sources but can only publish extraneous data with the agreement of the member states who, after all, ‘own’ the report.

Dissatisfaction with the current preoccupation over measuring ‘scale and flow’ fed into the review, with the addition of new thematic areas for data collection mandated by the Outcome Document. What these thematic areas are and how they will be reported constitute a bone of contention at CND, with reformers looking for better reporting on the impact of policy measures on individuals and communities; indicators to track the seven pillars; and voluntary reporting on human rights. These demands met resistance at the Expert meeting in January 2018, and future reporting is likely to remain subsumed to national concerns over image. Though the Outcome Document pays lip service to the need for evidence-based policy making, the system struggles with generating even the most basic data.

## **Drugs as Medicine or Menace: Palliative Care and Cannabis**

Disagreements are running not merely over what to count and how to count it, but even over the underlying concepts on which the system to combat the ‘world drug problem’ is based. When the international drug control order was constructed at the beginning of the twentieth century, the dual use of the two substances and their derivatives that were brought under control, opium and cocaine, was recognised, and reporting and recording systems established to facilitate importation of controlled medicines.<sup>2</sup> Yet, for many health systems, anticipating the demand for palliative medication is challenging, due to what Pettus (Chapter 4) refers to as an ‘epistemic abyss’, and the administrative process for submitting requests and then managing such medicines is difficult. Over the past 100 years, the assumptions of the system have changed as well, and repressive measures enforced by the criminal justice system have become a standard response to perceived problems with substances.

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<sup>1</sup>The phrase was used by a national focal point in South America interviewed by AK in 2015.

<sup>2</sup>Reporting and recording systems were foreseen in the 1911 The Hague Conference.

The real conflict arises, however, with the objective of governments to control a substance and the behaviours in particular population groups that are associated therewith, and the needs of patients relying on their medication, particularly for pain management. National delegations at CND meetings usually comprise officials from interior ministries and law enforcement, with little awareness of or concern for medical needs and systems; and a reified notion of ‘drugs’ as an embodiment of evil – a position emphatically underlined by the representative of the Holy See, who pronounced that ‘drugs are an evil and with evil there can be neither surrender nor compromise’ (UN.ORG, 2016a). The instruments available through the systems are therefore used for tackling security problems, and, perversely, security instruments are pressed into service for dealing with reported medical issues.

A case in point is the recent request by the government of Egypt that the WHO Expert Committee on Drug Dependence review the medicine Tramadol with a view to bringing it under international control. Tramadol is a synthetic opioid that is widely used for pain relief and is particularly important in developing countries where morphine is often unavailable. Though placing the substance on an international schedule may help to reduce non-medical tramadol use in Egypt, it will have severe consequences in countries where no alternative analgesics are available. Similarly, with China and ketamine in 2015, when the Chinese government attempted to use the international drug control system to solve the problem of extensive illicit production and use of ketamine within its own borders, and in doing so presented a real risk of denying ketamine for medical and anaesthetic purposes in nations with under-developed health infrastructures.

The systematic ‘demonisation’ (Pettus, Chapter 4) of certain psychoactive substances was an ideological accomplishment of the war on drugs, manifest in the underdetermined category of ‘drugs’ itself. It managed to displace the understanding of the dual nature that substances had as medicine or poison, depending on circumstances of use and dosage (Porter, 1996). While advocates are extending the controls to a wider list of medications, one substance, condemned for many years as the quintessential ‘drug of abuse’, has had a re-birth in medical practice: cannabis.

Beginning with the 1996 ballot decision in California, cannabis has been officially re-established as a medical substance in spite of its international scheduling as a ‘drug of abuse’ without medical value. Though it was removed from the official US pharmacopeia in 1942, cannabis is now available for medical use in 30 US States (Snapp & Herrera, Chapter 12). In Europe, medical cannabis is available in Austria, Czech Republic, Denmark, Finland, Germany, Italy, Portugal, Poland and Spain. According to a report for the UK All Party Parliamentary Committee on Drugs (Barnes & Barnes, 2016), there is now good evidence for therapeutic benefits for, inter alia, Movement disorders, Spasticity, Epilepsy, Fibromyalgia and pain relief. The two processes of the revival in medical applications and the normalisation of recreational use make the inclusion of cannabis in the conventions appear increasingly anomalous. As Blickman (Chapter 5) demonstrates this is even understood within UNODC itself, with successive calls for a revision of this anomaly, but at the same time cannabis is the central pillar of the control

system because of its use by 183 million of the total 255 million users of illegal drugs globally (UNODC, 2017). Were it to be removed the system would lose much of its urgency and scope.

