



Casualties of War

How the War on Drugs is harming the world's poorest

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Casualties of War: How the War on Drugs is harming the world's poorest

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**Health Poverty Action works to
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Drug policy myths

MYTH Strict prohibition reduces drug use.

FACT There has been no significant reduction in global use of illicit drugs since the UN's drug conventions came into force half a century ago. Illicit drugs are now purer, cheaper, and more widely used than ever. A recent report from the UK Home Office highlighted "the lack of any clear correlation between the 'toughness' of an approach and levels of drug use".¹

MYTH International drug policy is set in stone because of the UN conventions on drugs.

FACT Although the three international drug conventions are outdated and in need of review in parts, they do leave room for interpretation. They require governments to make sure their citizens can access essential medicines, allow for the decriminalisation of people who use drugs, and also do not prohibit harm reduction measures.² The conventions have been narrowly interpreted by most governments in way that prioritises the current heavily punitive, law-enforcement-led approach.

MYTH The War on Drugs only affects countries in Asia and Latin America.

FACT Countries around the world are affected by the production, trafficking, and sale of illicit drugs, and there are no simple divisions between 'producer', 'consumer' and 'transit' countries. Drug trafficking has emerged as a major problem in Africa, and production and use are now on the rise, too.

MYTH Drug policy is outside our remit as an NGO, or drug policy only intersects with development in alternative development programmes.

FACT Like climate change or gender, drug policy is a cross-cutting issue that affects most aspects of development work: poverty, human rights, health, democracy, the environment. Current drug policies undermine economic growth and make development work less effective.

MYTH It's too risky to speak up publicly about the War on Drugs – we'll lose supporters.

FACT The debate over drug policy is now mainstream. Around the world, leaders of all persuasions have come out in favour of debating alternative approaches. 84% of the UK public say the War on Drugs cannot be won,³ and more than half favour legalising or decriminalising at least some illicit drugs.⁴ Calls for reform are coming from the former UN Secretary General and other high-profile figures,⁵ and from Nobel Prize-winning economists.⁶ Drug policy reform is no longer a fringe position.

Introduction

Where are the voices of the development community? ... Prohibition is putting money in the pockets of criminals and armed groups. ... Profits from the illegal trade in drugs are not only used to buy guns, they also buy police chiefs and judges. Corruption is off the scale and, as it grows, democratic accountability, the key plank necessary for poor people to access and defend their rights, is progressively eroded ... The families caught up in this nightmare are the victims of an unworkable 'war on drugs'.

Jonathan Glennie, Research Fellow at the Overseas Development Institute and former Country Director for Christian Aid in Colombia, 2010

Since the mid-twentieth century, global drug policy has been dominated by strict prohibition, which tries to force people to stop possessing, using and producing drugs by making them illegal.

This approach, which has come to be known as the 'War on Drugs', has not only failed to achieve its goals – it is fuelling poverty, undermining health, and failing some of the poorest and most marginalised communities worldwide.

Just like tax dodging, climate change and unfair trade rules, current global drug policies undermine global efforts to tackle poverty and inequality.

Yet, unlike with these issues, the development sector has remained largely silent when it comes to drug policy.

If, as international NGOs, we are serious about dealing with the root causes of poverty and not just the symptoms, we cannot afford to ignore drug policy.

It's time we recognised the threat that unreformed global drug policy poses to our attempts to tackle poverty worldwide. The sector can no longer be absent from debates on drug policy reform.

As governments prepare for the post-2015 Sustainable Development Goals and the UN General Assembly's Special Session (UNGASS) on Drugs in 2016, we have a unique opportunity to ensure the rights of the poorest and most marginalised are at the heart of the negotiations. **Let's seize it.**

1. The War on Drugs and development

Imagine a country in the following situation:

Illicit drug production and trafficking are dominating the economy. The illegal nature of the drug trade means that there are huge profits to be made. This has given rise to powerful cartels – powerful enough to heavily influence how the government operates. A third of the members of parliament, the chief of police, and several among the top army brass are said to be on the drug traffickers' payroll, and many others are too intimidated to resist. At the last election, riots broke out when the candidate openly backed by the country's most powerful cartel won. Rumours spread that the vote had been tampered with. Economic development has ground to a halt. Lucrative contracts go to criminal enterprises with ties to the drug trade. Corruption has devastated the government's ability to provide basic services. And as a result, millions are suffering.

All political debate appears to centre on how to deal with the cartels. The international community has provided funding and weapons to help the country wage war against the major drug trafficking organisations. But this is a war it cannot win. The enemy is faster, better funded and almost infinitely adaptable.

Drug-related violence is rife and has claimed thousands of lives. The government has even deployed the army against its own citizens. Because of this "war", a huge chunk of government spending goes towards the army, police, courts and jails. There is neither political space nor sufficient resources for addressing other issues such as health, education and poverty eradication.

While the cartel leaders remain untouchable, the country's poor and ethnic minorities are harassed, arrested and imprisoned. International NGOs try to address the severe levels of rural poverty, but their projects unintentionally spur more poppy and coca cultivation in poor communities. Conflict, corruption, and the sheer amount of money diverted into drug law enforcement by the state has deepened poverty and undermined every prospect for development.

This is not fiction or future speculation, but the situation many countries in the global South face today.

These are not the impacts of the drug trade. These are the impacts of the War on Drugs.

This report explores how this is the case and what the development sector can do about it.

By concentrating on trying to eradicate drug production and consumption through law enforcement and military intervention, the War on Drugs has resulted in:

Disintegrated and accountable states:

Corruption and conflict stemming from current drug policies undermine democracy and make governments unable to adequately provide basic services. States can't function because they're **stuck in a losing war** against cartels.

Lost resources: The global cost of enforcing anti-drug policies is at least **US\$100 billion** a year.⁷ Dealing with the violence, environmental destruction, and health impacts caused by the War on Drugs costs poor countries much more and diverts both resources and attention away from essential services.

Undermined economies: By making poor countries **more unstable** and tying up government funding in the global drug war, current policies sabotage economic growth and worsen inequality.

Inequality: The War on Drugs disproportionately affects the poor, further marginalising vulnerable populations and undermining efforts towards social and economic justice.

Poor health: Current drug policies exacerbate health harms such as HIV⁸ and hepatitis⁹, and have a serious impact on the social and economic determinants of health.

These conditions make it near impossible for states to provide basic services to their citizens at the scale needed to safeguard the poorest and most marginalised communities. Enforcing the War on Drugs has resulted in people being denied their rights and kept poor.

Why should the development community care?

The international debate over illicit drug policy has been heating up in recent years. Among governments and NGOs in the global South, there is a high-profile and growing movement for drug policy reform. However, the development sector in the UK has largely remained quiet.

Drug policy is clearly a development issue. Criminalising small-scale drug producers and people who use drugs creates a cycle of poverty and cuts the poorest and most vulnerable off from access to health care and political rights. The cost of waging war on the illicit drug trade falls unjustly on poor countries, despite the fact that, contrary to public perception, the global North is a major and increasing producer of illicit drugs as well.¹⁰ The annual cost of the War on Drugs almost rivals the world's aid budget. Reallocating even some of this money could make a substantial difference in addressing poverty.

From tax and debt, to gender and HIV/AIDS, the development sector has not shied away from addressing complex, cross-cutting and controversial issues – and has succeeded in bringing about major change. Drug policy needs to be recognised as one of these critical issues if we are serious about dealing with the root causes of poverty, not just the symptoms.

As governments prepare for the UN General Assembly's Special Session (UNGASS) on drugs in 2016, the rights of the poorest and most marginalised should be at the heart of the negotiations.

A call to action

This report is a **call to action** to those of us in the development sector. HIV/AIDS networks and drug policy organisations have already made strong calls for policy reform, especially to ensure greater access to harm reduction measures for those affected by HIV/AIDS.¹¹ The development sector needs to add its voice.

This report demonstrates how current global drug policy affects so many fundamental issues for development, corruption and governance; gender rights; protection of human rights; livelihoods; illicit financial flows; domestic resource mobilisation; effective responses to the spread of communicable diseases such as HIV, hepatitis and tuberculosis; enabling strong health systems and addressing the wider determinants of health; environmental protection – the list goes on. The analysis clearly demonstrates how bad policies in all these areas impact unjustly on the poorest and entrench poverty and poor health for the communities we work alongside. It's time we looked at the role of the War on Drugs in exacerbating, causing and exploiting all these issues, and at what alternatives could support effective and long-term solutions to addressing poverty.

Call to the development sector

1. Talk about drug policy as a development issue.
2. Highlight the impacts of drug policies on poor communities.
3. Advocate for pro-poor drug policies that reduce harm.
4. Ensure that development projects are drug-sensitive.

