

IDPC Briefing Paper

Drug policy and development

How action against illicit drugs impacts on the Millennium Development Goals

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The International Drug Policy Consortium (IDPC) is a global network of NGOs and professional networks that specialise in issues related to illegal drug production and use. The Consortium aims to promote objective and open debate on the effectiveness, direction and content of drug policies at national and international level, and supports evidence-based policies that are effective in reducing drug-related harm. It produces occasional briefing papers, disseminates the reports of its member organisations about particular drug-related matters, and offers expert consultancy services to policy makers and officials around the world.

As we prepare for this September's United Nations Summit on the Millennium Development Goals, we must recognize the major impediment to development posed by drug abuse and illicit trafficking [...]

Drug abuse poses significant health challenges. Injecting drug use is a leading cause of the spread of HIV. In some parts of the world, heroin use and HIV have reached epidemic proportions [...]

Drugs are a threat to the environment. Coca cultivation destroys vast swathes of Andean rain forest - the lungs of our planet - as well as national parks. Chemicals used to make cocaine poison local streams.

The illicit drug trade also undermines governance, institutions and societal cohesion. Drug traffickers typically seek routes where the rule of law is weak. In turn, drug-related crime deepens vulnerability to instability and poverty.

To break this vicious circle, it is essential to promote development in drug-growing regions.

Our work to achieve the Millennium Development Goals and fight drugs must go hand in hand.

United Nations Secretary-General Ban Ki-moon
VIENNA, 22 June 2010³

Introduction

Some form of international system for the control of a range of psychoactive drugs has been in place for almost 100 years – the first international agreements in this area were signed in The Hague in 1912. All of these agreements (currently enshrined in a suite of UN conventions, signed and ratified by the majority of member states, that strictly limit the production, distribution and use of listed substances to medical and scientific purposes) have had the noble aim of protecting the ‘health and welfare of mankind’.⁴ Throughout this century of drug control, the preferred strategies for achieving that aim have had two elements - the suppression of supply through action in source countries and strong enforcement against distribution and retail markets; and the suppression of demand through hard-hitting education and prevention, and the identification and punishment of users.

It is now widely accepted that these strategies have had limited success in reducing the overall scale of the illicit drug market, and have led to significant unintended consequences, that have impacted adversely on a range of areas of international cooperation. The tensions between drug control strategies and, for example, the prevention of HIV or the protection of human rights, are well documented.⁵ This briefing paper highlights similar tensions between the concerns and objectives of the development community, and the objectives and strategies implemented in the name of drug control.

UN agencies and member states have made some progress in recent years in addressing these tensions, but there is a long way to go to find an integrated approach to drug control that maximises the protection of health and human rights, and the promotion of social and economic development. The UN Development Programme (UNDP), and most development NGOs, have been largely absent from this debate, but could be making a significant contribution to the elaboration and implementation of more effective drug policies and strategies.

1. Drug control is a global issue

Illicit drugs are produced in a limited number of countries, but drug trafficking affects the societies and economies in a large number of countries, and widespread consumption is found in virtually all countries of the world.⁶

Traditionally, the handling of illicit drugs issues has predominantly been a law enforcement prerogative (often through specialised drug agencies), with actions focused on achieving targets in terms of drug seizures, arrests and eradication programmes. It is only in recent years that actions to address the health and social consequences of drug use have been given similar attention.

It is increasingly clear that drug control is not only a criminal justice issue but rather one that cuts across many areas of social, health and economic policy. In fact, it is closely linked with broader development efforts and goals. In order to advance the achievement of results in these interwoven fields, it is time to review these linkages and consider in particular how drug-related policies can be situated within broader development objectives and programmes.

Illicit drugs impact on development in a number of ways. Drug use contributes to diminished health, leading to higher healthcare costs and decreased earning at the population level. This is most noticeable in the area of HIV/AIDS where the sharing of needles not only spreads HIV infection among people who inject drugs but also serves to fuel the broader spread of the epidemic. Involvement in the illicit drugs market diverts people and resources from licit recorded economic activities. The huge profits associated with the drug market foster organised crime and corruption, which in turn inhibit the development of good governance. Environmental degradation resulting from the cultivation and refinement of naturally derived drugs is also being increasingly documented.

