



GLOBAL COMMISSION
ON DRUG POLICY

TIME TO END PROHIBITION





GLOBAL COMMISSION ON DRUG POLICY



RICHARD BRANSON
Entrepreneur, founder of the Virgin Group, United Kingdom



FERNANDO HENRIQUE CARDOSO
Former President of Brazil (Honorary Chair)



LOUISE ARBOUR
Former High Commissioner for Human Rights, Canada



PAVEL BÉM
Former Mayor of Prague, Czech Republic



NICK CLEGG
Former Deputy Prime Minister of the United Kingdom



RUTH DREIFUSS
Former President of Switzerland



MARIA CATTAGUI
Former Secretary-General of the International Chamber of Commerce, Switzerland



HELEN CLARK
Former Prime Minister of New Zealand (Chair)



CÉSAR GAVIRIA
Former President of Colombia



ANAND GROVER
Former UN Special Rapporteur on the right to health, India



MOHAMED ELBARADEI
Director General Emeritus of the International Atomic Energy Agency, Egypt



GEOFF GALLOP
Former Premier of Western Australia



MICHEL KAZATCHKINE
Former Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria, France



ALEKSANDER KWASNIEWSKI
Former President of Poland



RICARDO LAGOS
Former President of Chile



KGALEMA MOTLANTHE
Former President of South Africa



OLUSEGUN OBASANJO
Former President of Nigeria



GEORGE PAPANDEU
Former Prime Minister of Greece



MICHÈLE PIERRE-LOUIS
Former Prime Minister of Haiti



JOSÉ RAMOS-HORTA
Former President of Timor-Leste



JUAN MANUEL SANTOS
Former President of Colombia



MICHEL SIDIBÉ
Former UNAIDS Executive Director and UN Under-Secretary General, Mali



JAVIER SOLANA
Former European Union High Representative for the Common Foreign and Security Policy, Spain



CASSAM UTEEM
Former President of Mauritius



MARIO VARGAS LLOSA
Writer and public intellectual, Peru



ERNESTO ZEDILLO
Former President of Mexico

TIME TO END PROHIBITION

CONTENTS

FOREWORD	4
BREAKING TABOOS: A DECADE OF PROGRESS	7
RECIPE FOR FAILURE: THE INTERNATIONAL DRUG CONTROL FRAMEWORK	13
RECIPE FOR SUCCESS: A NEW DECADE TO DISMANTLE PROHIBITION	19
RECOMMENDATIONS	22

FOREWORD

A decade ago, a group of former presidents from Latin America, headed by Fernando Henrique Cardoso of Brazil, César Gaviria of Colombia, and Ernesto Zedillo of Mexico, met with leaders from Europe and the United Nations to establish the Global Commission on Drug Policy. Before that, drug policy was rarely considered a top priority by heads of state and government. Even in the face of contradictory evidence, most agreed with the simplistic view that drugs were a scourge to be swept under the carpet by aggressive law enforcement.

By 2011, five years after 2006 Mexico's militarized war on drugs, a startling number of people had been killed, driven from their homes or had disappeared. These hard facts became a catalyst for action. Clearly it was states, elected authorities, and their own policies that were creating harm under the guise of preserving health.

Other eminent personalities – from Ghana, Norway, Pakistan, Switzerland, the United Kingdom and the United States – stood alongside the former presidents of Brazil, Mexico and Colombia to speak out against the entrenched global drug policy regime.

Ten years later, the taboo on openly opposing that global regime has been well and truly broken. There has been a range of reforms at national and sub-national level. More and more countries are decriminalizing personal use, adopting innovative approaches based on public health and legalizing formerly banned substances. Recognition is growing that globally sanctioned repressive policies are more detrimental than occasional drug use. These reforms are shining islands in a dark sea of repression.

At the same time, though, the global drug regime's policy of prohibition remains in place. Almost no new jurisdiction has abolished the death penalty for drug-related crimes. Extrajudicial killings for drug-related activities have been openly promoted. Overcrowded prisons incarcerate many people convicted of drug offences who have caused no harm to anyone. Mandatory abstinence-only drug treatment is still being imposed. And organized crime has increased its control on the market and on the small players caught in it.

Thus, in the last decade, there were impressive reforms, but not enough to dislodge the overall punitive paradigm. Decades of stigma, pseudoscience and racism will not be undone overnight. Yet cracks in the old structures are appearing.

Over the past decade, the Global Commission has renewed itself, guided global debates and added members from all over the world. With the same determination, it carries on the advocacy and the legacy of the founding Commissioners of 2011 and honours the memory of those who have passed.

In 2011, the Commission began exposing the harmful effects of drug prohibition policies, and the disproportionate cost of law enforcement and repressive criminal justice on marginalized, stigmatized and irrationally punished people. In 2014, the Commission shared five pathways towards drug policies that work, providing governments with a pragmatic plan to reform their policies and to uphold the wellbeing and dignity of people. The Commission has published a significant literature on perceptions of drugs, the flaws of the classification systems, the impacts of deprivation of liberty, and much-needed control of illegal markets through legal regulation.

This report marks ten years of the Commission's work, analysis and recommendations. The Commissioners are unequivocal in stating that the international framework, based on the 1961, 1971, and 1988 conventions on drugs, is itself the problem. In general, the world looks to international law to support the achievement of humanity's fundamental aspirations, including of human rights for all. Yet in drug policy, international law itself bears much of the responsibility for the world's failure to address drug use in a rational and humane way. By unfairly deciding what is legal and what is not without sound scientific assessment, and by imposing a universal repressive model, international drug law stands in the way of much-needed reform. It is time to review the three international drug control conventions, in order to build a serious, modern and responsible drug control framework centered on human rights and based on results.

This report is a blueprint for advocacy of reform. It highlights the changes that have occurred in the past decade and puts forward necessary changes for the coming decade. While change is happening, tremendous hurdles still lie ahead. As long as prohibition prevails as the global drug control paradigm, it makes reform challenging. But alongside health and social workers, law enforcement officials and policymakers, millions of people who use drugs, and other communities and people directly and indirectly concerned, the Commission remains committed to ending prohibition and promoting drug laws and policies that are based on reason, evidence and human rights.



Helen Clark

Chair of the Global Commission on Drug Policy



Fernando Henrique Cardoso
Former President
of Brazil

Founder and Chair of the Global
Commission between 2011 and 2016

Ruth Dreifuss
Former President
of Switzerland

Chair of the Global Commission
between 2016 and 2020

Helen Clark
Former Prime Minister
of New Zealand

Chair of the Global Commission
since 2020

BREAKING TABOOS: A DECADE OF PROGRESS

Unravelling the costly, ineffective, and punitive approach to drug policy was the first step in breaking the taboo and vital to the future of global drug policy reform.

Bringing human rights to the core of drug policy debates has been an important development of the past decade. Around the world, enforcing repressive drug laws has led to repeated environmental and human rights violations. A truly human rights-centred drug policy ought to protect human autonomy, reduce the harm of drug use and curb the violence and exploitation produced by the illegal trade. But today's international law excels at undermining autonomy and amplifying the harm of drug use, while transnational criminal networks reap profits. In 2008, the UN Special Rapporteur on the right to health (current Global Commissioner Anand Grover) described the international drug control and human rights systems as behaving as if they existed in two parallel universes. While these two universes are finally intersecting, international drug law continues to be a central barrier to global reform.