The prominence of cannabis in drug control debates raises further questions over the purpose and need for the conventions. International collaboration was needed at a time when drugs were traded commodities, produced, like opium, in India and sold to China. The different trading and imperial powers had to come to an accord so as not to simply hand the trade over to a competitor, like Iran or Turkey. But two developments have changed this. First, cannabis is now cultivated globally, particularly in North America and Europe, once 'importing' countries. Secondly, the advances in underground chemistry have rolled out the production of amphetamine type substances, MDMA and the so-called new psychoactive substances. Only the production of the classic two plant-based substances, cocaine and opiates, is concentrated in specific geographical areas, though even these are increasingly being displaced by synthetic analogues such as fentanyl or methamphetamine.

## **Defending the Status Quo: Cost and Benefits**

None of these arguments cut any ice with the staunchest defenders of the status quo. Chinese attitudes towards drug control have been formed through the experience of the so-called 'opium wars' of the nineteenth century, when national efforts at controlling domestic production and imports triggered invasion and defeat by British military forces. China has imposed a rigorous zero tolerance policy and has emerged as a strong champion of the international drug control system even while rolling out key harm reduction measures such as opiate substitution therapy (OST) at home. At UNGASS, China confirmed its commitment to the international control system and vehemently opposed steps towards legalisation (UN.Org, 2016b).

In Russia, the massive inflow of heroin in the 1990s is associated with the collapse of the Soviet Union and temporary loss of control and authority by state agencies. Though the origins of the severe repression of drug offences go back to the early decades of the Soviet era, as Golichenko et al. (Chapter 6) demonstrate, when many consumers were sent to gulags during the 1930s, a new punitive regime has been built up over the past 10 years. Tough penalties are accompanied by broad surveillance measures, including drug testing in schools and workplaces, the illegality of OSTs and little respect for civil liberties or individual privacy.

The negative impact of these measures is plain to see, as Russia suffers from an HIV epidemic with more than 1 million people infected, the highest number of people who inject drugs globally (estimated between 1.5 and 3 million), and the rapid spread of blood-borne viruses and TB associated with injecting drug use and mass incarceration. But public health never was the driving concern, for the 'drug issue' has been treated as a law enforcement prerogative and 'a threat to national security and the social order' (Golichenko et al., Chapter 6). At UNGASS and at CND, Russia is countering efforts aimed at refocussing drug policy towards health-based outcomes; is contesting the authority of the

Outcome Declaration vis à vis that of the 2009 Political Declaration and Plan of Action and continues to invoke the objective of a ‘drug-free world’.

Countries in Southeast Asia share that vision and continue to strive, in spite of setbacks, for a ‘drug-free ASEAN’ (Gunawan & Lai, Chapter 7). With a long-standing commitment to zero tolerance, the region includes countries with the most notoriously repressive drug control regimes, including the application of capital and corporal punishments. Yet, there are signs that Thailand and Vietnam are now conceding the inevitability of recreational drug use, with a move towards health-based interventions, the introduction of alternative forms of sentencing for drug offences and proportionate sentencing. These measures are designed to ease the high levels of prison congestion and to provide an alternative approach to managing the high levels of methamphetamine consumption that continue to characterise the region.

Countries in the Middle East, Ghiabi (Chapter 8) reminds us, are known for their social conservatism across a range of issues, such as pre- and extra-marital sex, homosexuality, clothing, alcohol and freedom of expression, as well as drugs. But here too there are significant differences between, and a much more nuanced range of policy measures within, countries. Lebanon and Iran both implement a range of harm reduction measures, such as needle exchanges and OST, with Iran even pioneering new (old) substitution medicines such as opium tinctures, and extending services to vulnerable populations, for example, in prisons. At the same time, Iran executes more drug offenders than any other country, with the possible exception of China. Saudi Arabia<sup>3</sup> takes the most austere approach in the region and yet has also high, though poorly researched, patterns of recreational use, owing to a large extent to the general lack of entertainment opportunities for young people. Across the region policies are driven by codes of morality that are derived from Islam and are strongly censorious of public displays of intoxication. At international level, this translates into solid support by MENA countries for the aims of the international control system, including the provision of funding for UNODC-coordinated activities.<sup>4</sup> Yet, there is no coordination of positions at regional level, because of rivalries, particularly between Saudi Arabia and Iran.