The high costs of drug law enforcement also divert resources from other priority areas, constituting another negative impact from a broader development perspective. This relates not just to the huge costs of finding and destroying drugs but also to the economic, human, health and social costs to societies across the world resulting from the marginalisation, discrimination and incarceration of people who use drugs.

To date, most policies and strategies designed to address the drugs problem have been narrow in their focus and have targeted ‘drugs’ per se. Punitive and repressive approaches, primarily targeted at the poorest and most vulnerable, have been preferred. These have been implemented against drug producers, users and traffickers – but the consequences and effects of such approaches have rarely been viewed and/or assessed within a wider development framework. As such, they have often been implemented at the expense of health, development, socio-economic, human rights and environmental issues.⁷

Success in controlling drugs through law enforcement has generally been restricted to particular substances in particular locations and has often been achieved at a very high price:

- In Asia, for example, the growth of heroin production, trafficking and use has its origins in earlier attempts to control the opium trade.⁸
- The interruption of cocaine flows through the Caribbean territories has prompted criminal organisations to move their operations in other areas, with tragic consequences in Mexico and West Africa.⁹
- In Latin America, the past twenty years have seen the bulk of coca cultivation shift from Peru and Bolivia to Colombia, and then from region to region within Colombia, a phenomenon known as ‘balloon effect’.¹⁰

- The failure to include adequate distinctions between, and diversified responses to, natural substances and synthetic ones (e.g coca leaf and cocaine) in the UN Drug Conventions have resulted in negative impacts on indigenous cultures.¹¹
- Many countries report increasing rates of drug-related crime, often facilitated by official corruption linked to drug law enforcement.¹² Despite the enormous amount of resources that continue to be poured into drug law enforcement, drug trafficking has fostered the emergence of strong organised crime syndicates, and of a culture of violence with destabilising political, social and economic effects.

However, while it is clear that the impacts and effects of drugs and drug policies reach far beyond their specific fields, the development community has thus far paid inadequate attention to these issues.¹³

A clear manifestation of the divide between drugs and development can be found in the absence of substantial references to drugs issues and drug policies in discourses around the Millennium Development Goals (MDGs). Symptomatically, **the United Nations Office on Drugs and Crime (UNODC) is not even a ‘UN partner’ on the MDGs.**

This short paper briefly highlights some of the impacts of current repressive and/or narrow drug control policies on broader development goals. It does so by identifying the main issues and negative consequences associated with policies addressing drug production, trafficking and use. While there are detailed issues associated with the production, trafficking and use of each illicit drug, such distinction and specific discourse is not made here. This is because the purpose of the paper is to highlight the existence of an overarching link between drugs and development, not to discuss in detail how this is manifested in specific areas. The points below rather intend to provide a starting

point for multi-sectoral discussions on these issues with the view of broadening ownership of the drug control agenda.

It is clear that a comprehensive partnership between the drug policy and the development field is urgently required, particularly with regard to the advancement of the targets set by the UN MDGs.

2. The link between drugs and poverty – the eradication of extreme poverty

MDG1 sees the reduction by half of the proportion of people living on less than a dollar a day

The overwhelming majority of people involved in the production of illicit drugs are not rich. Nor do they choose drug production because of its lucrative potential. In fact, the vast majority do not become rich by engaging in drug production. They start poor and remain poor. Or become poorer.

It is not surprising therefore that illicit drug production is mainly concentrated in developing countries and undertaken by the poorest and most vulnerable population groups. They inhabit hostile environments, and are often subject to inequitable land tenure and credit arrangements; they often only receive a share of the final crop or may be forced to sell their share in advance at prices well below the harvest time rate. The actual income received by the majority of opium poppy and coca producing households bears little resemblance to gross return per hectare (in terms of final market price). It is estimated that farmers earn only 1% of the overall global illicit drug income – most of the remaining revenue is earned by traffickers within developed rather than developing countries.