What the sector should be calling for

1. Genuinely open and informed debate on the future of drug policy at national and international levels
2. Evidence-based, pro-poor policies that reduce harm to people who use drugs, small-scale producers and traffickers, and vulnerable communities
3. Analysis of impacts on poverty, health, and development as a key component of the development and monitoring of any drug policy
4. A role for national health ministries and development agencies in determining drug policy

2. Impacts of drug policy on the world's poorest

Drug policies have serious development impacts – something policymakers often fail to consider. People who use drugs and affected communities in drug-producing countries rarely have real input into the policymaking process, and most governments do not draw connections between their own drug and development policies.

For example, the UK government's 2013 decision to ban the herbal stimulant khat did not include any impact assessments or measures to support the Kenyan khat-producing communities whose livelihoods were affected by the ban, despite the fact that the Department for International Development had ongoing programmes in these areas.¹² As a result of the loss of the UK market for Kenyan khat, the drug has been flooding into Somalia, which has seen a rise in khat use among the country's youth.¹³

Development organisations can help raise the profile of drug policy as a development issue and ensure that the impacts on Southern communities are part of any debate on future policies. Organisations' experience on the ground in drug-producing areas can often provide important evidence of the effects of current drug policy and the potential success or

failure of alternative policies, even if political and security issues mean that sharing this experience must be done carefully. The development sector's voice is crucial in this conversation, as the War on Drugs has exacted a heavy cost on some of the most marginalised people in the global South.

Diversion of funds

Enforcing current anti-drug policies requires huge sums of funding from states, diverting funds and attention away from addressing poverty.

Domestic Resource Mobilisation (DRM) – generating, saving, and productively investing funds from domestic resources – is increasingly recognised as one of the key factors in achieving sustainable development. It provides a sustainable, nationally owned source of long-term funding for social welfare projects, and this funding can be spent according to individual countries' priorities and needs, without the restrictions placed on international aid or investment.

Impacts of the War on Drugs: COLOMBIA

GDP: \$234 billion in 2010

Estimated market value of cocaine production: **\$6.6 billion**

Annual government expenditure on health: **\$16 billion**

Annual government expenditure on defence and security: **\$11.5 billion**
(estimated \$9 billion due to the War on Drugs)

Cost of homicides: **\$1.17 billion**

Cost of environmental destruction: **\$25.5 billion**

Cost of internal displacement: **\$27.5 million**

Estimated cost of the War on Drugs: \$35.7 billion/year

Source: Market value estimated from UNODC cultivation, price (http://www.unodc.org/documents/crop-monitoring/Colombia/Colombia_coca_cultivation_survey_2013.pdf) and export figures (https://www.unodc.org/documents/wdr/WDR_2010/World_Drug_Report_2010_lo-res.pdf). Homicide figure based on UNDP estimates for the region that "excess mortality" costs Latin America 0.5% of GDP (<http://www.undp.org/content/undp/en/home/librarypage/hdr/human-development-report-for-latin-america-2013-2014.html>) and security figures from <http://colombiareports.co/the-price-of-colombias-drug-war/>; environmental damage based on displacement of drug production to intact forested areas (does not include external costs of pollution from fumigation) and uses TEEB process of costing deforestation (http://www.unep.org/pdf/OP_sept/2010/EN/OP-2010-09-EN-ARTICLE6.pdf); displacement costs based on UNHCR figures (<http://www.unhcr.org/4b02ca0e9.pdf>).

We have to take the money out of drugs

Helen Clark, UN Development Programme Administrator

Yet current drug policies cost the state massively. A huge amount of government funding goes towards financing drug law enforcement (including police, courts, and military interventions). At the same time, a strict law enforcement approach to drugs ultimately ensures that the illicit drug trade remains profitable, and that, while the trade may benefit some individuals, it exploits poverty, creates poverty, and weakens the state's ability to address poverty.

As the head of the UN Development Programme, Helen Clark, said in 2013, "To deal with drugs as a one-dimensional, law-and-order issue is to miss the point... We have waves of violent crime sustained by the drug trade, so we have to take the money out of drugs."¹⁴

At a conservative estimate, enforcing anti-drug policies costs at least US\$100 billion a year globally, rivalling the \$130 billion worldwide aid budget. Reforming drug policies could release substantial funds at both the national and international levels to spend on basic services such as education and health. To take one example, the Overseas Development Institute (ODI) estimates that the additional financing needed to meet the proposed Sustainable Development Goal of universal health care is US\$37 billion a year.¹⁵ Furthermore, the estimated resource need for harm reduction globally is just US\$ 2.3 billion per year.¹⁶

It is also important to remember that as extensive as the US\$100 billion spend on enforcement is, it represents only a part of the overall cost of the War on Drugs, in terms of the damage done by these policies to poor and vulnerable communities. This damage is explored further below.

In producing and trafficking countries, the drug trade distorts the local economy. According to the US Agency for International Development (USAID), "inflows of illicit profits may inflate the currency, rendering legitimate exports less competitive" and money-laundering "can contribute to... elevated real estate prices, increasing the costs of business." Drug money also leads to "investment in non-productive sectors, encourag[ing] conspicuous consumption at the expense of long-term development, and exacerbat[ing] unequal income distribution."¹⁷ In other words, while some individuals may benefit from the trade, any "development" that results from illicit flows of drug money is unlikely to decrease poverty, and can actually deepen inequality.

Livelihoods and land rights

Many small-scale farmers grow drugs because they have no real alternatives. Punitive drug policies cut farmers off from access to land, sufficient resources and the infrastructure to transport and sell their products.

More severe, however, is the impact of prohibition on small-scale farmers growing drug crops. These farmers tend to be among the poorest and most marginalised, many growing drugs because their lands are not large or productive enough for them to survive on subsistence or other cash crops: they have no real alternatives. Drug crops can provide a decent income, even in small amounts; they are commonly low-maintenance and non-perishable, so they can be kept until prices are high; and they can be transported to market easily (where they need to be taken to market at all – traffickers are frequently willing to travel to producers).

Contrary to common misconceptions, involvement in drug markets is more often a sign of poverty than wealth. While key players in the illicit drug trade take advantage of poor farmers, strict prohibitionist policies only serve to entrench their poverty.

In Southeast Asia, for example, the Transnational Institute notes that, “The main policy response to drug-related problems... has been aimed at suppressing the drug market... [and has] forced marginalised poppy growing farmers further into poverty.”¹⁸ Drug producers are essentially ghettoised, the illicit nature of their livelihood making it difficult to access the resources and infrastructure they would need to switch to growing legal crops (for example, by making it difficult to get credit legally, and by restricting governments’ ability and willingness to develop drug-producing areas).

The eradication of drug crops further exacerbates the situation: it essentially takes away the livelihoods of poor farmers (who cannot insure their crops against eradication).¹⁹ At the same time, if eradication temporarily reduces overall drug supply, prices rise, meaning that farmers who lose a crop to eradication have a double incentive to continue producing drugs rather than turning to other livelihood activities. (Higher prices for drug crops do not reduce demand or raise prices for consumers abroad, either, because most of a drug’s street price goes to traffickers rather than producers.²⁰) Eradication can also damage the land, reducing farmers’ ability to grow alternative crops, as explored in the section on environmental impacts below. A 2008 UNODC evaluation report found that “there is little proof that the eradications reduce illicit cultivation in the long term as the crops move somewhere else”²¹, and the Transnational Institute stated in 2014: “The eradication and implementation of strict opium bans in the [Southeast Asian] region have failed to produce its intended results: sustainable reductions in cultivation levels. Rather, cultivation levels have doubled since 2006... the risk of eradication is not a central criterion in a household’s decision to grow opium.”²²

Smallholder farmers are crucial to addressing poverty and establishing long-term financial and food security for impoverished communities. To play this pivotal role, farmers need access to land, sufficient resources, and the infrastructure to transport and sell their products. Punitive drug policies cut farmers off from all three.

Alternative development and its pitfalls

Alternative crop or development programmes for small-scale farmers often fail because they are led by security concerns and don’t address development needs.

In some cases, authorities have set up alternative crop or alternative development programmes to help farmers replace drug cultivation with other livelihoods. These programmes have mixed success. Examples from a number of countries show that alternative development approaches that eradicate crops before alternative sources of income are in place, or make their support conditional on reductions in drug production, tend not to reduce drug supplies. In fact, they can deepen the poverty of small farmers, making them more reliant on the drug trade. Such programmes can even create perverse incentives: increased law enforcement raises prices, making drugs more profitable, while producers also know they can receive a guaranteed price for their land from the government if their crops fail.²³

Alternative development programmes also run into other obstacles. One factor driving drug production is the lack of enough productive land for other crops (producing drugs requires less, and less fertile land in order to be economical), an issue that is often linked to land rights²⁴ and land poverty among displaced communities. It can also be difficult to consult with farmers, as many assume that participating in alternative development programmes makes them more vulnerable to arrest or crop eradication. Many donors are reluctant to support projects in drug-producing communities.

