HEALTH POVERTY ACTION

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Drug Policy and the Sustainable Development Goals

Why drug policy reform is essential to achieving the Sustainable Development Goals

Introduction

The Sustainable Development Goals (SDGs) were launched in September 2015, made up of 17 Goals and 169 Targets that set out a plan of action that will shape the mainstream development agenda for the next 15 years[1]. There has already been much debate about how these Goals will be achieved, but the significant issue of drug policy reform has so far been ignored. This briefing aims to address this gap, to support discussions and demonstrate how global drug control policies are a cross-cutting development issue that impact upon a number of the SDGs.

Since the mid-20th century, global drug policy has been dominated by strict prohibition and the criminalisation of drug cultivation, production, trade, possession and use – with the intention of creating a drug-free world. This so-called 'war on drugs' has not only failed, it is also undermining efforts to tackle poverty, improve access to health, protect the environment, reduce violence, and protect the human rights of some of the most marginalised communities worldwide[2].

This paper sets out the ways in which current drug control efforts are already impacting upon the development sector's efforts to achieve sustainable development, highlighting specific areas of policy incoherence between drug control and development, as well as recommendations for the way forward, which must be recognised and addressed if we are to fully achieve the new Goals and Targets set out in the Sustainable Development Agenda. The development sector has so far remained largely absent from debates on drug policy reform, but if it is serious about achieving the SDGs it can no longer remain silent.

Drug policy reform is a development issue: we cannot achieve the SDGs unless we end the 'war on drugs'.

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GOAL 1: End poverty in all its forms everywhere

Target 1.4

By 2030, ensure that all men and women, in particular the poor and vulnerable, have equal rights to economic resources, as well as access to … ownership and control over land.

Contrary to common misconceptions, involvement in the drug market is more frequently a sign of poverty than of wealth. Many small-scale farmers grow drug-linked crops in the absence of viable licit livelihood opportunities, and often as a strategy to mitigate food and income insecurity, in some cases because their land is not large or productive enough for them to survive on subsistence or other cash crops. In these circumstances, drug-linked crops can provide some level of livelihood security due to their being low-maintenance, non-perishable and easily transportable to a large, sustained and profitable market.

Prohibition has had a severe impact on small-scale farmers who grow drug-linked crops. In the opium growing areas of Southeast Asia and Afghanistan, and the coca growing areas of Latin America, drug control has generally consisted of forced crop eradication campaigns aimed at suppressing the drug market. These campaigns have led to the destruction of the only means of subsistence for these marginalised farmers and their families, therefore further exacerbating their poverty and vulnerability, and in many areas creating a vicious cycle where illicit crop producers become increasingly dependent on cultivating drug-linked crops to counter the impoverishing effects of eradication[3]. Eradication and prohibition also create a perverse incentive for illicit crop production by raising prices, and with it the benefits of illicit cultivation versus alternative livelihood strategies.[4] Additionally, the criminalisation of drug producers, for example in Southeast Asia, cuts farmers off from accessing resources and infrastructure, such as legal credit, which they would need to switch to growing legal crops[5]. Crop eradication also damages the soil and water supplies (see **Goal 15**), reducing farmers' ability to grow alternative crops on their land and move away from illicit crop production. Loss of ownership or access to land as a result of land grabbing can also be an important factor in pushing farmers into illicit crop production[6].

In some cases, alternative development programmes have been set up to help farmers replace drug cultivation with alternative crop production, or occasionally alternative non-agricultural livelihoods; with mixed success. Many of these programmes are led by security and supply reduction goals rather than development concerns, with support conditional on reducing drug cultivation and the eradication of drug-linked crops before alternative sources of income are established. Such programmes can again deepen the poverty of small-scale farmers, whilst largely failing to reduce drug production (See **Goal 15**)[7].

The criminalisation of drug possession and use also disproportionately affects poor people who use drugs. Where the success of drug policy is measured in the number of arrests, poor communities and minority groups are frequently targeted[8]. There is widespread evidence of the results of incarceration including lifelong under-employment, exclusion from housing, education and political participation[9], which highlight the stigmatising and impoverishing impacts of this type of criminalisation (See also **Goal 5**).