In the context of the development discussion on poverty, it is striking that these groups, which certainly score high on the classic indicators

of poverty, have been largely overlooked by the development world. For example:

- In Myanmar and Lao PDR, drug-growing households are estimated to earn around US\$ 200 cash income per annum; drugs are grown in areas where poor health and illiteracy prevail, where physical and social infrastructures are negligible and populations find themselves marginalised and/or discriminated against by the dominant ethnic group.¹⁴
- In Vietnam, the highland communities growing opium have the lowest household income in the country and less than half the average for rural areas.¹⁵
- In Colombia, poverty is more prevalent in areas where people grow coca illegally. Areas of intensive coca cultivation such as Meta, Caqueta and Narino, register extreme poverty, high infant mortality rates and widespread malnutrition. Infrastructure, access to water and health and social services are limited.¹⁶
- In Northern Thailand, the failure by the government to recognise the citizenship entitlement of many ethnic minority groups effectively makes many people stateless in their own country, restricting possibilities for education, employment and even travel outside their district. In these circumstances it is not surprising that those looking for drug couriers can find fertile ground in the area.¹⁷
- In the Andean Region, 77% of the families involved in illicit cultivations do not have access to any development support.¹⁸

In many drug producing areas, households are almost entirely dependent on agriculture as a source of income and subsistence. Their farming sectors, however, continue to remain structurally weak, with poor markets access, small landholdings and an absence of credit facilities. Low income, lack of infrastructure, low

health and education status, and a vulnerability to human rights abuses by state and non state actors continue to characterise the living conditions of opium and coca growing households.

Drug control responses in these areas have traditionally taken the form of opium bans, crop eradication, alternative development and the criminalisation of producers. The results, in terms of sustainable reductions in poverty, have been mainly negative:

- Opium bans and crop eradication programmes in South-East Asia, Colombia and Afghanistan have been linked with increasing poverty among poppy and coca farmers, resulting in the reduction of their access to health and education, increased indebtedness, large-scale displacement, accelerated deforestation and social discontent, and have also resulted in an increase in young ethnic minority women entering the sex trade, often in conditions of human trafficking. In some countries, crop eradication campaigns have also exacerbated armed conflicts.
- The ‘collateral’ effects of alternative development programmes in terms of their impacts on local populations are potentially much more positive, and there are certainly examples of success in this area. However, over the years too many alternative development programmes have been delivered as ‘standard packages’ of activities to a presumed standard set of beneficiaries. Underlining the lack of integration between drug control effects and poverty alleviation strategies, these programmes have often been characterised by a weak analytical basis, lack of clear strategy, short-term single sector focus and a preference for success indicators based on the measurement of reduction in illicit drug cultivation. Broader long term analysis and comprehensive strategies addressing the causes of illicit drug production have

been largely absent. Overall, most alternative development programmes to date have failed to affect sustainable change in the lives and livelihoods of illicit drug producers.

3. The link between drug markets and access to decent (and legal) employment

MDG1 seeks the achievement of decent work for women, men and young people

Little is ever said about the occupational risks related to drug production. Workers exposed to chemicals that turn substances into psychoactive drugs are at risk of a number of health hazards. Blood deficiencies, diarrhoea, asthma, stomach problems have notably been found to affect this group.

It is also important to note the links between drug use – particularly stimulants – and employment. Drug use has been found to be particularly widespread in various work sectors in the developing world, especially in the context of social transition and economic development. Those affected range from truck drivers using amphetamine type stimulants (ATS) in Malaysia due to having to work 20 hours a day to keep their employment; to women falling prey of the forced sex sector and reverting to drugs to cope with their situation; to children working in the streets. All these people are denied help and opportunities to deal with change.

Another area that has received very little attention, and yet potentially of great importance, is that of the distortion in development associated with a large export sector that is isolated from legitimate economic and social activity. Additionally, the shift in labour and capital to the criminal sector may have very serious consequences for long-term human development and economic growth. The criminalisation of the economy can further lead to preferential treatment of illegal business, forcing legal enterprises to disproportionately bear the burden of taxation and regulation.

4. The particular impact of drug markets on women

MDG3 seeks the promotion of gender equality and the empowerment of women

The ‘women and children of drugs’ is another group that has been left out of the development discourse. In Afghanistan, Pakistan, Myanmar and Lao PDR, family labour is essential in drugs cultivation, and women play an active role in most stages of opium poppy cultivation. Yet, in most projects and programmes that address drug production, gender components are merely included as ‘special considerations’. Integrating gender considerations into policy development and/or programme and project planning and implementation in these areas remain largely underdeveloped.