While UN drug conventions have established global *minimum* requirements for drug law enforcement, they do not impose *limits* on the level of repression that states may apply. The three UN conventions, which almost every UN member state has ratified, include special articles on the "application of stricter national control measures," which allow countries to adopt more severe punishments if they are deemed "necessary" for the "protection of the public health or welfare." At the same time, the conventions allow flexibility in the implementation of policies related to the criminalization of drug use and possession, since "punishable offences" are "subject to [the] constitutional limitations" of each country. Therefore, the decriminalization of drug use and possession is possible within the current global framework. The way the conventions are currently implemented at national level reflects national political priorities and institutional capacity.

In some countries, decades of stigmatization and dehumanization of people who use drugs have been supported by disproportionately harsh criminal sanctions, judicial corporal punishment and even the death penalty. Over the last decade, authoritarian leaders have risen to power by propagating simplistic "tough on crime" agendas, demonizing people who use drugs and vowing to exterminate drugs and crime through brute force. Mounting a vigorous, organized response to these political drug warriors will be a critical challenge in the coming decade.

Reversing entrenched attitudes will not be easy. An alternative political vision is needed that is capable of mobilizing and inspiring disenfranchised sections of the population. Alternative strategies need to reform legal and penal systems, and foster informed media and free and active civil society. Most important, people who use drugs must be understood as people who deserve respect and support and whose voices need to be heard.

In the past decade, there has been significant progress and exciting momentum towards drug policies that prioritize harm reduction, innovative and voluntary treatment, decriminalization, and human rights. Parting ways with the international status quo, national and sub-national administrations around the world are recognizing that drug use is of health and social justice rather than of crime and punishment.

In recent years, scientific research has highlighted the failures and harms of prohibition, and is playing a key role in informing evidence-based strategies that prioritize health and human rights. One of the most consequential scientific triumphs of the past decade has been the affirmation of harm reduction. Harm reduction is a practice and set of policies premised on respecting personal autonomy while reducing the social and health consequences of problematic drug use. Harm reduction accepts the risks and realities of drug use, but without judgement or scorn, and helps people to survive drug dependence. Harm reduction approaches bring together activists, health workers, social workers, researchers and people who use drugs. Such approaches have finally gained political purchase around the world despite deeply entrenched ideological resistance to change.

Despite the growing acceptance of harm reduction principles, funding and implementation on the ground still lag behind, especially in low- and middle-income countries. Far more resources are still invested in supply-side drug enforcement strategies than in life-saving harm reduction interventions.

While syringe programs and opioid agonist therapies are available in most countries across North America and Western Europe, these core harm reduction interventions are only slowly being implemented in other regions as pilot projects. Overall, they are severely under resourced, overstretched to meet the demand and remain unreachable for the vast majority of people dependent on drugs. Supervised consumption sites, which monitor people who consume drugs to prevent fatal overdoses and other health conditions, are only operating in Australia and Canada and a handful of countries in Europe.

Science has prevailed over ideology in several recent scheduling decisions at the United Nations level. Substances including tramadol, ketamine and the khat plant were spared the fate of being internationally prohibited. This is largely due to scientific assessments by the World Health Organization's Expert Committee on Drug Dependence, which has repeatedly recommended against scheduling substances deemed medically essential, based on a pragmatic balance of health risks and benefits. For a decade, the Global Commission has been advocating that this very approach – a careful assessment of a substance's health risks – is applied to all drugs.

Rigorous research and analysis also demonstrate the continued expansion and diversification of the drugs market, especially the production of new and highly potent synthetic drugs like illegally manufactured fentanyl. This undeniable fact has eroded confidence in the old UN slogan "A drug-free world – we can do it". Adapting to reality, Europe, the Americas and Africa are slowly but steadily abandoning "drug-free" language.

Research is also shifting public opinion to a more objective outlook. In 1973, only 16% of Americans favoured cannabis legalization. As of 2021, 18 states have legalized cannabis for non-medical use, 91% of U.S. adults believe that cannabis should be legal for medical or non-medical use, and 60% believe cannabis should be legal for both medical and non-medical use, a dramatic reversal of opinion. Following in the footsteps of Uruguay, Canada and a growing number of U.S. states, cannabis policy is on the move across the Americas and the Caribbean, and breakthroughs in reform are imminent in Europe as well.

The reforms of the last decade are a promising but fragile development. International drug law remains a barrier to building a future with humane and rational drug policy.

The current drug control strategy, solidified by international consensus sixty years ago, is in desperate need of a new paradigm grounded in evidence, justice and human rights. We outline in Part III how such a paradigm can be put into practice.

COVID-19 and harm reduction: challenge or opportunity?

The COVID-19 pandemic has highlighted massive disparities in the delivery of harm reduction services around the world, and directly affected health and right to health of millions of people dependent on drugs. During the first phase of the pandemic, lockdowns disrupted drug trafficking and the illegal market, hindered the delivery of harm reduction services, brought lower quality drugs onto the illegal market and took an economic toll on consumers. The response by countries varied. According to Harm Reduction International, 47 countries considered people dependent on drugs vulnerable to the virus and home-delivered substitution treatments. In the Middle East, by contrast, harm reduction services closed or ran on shorter hours. In some countries, organizations that represent people who use drugs played a key role in supporting people dependent on drugs and delivering harm reduction services.

As the COVID-19-related economic crisis spreads around the world, the Global Commission fears significant budgetary displacements, in the coming years, that may leave life-saving harm reduction services behind. The Commission firmly calls for health system strengthening strategies to include harm reduction as a pillar, and on authorities to implement their national responses to problematic drug use by providing at-scale services for people who need them.



Volunteers from the Andrey Rylkov Foundation distribute free needles and condoms to more than 3500 people in Moscow. The Foundation is one of the only grassroots organizations that provide such services in the Russian Federation, the country with one of the world's largest population of people who inject drugs. Photography © Max Adveev

Across the world, reforms are taking hold

While drug policy reforms were limited and scattered over the last decade, countries on every continent have significantly advanced their drug policy debates and overhauled policy:



In 2013, **Uruguay** was the first country in the world to legalize the recreational adult use of cannabis for its citizens and residents. In 2017, **Canada** allowed its citizens and residents to acquire quality-controlled products through legal supply chains. The country has developed large harm reduction services to tackle the acute opioid-related overdose crisis, providing emergency funding and policy support to recovery at different governance levels. In 2015, **Mexico** adopted regulatory changes to its prescription and dispensing of opioid analgesics, allowing physicians to use electronic prescription systems for opioid medicines and making it mandatory for medical schools to include palliative care in their curricula. The same year, **Jamaica** introduced a decriminalization model of cannabis use, diverting consuming populations from the criminal justice system.



In 2019, **Thailand** was the first country in the region to legalize medical uses of cannabis. In 2020, **Malaysia** reviewed its death penalty sentencing guidelines, allowing judges more discretion and lifting the mandatory nature of the sentence in case of serious crimes, including those related to illegal drugs.



In 2019, **New Zealand** introduced a decriminalization model allowing law enforcement discretion towards personal drug use and possession. In 2021, the country introduced drug checking in festivals and party milieus. The New Zealand population narrowly rejected a model of adult cannabis legalization by referendum in 2020.