While designing effective alternative development programmes is difficult, it has been done. One interesting case study is the Royal Highlands Project in northern Thailand. The project was developed with the active participation of drug-producing communities. It included improved infrastructure, increased government services to the Hmong people, and provisions to safeguard food security. Crop eradication happened in ways that had been negotiated with local people, and only once other

crops were providing a steady income. Small-scale production for personal use was allowed. Most significantly, backing from the Thai monarchy meant that the project could be carried out over the space of decades.²⁵

Alternative development is only truly effective when it is participatory and prioritises improving communities' welfare. A thematic evaluation of alternative development undertaken by UNODC found that "alternative development projects led by security and other non-development concerns were typically not sustainable — and might result in the spread or return of illicit crops or in the materialization of other adverse conditions, including less security."²⁶ It should also be noted that even where alternative development reduces local drug crop production, production usually relocates elsewhere.

Governance and corruption

Cartels use the huge profits from the drug trade to bribe, intimidate, and control governments, police, and judiciaries, leading to corruption and weak governance.

The global illicit drug market is worth US\$320 billion at a conservative estimate, almost 1% of global DP.²⁷ In West Africa alone, the value of the cocaine that passes through each year exceeds the value of annual foreign direct investment flows into the region.²⁸ It is the illegal nature of the drug trade itself that drives prices up so high. Growing and processing illicit drugs is reasonably cheap; the bulk of a drug's final street price is added at the point where the drug is trafficked out of the country, because of the physical, legal, and financial risks that traffickers face. A mere 1% of the revenue generated by the trade in cocaine and heroin goes to the farmers.²⁹ The vast sums of money tied up in the drug trade allow drug cartels to exert a powerful influence over governments, security services, and local communities through bribery and intimidation.

Corruption has a devastating impact on attempts to address poverty. It saps public funds, seriously interfering with the state's capacity to provide and fund basic services. It means that officials make decisions in the interests of those bribing

them, excluding ordinary citizens from having a say in decisions or holding their governments accountable. Corruption of the electoral process can also spark violent disputes around elections that are, or appear to be, "fixed" (see "Case Study: Trafficking in West Africa" below).

In many states where drug cartels have significant influence, arrests of high-level drug traffickers are few and far between, and those that do occur are often politically motivated – traffickers with particular political connections can arrange for the arrest of their rivals.³⁰ According to the 2010 World Bank report *Innocent Bystanders: Developing Countries and the War on Drugs*, "In Colombia, paramilitaries involved in trafficking have exercised significant political power in vast areas of the country... In November 2008, Noe Ramírez, Mexico's drug policy czar and chief liaison with U.S. antidrug officials, was arrested and charged with taking bribes of \$450,000 a month from the Sinaloa drug cartel. Another Mexican drug czar, General José Gutiérrez Rebollo, had followed the same path in the mid-1990s: only three months after U.S. officials had greeted his appointment enthusiastically, he was confined to a maximum-security prison and was charged with receiving bribes and protecting the Juárez cartel, the nation's largest drug trafficker at the time."³¹ And the Transnational Institute states that "experience in Afghanistan and in other parts of the world have shown that eradication [of drug crops] and interdiction are not conflict neutral but rather target political opponents, usually competing local commanders or other tribes."³²

In a number of cases, the impact of the illicit drug trade on governance goes beyond the corruption of elected officials by criminal organisations, and crosses into the criminalisation of politics and the politicisation of criminals – that is, not only do government officials operate in the interest of drug cartels, but the lines between criminal organisations and electoral politics blur. This can mean the direct involvement of government officials in the drug trade, as well as some actors straddling the line between licit and illicit business – those whom a 2014 report from the Transnational Institute described as "not professional criminals, but "otherwise legitimate businesspeople who are also opportunists and risk takers."³³

Crop eradication is heavily linked with corruption. It ends up being targeted at the poorest of the poor, as they have no financial or political protection, and it is also frequently used to extort bribes or punish political rivals. According to the UNODC itself, “As a result largely of corruption and other irregularities in enforcement, the impact [of eradication] tends to be felt most by the weakest and poorest actors involved in the opium economy (poor rural households), who lack political support, are unable to pay bribes, and cannot otherwise protect themselves.”³⁴

Addressing the governance issues linked to strict prohibitionist policies can strengthen governments from within, instead of creating a dependency on outside help, which is a potential pitfall of aid.

Security, militarisation and the assault on human rights

The militarisation of the War on Drugs has fuelled – and been used to justify – murder, mass imprisonment, and systematic violations of human rights.

The “War on Drugs” is sometimes frighteningly literal. The current law enforcement approach to the drug trade has driven militarisation in a number of Southern countries. Substantial resources are poured into enforcement, and often channelled through the military. States like Mexico and Colombia have dramatically increased their spending on security forces in the last decade. By 2009, Mexico had mobilised 45,000 troops specifically to fight drug-trafficking gangs, as well as increasing its federal police force to 26,000 officers (from 9,000 only three years earlier).³⁵

The International Crisis Group has found that “despite the expenditure of great effort and resources, the counter-drug policies of the U.S., the European Union (EU) and its member states and Latin American governments have proved ineffective and, in part, counterproductive, severely jeopardising democracy and stability in Latin America.”³⁶ The militarisation of the War on Drugs has fuelled violence, as drug cartels mobilise to fight state armies. The West African Commission on Drugs has found that “a militarised response to drug trafficking can actually increase violence. The Mexican government originally designed a strategy centred

Case Study: Trafficking in West Africa

West Africa provides a particularly vivid example of the impacts of strict prohibition on corruption and state institutions. The drug trade has grown recently in western Africa, with an estimated US\$1.25 billion in South American cocaine passing through the region each year, along with a substantial amount of Asian heroin, bound for Europe and North America. West Africa has also begun to produce amphetamine-type stimulants (ATS) for the Southeast Asian market. As in many places around the world, increased trafficking has also led to an increase in local drug use.

According to a 2014 report from the West African Commission on Drugs, “state institutions [in Guinea-Bissau] have been deeply compromised by drug traffickers” and “organized crime in the form of drug trafficking has... made deep inroads into West African states, and sometimes at the highest levels”. Guinea-Bissau is a key example of how international drugs cartels can effectively shut ordinary citizens out of participating in government. The re-election of President João Bernardo Vieira in 2005 was reportedly financed by Colombian drug cartels, and, following that, the government of Guinea-Bissau was repeatedly accused of extensive involvement in the illicit drug trade, to the point where the West African Commission on Drugs states that “drug trafficking had reportedly become the key economic activity of the country’s military elite” and two high-ranking military officials ended up on the US Treasury’s list of drug kingpins.

Citation: West African Commission on Drugs, *Not Just In Transit*.

on military assaults on trafficking groups and the targeting of top trafficking kingpins... The 'tough on crime' (*mano dura*) approach in Central America has led to massive prison overcrowding, systematic violations of human rights, and the strengthening or toughening of street gangs linked to drug trafficking organisations. Moreover, it can also lead to the infiltration and eventual control of the security forces by criminal groups."³⁷ What the Mexican government's military strategy did not do, however, was actually reduce the country's drug trade.

Even in situations where military strategies succeed in temporarily disrupting the drug trade, this can actually worsen conflict. When the major players in a drug trafficking network are arrested or killed, it creates a power vacuum that frequently spurs violent competition among other players. A recent article from the Transnational Institute pointed out that in much of Central America, "high homicide rates are... fuelled by police and military interventions that destabilize DTOs [drug traffic organisations] and illicit markets, with increased competition and clashes as a result," and adds that the UN Office of Drugs and Crime has found "that drug-related lethal violence is prompted first and foremost by changes in drug markets, rather than by trafficking levels per se." The article cites the intervention of law enforcement as one key factor that can trigger such changes: "It seems that at least part of the drug-related homicides in Central America can be attributed to such threats to the status quo, either in the form of growing efforts by law enforcement agencies to counter drugs, or changes in the quantity of drugs being trafficked through the region, which causes criminal organizations to vehemently fight for control of territory and markets."³⁸

In addition, the proceeds of the illicit drug trade are one of the various sources of income for organised and armed criminal groups. According to the report *Innocent Bystanders*, "It is fair to say that the task of re-establishing the central government in Afghanistan has been made substantially more difficult by the flow of revenues from opium and heroin, a situation that has allowed regional warlords to maintain and equip substantial independent militias. Similarly, Colombia's long-running civil war

has been deepened and prolonged by the ability of both FARC (the Revolutionary Armed Forces of Colombia) and the newer paramilitaries to finance their activities with funds from taxing coca production and refining."³⁹ Most illicit crop cultivation takes place in conflict or post-conflict areas,⁴⁰ further enmeshing drug policy with militarisation and armed conflict. In much of Southeast Asia, governments are unable to provide basic security for citizens in these areas. This frequently leads to "a range of illegitimate security arrangements, creating a power and governance vacuum."⁴¹