It seems increasingly evident that the stances of, in particular, Russia and China have less to do with a response to the use of illegal drugs, more to do with establishing or maintaining a position of political strength. The objective health and welfare of their domestic populations is of less importance than the maintenance of a powerful image on the international stage. This is in the face of increasing opposition and evidence from CSOs, nations, regional associations and international bodies, and the abandonment of any claims to approaches, which are realistic and evidence-based. This exercise of power is more and more deployed through coercion, as our chapter (6) on the role of the Russian Federation shows.

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<sup>3</sup>Saudi Arabia could be considered as being indifferent to the Conventions, basing its objections to illegal drug use and other behaviours on Islamic interpretations of haram, not adherence to the international Conventions.

<sup>4</sup>In 2016, for example, Qatar gave UNODC US \$50 million for the ‘Implementation of the Doha Declaration: Towards the Promotion of a Culture of Lawfulness’.

It is important to underline that hard line polices retain the support of some CSOs such as International Organisation of Good Templars (IOGT) International<sup>5</sup> with its 151 Member Organisations from 60 countries.

These civil society advocates of control regime extension argue that the public health problems caused by psychoactive substance use have reached alarming proportions and constitute a significant, but to a large extent preventable, health and social burden. Rapid globalisation, technological and communication developments, growing availability and diversity of synthetic compounds with psychoactive and dependence-producing properties all require adequate and proportionate policy and programmatic responses. They maintain that regulation, as in the case of alcohol, has not been a success story and should be a warning against legalising other harmful substances. They are also concerned about the current discourse with its emphasis on the ‘war on drugs’, the polarisation of debate between legalisation and incarceration, and the lack of attention paid to ‘harm to others’ caused by drugs. They advocate a shift in focus from the individual drug user to the community and the rights of the child, arguing that children have the right to grow up in a drug-free environment (IOGT, 2016).

### Radical Reformers: Latin America

At the other end of the spectrum are Latin American countries that have a very different experience of both patterns of drug use and the impact of drug policies, above all those targeted at supply reduction. As the ‘forwarding strategy’ in the US war on drugs gathered momentum in the 1980s, it was Latin America that experienced the most traumatic economic and political dislocations. The very call for UNGASS 2016, as discussed above, was prompted by South American governments concerned about the impact of internationally sanctioned drug policies on human security and political and social stability. In Colombia and Peru, eradication efforts pushed drug producers into the arms of rural guerrilla groups such as the FARC, ELN and Sendero Luminoso. In Mexico and Central America, drug trafficking gangs are threatening the authority of the state. The vulnerability of state institutions to violence and corruption, *plumo y plata* (lead or silver) is nowhere more evident.

While Colombia has been driving the international policy dialogue and has used its credentials as a leading drug control champion with a close relationship to the United States to good effect in driving the UNGASS process, the most radical drug policy reforms have been implemented by Bolivia and Uruguay. Both countries have taken the unprecedented step of legalising, respectively, coca leaf and cannabis, substances that are controlled under the international conventions. The motives that inspired these changes, and the methods that were employed, were substantially different, according to von Hoffmann (Chapter 9). Bolivia had tried for years to ‘legalise’ the coca leaf and proactively challenged

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<sup>5</sup>IOGT International aims for a world where all human beings are able to live ‘free from the harm caused by alcohol and other drugs’. See: <http://iogt.org/about-iogt/>.



the Conventions, whereas Uruguay reactively devised a defence to shield its cannabis reform. Uruguay sought to make policy changes within the global drug control regime, while Bolivia stepped outside, temporarily leaving the conventions before rejoining with a reservation on the status of the coca leaf. Moreover, the legalisation of the coca leaf was a long overdue alignment of legal status with cultural practice and the first and most logical step in a broader attempt to rehabilitate the coca leaf. In Uruguay, by contrast, cannabis legalisation was part of a broader justice campaign intended to extend legal protection to discriminated minorities, comparable to the legalisation of homosexual marriage in Uruguay. Additionally, it was a crime reduction strategy, designed to remove opportunity for trafficking gangs that were importing cannabis from neighbouring Paraguay.