Women’s drug use often occurs in the context of poverty and is greatly structured by class and gender inequities. While the predominant discourse of women who use drugs is in the context of HIV and STI vulnerabilities and infection,¹⁹ other factors such as women’s social status and often low autonomy, the intense social stigma attached to female drug users, a majority of harm reduction and drug treatment programmes directed primarily toward men, an absence of sexual and reproductive health services for drug users, and poor access to effective outpatient drug treatment, have also received thus far too little attention in the context of drug policy and overall development strategies.

Policies toward drug users generally tend to ignore the needs of women. Sometimes they can even inflict ill-conceived penalties on this particularly vulnerable group. For example:

- Women have been severely affected by the growth of the international drug trade. Increased interdiction efforts and stiffer border control has seen drug traffickers becoming more innovative in developing means and methods of trafficking. The

individuals least likely to be suspected as drug couriers are usually women, and particularly women with small children. Hence, herds of women are being used to transport drugs.²⁰ Notwithstanding the fact that some women are involved in the drug trade for the same reasons as their male counterparts, it needs to be recognised that many others end up as drug mules because they are trapped in powerless relationships with men involved in trafficking, or are denied access to legal and sustainable means to support their family. Poverty is again a very fertile recruiting ground for these expendable couriers. Once involved, women are subject to criminal sanctions that far exceed their role in the drug trade.

- Criminalisation of possession of drugs for personal use can expose drug users to police abuse. Women who use drugs are especially exposed to such abuse, which can take the form of sexual exploitation. In Kazakhstan, for instance, the police come to drug-dealing points to conduct body cavity searches, which women who inject drugs report lead to sex in exchange for the return of seized drugs.²¹
- Pregnant drug users are particularly vulnerable. In too many instances, they receive little or no accurate information about drug use during pregnancy or prevention of mother-to-child transmission of HIV. In some countries, such as Russia and Ukraine, pregnant drug users are rejected by health care providers, threatened with criminal penalties or loss of parental rights, or coerced into having an abortion or abandoning their newborns to the state. Poor access to medication-assisted treatment jeopardizes the pregnancies of opiate-dependent users.
- In some countries, such as Russia and Georgia, work, welfare benefits, public housing, and access to funding for higher education can all be jeopardized by a drug

conviction or a positive drug test. Such punitive policies and stigma toward female drug users can have a range of negative effects on women and their children, particularly in terms of driving women away from health and social services.

Clearly, drug policies and strategies – and their consequences – have so far been essentially gender-blind. Overall, appropriate gender-based approaches and responses have been absent from most drugs discourses. This has negatively impacted on women, rendering them more vulnerable, more marginalised, more discriminated and more disempowered. The design and development of strategies that focus on the needs and particular characteristics of this group – with special attention to their cultural and social contexts and their specific and multiple roles in such contexts – are crucial.

5. Drug use, HIV and AIDS prevention, and public health

MDG 7 calls for the halting and reversing of the spread of HIV/AIDS and the achievement of universal access to treatment for HIV/AIDS

People who inject drugs (IDUs) are perhaps the most marginalised group at risk of HIV infection. Epidemics of HIV, hepatitis B and hepatitis C among this group are galloping in many countries. Roughly, one tenth of new HIV infections result from needle sharing, with this figure rising to just under a third outside of sub-Saharan Africa.²² One study estimated that just under one-in-five IDUs globally may be infected with HIV.²³ Injecting drug use accounts for a majority or a highly significant share of HIV prevalence in Eastern Europe and Central Asia, and East and South-East Asia. In many other parts of Asia, the Middle East and the Southern cone of Latin America, the sharing of injecting equipment is the primary route of HIV transmission.²⁴

In most of these countries, efforts to develop and implement pragmatic health-driven and harm reduction responses to drug use have been limited by drug policies based primarily on punitive approaches.