In some countries, "organized crime groups link with other opponents of state institutions, magnifying the negative effects of drug traffickers on social and political stability."⁴² The West African Commission on Drugs observed that "militarising the response is not the answer, as it could increase the political leverage and popular appeal of groups that traffic drugs, and spur more violence, as has happened elsewhere."⁴³

In some cases, counternarcotics operations allow governments to violently put down protests or rebellions, sometimes with the help of Northern military and technical aid. Forced eradication programmes backed up by military power can be used to subdue civilians.⁴⁴ Such programmes can entrench resistance to national governments and international authorities, and strengthen insurgent movements. In Colombia, according to the Transnational Institute, "fumigation has further contributed to an increase in human rights violations, the erosion of state legitimacy, support for the armed opposition in rural areas, the extension of the war to new areas, and a blurring of the boundary between anti-insurgency and counter-narcotics activities."⁴⁵

Conflict affects the poorest most severely, as they generally have no protection and lack the ability to move away from conflict areas, or the land or funds to establish livelihoods elsewhere if they are forced to flee. While the threat armed conflict poses to the lives and livelihoods of poor people is bad enough in itself, it is also worth remembering that conflict destabilises communities and severely damages prospects for long-term development.

Criminalisation of drug use and production

Current drug policies criminalise the poor and ethnic minorities, entrenching economic and racial injustice.

Criminalising drug possession, use, and production disproportionately affects poor people, and worsens their poverty. As explained above, poor farmers face land and food insecurities that make them more likely to cultivate drugs, and therefore more vulnerable to the impacts of the War on Drugs, including poverty, detention, conflict, and human rights violations.

People who use drugs face similar problems. While drug use is not confined to the poor, current drug policies are carried out in ways that disproportionately punish poor drug users and poor communities. A recent Transnational Institute report concluded that, in a survey of eight Latin American countries with substantial illicit drug activity, “The weight of the law comes down on a specific part of the population: people with little education and scant resources, who are either unemployed or holding down informal-sector jobs.”

The difficulty of taking down leaders or high-ranking members of cartels means that “most of the persons in prison for drug offenses are there for minor offenses, yet are serving disproportionately long sentences... [I]t is unusual to find drug “kingpins” behind bars... [In Mexico] 75 percent of the prisoners held on drug charges were detained for possession of small amounts.”⁴⁶ Law enforcement frequently targets poor areas when it comes to drug offences, as officers in many countries go for the easiest targets in response to their performance being measured by the number of arrests. To take one example, a report on drug arrests in New York City cites “the NYPD’s [New York Police Department’s] system-wide focus on certain neighbourhoods... White students at Columbia University on the upper west side of Manhattan walking around with marijuana in their pockets are almost never arrested – the area has one of the lowest marijuana arrest rates in New York City. However, Blacks in west and central Harlem, just a few blocks from Columbia

University, are routinely stopped, searched and arrested. And Latinos in Washington Heights, just a little further north, are likewise arrested much more often.”⁴⁷ As is apparent from this example, there is also an element of racial discrimination at work. Human Rights Watch has found that in the US, Black people are arrested for drug offenses at a rate 5.5 times higher than Whites⁴⁸ – 80% of these arrests being for drug possession alone⁴⁹ – and a recent report from the NGO Release shows that in England and Wales, Black people are stopped and searched for drugs 6.3 times as often as White people, while Asians are searched 2.5 times as often as Whites.⁵⁰ All of this is in spite of the fact that drug use takes place at roughly the same rate among people of all races.⁵¹

The result of current policies is the *de facto* criminalisation of the poor in many countries, entrenching and deepening the cycle of poverty. Studies done in the US conclude that incarceration leads to lifelong under-employment and exclusion from housing, education, and political participation, and that this is a widespread issue in poor and ethnic minority communities.⁵²

Drugs produced in poor countries, as well as drugs used more frequently among the poor, tend to carry heavier penalties around the world, and those penalties are more strictly enforced. The most notorious example is the difference in many countries between penalties for powder cocaine (more common among the wealthy) and the dramatically harsher penalties for crack cocaine (more likely to be used by the poor) – despite these being two forms of the same drug.⁵³ However, this disparity extends much further. While the public conception of a drug-producing country is that of a country in the global South, some of the world’s largest producers of illicit drugs are actually in Western Europe. Amphetamines and other illicit pharmaceuticals are consumed far more widely than heroin or cocaine⁵⁴, but the focus of international law enforcement efforts has remained on cocaine and opiates, which are largely produced in the global South, rather than on “party” drugs from the North. Recent moves to relax or remove the prohibition of cannabis in many countries could also be seen as a consequence of cannabis use becoming more established and widespread among the wealthy, rather than poorer ethnic populations.

Prohibition drives drug production and trafficking into new areas: this tends to increase both overall and (especially) problematic drug use in those areas, particularly as cultivators, processors, and traffickers may be paid in drugs. The report *Innocent Bystanders* notes that “drug traffickers have long preferred an overland route through Central Asia to bring opiates from Afghanistan to Europe. As a consequence, Central Asian countries have experienced a dramatic increase in rates of drug consumption. Some – Kazakhstan and the Kyrgyz Republic, among others – that had almost no drug dependency problems in 1990 now have addiction rates higher than those of many Western European nations.”⁵⁵

Gender

Women are disproportionately affected by imprisonment, loss of livelihoods, and other impacts of the War on Drugs.

It comes as no surprise that as with many other issues that the development sector tackles, women suffer disproportionately from the impact of the War on Drugs. The sector is increasingly recognising that women’s livelihoods and wellbeing are crucial to ensuring the economic and social stability of families and communities, and that support for women’s empowerment and economic success is key to alleviating poverty. The negative effects of drug policies on women, therefore, amplify the policies’ impact on the community as a whole. This is especially true as the majority of women imprisoned around the world are mothers and/or the main carers for dependent children.⁵⁶

Women who use drugs are particularly affected by drug policies. Studies of prison systems in Europe and Asia⁵⁷ and in Latin America⁵⁸ show disproportionately high rates of female imprisonment for non-violent drug offences, and also many cases of women (especially from ethnic minority communities) being forced to take part in drug-trading activities. Transnational Institute’s report on prison systems in Latin America cited a growing “feminisation of drug crimes,” concluding that “an alarming increase in incarceration of women for drug offenses has occurred; indeed, the percentage of women prisoners jailed for drug charges tends to be proportionally higher than that of men.”⁵⁹ Drug laws that prohibit

judges from exercising discretion in sentencing (for example, based on how severe the offence is or how closely or willingly the defendant is involved) contribute to women’s over-incarceration.⁶⁰ The over-incarceration of women for drug offenses plunges many families deeper into poverty.

The impacts of eradication can also be heavily gendered. A large number of smallholder farmers worldwide are women. In many regions, female farmers are less likely than male farmers to own their own land, and are more vulnerable to land and food insecurity; in some areas, such as parts of Southeast Asia, women carry out the majority of drug cultivation. Both of these factors mean that women are harder hit by the loss of livelihood that comes with eradication. Eradication has been documented to lead to increases in female sex work and in the trafficking of women and children.⁶¹

Health care access

Criminalising people who use drugs does not reduce drug use, but it does fuel the spread of disease, deters people from accessing medical treatment, and leads to policies that deny millions of people vital pain medication.

Around the world, poverty and ill health form a vicious cycle. Just as poverty tends to increase risk factors for ill health (such as poor sanitation, malnutrition, overcrowding, and dangerous working conditions), ill health also deepens poverty, by depriving the sick person and their family of income and forcing them to give up the few assets they have to pay for treatment. Current drug policies reinforce this cycle, increasing the risk of ill health and limiting access to medical care, not just for people who use drugs, but for entire communities.

By driving drug use underground, strict prohibition removes any controls on drug strength and purity, and means that injection is frequently done with unsterile equipment in unsafe conditions. This increases the rates of overdoses and infectious disease among people who use drugs.⁶² In a number of countries, possessing drug paraphernalia is a crime in itself, which discourages people from getting sterile injecting equipment. The increased risk of death

and disease heightens the chances of people who use drugs and their families being locked into poverty.