Both countries risked international isolation, with potentially damaging consequences, for example, when a number of states, led by the US, tried unsuccessfully to block Bolivia's application to rejoin the UN Conventions with a reservation over the status of the coca leaf. One way of overcoming this has been participation in regional association, and, more potently still, in inter-regional dialogues such as the EU-CELAC dialogue on drug issues.<sup>6</sup> Over a series of meetings representatives from both blocks were able to coordinate their positions on a number of issues, particularly the role of human rights.

## **Moderate Reformers: Europe**

According to the European Union, UNGASS was a success, as well as an excellent platform for demonstrating the added benefit of the European Union External Action Service in getting EU member states to speak with one voice. Often seen as a soft reformer, the EU is a dynamic proponent of public health approaches, evidence-based policies and compliance with human rights, and backs these calls with extensive international cooperation projects in third countries. This has not been an easy feat because positions within Europe, as in other blocs, are diverse. Many Eastern European countries and, until recently, Sweden adhere to repressive policies, while others are among the forefront of the reform movement.

Three EU countries, as Ballotta & Hughes (Chapter 10) describe, are in the vanguard of reform: the Netherlands, with its well-established cannabis decriminalisation strategy via the coffee shop system; Portugal, for having decriminalised all drug possession offences in response to an alarming increase in the HIV infection rate; and the Czech Republic, for advancing medical cannabis and other decriminalisation measures. In these different cases, it is the methods and principles that are of interest. In the Netherlands, the objective of separating 'soft' from 'hard' drug markets was achieved by legal pragmatism, where the public interest was understood as best being served by not pursuing low level offences. The underlying ethos was made explicit in Portugal, with the principle of humanity and the 'absence of paternalism and moral judgment between the judging State

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<sup>6</sup>The European Union and the Community of Latin American and Caribbean States (CELAC) hold regular meetings on a number of thematic areas, one of which is drugs.

and the drug consumer' (Ballotta & Hughes, Chapter 10). These clearly articulated beliefs that drugs are better dealt with in the health realm than as a criminal justice issue are broadly shared by most member states, which have extensive, publicly funded drug treatment systems and, increasingly, decriminalisation of drug possession. Switzerland has gained a reputation as a country developing its drug policy and practice on the basis of health outcomes while remaining within the terms of the Conventions (Zobel & Maier, Chapter 14).

A significant reflection of the acceptance of a human rights approach to people who use drugs is harm reduction, a concept whose practice and even mention remain contested. For many, harm reduction is seen as being for the benefit of people who use drugs and takes as its focus and aim to support and assist people who use drugs to ameliorate, but not necessarily stop, their use and adopt behaviours which are less likely to present risks to their own health and well-being. This involves some recognition of reality – that some people who use drugs will continue to do so. For others, harm reduction is interpreted as being to keep people who use drugs away from, and so 'protect', the 'mainstream' population, and adopting punitive responses, an approach more accurately described as reducing the harms associated with drug use. While the outcome of the arguments about harm reduction at the March 2005 CND seemed to have confirmed the acceptance of the principle of harm reduction by the Vienna Institutions, more recent documents (UNODC, 2016; United Nations Office on Drugs and Crime, World Health Organisation, 2017) have made no mention of harm reduction.

But as Chatwin (Chapter 11) reminds us, public health, evidence-based policy and human rights do not equate with radical reform. 'The EU has, however, also played a significant role in defending the status quo by confirming their ongoing and unwavering support of the current system of international drug control encapsulated by the international drug and psychotropic substance conventions' – not least for reasons extraneous to the 'drug issue' itself, that is that the EU strongly believes in a rule based international order determined by agreements such as those on drug control.

## **The United States: Giant without Compass**

The United States was one of the architects of the international drug control system, as co-sponsor of the 1908 Shanghai conference, by pushing for the inclusion of drug control in the treaty of Versailles, and the reconstruction of international system under the auspices of the United Nations in the 1950s. As Snapp & Herrera (Chapter 12) demonstrate, in effect, drug control became a foreign policy tool, through which the US was able to influence and shape policies in other countries. At home, they argue, the increasingly aggressive measures that from the 1970s onwards came to be known as 'the war on drugs', had a decidedly domestic agenda. Successive presidents, it has been argued, were able to use drug control as a pretext for targeting political opponents, and the egregious racial disparity in arrest and conviction rates are strongly suggestive of drug control being a method for systemic discrimination rather than the promotion of public health.