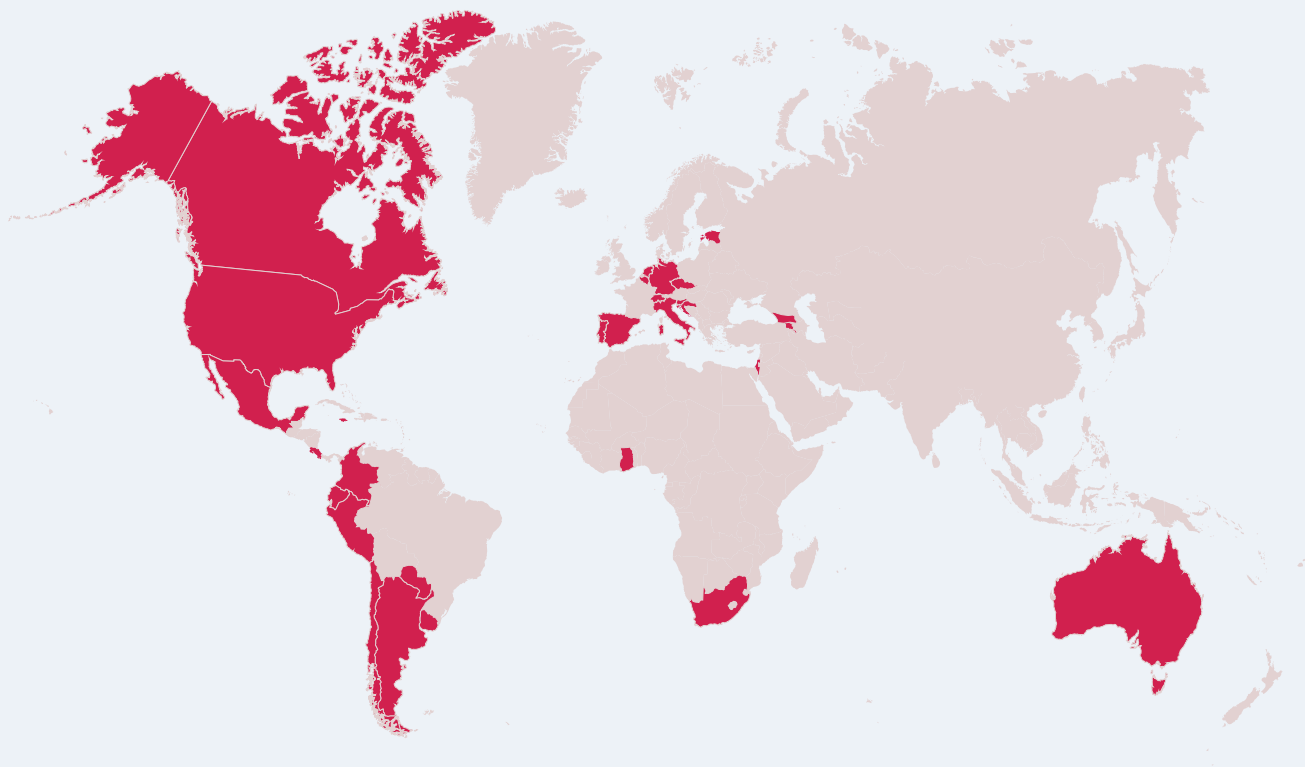


In 2017, **Tunisia** allowed judges discretion in cannabis-related cases, releasing them from having to hand down a mandatory one-year imprisonment sentence. In **South Africa**, the Supreme Court legalized cannabis consumption in the private sphere in 2018. In 2020, **Ghana** introduced the first decriminalization model for drug use and possession in Africa, allowing the judiciary to lift criminal sanctions on consumers for occasional use.

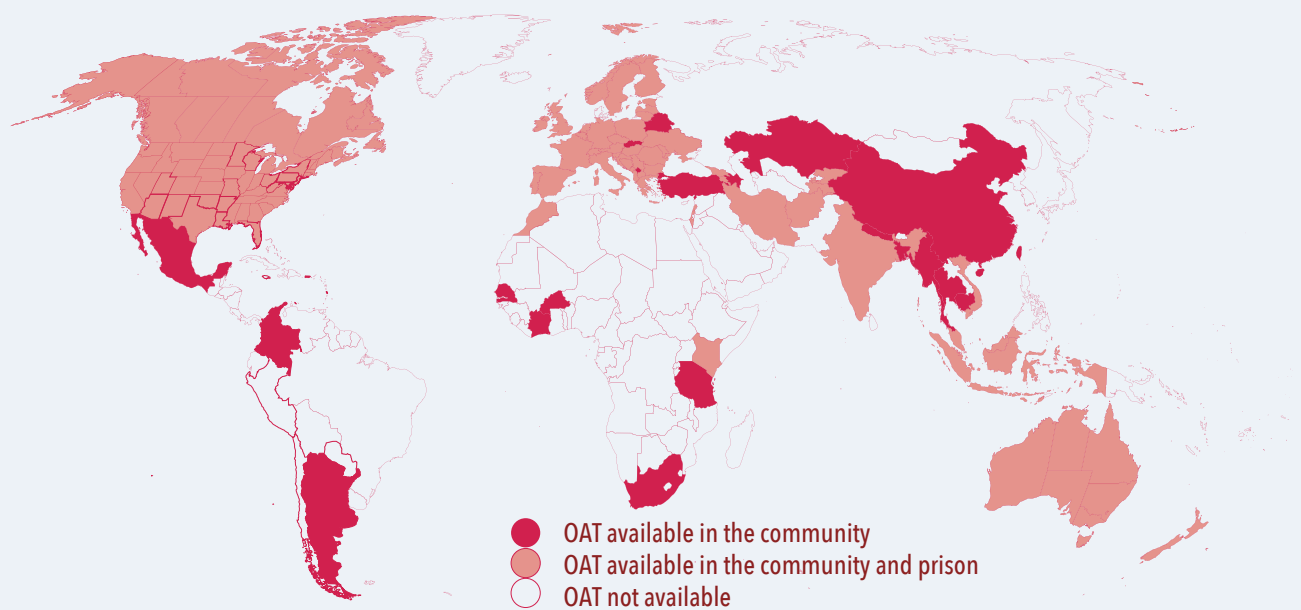


In 2020, **the Netherlands** introduced legal production of cannabis as an experimental pilot project in ten cities. In 2021, **Luxembourg** announced legalization of adult cannabis use and cultivation within home settings, while **Switzerland** adopted a framework introducing pilot projects of cannabis legalization for adult recreational use. Several European countries have adopted drug checking services, which reduce harm to users by allowing them to find out the content and purity of substances they intend to consume.

Countries across the world that have adopted some form of drug use decriminalization



Global availability of Opioid Agonist Therapy (OAT) in prisons and in communities



Source: Harm Reduction International, 2020



Opening of the Second Session of UN Commission on Narcotic Drugs, Lake Success, New York, 1947.
© UN Photo

RECIPE FOR FAILURE: THE INTERNATIONAL DRUG CONTROL FRAMEWORK

In 1961, member states of the United Nations convened in New York to agree on the Single Convention on Narcotic Drugs. They wanted to recognize that “narcotic drugs” are indispensable to relieve pain and suffering, and therefore must be made available for medical use, but also declared that what they considered problematic drug use “constitutes a serious evil for the individual and is fraught with social and economic danger to mankind.” The goal of the UN convention was thus two-fold: to ensure access to controlled substances for medical purposes around the world while rendering any other access illegal, and establish a repressive system through prohibition and criminal law.