Prohibition helps foster the stigma against people who use drugs, which leads to underspending on treatment options, as people who use drugs are considered “not meriting the expenditure of state resources”.⁶³ According to a 2010 study, “While studies on the effectiveness of treatment for drug users have found that it helps reduce crime and risky injecting behaviour, stringent law enforcement practices directed against drug users have only served to increase risky behaviour, shift patterns in drug use, and deter health seeking. Studies examining the impact of law enforcement on drug use in Vancouver and Sydney found that drug use did not decrease, but riskier forms of use did. Following a ‘war on drugs’ campaign in Thailand, drug users reported increased reluctance to seek healthcare.”⁶⁴

People who use drugs are often effectively locked out of access to medical care for issues other than drug addiction, especially for conditions linked to drug use (such as HIV/AIDS), because of the fear of legal sanctions if they come forward seeking care. In addition, some countries are unwilling to develop or fund HIV/AIDS treatments that are accessible for drug users – a serious issue especially in middle-income countries, where international funding for HIV/AIDS programmes is currently pulling back, on the understanding that these governments will adequately cover treatment for their citizens.⁶⁵ The latest data show that among people who use drugs, less than 8% have access to a needle and syringe programme, less than 8% have access to opioid substitution therapy, and less than 4% of those living with HIV have access to HIV treatment.⁶⁶

Tens of millions of people around the world have no access to the pain-relieving medicines they need, including 5.5 million terminal cancer patients and 1 million patients in the last phases of HIV/AIDS.

Source: Human Rights Watch 2011 report, Global State of Pain Treatment: Access to Palliative Care as a Human Right.

The Global Commission on Drug Policy states, “The war on drugs has also led to a policy distortion whereby evidence-based addiction treatment and public health measures have been downplayed or ignored... In contrast, countries that have adopted evidence-based addiction treatment and public health measures have seen their HIV epidemics among people who use drugs – as well as rates of injecting drug use – dramatically decline.”⁶⁷ As an example of the latter, the World Health Organisation has recently praised the increase in the number of drug users in treatment and the decrease in new HIV cases in Portugal since it first decriminalised drug possession in 2001.⁶⁸

The international drug control system also has negative implications for people who **don’t** use illicit drugs. The UN conventions on illicit drugs are supposed to make sufficient supplies available for medical and scientific uses, while reducing and ultimately eliminating supplies for other uses. However, the way these conventions are enforced often restricts access to necessary medicines, and these restrictions affect the poorest most profoundly.⁶⁹ The West African Commission on Drugs states, “Access to pain relief drugs for cancer-related and AIDS-related conditions is severely restricted by fears of diversion to illicit markets... Enormous human suffering results from the fact that low- and middle-income countries have 90% of the world’s AIDS patients and half of the world’s cancer patients, but they use only 6% of the morphine used for pain management.”⁷⁰

Environmental damage

Drug crop eradication devastates the environment, and drives drug production further underground – often to areas with diverse and fragile ecosystems.

Indigenous and rural communities usually depend on the natural environment – including agricultural land, forests, rivers and streams, and the variety of plant and animal life (or biodiversity) – for food, water, materials, and often medicines. For poor communities that lack the resources to cope with failed harvests or ruined land, maintaining a healthy and resilient ecosystem can mean the

difference between subsistence and starvation. The current approach to drug policy damages the ecosystems these communities need: it does direct harm through crop eradication, and also seriously weakens governments' ability to control the environmental consequences of drug production.

Crop eradication can be highly damaging. Fumigation releases pesticides into the soil, air, and water, polluting them and making it more difficult to grow any other crops on land that has been used for drug cultivation. These pesticides can also have a negative impact on the health of people and livestock. Even when eradication is done without chemicals (by ploughing crops under, for example), this is often done in indiscriminate ways that damage the local ecosystem.

Indirectly, current drug policies drive drug production from areas that are firmly under government control and areas cleared by eradication to new areas –

often remote ones, to lower the chances of producers and traffickers being caught. Remote rural areas are also more likely to be those with valuable, untouched ecosystems. Drug production and trafficking are environmentally destructive in themselves: they require the clearing of land for cultivation, roads, and airstrips, and often involve high volumes of chemical fertilizers and pesticides. When these activities are displaced to vulnerable areas, the environmental impact can be devastating, especially when local communities depend on the area's natural resources.⁷¹ An estimated 60% of Colombia's illicit crops are grown on newly deforested land, and 10% of Peru's rainforest destruction over the past century has been credited to the illicit drug trade.⁷²

The environmental impacts of the War on Drugs deepen rural poverty, and can contribute to displacement and loss of land.

Unintended consequences: The costs of the War on Drugs

At the 2008 UNGASS on drugs, Antonio Maria Costa, then Executive Director of the UN Office on Drugs and Crime made an unusually candid statement that the international drug control system has had five negative "unintended consequences":

- **A huge criminal black market:** "The financial incentives to enter this market are enormous. There is no shortage of criminals competing to claw out a share."
- **Policy displacement:** "Resources are finite. Public health, which is clearly the first principle of drug control, also needs a lot of resources. Yet the funds were in many cases drawn away into public security and the law enforcement that underpins it. The consequence was that public health was displaced into the background, more honoured in lip service and rhetoric, but less in actual practice."
- **Geographical displacement:** "Often called the balloon effect... [it] can be historically documented over the last half century, in so many theatres around the world."
- **Substance displacement:** "If the use of one drug was controlled, by reducing either supply or demand, suppliers and users moved on to another drug with similar psychoactive effects... Substance displacement also happens with precursor chemicals."
- **The way we perceive and deal with the users of illicit drugs:** "Those who fall into the web of addiction find themselves excluded and marginalized from the social mainstream, tainted with a moral stigma, and often unable to find treatment even when they may be motivated to want it."

Mr Costa concluded, "Unless we face these unintended consequences head-on, we will continue to be mesmerized by the many paradoxes of the drug problem."

Source: Commission on Narcotic Drugs. *Making Drug Control 'Fit for Purpose': Building on the UNGASS Decade (E/CN.7/2008/CRP.17)*. 2008.

3. Why the War on Drugs isn't working

It is increasingly clear that strict prohibitionist policies have done little to reduce the illicit drug trade. Despite vast spending on law enforcement policies aimed at reducing supply, the drugs available on the street are becoming purer and less expensive.⁷³ The UN's professed goal of a "drug-free world" looks more distant than ever.

Even in countries where law enforcement proves relatively successful in reducing the drug trade, drug production and trafficking tend to be displaced rather than stopped. This is known as the "balloon effect", where the drug trade expands outward into less regulated areas. For example, Thailand's crackdown on the production of yaba (methamphetamine) meant that production largely relocated to nearby countries, including several that used to be primarily transit countries. The UNODC itself acknowledges the problem of the balloon effect in its 2008 World Drug Report: "Supply control successes in Turkey, Iran and Pakistan eventually displaced the problem to Afghanistan."⁷⁴

A new approach

In the media, the debate on drug policy is all too frequently framed as a black-and-white choice between strict prohibition and blanket free-market legalisation of drugs. In reality, there is a broad range of policy options between these two extremes, and the development sector has a vital role to play in helping find policy alternatives that prioritise the needs of the poorest and most marginalised. Crucially, a public health approach is required, rather than a law enforcement approach. This would open up new policy areas and new solutions, which can be based on evidence of their effectiveness in improving public health.

Now, governments and groups in the global South are beginning to challenge the pervasive "War on Drugs" approach. In 2013, the Organisation of American States (OAS) released a broad-sweeping review of drug policies in the Americas, including a 'Scenarios Report' which was the first multilateral

Drug policy: how it works

The international drug control system is governed by three UN conventions (from 1961, 1971 and 1988), which exist to ensure that a large enough supply of controlled drugs is available for "medical and scientific" purposes, while preventing the supply and use of these drugs for any other purpose. The UN drug control regime organises drugs into schedules, placing the strictest controls on those deemed most harmful or addictive. They require governments to criminalise the production, sale, transportation, distribution, and purchase of illicit drugs, and to cooperate to deal with illicit drug trafficking across borders. It is important to note, however, that none of the conventions require governments to make drug use a punishable offense (and one article in the 1988 convention allows governments to decriminalise drug *possession* under certain circumstances), and that all of them allow governments to provide treatment, education, and rehabilitation to people who use drugs. While the conventions are somewhat flexible, the way they have been interpreted in the past few decades has heavily emphasised punishment above treatment, and placed blocking illicit trade above making sure that controlled drugs like morphine are available on the legal market.

The UN's drug control system is managed by the Commission on Narcotic Drugs (CND), a 53-member state expert body that meets annually in Vienna. The CND is the governing body of the UN Office on Drugs and Crime (UNODC), which works with governments on the implementation of the UN conventions on drugs. The World Health Organisation also has a formal role in reviewing the evidence for scheduling decisions, while an independent monitoring body – the International Narcotics Control Board (INCB) – oversees the system.