Goal 1, and particularly Target 1.4, can only be fully achieved if the most marginalised communities involved in illicit crop cultivation, production and use are not left behind. A development-oriented approach to drug policy will require putting an end to forced crop eradication, strengthening access to ownership of and control over land, safeguarding food security, and improving access to infrastructure, licit livelihood opportunities, economic growth and the provision of basic health and social services, as part of a comprehensive development strategy. It must include ending the impoverishing impacts of incarceration through the criminalisation of drug use and possession. Finally, those subsistence farmers involved in illicit crop cultivation and people who use drugs must be actively included as meaningful partners in the development and implementation of policies that affect them[10]. This will only be achieved if the impacts of criminalisation on stakeholder engagement are also addressed[11].

Food security should be a central concern to increase coherence between development and drug policy.

GOAL 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture

In addition to the compounding effects of crop eradication and unsuccessful alternative development programmes on poverty (see **Goal 1**), policies and interventions such as crop eradication can also create food insecurity for whole communities, both by destroying the only means of subsistence for farmers involved in drug-linked crop cultivation, but also through the contamination of water supplies and destruction of nearby food crops as a result of aerial spraying. Reforming these approaches and putting an end to forced crop eradication campaigns – in particular aerial spraying – is essential to meet Sustainable Development Goal 2.

A lack of sequencing in alternative development programmes, which places crop eradication before the sustainable establishment of alternative livelihoods, also creates food insecurity and in some cases has led to humanitarian crises requiring emergency food aid[12]. Ensuring the safeguarding of food security and sustainability of agriculture as primary concerns in the development and implementation of any alternative development programmes will therefore also be central to meeting SDG 2.

GOAL 3: Ensure healthy lives and promote well-being for all at all ages

Poverty and ill health form a vicious cycle. Current drug policies reinforce this cycle by increasing the risks of health harms and limiting access to medical care for people who use drugs, but also for entire communities by overly restricting access to essential medicines for pain relief and palliative care. Unless the impacts of prohibitionist drug control on this cycle are addressed, it will significantly constrain the full attainment of SDG 3 for many communities.

Target 3.3

By 2030, end epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis.

The criminalisation of people who use drugs, and social stigma attached to drug use, act as a strong barrier to their access to medical care and other support services, increasing the risk of transmissible diseases such as HIV, tuberculosis and hepatitis, and health issues unrelated to drug use. This is partly due to fear of legal sanctions as a result of seeking care, for example, people who use drugs reported increased reluctance to seek healthcare following intensive drug control practices in Thailand[13].

Some countries are also unwilling to fund or develop HIV and AIDS treatments that are accessible to people who use drugs. Among people who inject drugs, less than 4% of those living with HIV have access to anti-retroviral treatment[14], which plays a key role in reducing HIV transmission[15]. Harm reduction services, which provide access to sterile injecting equipment through needle and syringe programmes, are also essential in reducing HIV transmission and prevalence[16] (See Target 3.5). Where harm reduction services have been established early on – such as in the UK, Switzerland and the Netherlands – this has curbed HIV epidemics among people who use drugs, whereas countries that continuously refuse to implement these life-saving programmes – such as Russia – face elevated HIV prevalence among people who inject drugs[17].

It will be impossible to meet Target 3.3 and end the global AIDS epidemic by 2030 without a significant reform of current drug policies to ensure that all people who use drugs and particularly those living with HIV and AIDS, have access to harm reduction services, including sterile injecting equipment, and other essential health interventions and treatments.

Target 3.5

Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse.

Prohibitionist drug policies have a significant impact on access to drug treatment and proven harm reduction services for people who use drugs, such as needle and syringe exchange programmes[18]. The criminalisation of drug use and possession of drug paraphernalia in some countries creates a significant barrier to the provision of harm reduction services[19] and deters people from accessing harm reduction services where they may be available; putting people at high risk of blood-borne diseases such as HIV and hepatitis (See Target 3.3), and of death by overdose[20]. Less than 8% of people who use drugs worldwide have access to a needle and syringe programme[21], and in some countries, in particular Russia, opioid substitution therapies remain illicit.[22]

In Asia and some parts of Latin America, governments have moved towards the compulsory detention of people who use drugs, where ill-treatment, beatings, humiliations, forced labour and other human rights violations are perpetuated in the name of 'treatment'[23]. Such practices cannot be taken to constitute 'treatment' in the context of achieving SDG Target 3.5 and must come to an end.