In a country where the market is widely regarded as a positive force and the restriction of state functions is seen as a national virtue, drug control is a palpable policy anomaly. Ironically, the very expansion of control bureaucracies that has occurred not only at Federal but also at State and local level, with rising budgets and a de-coupling of inputs from outcomes, the vociferous lobbying efforts by vested professional interests, from prison guard unions to attorneys general, and the feedback loops of problem exacerbating policy outcomes, only go to confirm those libertarian anxieties. Reform efforts have been systematically and vehemently opposed by professional groups (control bureaucracies, law enforcement and medical professionals), whose interests in maintaining and investing in the control apparatus have converged with those of policy makers at different levels. Yet, precisely because the interests of core professional groups (control bureaucracies, law enforcement and medical professionals) have converged with political benefits for multi-level political beneficiaries, internal reform has been impossible. The push for change has therefore come from below, with popular initiatives establishing medical marijuana dispensaries and the legally controlled production and distribution for recreational use.

This has left US diplomacy in an odd position. For decades, US representatives have played a prominent role at the UN as well as at regional meetings (e.g., Organisation of American States) in enforcing controls. The US State Department even runs an annual exercise, assessing so-called drug producer and transit countries for their efforts in adhering to international counter narcotics agreements. Countries that fail do to so are potentially subject to sanctions, including the loss of US development assistance and access to funding from international financing institutions (e.g., the IMF and the World Bank) (see Snapp & Herrera, Chapter 12.)

In part as a response to this real and present threat, countries with well-established and culturally embedded traditions of cannabis use, for example Jamaica, Lebanon and Morocco, have, over the years, been making great efforts to eradicate production and use, at considerable social, political and human cost, only to see US companies based in legalising States emerge as global leaders in the development of cannabis products.

In the run up to UNGASS, US representatives took advantage of the lack of transparency in the preparatory sessions (Fordham & Haase, Chapter 1; Snapp & Herrera, Chapter 12; Trace: Chapter 15) in maintaining their national influence. Notwithstanding such adept use of the processes and attempts at claiming ‘flexibility’ in interpreting the conventions, there has been a loss of moral authority, notably in the rise of Russia and China as the most strident champions of the system.

It is likely that the drift towards a health and human focussed approach that became apparent under the Obama administration is being reversed, with, for instance, declarations by the US Attorney General to allow Federal agencies to go after cannabis producers in ‘legalising’ States; and the US president calling for the extension of the death penalty to drug traffickers. As Snapp & Herrera argue, further encroachments are likely to be challenged by States on both constitutional and economic grounds. Cannabis – marijuana – is already a growth

industry and a major contributor to the tax base in Colorado, Oregon and Washington. These developments will be difficult to reverse, leaving the Federal government claiming to be in compliance with the conventions that strictly rule out the distribution of controlled substances for non-medical/scientific purpose.

### **Caught in the Process: West Africa**

Countries that formed part of colonial empires until the second half of the twentieth century had drug policy imposed upon them and have since been struggling to adopt an appropriate response. West Africa, a region with low incidence of illicit drug use, has borne the full brunt of drug war perversity, as criminal organisations have used it for shipping cocaine to buoyant European markets. The region has suffered from what is casually known as ‘spill-over’ – the spread of cocaine use as international traffickers pay their local associates in kind, a sharp increase in law enforcement arrests, searches and incarceration, and, most seriously, massive corruption of security agencies, judiciary and all levels of governance. Governments, under pressure from the international control agencies and development partners, had adopted a tough ‘war on drugs’ approach with lamentable results according to Banon & Loglo (Chapter 13). Subsequently, regional civil society organisations and governmental activity have recognised this, and national and regional actors are now working together to introduce evidence-based, health-centred responses, including expanding treatment capacity adopting harm-reduction approaches. Regional opinion and practice have become more sceptical of a reliance on prohibition and law-enforcement approaches. If fully implemented and sustained, this could be an exemplary regional model for policy review and reform, with CSO, national, governmental and regional agencies collaborating on regional practice and in adopting a joint reformist approach in their relationship with the Vienna Institutions.

### **The Evaporation of the Moral Authority of the Drug Control System**

In the deepest recesses of European collective subconscious is a memory of wretched victims tied to stakes on a moonlit night. Close up is a cloaked figure bearing a torch to light the pyre. As the flames consume so-called heretics and witches, the priest looks pitifully into their eyes and commends their souls to heaven. The flesh must suffer so that man or woman’s better part can gain eternal life. Thomas Szasz, 1970s champion of anti-psychiatry, invoked the precedent of religious persecutions to draw a parallel with the contemporary treatment of drug users (Szasz, 1970).