Injecting drugs for purposes not prescribed by a doctor is illegal worldwide, and the criminalisation of drug use and possession can hinder attempts to engage IDUs with available HIV prevention, treatment and care services. For example, there have been incidences of Ukrainian police arresting and beating IDUs near [needle exchanges](#) for possessing used and sterile syringes. Police in [Thailand](#) have reportedly acted similarly despite the possession of syringes being legal in the country. According to nongovernmental sources reporting to the United Nations Joint Programme on HIV and AIDS (UNAIDS), only 16% of countries have laws or regulations protecting people who use drugs from discrimination. It is further estimated that 40% of countries have laws that interfere with services' ability to reach people who inject drugs.²⁵

According to the 2010 World Drug Report, between 11 and 33.5 million dependent drug users have an unmet need for treatment interventions. Proven treatments are available. Yet, millions of people around the world are denied a basic human right to health which entails, essentially, the universal access to drug and HIV treatment. Evidence also shows that dependant opioid users under substitution treatment are less inclined to inject drugs, and are therefore less at risk of becoming infected by HIV and other blood-borne diseases. It is estimated that if opioid substitution therapy was made readily available worldwide, up to 130,000 new HIV infections could be prevented annually, the spread of hepatitis C and other blood-borne diseases could be reduced, and the number of deaths from opioid overdose could be decreased by 90%.²⁶ Restrictions on access to methadone and buprenorphine treatment for dependent opioid users therefore constitute an important barrier to HIV prevention and other public health efforts.²⁷

6. The impact of drug markets on the environment

MDG 7 seeks to integrate sustainable development into country policies and reverse the loss of environmental resources

A number of environmental and health consequences are associated with efforts to destroy illicit drugs at their source. In Colombia, the glyphosate sprayed by US planes over coca fields have caused gastro-intestinal problems, fevers, headaches, nausea, colds and vomiting in people, and similar effects have been detected in animals. The spraying has sometimes forced whole villages to be abandoned.²⁸

Crop eradication is also a major cause of deforestation as farmers move cultivation to remote areas after their fields have been destroyed. In the Andean-Amazon region, this often happens with the burning of down plots of national parks and the tropical forest, resulting in even greater damage to rich and fragile ecosystems.²⁹

Legal food plants are additional casualties, while water sources become contaminated. Concerns have also been raised about the killer fungi developed to destroy opium poppies and coca bush; scientists fear that, if used, these fungi may wipe out entire plant species and provoke serious harms to ecosystems.

Finally, large scale mono-plantations of bio-fuel crops in Colombia or of rubber in Northern Burma and Lao PDR have regularly been used in crop substitution schemes aimed to replace coca and opium poppy cultivation. The negative environmental impacts of these programmes have been largely documented.³⁰

7. Drug control strategies and activities can interfere with human rights

These inalienable human rights are enshrined in the UN Charter³¹, and the UN Millennium Declaration³²

The UN conventions on drug control require member states to limit the possession, use, trade in, distribution, import, export, manufacture and production of drugs exclusively to medical and scientific purposes.³³ The overriding concern that underpins these conventions is the 'health and welfare of mankind' (as expressed in the preamble of the 1961 Convention), and drugs are portrayed as a 'serious evil' that threatens the health and values of society. National and international drug control policies that are guided by these conventions have tended to adopt punitive prohibition, law enforcement and security led approaches which have resulted in widespread human rights violations, despite the states' obligations to respect, protect and fulfil human rights principles.

At the United Nations level, there has been a lack of coherence regarding the interrelation between human rights and drug policy. On the one hand, the UN is tasked with promoting human rights and fundamental freedoms. On the other, it is also responsible for overseeing the international drug control regime, the enforcement of which has often led to the denial of human rights. Unfortunately, experience has shown that where these regimes come into conflict, drug prohibition and punishment have been allowed to ignore human rights considerations. The Russian delegation made this clear during the 2010 Commission on Narcotic Drugs (CND) meeting, when one delegate declared: 'We're not at the Human Rights Council. This is the Commission on Narcotic Drugs and we have our own work to do here'.³⁴

Human rights abuses³⁵ in the name of drug control have mainly resulted from:

- **State violence and extra-judicial executions.** For example, the Thai war on drugs in 2003 resulted in some 2,300 extra-judicial killings, more than half of whom were not involved in drug-related activities.³⁶ In Brazil, extra-judicial killings by the police in the country's *favelas* are common place and often involve the shooting of children recruited by drug trafficking gangs.³⁷ Finally, in Mexico, nearly 30,000 were reportedly killed since the war on the drug cartels started in late 2006.³⁸
- **Forced crop eradication.** Research conducted in Myanmar and Bolivia by UNODC concluded that the rapid elimination of the farmers' primary source of income had resulted in important economic and social harm to the region. The dangers of forced eradication are even greater in Afghanistan, with over 2 million subsistence farmers living off the profits of the drug trade. In 2005, the World Bank warned that 'an abrupt shrinkage of the opium economy or falling opium prices without new means of livelihood would significantly worsen rural poverty'.³⁹ Such fears are starting to materialise with the apparition of a fungus that has reportedly already infected over half of the Afghanistan's poppy crop.⁴⁰ Additional environmental and health problems have arisen from the use of aerial herbicide spraying.
- **The arrest and ill-treatment of people who use drugs.** People who use drugs are easy targets for arrest or ill-treatment by the police. In Ukraine, for example, the police intentionally use withdrawal as an investigative tool to coerce incriminating testimony from people who use drugs, or extort money by threatening to detain them.⁴¹ In South and South-East Asia, those arrested for possession and use of illicit drugs are often sent to forced detoxification centres without trial, for periods extending from a few months to several years. These centres are often run by military and law enforcement personnel with no medical or drugs training. Recent investigations have uncovered severe human rights abuses in the centres, including torture, sexual assaults, starvation and forced labour.⁴²
- **The criminalisation of drug treatment and harm reduction activities.** Criminal laws proscribing syringe provision and possession create a climate of fear for people who use drugs, driving them away from life-saving HIV prevention and other health services, and fostering risky behaviours. This is highly problematic because drug injection remains one of the main transmission routes for HIV in many countries.
- **Lack of access to essential medicines.** Every year, tens of millions of people suffer moderate to severe pain – including 1 million HIV/AIDS patients and 5.5 million terminal cancer patients – due to legal and political restrictions on essential medicines, such as morphine. The World Health Organisation (WHO) itself declared that the MDG 8 included the 'access to affordable essential drugs in developing countries'.⁴³ WHO also linked restrictions on ephedrine and ergometrine as obstacles to the achievement of the MDG 5, that is, to reduce by three quarters the maternal mortality ratio.⁴⁴ Dependant opioid users are also subject to intense mental and physical pain due to political and legislative barriers preventing the provision of methadone and buprenorphine for drug dependence treatment.
- **The imposition of disproportionate punishment.** Many national laws still impose disproportionately long prison terms for minor drug offences. Over thirty countries still use the death penalty for drug-related offences.⁴⁵ In recent years, China has used the UN International Day against Drug Abuse and Illicit Drug Trafficking on 26th June to conduct public executions of drug

offenders. Amnesty International recorded 55 executions for drug offences over a two-week period running up to 26 June 2005.⁴⁶

The imposition of disproportionate punishments can incapacitate the criminal justice system and create risks of prison overcrowding with low-level drug offenders, resulting in important health issues with dependent users being forced to undergo forced withdrawal, and being at increased risk HIV, hepatitis C and other blood-borne infection. In addition, focusing already limited resources on low-level offenders prevents governments from targeting the most dangerous and influential criminals operating in the drug market. Imposing tougher penalties on low-level drug offenders than on bank robbers, kidnappers and murderers also undermines the notion of proportionality and fairness of the law.

- **Discrimination.** People who use drugs are often discriminated against to access healthcare and anti-retroviral and hepatitis C treatment. In some countries, people who use drugs are also filed in state registries, deterring them from attending these services. Finally, the impact of drug control is often disproportionately focussed on vulnerable groups and marginalised communities, including subsistence farmers, small time dealers, low-level drug offenders and people who use drugs.

Although there is little explicit reference to human rights in the UN drug control treaties, this does not translate in human rights law being optional in national and international drug policies. UN bodies and member states are all bound to respect, protect and fulfil human rights and fundamental freedoms as proclaimed by the UN Charter and other human rights treaties. It is vital that the human rights and drug control entities are understood in the context of the larger UN governance system if system-wide incoherence is to be addressed at the international level. More than a mere counter-balance to drug

control treaties, human rights law should be considered as a core principle and as a lens through which all drug control efforts must be filtered. Top-down policy guidance from the UN is therefore essential to respond to human rights violations associated with the current drug control approach at the national level.