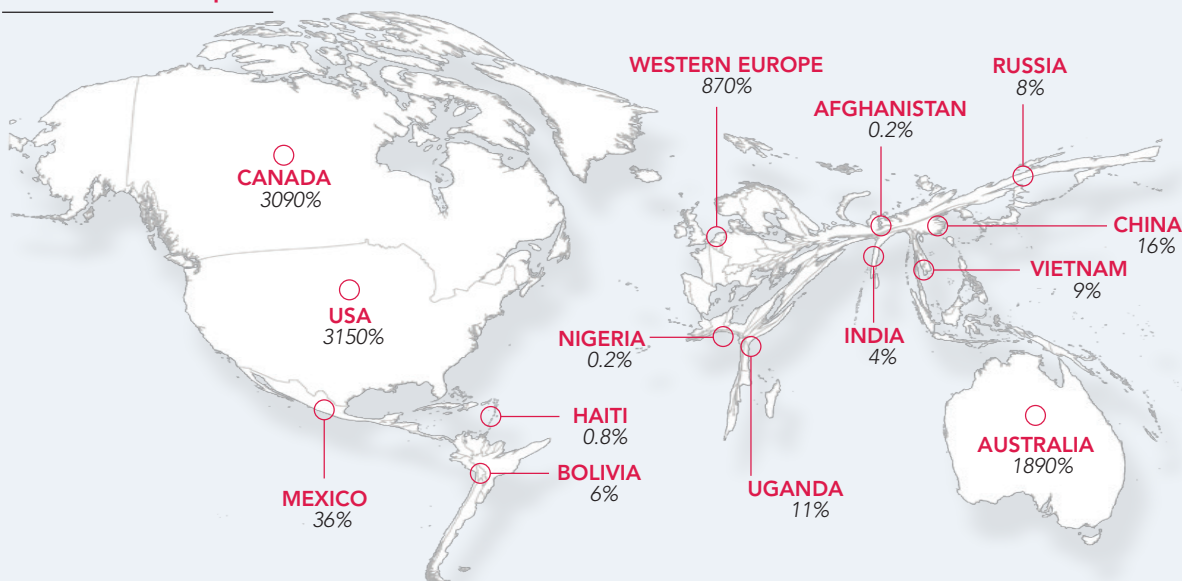
Ten years later, President Richard Nixon of the United States officially launched the “war on drugs,” declaring an “all-out, global war on the drug menace”, pledging to “fight it with all of the resources at our command.”

The 1961 Convention, complemented by the 1971 and 1988 conventions, is still in place, and the evidence is unequivocal: the international approach to controlling drugs has failed to achieve either of its foundational objectives. Despite decades of costly drug enforcement, the supply and production of illegal drugs continues to flourish, as does the number of people who use drugs around the world. Meanwhile, much of the world still has little to no access to essential controlled medicines. The deep roots of oppressive social control still pervade the international drug control regime.

The laudable goal of ensuring humankind’s access to pain relief quickly took a back seat to an emphasis on criminal law enforcement and interdiction, setting decades of military adventurism into motion.

In the context of access to essential controlled medicines, recognition has grown that both legal supply and demand must be increased to ensure that all people have access to health care services and humane treatment. However, more than 80% of the world’s population, mostly living in low- and middle-income countries, still lack access to controlled drugs for pain relief, anesthesia, drug dependence, maternal health, mental health, neurology, respiratory distress and palliative care. “The amount of morphine available per person and per country is still infinitesimally small to non-existent in many developing countries, particularly in South Asia and in Africa”, according to the 2020 World Drug Report. Strict international controls have left millions of people around the world suffering with untreated pain.

Global access to pain relief (estimated % of need that is met)



Source: Knaut, F., Bhadelia, A., Rodriguez, N., Arreaola-Ornelas, H., Zimmermann, C. "The Lancet Commission on Palliative Care and Pain Relief — findings, recommendations, and future directions", The Lancet, March 2018.

The international community likes to repeat the mantra that the UN conventions are the cornerstones of drug control. But this normative framework and the institutional architecture it established lead to ineffective and harmful drug control and pose major obstacles to fundamental drug policy changes.

Over the past decade, strides have been made in changing the narrative on drugs and incremental steps have been taken to place health, human rights and development considerations more prominently on the UN drugs policy agenda. This has resulted in slowly overcoming the compartmentalized approach to drug control and challenging the dominant role of the UN drug institutions in this complex policy issue. This has happened both at the UN member states level through the negotiated outcome of the UN General Assembly Special Session in 2016 and within the UN system itself – the secretariat, agencies, funds and programmes – through the adoption by the UN Chief Executive Board of the Common Position on Drugs. Nevertheless, because of entrenched bureaucratic interests and the consensus-driven nature of diplomatic negotiations, these changes faced considerable resistance and are not much implemented in practice.

As the long and needlessly fractious debate to allow cannabis' medical use has recently shown, an organized bloc of countries at the United Nations resists any change to drug laws. Some of these countries, especially in Eastern Europe, Asia and the Middle East, have long been marginalized within the international drug control system, which was built at times of decolonization or reconstruction. Today, the roles have flipped: these countries fiercely defend the "integrity of the treaty system" and oppose meaningful drug policy reform, when countries who originally sponsored it increasingly consider it as a straitjacket they no longer care to wear.

International law does not allow for any non-medical or non-scientific uses of scheduled drugs. Meanwhile, those countries that organize a regulated cannabis market for non-medical use (Canada, Uruguay and 18 U.S. States) or are considering doing so (Mexico, the Netherlands, Luxembourg and Switzerland) are seen to be in direct conflict with their international obligations. International law thus creates an obstacle for countries that wish to try their own domestic drug policy reforms, and who do not want to create a precedent of being in default of their international obligations or of eroding international consensus, which is pivotal in every other field.

International law governing access to essential controlled medicines

The World Health organization included 12 medicines that contain internationally controlled substances in its *Model List of Essential Medicines*. These medicines should be available to anyone who needs them, since states have a commitment to ensure controlled medicines are made available under international drug control law and international human rights law.

Though several others factors impose barriers to access, including weak healthcare systems, pricing and a lack of training of clinicians, the international drug control regime is mainly responsible for perpetuating the continual undersupply of controlled medicines. This scarcity is due to the prioritization, by governments and UN bodies alike, of preventing the diversion of controlled substances for illegal purposes over ensuring access for medical and scientific needs.

The opioid-driven overdose crisis in the United States has shown the perverse effects of lax regulation of access to controlled substances. With its call to modernize the international normative framework, the Global Commission recommends a complete transfer of the access to controlled medicines to health authorities *while safeguarding the continuity of both supply and control*. Such a reform has the potential, by separating the processes of medical and non-medical uses at the technical and political levels, to address the chronic shortages of controlled medicines in low- and middle-income countries and help reduce the overconsumption of prescribed drugs in high-income countries.

By consuming illegal drugs, an estimated 270 million people breach international law every year. Hundreds of thousands of others produce plant-based or synthetic drugs at small or large scale, in cities or in rural areas, from high-income to low-income countries. Massive defiance of the law erodes fundamental adherence to the rule of law. When laws are ignored on such a scale in any jurisdiction, they are usually reviewed and modernized. But when it comes to drug laws, their inability to adapt to societal needs is ignored and, if anything, they are enforced with additional zeal through even more repression, thereby causing more harm while feeding the cycle of defiance.

Entrenched problems such as the lack of political leadership and conflicting views between member states at the United Nations will not be resolved any time soon, but recognizing the untenable contradictions at play is a first step toward a resolution. True reform will not arrive until the outmoded drug conventions are modernized by being rebuilt from scratch.

Reform scenarios and leadership

During the Americas Summit in Cartagena, Colombia, in 2012, then President and current Global Commissioner Juan Manuel Santos provided the first political space at head of state level to debate the negative consequences of the “war on drugs” in the Americas.

One of the main successes of the summit was the commissioning of a study on the consequences of current repressive policies, and the recommending of new approaches to drug policy. In 2013, the Organization of American States published its report *Scenarios for the Drugs Problem in the Americas 2013-2025*.

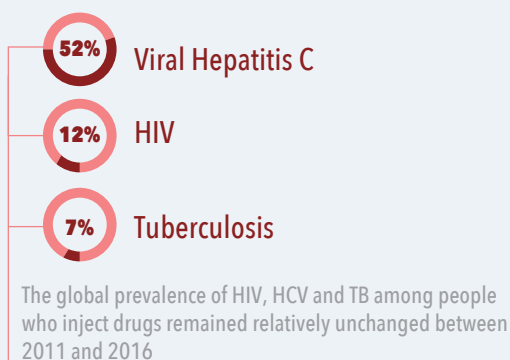
The report included future scenarios for global drug policy, including one where an individual state challenges the existing drug control system and ultimately forces the issue of treaty reform to be discussed at the 2016 UN General Assembly Special Session on drugs.