Source: <http://idpc.net/policy-advocacy/global-advocacy>

agency report to seriously consider drug policy reform and legal regulation.⁷⁵ The governments of Mexico, Colombia, and Guatemala are openly calling for a genuine discussion on reforming the UN's drug policies. They are joined by the World Health Organisation and UNAIDS, both of which recently called for the decriminalisation of drug use.^{76,77}

The next UN General Assembly Special Session (UNGASS) on drugs in 2016 could shape future drug policy. Originally scheduled for 2019, the UNGASS was moved forward to 2016 at the request of the Mexican, Guatemalan, and Colombian governments, backed by 95 other nations. With the UNGASS looming, the UN is on the brink of either shifting its approach, or entrenching militarised prohibition for at least another decade. The UNGASS, and the international attention around it, provide a key opportunity to debate the future direction of national and international drug policies.

A number of countries in both the North and South are already pioneering alternative policies that emphasise harm reduction, public health and human rights. These range from reducing or getting rid of penalties for low-level drug offenses like possession and use (while trafficking remains illegal); to creating a market where some drugs are legal but strictly regulated, as with prescription medications; to health and education programmes to help reduce the potential harm drugs can do to people and communities.

Harm Reduction

For decades, the primary focus of international drug policies has been reducing supply (through cracking down on producers and traffickers) or reducing demand (through drug-free treatment and the criminalisation of people who use drugs). Since the 1980s, however, there has been a growing trend towards harm reduction: “policies, programmes and practices that aim to reduce the harms associated with the use of psychoactive

drugs” to people who use drugs, their families, and society.⁷⁸ Harm reduction policies have been adopted in 90 countries around the world, and this approach can include (but is not limited to) evidence-based treatments for drug dependency; needle and syringe programmes; opioid substitution therapy; condom distribution; health care for diseases linked to drug use, including HIV, hepatitis, tuberculosis, and sexually transmitted infections; safe injection sites; and education programmes.

The international health and HIV/AIDS communities and networks have been at the heart of the promotion of harm reduction, emboldening the development sector to talk openly of the rights of sex workers, the LGBT community, and people who use drugs.

Changing Drug Laws

A growing number of countries are reforming strictly prohibitionist drug laws in favour of policies that are less harmful to small-scale producers and people who use drugs. A 2012 report by the drug policy organisation Release cites 21 countries that have, at least in part, decriminalised drug possession or use.⁷⁹ Several others have reformed their laws since the report was published.

One alternative approach is *depenalisation*. This means that drug offences are still crimes, but the penalties for them are lowered or eliminated. This can even be done without a formal change in the law: for example, in the Netherlands, cannabis possession is still technically a crime. However, in 1976, the Ministry of Justice put guidelines in place telling police and prosecutors that cannabis possession should be their lowest possible priority. Cannabis users in the Netherlands do not face criminal penalties. Studies indicate that this has not led to any significant rise in drug use. In fact, changes in levels of use remained in line with those of similar, neighbouring countries that maintained a prohibitionist approach.⁸⁰

Another approach is *decriminalisation*, where offences like drug possession or use go from criminal offences to civil violations, like speeding or parking offenses. Portugal decriminalised the possession of all drugs in 2001, making drug possession a civil violation instead of a criminal offense. This was combined with an extensive public health programme aimed at people who use drugs. In spite of initial fears, decriminalisation did not lead to significant increases in drug use. For some at-risk groups, including youth, drug use actually fell in the first years following decriminalisation.⁸¹ Jamaica, Belize, and Puerto Rico are increasingly decriminalising cannabis,⁸² and Colombia, Chile, Mexico, Paraguay, Peru, Spain, and Uruguay have decriminalised possession of small amounts of certain drugs for personal use (though law enforcement practices do not always line up with national policies).⁸³

A third approach – perhaps the most widely discussed – is the creation of a legal, regulated market for some drugs. Uruguay is now adopting this approach to cannabis, as are the US states of Colorado, Washington, Oregon, and Alaska. A recent study from the Colorado Department of Revenue indicates that the presence of a legal market for cannabis has not led to a meaningful increase in the number of new users; most of the demand is coming from visitors to the state and from people who previously bought cannabis illegally.⁸⁴ What the market has done, however, is provide a new income stream for the state government. Bolivia's decision to allow local farmers to grow small amounts of coca leaf for traditional use (not for cocaine production) has created a radical shift in the illicit market, leading to a situation where farmers are actually turning illicit traffickers over to the authorities.⁸⁵

There is no one-size-fits-all approach to drug policy, as the failure of the War on Drugs has demonstrated. Policies should be developed to fit the needs, and with the active participation, of those who are most affected: impoverished drug producers, people who use drugs, and poor and marginalised communities. Ultimately, drugs policy is too important and the potential harms too great, for blanket prohibition to continue.

It's clear that the drug policy debate is a crucial one for addressing poverty, and that governments and the public are more than ready to discuss alternatives to the War on Drugs. If a debate on reform is to happen ahead of the UNGASS on drugs in 2016 the development sector must be vocal to ensure that any reforms have the poorest and most marginalised at their heart and ensure the recognition of the damage already done by the current regime.

4. How to advocate for change

There are a number of ways, and levels, that development NGOs can get involved in calling for change on drugs policy. Here are some suggestions.

Within your organisation

- **Identify a lead contact on the illicit drugs issue:** Of the development and health NGOs Health Poverty Action has engaged with, 2/3 could not identify a suitable contact to lead on the issue of drug policy. At a minimum, having someone in your organisation who can engage with this issue will enable you to maintain contacts with other organisations, keep informed and monitor your work to see where it intersects with the issue of illicit drug policy.
- **Join the Development Sector Drug Policy Forum:** This fledgling network aims to become the hub of information-sharing and activity co-ordination. Whether you would like to be kept informed, or want to participate more actively, please sign up. Contact Catherine Martin at c.martin@healthpovertyaction.org for more details.
- **Ensure drugs sensitivity is mainstreamed across all programmes:** Make sure that your work takes the impacts of the drug trade and drug policy into account when designing projects and understanding how they will affect communities.

Talking to Supporters and the Public

- **Raise awareness of drug policy as one of the structural drivers of poverty:** Make sure that drug policy is discussed alongside issues like inequality, free trade, tax, and climate change as one of the key underlying factors to be addressed if we are to tackle poverty.
- **Mobilise supporters to call for open discussion of drug policy reform:** This is a good way to demonstrate to the government that the public is informed about the issues around drug policy and wants an open debate, to counter any reservations politicians have about raising the issue.

Advocating to National Governments

- **Advocate for national health and development ministries to lead on drug policy:** In most countries, primary responsibility for drug policy lies with the home office or security department, entrenching the law enforcement approach to illicit drugs. Lobby for the ministry of health to take over the mandate for drug policy, and for the national development agency to have oversight on major policies. There are many NGOs who will provide support and expert advice on messaging and contacts within specific countries. Contact Health Poverty Action for more details.
- **Work with your development agency (DFID in the UK) on an approach to illicit drug policy:** Lobby for the national development agency to identify a lead contact on illicit drug policy, and to examine how drug policy affects its work.
- **Push your government to engage with the UNGASS process:** Many governments, including the UK's, have no lead contact or set process for participating in the UNGASS. Advocate for a transparent process with clear opportunities for civil society and the public to buy in.

Engaging with the UNGASS

- **Join the Vienna NGO Committee on Drugs (VNGOC) and/or New York NGO Committee on Drugs (NYNGOC):** These organisations provide some opportunities for NGOs to contribute to the UNGASS process, and are crucial starting points and gateways for information.
- **Connect through the Civil Society Task Force:** This recently-announced task force will be made up of 26 civil society organisations, representing different regions as well as different affected populations. Engage with your regional representative to ensure that your views and concerns are represented in the formal civil society submission to the UNGASS.

- **Submit your own contribution to the UNGASS:** NGOs can upload their submissions here: http://www.unodc.org/ungass2016/en/contribution_ngos.htm
- **Follow meetings of the Commission on Narcotic Drugs (CND):** The International Drug Policy Consortium (IDPC) runs a CND blog that allows partners to track the discussions in Vienna (www.cndblog.org).
- **Engage with the UN Development Programme:** Challenge UNDP contacts on how they are getting involved in the UNGASS and how they see drug policy affecting their work.
- **Attend the UNGASS**

Risks

Some organisations in the development sector have expressed concerns about the risks involved in speaking out on a controversial issue – risks to their reputations, their supporter base, and their ability to deliver programmes in states affected by the drug trade.

While no advocacy campaign is without some risk, the development sector has a proud history of speaking out on issues that we feel may be controversial with our supporters, or that address uncomfortable realities. Faith-based NGOs talk about why condom distribution is essential to help prevent HIV/AIDS. NGOs working with sex workers or LGBT communities dare to actively advocate for their rights. In the early days of the debt cancellation campaign, NGOs were slammed as “naïve” and told that we didn’t understand global economics. In each of these cases, we were able to rally our supporters with informed and accessible communication, and our voices ultimately made a difference on these issues.