8 Those involved in the drug market as growers and users can be further marginalised and excluded through drug enforcement

The UNDP Human Development Priorities put the people at the centre of development

People who use drugs generally belong to vulnerable, poor and socially excluded groups. They often suffer from a combination of related problems, such as unemployment, poor skills, low incomes, poor housing, high crime prevalence, and bad health and family environments. Social exclusion appears to be a recurrent theme in drug use patterns and their health, social and legal consequences. The information available on socio-economic factors related to drug use, and especially problematic use, points at population groups accumulating multiple exclusion processes, such as those belonging to a minority, experiencing abuse and/or trauma, and suffering from economic and social deprivation. Besides aggravating marginalisation and discrimination, social exclusion can itself have a major economic impact for societies as a whole. It can lead to a higher social security bill, increases in crime and low productivity resulting from poor skills and wasted talent.

There is ample room for addressing drug use, its causes and consequences within, for example, social protection strategies. Yet, socially excluded drug users continue to fall through the social protection's nets. Indeed, many drug control policies tend to increase this social exclusion, instead of remedying it.

There is also a clear association between economic development and the levels of drug use, particularly in those countries where socio-economic change is happening at a fast and unregulated pace. In many instances, social transitions lead to vulnerability, and vulnerability often leads to drug use. Development efforts should therefore also include components that address the inequitable social and economic conditions that lead to compensatory drug use in the first place, rather than solely focus on increasing economic growth.

9. A global partnership for development

Many national and international leaders have signalled their support for the need to find better integration between drug control and other areas of international social and health policy. Indeed, this imperative is recognised by those responsible for UN drug policy – towards the end of his mandate, Antonio M. Costa, former UNODC Executive Director recognised that:

*‘Looking back over the last century, we can see that the control system and its application have had several unintended consequences – they may or may not have been unexpected but they were certainly unintended [...] All we need is: first, a renewed commitment to the principles of multilateralism and shared responsibility; secondly, a commitment to base our reform on empirical evidence and not ideology; and thirdly, to put in place concrete actions that support the above, going beyond mere rhetoric and pronouncement’.*⁴⁷

Mr. Yury Fedotov, the newly appointed UNODC Executive Director, in his inaugural speech in September 2010 reinforced such intention

‘I want this Office to make a significant contribution to economic and social progress. Illicit drugs, crime and corruption cut lives

short and retard prosperity, whereas justice and health spur development. We can play our part in the global fight against poverty and to achieving the UN Millennium Development Goals. As ever, the poor and vulnerable suffer most. Whether we talk of the victims of human trafficking, communities oppressed by corrupt leaders, unfair criminal justice systems or drug users marginalized by society, we are committed to making a positive difference’.⁴⁸

Drug markets and use, and the strategies employed to tackle them, are closely linked with both development and ‘under-development’. It is also clear that drugs have a much greater negative impact on the poor and most vulnerable. For both fields to attain sustainable, positive and lasting results there needs to be a recognition that drug control and development efforts must go hand in hand. Approaches to reduce drug production and use need to include measures to improve social and economic opportunities for these groups. Strategies aimed to develop human capital, advance social protection and inclusion, improve public health, foster good governance and economic growth and alleviate poverty need to include – in a synergetic, complementary and carefully planned manner – actions that address the production, trafficking and use of illicit drugs.

It is imperative that the development movement take steps to analyse these linkages, engage in these debates, and promote ‘joined up’ policies and programmes that effectively tackle the marginalisation and stigmatisation of disadvantaged communities particularly affected by drug markets and use. In particular, UNDP, as the lead UN agency on development issues, should to start working on this area by strengthening cooperation with UNODC, in order to develop a shared understanding of existing challenges and provide shared leadership on promoting effective responses.

Endnotes

- 1 Associate, New Zealand Drug Foundation. www.nzdf.org.nz
- 2 Research and Communications Officer, International Drug Policy Consortium, www.idpc.net
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