The scenario foresaw a group of like-minded states coalescing in the post-2016 period and producing a “Modernizing Drug Control” proposal. The proposal would call for greater flexibility for individual states to explore regulatory alternatives to prohibition, while preserving key elements of the existing framework on drug production, trade and access to essential medicines. The pressure generated by this reform grouping on the existing system ultimately results in the prohibitionist block giving way, and the emergence of a new, more flexible single convention on drugs, replacing the existing three conventions.

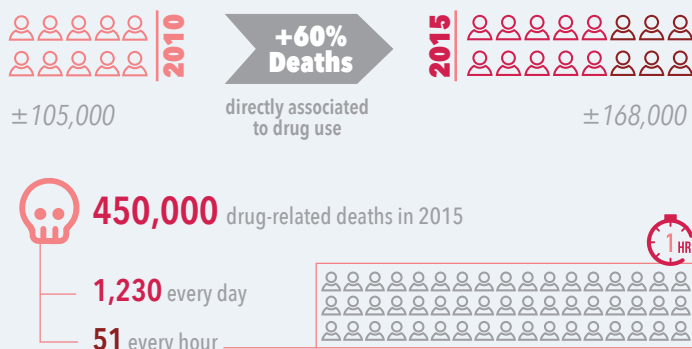
The scenario included the emergence of a legally regulated market. It argued that, “assuming well-functioning regulatory structures, legalization could reduce many of the negative consequences with which society is most concerned, including violence, corruption, and public disorder surrounding drug distribution; the transmission of blood-borne diseases associated with shared needles; and the incarceration of hundreds of thousands of low-level drug offenders.”

Regrettably, at the UN General Assembly Special Session 2016 the international community decided to ignore the challenges to the international norms of drug control, and reconfirmed the three drug conventions as the “cornerstone” of international drug policy. UN member states did not suggest modernizing drug control, and New Zealand was the only country supporting novel policies and exploration of legal regulation in its statement to the UN General Assembly.