And in the case of drug policy, the debate is already becoming mainstream in the political arena and civil society, making it more acceptable for NGOs to speak out. As early as 1998, a global group of political and faith leaders, judges, and academics signed a letter to then-UN Secretary General Kofi Annan, stating that, “We believe that the global war on drugs is now causing more harm than drug abuse itself.” Among the signatories were four UK parliamentarians, the Operational Head of the Scotland Yard Drug Squad, and Rowan Williams.⁸⁶ Internationally, former presidents of Colombia, Mexico, and Chile and former UN Secretary General Kofi Annan are among members of the Global Commission on Drugs which has urged countries to “break the taboo,” reduce the criminalisation of drug use and encourage legalisation experiments.

On the ground, development organisations have always had to balance maintaining a functional relationship with governments in the countries where we work with addressing controversial issues that matter to the communities we work alongside. Working on drug policy will require a well-informed and sensitive approach, but this is not outside the sector’s experience.

Ultimately, the costs of **not** speaking out on this vital issue, when so many poor communities are already affected by illicit drugs and by drug policies, outweigh the risks of making our voices heard. We risk losing our credibility and failing in our responsibility. Current drug policy severely undermines the prospects for development and for addressing poverty in the global South. Without reform, and without ensuring that our own work is drugs-sensitive, we risk further impoverishing or destabilising the communities we work with.

5. Conclusion

Drug policy is a development issue. The development sector has an important role to play in attempting to ensure that the voices and experiences of the poorest and most marginalised are at the heart of global policies and regimes.

Development NGOs need to recognise the reality of the current global drug policy regime, and its role as a structural driver of poverty. Like HIV/AIDS, tax dodging, debt, and other crucial issues the sector has engaged with, drug policy is a necessary component of understanding and seeking to address poverty. Failure to tackle the impacts of punitive drug policies will undermine attempts to strengthen health systems in the global South, and damage the social and economic foundation communities need to improve health. More broadly it will lead to ineffective development programmes, deeper poverty, and increasing corruption and violence.

We have an opportunity in 2016. We must use it to advocate for pro-poor drug policies, and stand with poor communities around the world.

References

1. UK Home Office. *Drugs: International Comparators*. London: UK Government, 2014. Available online at: <https://www.gov.uk/government/publications/drugs-international-comparators>
2. Commission on Narcotic Drugs. *Drug Policy Provisions from the International Drug Control Conventions (E/CN.7/2014/CRP.5)*. 2014.
3. Mann, Jim. "Drug Use Is Rising – But We're Not Addicted." *The Observer*, 5 October 2014.
4. Transform Drug Policy Foundation. "Changing Public Opinion." Available online at: <http://www.tdpf.org.uk/campaign/changing-public-opinion>
5. Global Commission on Drug Policy. "Commissioners." <http://www.globalcommissionondrugs.org/bios/>
6. LSE Expert Group on the Economics of Drug Policy. *Ending the Drug Wars*. London: London School of Economics, 2014.
7. Count the Costs. "The War on Drugs: Wasting Billions and Undermining Economies." London: Count the Costs, 2012. Available online at: <http://www.countthecosts.org/sites/default/files/Economics-briefing.pdf>
8. Global Commission on Drug Policy. *The War on Drugs and HIV/AIDS: How the Criminalization of Drug Use Fuels the Global Pandemic*. Rio de Janeiro: Global Commission on Drug Policy, 2012.
9. Global Commission on Drug Policy. *The Negative Impact of the War on Drugs on Public Health: The Hidden Hepatitis C Epidemic*. Rio de Janeiro: Global Commission on Drug Policy, 2012.
10. Central Intelligence Agency. *The World Factbook*. Washington, D.C.: Central Intelligence Agency, 2014.
11. Harm Reduction International. "What Is Harm Reduction?: A Position Statement from Harm Reduction International." <http://www.ihra.net/what-is-harm-reduction>
12. Presentation by Dr. Julia Buxton at the School of Oriental and African Studies, 12 May 2014.
13. BBC. "UK Ban Means Somalia Flooded With Low-Priced Khat." 18 August 2014; available online at: <http://www.bbc.co.uk/news/world-middle-east-28787236>
14. Stargardt, Gabriel. "UN Development Chief Flags Failings of War on Drugs." *Reuters*, 14 March 2013. Available online at: <http://www.reuters.com/article/2013/03/14/us-un-drugs-idUSBRE92D12C20130314?feedType=RSS&feedName=worldNews>
15. This estimate covers childhood illnesses, immunisation, maternal health, family planning, TB, malaria, HIV/AIDS, and health system strengthening, but has some limitations (such as the omission of non-communicable diseases) that are discussed further in the source material here: Greenhill, Romilly, and Ahmed Ali. *Paying for Progress: How Will Emerging Post-2015 Goals Be Financed In The New Aid Landscape?* London: Overseas Development Institute, 2013.
16. Cook, Catherine, et al. *The Funding Crisis in Harm Reduction*. London: International Harm Reduction Association, 2014.
17. United States Agency for International Development (USAID). *The Development Response to Drug Trafficking in Africa: A Programming Guide*. Washington, D.C.: USAID, 2013. Available online at: http://www.usaid.gov/sites/default/files/documents/1860/Development_Response_to_Drug_Trafficking_in_Africa_Programming_Guide.pdf
18. Transnational Institute. *Bouncing Back: Relapse in the Golden Triangle*. Amsterdam: Transnational Institute, 2014.
19. Keefer, Philip, and Norman Loayza, eds. *Innocent Bystanders: Developing Countries and the War on Drugs*. Washington, DC: The World Bank, 2010.
20. West African Commission on Drugs. *Not Just in Transit: Drugs, the State, and Society in West Africa*. Dakar: West African Commission on Drugs, 2014.
21. Transnational Institute. *Bouncing Back: Relapse in the Golden Triangle*. Amsterdam: Transnational Institute, 2014.
22. Ibid.
23. Keefer, Philip, and Norman Loayza, eds. *Innocent Bystanders: Developing Countries and the War on Drugs*. Washington, DC: The World Bank, 2010.
24. Ibid.
25. Buxton, Julia. *The Political Economy of Narcotics: Production, Consumption, and Global Markets*. London: Zed Books Ltd, 2006.
26. United Nations Office on Drugs and Crime. *Alternative Development: A Global Thematic Evaluation*. Vienna: United Nations, 2005.
27. Based on the UNODC estimate for 2003. Organisation of American States. *The Drug Problem in the Americas*. Washington, D.C.: Organisation of American States, 2013.
28. West African Commission on Drugs. *Not Just in Transit: Drugs, the State, and Society in West Africa*. Dakar: West African Commission on Drugs, 2014.
29. Saferworld. "Issue Brief: The Illicit Drugs Trade." London: Saferworld, 2014.
30. West African Commission on Drugs. *Not Just in Transit: Drugs, the State, and Society in West Africa*. Dakar: West African Commission on Drugs, 2014.
31. Keefer, Philip, and Norman Loayza, eds. *Innocent Bystanders: Developing Countries and the War on Drugs*. Washington, DC: The World Bank, 2010.
32. Ibid.
33. Transnational Institute. *Bouncing Back: Relapse in the Golden Triangle*. Amsterdam: Transnational Institute, 2014.
34. Buddenberg, Doris, and William A. Byrd, eds. *Afghanistan's Drug Industry: Structure, Functioning, Dynamics, and Implications for Counter-Narcotics Policy*. Vienna: United Nations Office on Drugs and Crime, 2006.
35. Keefer, Philip, and Norman Loayza, eds. *Innocent Bystanders: Developing Countries and the War on Drugs*. Washington, DC: The World Bank, 2010.
36. International Crisis Group. *Latin American Drugs I: Losing the Fight*. Brussels: International Crisis Group, 2008. Available online at: [http://www.crisisgroup.org/~media/Files/latin-america/25_latam_drugs_i_losing_the_fight_final.pdf](http://www.crisisgroup.org/~/media/Files/latin-america/25_latam_drugs_i_losing_the_fight_final.pdf)
37. West African Commission on Drugs. *Not Just in Transit: Drugs, the State, and Society in West Africa*. Dakar: West African Commission on Drugs, 2014.