The contempt that is commonly expressed for the figure of the addict, coupled with the vilification of drug traders, has prepared the ground for a similar suspension of the most fundamental human rights, above all the right to life. Addicted life is a lesser life, a sentiment aptly articulated by the head of the Armenian Drug Squad when interviewed in the context of a European Commission funded

evaluation project: ‘Parents would prefer to see their children killed rather than on drugs because it is an insult to the family’ (Klein & Bremmers, 2006).

It is this kind of moral judgement – of drug users not having lives worth saving – that informs policy decisions on the provision of life saving and cost-effective OSTs, needle exchanges and other harm-reduction activity. Policy is being made on the basis of moral value judgements where the lives of people who use drugs are deemed disposable. One function of the stigmatising language used in reference to junkies, crack heads, stoners or addicts, facilitates the routine application of force and dehumanising practices. Whether it is the extra-judicial killing by security forces of alleged drug sellers in the Philippines, the denial of life saving medication in Russia, the mass incarceration of nonviolent repeat offenders in the United States, or, at a different place on the continuum of devaluing human life, the indifference of the UK government to the startling recent increases in drug-related deaths, human life is being sacrificed in pursuit of the vision of an illusory ideal, the drug-free world. Law enforcement officers and international bureaucrats have effectively been turned into the guardians of global morality and the enforcers of an ideological conformity.

As with the spectacular *auto da fé*, the means that are being employed in pursuit of a drug-free vision – the killing, rhetorical or actual, of children to prevent the shame – has perverted the original cause. Cleverly deployed metaphors of surgical interventions (cutting out the cancer) or epidemiological precautions (quarantining the vectors) cannot permanently obscure the underlying perversity in presenting capital punishment, floggings and mass prison camps as public health measures. The reforming states, driven by a clamorous civil society campaign and widespread dissatisfaction with the results, have clearly distanced themselves from these distorted interpretations of the drug control conventions. Their reservations have found expression in the UNGASS Outcome Document, with its references to human rights, proportionality and scientific evidence. It is the first time that the warnings to the ‘custodians of the convention’ that the consequences of their actions are under scrutiny have been so assertively expressed and recorded, a further and significant stage in a series of challenges which began at the 1998 UNGASS (Fordham & Haase, Chapter 1).

## The Collapse of the Global Order

With the rising awareness that the drug control system serves fundamentally different objectives, the various state groupings have begun drifting apart. The landscape has shifted so dramatically with regard to concern over policy costs and the status of drugs per se that the consensus over an underlying threat or evil that prevailed in 1961 and, arguably, up to the 1990s, has now fractured. Alternative World Drug Reports appeared from 2012 (Transform, 2012, 2016) Ruth Dreifuss of the Global Commission on Drug Policy (GCDP, 2014) has stated: ‘Today, the consensus on which the international drug control regime was established more than fifty years ago is broken’. According to Mike Trace (Chapter 15), UNGASS 2016 marked the ‘breaking of a 50-year orthodoxy’ (see too Trace, 2017),

acknowledged de facto by the shift in focus of UN bodies other than UNODC. And Tom Blickman (Chapter 5) from the Transnational Institute writes:

The question facing the international community today is no longer whether or not there is a need to reassess and modernize the UN drug control system, but rather when and how to do it.

It is the member states, however, that are leading the charge, with the avant-garde of states such as Uruguay that have effectively departed from the conventions even while remaining officially members. Given the tenacity with which institutions cling to any vestige of functionality long after the original rationale for their existence has vanished, and the sheer force of habit that propels the circus of international diplomacy, the façade will stay in place for many years to come. CND will continue to convene, and the INCB will publish annual reports, but the process will become increasingly meaningless. This said, other member states, in particular Russia and China, continue to resist and oppose the change, both of these states having as recently as the 2011 CND opposed the inclusion of NGOs and CSOs in the events and discussions of the Vienna Institutions (Fordham & Haase, Chapter 1, p. 2).