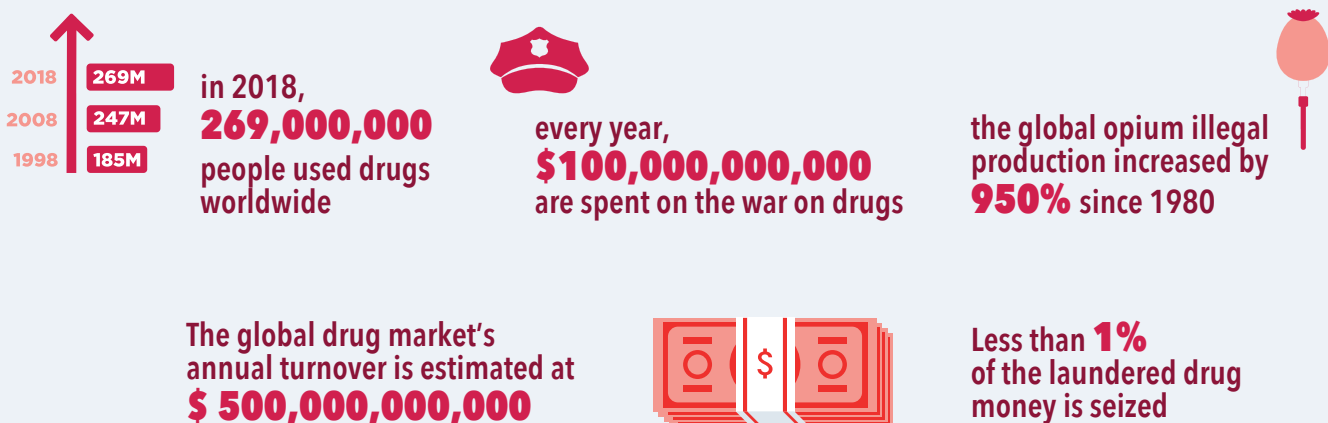
Injecting drug-related health risks



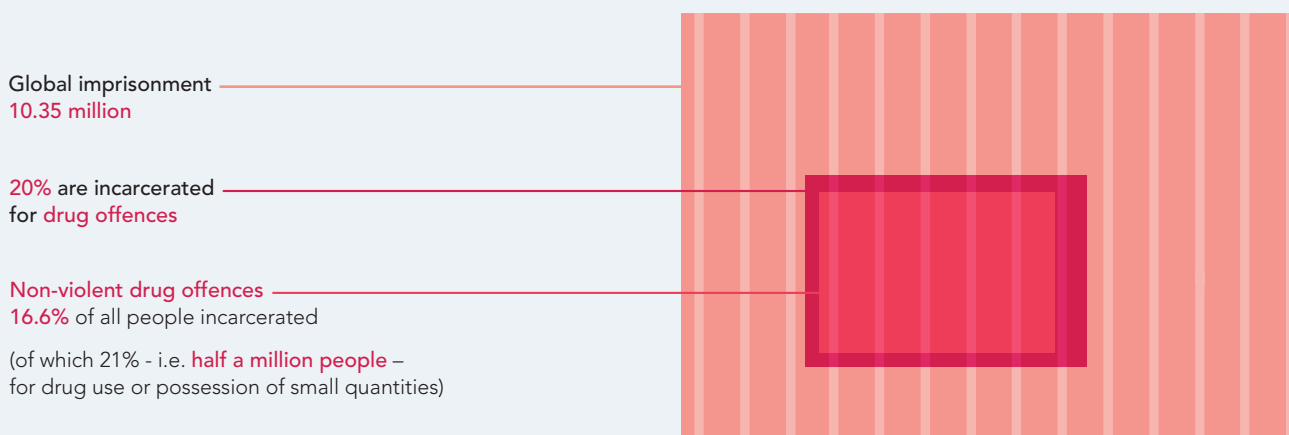
Drug-related deaths



Global state of the war on drugs

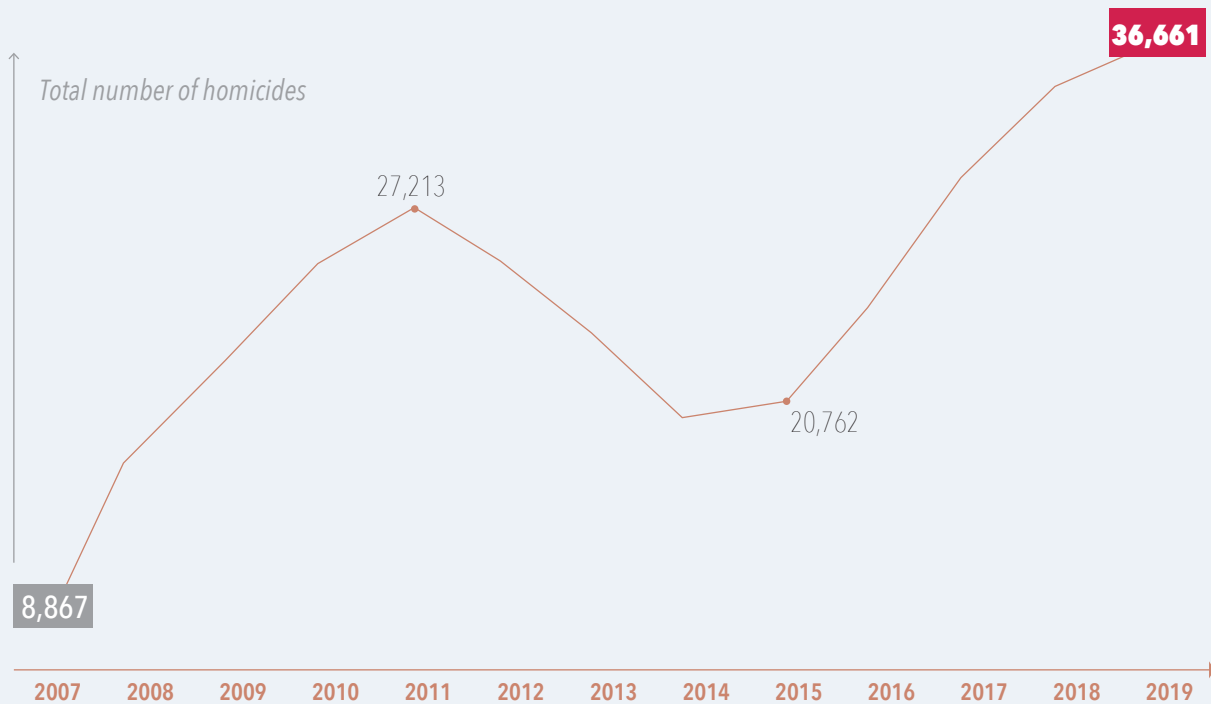


Drug offences and imprisonment



Source: Penal Reform International, Global Prison Trends 2018, and IDPC, Taking Stock: A decade of drug policy

Drug-war related violence drives Mexico murders to record high



Source: Instituto Nacional de Estadística y Geografía

Security, violence and drug policy: an intrinsic link

In 2008, the United Nations recognized that the international drug control regime was resulting in massive negative consequences, which it addressed as “unintended”. The first is the existence of the illegal drug market, controlled and managed by criminal organizations that depend on violence to define territories, counter law enforcement activity, enforce loyalty and punish betrayal. Such violence is exacerbated by policy and budgetary displacement, through which governments focus their drug control resources and interventions on law enforcement and repression.

Drug control policy has an annual cost of USD 100 billion, concentrated on law enforcement and militarization of the response to drug trafficking. The illegal market itself is estimated at USD 500 billion, controlled by transnational organized crime, outside of any financial control. Over 50 years of prohibition and enormous efforts to eradicate drug production, use and trafficking have not only failed utterly, they have created major security problems and fed violence in urban areas. Of the 50 most violent cities in the world, 42 are in Central and South America, along the cocaine trafficking route towards the United States.



Imitating her parents, a girl pours coca leaves into 50-pound sacks in La Paz, Bolivia. Once filled at ADEPCOCA (Association of Coca Leaf Farmers), the sacks are distributed at several markets around the city. The leaves are sold by the pound to consumers who chew on the leaf or manufacture products like wine, cookies, bread and medicines.
© Carlos Villalon

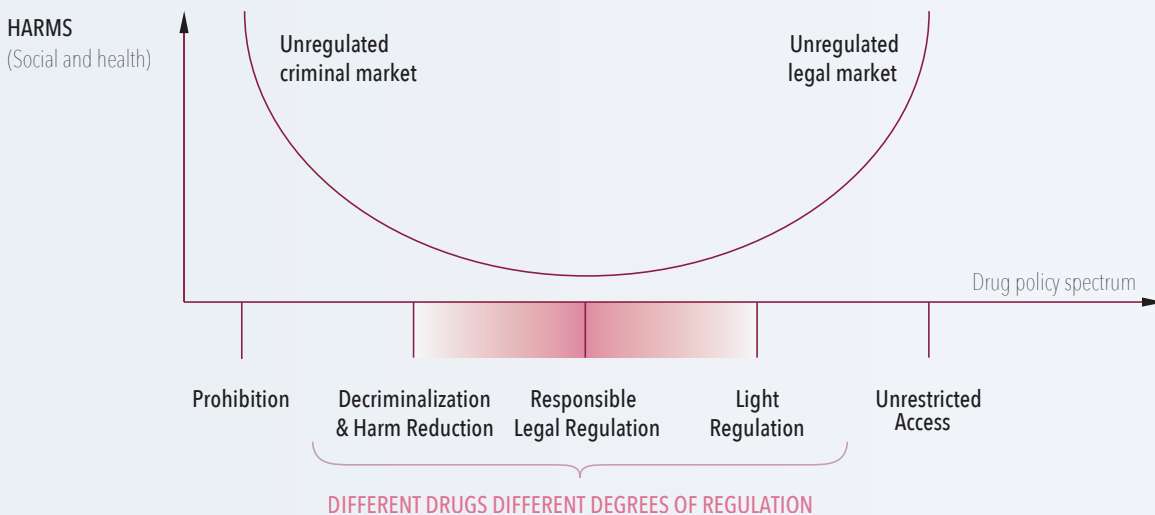
RECIPE FOR SUCCESS: A NEW DECADE TO DISMANTLE PROHIBITION

Legal regulation of all drugs is the ultimate goal that the Global Commission is pursuing, building on recent progress in harm reduction, treatment of drug dependence, access to controlled medicines, and decriminalization models.

The Global Commission argues that options for legal regulation should be explored for all psychoactive substances. Regulation means not only protecting the health and safety of the end-consumer, but also creating a supply chain with strict controls for potency, quality and access. Regulation ultimately requires the boldness to build a world that does not yet exist.

In its 2018 report *Regulation: The Responsible Control of Drugs*, the Global Commission proposed a regulation model – a system of rules for governing the production, supply and use of drugs: “Regulation brings state control into a market sphere where there was none. It establishes a clearly defined role for enforcement agencies in policing compliance in any new regulatory framework.”

Regulation reduces harm to health and societies



In terms of crime and public health, international prohibition leaves drug markets occupying the worst of both worlds: organized criminal groups reap all the profits, while consumers are left navigating criminalized and stigmatized markets where they risk purchasing impure, adulterated substances that can cause serious health consequences.

The cannabis precedent has opened the door to other models of regulation.

In November 2020, Oregon became the first U.S. state to decriminalize the consumption of all drugs and the first jurisdiction in the world to lay out plans for regulating the use of psilocybin, the psychoactive compound in “magic mushrooms”, in certified therapeutic settings. As psychedelic drugs undergo rigorous research trials, debates about their regulation will continue to grow louder. The international community can either remain a roadblock to innovative policy reform or take a bold stance to promote health and well-being.

Many contentious questions about regulating psychoactive substances can be answered by looking at existing legal markets for cannabis and for mild herbal stimulants, like the coca leaf, kratom and khat.

The same balance of risks applied to legal, pharmaceutical “medicine” must also be applied to “drugs.” This arbitrary binary distinction between “drugs” and “medicine”, and between chasing an illegal high and relieving painful suffering, has been a fatal flaw of international drug law since its inception 60 years ago.

It is irrational to prohibit most substances outright and leave others, like the coca leaf, in a legal twilight zone, where under international law it is still controlled as strictly as cocaine. As exemptions and regulated markets become more numerous around the world, laws that regulate international trade must adapt to the new reality.

Nowhere is this fact clearer than in the contemporary psychedelic drug renaissance. A wave of scientific research has examined the potential therapeutic uses of psilocybin (magic mushrooms), DMT (dimethyltryptamine) and MDMA to treat trauma, depression and other mental health disorders.

One of the most complex challenges of the next decade identified by the Global Commission is the influence of for-profit interests in emerging legal drug markets. How can drug markets be legally regulated without promoting consumption, which can undermine public health and prevention efforts? And how can new markets ensure that small actors dependent on the illegal drug economy today are brought along in the transition, instead of losing their livelihood and falling into extreme poverty or being pushed underground to other criminal activities in order to survive?