38. Metaal, Pien. "Drugs and Violence in the Northern Triangle: Two Sides of the Same Coin?" Transnational Institute, 8 July 2014. Available online at: <http://www.tni.org/article/drugs-and-violence-northern-triangle?context=595>; last accessed 21 August 2014.
39. Keefer, Philip, and Norman Loayza, eds. *Innocent Bystanders: Developing Countries and the War on Drugs*. Washington, DC: The World Bank, 2010.
40. Transnational Institute. *Bouncing Back: Relapse in the Golden Triangle*. Amsterdam: Transnational Institute, 2014.
41. Ibid.
42. Keefer, Philip, and Norman Loayza, eds. *Innocent Bystanders: Developing Countries and the War on Drugs*. Washington, DC: The World Bank, 2010.
43. West African Commission on Drugs. *Not Just in Transit: Drugs, the State, and Society in West Africa*. Dakar: West African Commission on Drugs, 2014.
44. Transnational Institute. *Bouncing Back: Relapse in the Golden Triangle*. Amsterdam: Transnational Institute, 2014.
45. Ibid.
46. Transnational Institute. *Systems Overload: Drug Laws and Prisons in Latin America*. Amsterdam: Transnational Institute, 2011.
47. Levine, Harry G., and Deborah Peterson Small. *Marijuana Arrest Crusade: Racial Bias and Police Policy in New York City 1997 – 2007*. New York: New York Civil Liberties Union, 2008.
48. Human Rights Watch. *Decades of Disparity: Drug Arrests and Race in the United States*. New York: Human Rights Watch, 2009.
49. The Drug Policy Alliance. "The Drug War, Mass Incarceration, and Race." New York: The Drug Policy Alliance, 2014.
50. Eastwood, Niamh, et al. *The Numbers in Black and White: Ethnic Disparities in the Policing and Prosecution of Drug Offenses in England and Wales*. London: Release, 2013.
51. Levine, Harry G., and Deborah Peterson Small. *Marijuana Arrest Crusade: Racial Bias and Police Policy in New York City 1997 – 2007*. New York: New York Civil Liberties Union, 2008.
52. The Drug Policy Alliance. "The Drug War, Mass Incarceration, and Race." New York: The Drug Policy Alliance, 2014.
53. Hart, Carl L. "Remove the Knife and Heal the Wound: No More Crack/Powder Disparities." *The Huffington Post*, 25 September 2012. Available online at: http://www.huffingtonpost.com/carl-l-hart/crack-cocaine-sentencing_b_1707105.html
54. United Nations Office on Drugs and Crime. "ATS Trends, Programme Progress and Planned Expansion." Presentation given at the Regional S.M.A.R.T. Workshop, Bangkok, 5 – 6 August 2010; available online at: http://sunlearning.ceu.hu/pluginfile.php/7691/course/section/5181/The%20Global%20SMART%20Programme_UNODC%202010.pdf
55. Keefer, Philip, and Norman Loayza, eds. *Innocent Bystanders: Developing Countries and the War on Drugs*. Washington, DC: The World Bank, 2010.
56. Women in Prison Project Group. *Women in Prison and the Children of Imprisoned Mothers: A Briefing for Friends*. London: Quaker Peace and Social Witness, 2007.
57. Harm Reduction International. *Cause for Alarm: The Incarceration of Women for Drug Offences in Europe and Central Asia, and the Need for Legislative and Sentencing Reform*. London: Harm Reduction International, 2012.
58. Transnational Institute. *Systems Overload: Drug Laws and Prisons in Latin America*. Amsterdam: Transnational Institute, 2011.
59. Ibid.
60. Nguyen, Lam. "Drugs and the Over-Incarceration of Women in Thailand." International Drug Policy Consortium; available online at: http://idpc.net/blog/2014/07/drugs-and-the-over-incarceration-of-women-in-thailand?utm_source=IDPC+Monthly+Alert&utm_campaign=501f668802-IDPC+August+2014+Alert&utm_medium=email&utm_term=0_d40f46a7df-501f668802-103544501.
61. Buxton, Julia. Lecture given at the Central European University, 22 July 2014.
62. Keefer, Philip, and Norman Loayza, eds. *Innocent Bystanders: Developing Countries and the War on Drugs*. Washington, DC: The World Bank, 2010.
63. West African Commission on Drugs. *Not Just in Transit: Drugs, the State, and Society in West Africa*. Dakar: West African Commission on Drugs, 2014.
64. Mannava, Priya, et al. *Dependent on Development: The Interrelationships Between Illicit Drugs and Socioeconomic Development*. Melbourne: The Nossal Institute for Global Health (University of Melbourne), 2010.
65. Cook, Catherine, et al. *The Funding Crisis for Harm Reduction*. London: International Harm Reduction Association, 2014.
66. Mathers, Bradley M., et al. "HIV Prevention, Treatment, and Care Services for People Who Inject Drugs: A Systematic Review of Global, Regional, and National Coverage." *Lancet* 375, no. 9719 (2010).
67. Global Commission on Drug Policy. *The War on Drugs and HIV/AIDS: How the Criminalization of Drug Use Fuels the Global Pandemic*. Rio de Janeiro: Global Commission on Drug Policy, 2012.
68. World Health Organisation. *Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment, and Care for Key Populations*. Geneva: World Health Organisation, 2014. Available online at: http://apps.who.int/iris/bitstream/10665/128048/1/9789241507431_eng.pdf?ua=1&ua=1
69. Hallam, Christopher. *The International Drug Control Regime and Access to Controlled Medicines*. London: The International Drug Policy Consortium and the Transnational Institute, 2014. Available online at: <http://idpc.net/publications/2015/01/the-international-drug-control-regime-and-access-to-controlled-medicines>
70. West African Commission on Drugs. *Not Just in Transit: Drugs, the State, and Society in West Africa*. Dakar: West African Commission on Drugs, 2014.

71. McGrath, Matt. "Drug trafficking is speeding deforestation in Central America." BBC News, 30 January 2014. Available online at: <http://www.bbc.co.uk/news/science-environment-25960481>
72. Count the Costs. "The War on Drugs: Causing Deforestation and Pollution." London: Count the Costs, 2012. Available online at: <http://www.countthecosts.org/sites/default/files/Environment-briefing.pdf>
73. LSE Expert Group on the Economics of Drug Policy. *Ending the Drug Wars*. London: London School of Economics, 2014.
74. United Nations Office of Drugs and Crime. *2008 World Drug Report*. Vienna: United Nations, 2008.
75. Organisation of American States. *Scenarios for the Drug Problem in the Americas, 2013 – 2025*. Washington, D.C.: Organisation of American States, 2012. www.oas.org/documents/eng/press/Scenarios_Report.PDF
76. Bridge, Jamie. "World Health Organisation Calls for the Decriminalisation of Drug Use." International Drug Policy Consortium, 16 July 2014. Available online at: <http://idpc.net/blog/2014/07/world-health-organisation-calls-for-the-decriminalisation-of-drug-use?utm>
77. Bridge, Jamie. "UN AIDS Slams Russia and Calls for Decriminalisation of Drug Use." International Drug Policy Consortium blog, 28 July 2014. <http://idpc.net/blog/2014/07/unaid-slams-russia-and-calls-for-decriminalisation-of-drug-use>
78. Harm Reduction International. "What Is Harm Reduction?: A Position Statement from Harm Reduction International." <http://www.ihra.net/what-is-harm-reduction>
79. Eastwood, Niamh, and Ari Rosmarin. *A Quiet Revolution: Drug Decriminalisation Policies in Practice Around the Globe*. London: Release, 2012.
80. Ibid.
81. Murkin, George. "Drug Decriminalisation in Portugal: Setting the Record Straight." London: Transform Drug Policy Foundation, 11 June 2014. Available online at: <http://www.tdpf.org.uk/blog/drug-decriminalisation-portugal-setting-record-straight>
82. Metaal, Pien. "Drugs and Violence in the Northern Triangle: Two Sides of the Same Coin?" Transnational Institute, 8 July 2014. Available online at: <http://www.tni.org/article/drugs-and-violence-northern-triangle?context=595>; last accessed 21 August 2014.
83. Eastwood, Niamh, and Ari Rosmarin. *A Quiet Revolution: Drug Decriminalisation Policies in Practice Around the Globe*. London: Release, 2012.
84. Light, Miles K., et al. *Market Size and Demand for Marijuana in Colorado*.
85. Ledebur, Kathryn, and Linda Farthing. "To the Beat of a Different Drum: Bolivia's Community Coca Control." *Andean Information Network*, 22 July 2014; available online at: <http://ain-bolivia.org/2014/07/to-the-beat-of-a-different-drum-bolivias-community-coca-control/>
86. Letter to UN Secretary General Kofi Annan. Available online at: <http://www.drugsense.org/unletter.htm>.

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“Drugs may have killed many people, but I maintain that wrong governmental policies have killed many more. And we need to rethink.”

Former UN Secretary-General Kofi Annan



Health Poverty Action works to strengthen poor and marginalised people in their struggle for health.

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