The transformation of cannabis, from the most widely used illegal drug globally to medicine and recreational pleasure, is the battering ram tearing down the gates of the drug control citadel. Cannabis is offering unanticipated profit opportunities and tax income sources that are generating an unprecedented momentum for reform. The growing acceptance of the plant's medical benefits is further removing the rationale for prohibition regimes, particularly as regulatory systems are beginning to prove more effective in reducing access by vulnerable populations; and harms. The blatant commercialisation witnessed in legalising US States is simply incompatible with the vicious punishment for simple consumption in other countries. These are not mere differences in interpretation; they are irreconcilable differences that cannot be accommodated under a single system if that notion is to maintain any meaning.

So we argue that the conventions are unlikely to be rescinded but are destined to become increasingly devoid of meaningful content in the face of growing differences between the methods chosen by countries in managing drugs. Consequently, there will no longer be a 'global drug problem' around which the nations can be rallied.

## **Moving Forward**

Scenarios for the collapse that have been explored in previous publications (Bewley-Taylor, 2012) include a process of 'soft defections' by countries simply moving away from the spirit of the conventions without committing an actual breach. It is equally conceivable that groupings of like-minded states will create substantively different control regimes within the context of the drug-control conventions. Three regional blocks where harmonisation is already under way are the ASEAN countries, West Africa and the European Union.

Given the increasingly decentralised character of drug production, the need for global controls is no longer as compelling as it once appeared. Advances in the understanding of different substances and shifts in attitude towards plant-based substances, such as the coca leaf and cannabis, make it likely that legal controls are going to be more aligned with the emerging scientific evidence, evolving cultural contexts and prevailing social mores. At the same time, authoritarian regimes will continue to misuse drug control as a repressive tool for intimidating citizens and keeping dissidents in check, while elsewhere corporations will increasingly realise the profit potential in marketing new commodities.

Even within reform-minded states, a powerful domestic drug control lobby and a legacy of policy decisions will make for a difficult and negotiated process. A critical question for managing the transition is the role of the INCB and UNODC, organisations that have evolved on the back of the conventions and whose significance goes well beyond playing a supportive and secretarial function to the CND. Employing thousands of staff and contractors, and with a budget topping US\$ 1 billion, UNODC has become one of the most important implementers of global drug control. For both organisations, the prospect of Colorado-style legalisation represents a mortal threat that will be sharply resisted.

A current example of such resistance can be seen in the preparation by UNODC, jointly with the WHO, of draft standards for the treatment of drug-use disorders ([United Nations Office on Drugs and Crime, World Health Organisation, 2017](#)). These proposals are being opposed by civil society organisations on the grounds that the document uses stigmatising and pathologising language; makes unsubstantiated claims and assumptions; makes no mention of harm reduction or other health interventions; emphasises abstinence; and did not involve user organisations in its preparation. Later 'consultation' with user organisations was tokenistic in that those invited to look at the text were told it was already agreed and finalised in preparation for CND 2018, a scenario familiar to many CSOs in the 2016 run-up to UNGASS. Old habits die hard.

Here, it would seem, is an indication of the Vienna Institutions cleaving to their familiar orthodoxy, in spite of the arguments and apparent development in thinking in the past 15 years or so. This document and its reversion to older patterns of thinking would appear to disregard and dismiss the inputs from other UN agencies and CSOs, and even the language and tone of the 2016 Outcome Document. This latest flurry is a clear warning that opinions on the purpose and focus of drug control are deeply divided, and that the organisations at the heart of the system remain deeply sceptical of reform, possibly because of the existential threat these pose.

One pressing task for the reform movement will therefore be in working out a roadmap for the future of these powerful organisations. It will be interesting to explore the potential of devoting the expertise stored up in Vienna to fight other aspects of transnational organised crime, for instance in tackling such intricate international issues as the trade in arms, trafficking in human beings, wildlife or toxic and hazardous waste. There are already nascent initiatives within UNODC that can be built on, as well as the wide spectrum of activities from prison reform to youth prevention work that is compatible with a different global regime.

Most importantly, however, both UNODC and INCB could leverage their drug-specific expertise to remodel themselves as regulatory agencies in the emerging international drug markets. Deliberating on the future of the control agencies might be a fitting topic for side events at the 2019 High Level Meeting. They have failed to serve their purpose but have passed their time. The machinery, alliances and expertise they have developed could be put to better use in examining more pressing social issues and challenges for which there is, or might be, a more realistic international consensus and prospect of success, and to support progress towards the sustainable development goals.

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