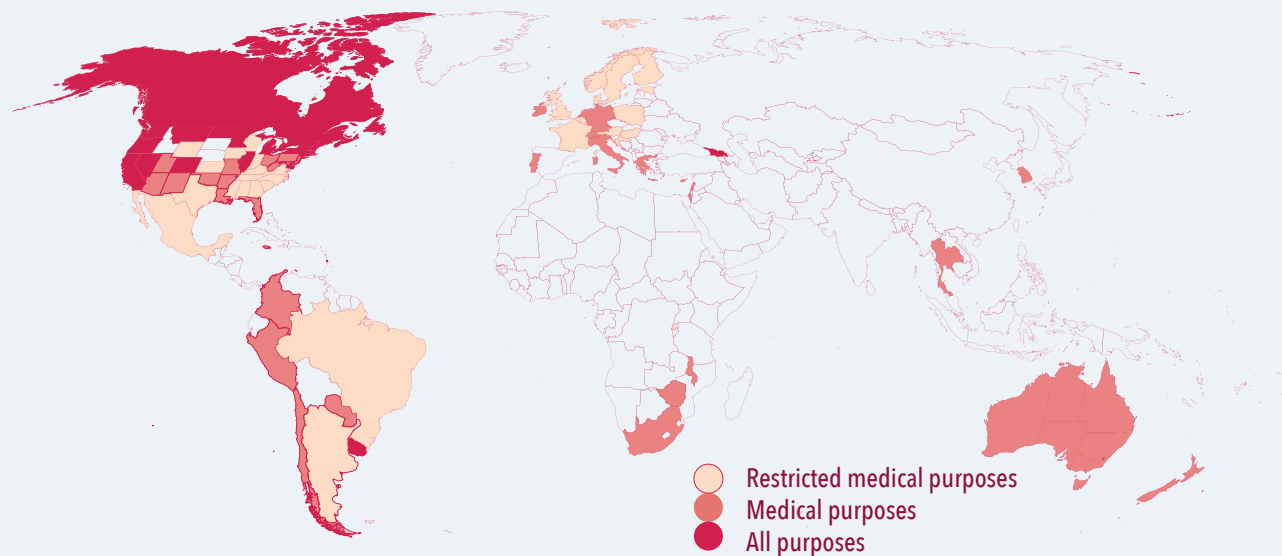
Unlike the early days of alcohol and tobacco, responsible regulation places restrictions on advertising, age limits for use, and type and contents of products. Such policies are becoming the norm in the majority of cannabis regulating jurisdictions.

An equally important concern is the exclusion of people and communities previously supplying the illegal market. For-profit cannabis companies from high-income countries are aggressively competing to capture the multibillion-dollar global cannabis market. To protect small-scale farmers within the current overheated and corporate-driven market, governments in low- and middle-income countries need to reform drug laws to offer their citizens a better framework within which to defend their interests. These need to include the protection of traditional farming and historical strains, and well-designed legislation and market strategies.

The inclusion of cannabis in the strictest 1961 drug schedules was done without proper scientific assessment and was heavily influenced by prejudices against non-Western cultural usages. The task ahead is to apply lessons learned from a history of colonialism and stigma as new markets are being designed that protect health, safety and autonomy.

The foundations of today’s international drug policy consensus are showing cracks and vulnerabilities. Though drug laws appeared to be written in stone, the last decade has exposed the system’s inherent weaknesses and imperfections. Winning the next decade will require new drug narratives that have the power to shatter an era of racism, stigma, and pseudoscience. The world we envisage does not yet exist, but a global reform movement is laying the first bricks of a new structure built on health, security and human rights.

Cannabis regulation around the world in 2020



Source: David Bewley-Taylor, Martin Jelsma and Sylvia Kay, “Cannabis Regulation and Development: Fair(er) Trade Options for Emerging Legal Markets”, *International Development Policy | Revue internationale de politique de développement* [Online], 2020 | 12, Online since 12 October 2020, connection on 07 May 2021.

Ongoing debate on MDMA regulation in the Netherlands

The increasing criminalization of MDMA – also known as ecstasy or molly – despite the drug’s low risk of harm and dependence caused a debate to erupt in the Netherlands over government policy towards the drug. In response, an expert panel examined various policy models for regulating MDMA. The interdisciplinary team concluded that regulating sales would protect people’s health, decrease organized crime and environmental damage, improve the quality of MDMA products and provide more opportunities for educating drug consumers. While the prevalence of MDMA use could initially increase, the authors note that improved consumer health, in conjunction with reduced organized crime, would appeal to a broad political coalition. There would also be direct and indirect financial gains, not only through sales but also from reduced costs in health care, less environmental pollution and lower expenses in drug enforcement.

The Netherlands’ proposed regulations for MDMA carry international implications. Because MDMA became a Schedule I controlled substance under the UN conventions in 1986, the Netherlands’ MDMA model includes the “inter se” option to modify international treaties under Article 41 of the 1969 Vienna Convention on the Law of Treaties. In the absence of a consensus on regulating MDMA sales, a group of two or more like-minded states could reach agreement among themselves that permit the production and trade of such scheduled substances, allowing for stricter control and safer use.

RECOMMENDATIONS

In the coming decade, the movement to end repressive drug policies must challenge entrenched “tough on crime” agendas on the world stage. Now is the time to offer a compelling alternative roadmap that materially improves people’s lives while preventing drug-related violence and organized crime.

A new international drug control strategy is needed that allows national and local governments to test drug regulation models that protect the health and safety of citizens and diminishes the power, profits and violent reign of transnational criminal networks.

Success in the coming decade will hinge on the extent to which the global reform movement can organize and unite behind a positive agenda that delivers a healthy, sustainable future with economic opportunities for all. The organizing principles of the global reform agenda include:

- decriminalizing drug use and possession for personal use,
- ensuring access to essential controlled medicines,
- investing in prevention of drug use,
- providing non-compulsory accessible treatments and harm reduction services,
- implementing alternatives to incarceration for small-scale nonviolent actors of the illegal market, and
- moving towards full regulation of all drug markets fairly protecting the marginalized and vulnerable.

To deliver a drug policy fit for the 21st century, we urgently and strongly call on governments to:

1

Promote national legal frameworks and practices in accordance with human rights norms

a Put people’s health and safety first

Ensure full access to harm reduction services, drug dependence treatment, and controlled essential medicines for pain relief and palliative care by providing sufficient resources in national budgets and international development aid. Invest in research on innovative harm reduction models for stimulants and new psychoactive substances.

b Put human dignity and the rule of law first

Decriminalize drug use and possession for personal use, end police violence and harassment and ensure fair process and proportionality of sentences, including the abolition of the death penalty.

c **Enhance inclusion, equity and non-discrimination in policies** by involving all concerned stakeholders in policymaking, including people who use drugs and small-scale actors dependent on the illegal drugs economy.

2

Mandate the World Health Organization to ensure adequate access to essential controlled medicines and scientific assessment of substances

Transfer the mandate of the International Narcotics Control Board – including ensuring supply of and access to essential controlled medicines, non-diversion towards non-medical uses, chemicals control and the estimate systems – from the UN Office of Drugs and Crime to the World Health Organization. Such a reform should be complemented by the transfer of scheduling decisions to the World Health Assembly, based on scientific assessment of the therapeutic evidence of substances by the WHO Expert Committee on Drug Dependence.

3

Move towards a new international drug control framework based on evidence and the latest UN recommendations

UN member states that are implementing new approaches to drug control and that are moving beyond the international conventions should form a coalition to open a robust and evidence-based debate about reforming the international drug control framework.

4

Regulate all drugs

Drugs that are currently prohibited should be regulated. The process to achieve regulation of drugs should be cautious, incremental and evidence-based that protects and promotes human rights, public health, sustainable development, peace and security. The process should engage civil society and communities, including people who use drugs, youth, cultivators and small-scale actors in the illegal market. Particular attention should be paid to the tensions between public health and commercial interests.

Trends in the areas of the Global Commission's five pathways

Pathway 1: Put people's health and safety first

Despite increased awareness of the efficiency of harm reduction and wider endorsement of some services such as drug checking, progress made is fragile and harm reduction remains largely underfunded.

Pathway 2: Ensure access to controlled medicines

The issue has gained in visibility at the UNGASS 2016 Outcome Document, reiterated in 2019 at the CND Ministerial Declaration, and with a more active WHO's Expert Committee on Drug Dependence (ECDD). That said, almost no progress has been made to ensuring access to essential controlled medicines for the 5 billion people living in countries with little or no access to palliative care or pain relief. In addition, at least eight countries continue to ban methadone and buprenorphine.

Pathway 3: End criminalization and incarceration of people who use drugs

In 2019, the United Nations Common Position on Drugs endorsed the decriminalization of drug use. Over 26 jurisdictions in 9 countries have adopted a decriminalization model.

Pathway 4: Refocus enforcement on organized crime

There is increasing recognition that drug law enforcement targeting people who use drugs and low-scale actors of the drug market exacerbates violence and fuels organized crime activities.

Pathway 5: Regulate all drugs

The United Nations has recognized the medicinal values of cannabis. In addition, more countries have adopted cannabis regulation schemes for both medicinal and recreational use.

Additional readings

- The Single Convention on Narcotic Drugs, 1961, as amended by the 1972 Protocol; the Convention on Psychotropic Substances, 1971, and the Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988.
- United Nations Office of the High Commissioner for Human Rights (2015), Study on the impact of the world drug problem on the enjoyment of human rights, Human Rights Council, Thirtieth session, 4 September 2015, A/HRC/30/65.
- United Nations Development Programme et al. (2019), International Guidelines on Human Rights and Drug Policy, ICHRDP/UNDP/OHCHR/UNAIDS/WHO, March 2019. <https://www.humanrights-drugpolicy.org/>
- United Nations (2019), United Nations System Coordination Task Team on the Implementation of the UN System Common Position on drug-related matters, What we have learned over the last ten years: A summary of knowledge acquired and produced by the UN system on drug-related matters, E /CN.7/2019/CRP.10, March 2019.
- International Drug Policy Consortium (2018), Taking stock: A decade of drug policy— A civil society shadow report, IDPC.
- United Nations Office on Drugs and Crime (2020), World Drug Report 2020
- Harm Reduction International (2020), The Global State of Harm Reduction 2020. <https://www.hri.global/global-state-of-harm-reduction-2020>
- Berterame S., et al. (2016), Use of and barriers to access to opioid analgesics: a worldwide, regional, and national study. *Lancet*. 2016 Apr 16;387(10028):1644-56.
- United Nations (2019), Ministerial declaration on strengthening our actions at the national, regional and international levels to accelerate the implementation of our joint commitments to address and counter the world drug problem. Vienna: Commission on Narcotic Drugs.
- United Nations (2016), Our joint commitment to effectively addressing and countering the world drug problem, Outcome Document of the 2016 United Nations General Assembly Special Session on the World Drug Problem. New York: United Nations General Assembly.
- Human Rights Council (2020), Situation of human rights in the Philippines, Report of the United Nations High Commissioner for Human Rights, A/HRC/44/22, 29 June 2020.
- Human Rights Council (2013), Report of the Special Rapporteur on violence against women, its causes and consequences, Rashida Manjoo, Pathways to, conditions and consequences of incarceration for women, 21 August 2013, A/68/340, paragraphs 23-27.
- Jan van Amsterdam et al. (2020), Developing a new national MDMA policy: Results of a multidecision multi-criterion decision analysis (MD-MCDA), *Journal of Psychopharmacology*, preprint November 2020. <https://doi.org/10.31219/osf.io/txy5z>
- Martin Jelsma, Sylvia Kay and David Bewley-Taylor (2019), Fair(er) Trade Options for the Cannabis Market, Cannabis Innovate, Policy Report 1, March 2019. <https://www.tni.org/en/publication/fairer-trade-cannabis>
- Paul Kenny (2019), Populism and the War on Drugs in Southeast Asia, *Brown Journal of World Affairs*, 25(2), 2019, pp. 121– 136.
- Health Poverty Action (2021) Legal regulation of drugs through a social justice lens.
- Harm Reduction Consortium (2021) The -Global Drug Policy Index

PUBLICATIONS BY THE GLOBAL COMMISSION

www.globalcommissionondrugs.org/reports/

War on Drugs (2011)

The War on Drugs and HIV/AIDS: How the Criminalization of Drug Use Fuels the Global Pandemic (2012)

The Negative Impact of the War on Drugs on Public Health : The Hidden Hepatitis C Epidemic (2013)

Taking Control: Pathways to Drug Policies That Work (2014)

The Negative Impact of Drug Control on Public Health : The Global Crisis of Avoidable Pain (2015)

Advancing Drug Policy Reform : a New Approach to Decriminalization (2016)

The World Drug Perception Problem: Countering Prejudices against People Who Use Drugs (2017)

Regulation: the Responsible Control of Drugs (2018)

Classification of Psychoactive Substances: When Science Was Left Behind (2019)

Enforcement of Drug Laws: Refocusing on Organized Crime Elites (2020)

POSTION PAPERS

www.globalcommissionondrugs.org/position-papers/

The Opioid Crisis in North America (October 2017)

Drug Policy and the Sustainable Development Agenda (September 2018)

Drug Policy and Deprivation of Liberty (May 2019)

Drug Policy and City Government (June 2021)

ADDITIONAL RESOURCES

www.au.int/en/sa/dswdc

www.anyoneschild.org

www.cicad.oas.org

www.drugpolicy.org

www.emcdda.europa.eu

www.fast-trackcities.org/

www.hri.global

www.hrw.org

www.idhdp.com

www.idpc.net

www.inpud.net

www.incb.org

www.institutoria.org

www.menahra.org

www.ohchr.org

www.sdglab.ch

www.talkingdrugs.org

www.tdpf.org.uk

www.unaids.org/en/topic/key-populations

www.unodc.org

www.wola.org/program/drug_policy

www.wacommissionondrugs.org

www.who.int/topics/substance_abuse/en/

REPORT 2021

ACKNOWLEDGEMENTS

Technical Coordination

Martin Jelsma
Khalid Tinasti
Zachary Siegel

Expert Review Panel

Judy Chang	Ethan Nadelmann
Joanne Csete	Isidore Obot
Tom Decorte	Luciana Pol
Ann Fordham	Alison Ritter
Asmin Fransiska	Heino Stöver
Alejandro Gaviria	Johan Strijdom
Vicky Hanson	Tripti Tandon
Donald MacPherson	Jasmine Tyler
Sandy Mteirek	Yong-an Zhang

Design

John Abou Elias

Edition

Andrew Johnston

SECRETARIAT

Isabela Carvalho Barbosa
Ramon Sales Moura
Marilena Genco
Ivy Wandia

CONTACT

secretariat@globalcommissionondrugs.org
www.globalcommissionondrugs.org

 [GlobalCommissiononDrugs](#)

 [GlobalCDP](#)

 [Global Commission on Drug Policy](#)



GLOBAL COMMISSION ON DRUG POLICY

GLOBAL COMMISSION ON DRUG POLICY

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

GOALS

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