Prohibition also reinforces social stigma and discrimination against people who use drugs, who are sometimes denied healthcare due to their drug use (See also Target 3.3). Women who use drugs face particularly strong stigma, in particular pregnant women who are often denied prenatal care[24] and opioid substitution therapy[25], putting their life and that of their baby in jeopardy. Social stigma also constrains state expenditure on narcotic substance abuse treatment services[26].

Unless prohibitionist policies on drug use are reformed and a harm reduction-oriented approach to drug use is adopted, these policies will significantly impact efforts to strengthen access to treatment for people who use drugs, and achieve SDG Target 3.5.

Target 3.8

Achieve universal health coverage, including financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

Current global drug policies divert vast amounts of resources away from health service provision (see **Goal 17**), increasing the difficulty of achieving universal health coverage (UHC) and access to other health services under SDG 3. According to the Overseas Development Institute, it has been estimated that an additional US$37 billion a year will be needed to meet the health targets for Goal 3 (not including non-communicable diseases)[27].

The international drug control system also restricts access to essential medicines for people who don't use drugs – with 80% of the world's population (some 5.5 billion people) living in countries with limited or no access to essential medicines, such as morphine, for pain relief[28]. Although a primary objective of the UN drug conventions is to ensure adequate access to controlled substances for medical and scientific use, their implementation at national level has been skewed in favour of heavy restrictions to combat the non-medical, illicit market. As a result, 90% of the world's AIDS patients and 50% of global cancer patients living in low- and middle-income countries, have access to just 6% of the morphine used for pain management globally[29]. Ketamine, the only anaesthetic drug suitable to allow major surgery to be performed in resource poor settings without oxygen or electricity, making it essential in development and humanitarian contexts, is also potentially at risk of being placed under the same restrictions[30].

To achieve target 3.8 and guarantee access to essential medicines for all, it is critical that the restrictive controls on essential medicines through current drug policies are lifted, and not extended to new substances essential to the provision of medical care in development and humanitarian contexts such as ketamine; prioritising accessibility of essential medicines for all people, everywhere.

GOAL 5: Achieve gender equality and empower all women and girls

Target 5.2

Eliminate all forms of violence against all women and girls ... including trafficking and sexual and other types of exploitation.

As with many development issues, women suffer disproportionately from the impact of prohibitive drug policies. Women in Europe, Asia and Latin America are imprisoned at a disproportionately high rate for non-violent drug offences. Frequently these women are in situations of extreme poverty, have low levels of formal education and limited prospects in the licit economy, with instances where women, particularly from ethnic minority communities, are forcibly coerced into participating in the illicit drug market[31]. In Latin America, the dramatic increase in women incarcerated for drug offences, the percentage of which is proportionately higher than for men, has pointed to an increasing 'feminisation of drug crimes'[32]. Today, women incarcerated for drug offences represent the fastest growing prison population worldwide[33]. This is furthered by mandatory sentencing which does not account for the role or motivation of women's involvement in drug related crimes[34].

The over-incarceration of women for drug offences not only exacerbates their inequality and disempowerment, but – as the majority of women imprisoned around the world are mothers and/or the main carers of dependent children[35] – also exacerbates the poverty and vulnerability of their entire families and communities.

In cultivation areas, the loss of livelihoods as a result of forced crop eradication campaigns (see **Goal 15**) also disproportionately impacts women's livelihoods in a context where gender inequality already results in unequal access to land, education and employment. Forced crop eradication has also been reported in some areas as leading to increases in female sex work and the trafficking of women and children[36], undermining efforts to achieve target 5.2.

Women who use drugs also face significant stigma, hindering their access to health and social services (see **Goal 3**). In Eurasia, NGOs have documented repeated police brutality and sexual abuse against women who use drugs.[37]

To address the disproportionate impacts of drug control policies on women and ensure the achievement of SDG Goal 5, a review of drug policies with a strong gender perspective should be conducted to develop alternative policy approaches that actively promote, rather than limit, the achievement of gender equality and women's empowerment.

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Opportunities for women in the licit economy can provide important alternatives to involvement in the illicit drugs market.

GOAL 15: Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss

Target 15.2

By 2020, promote the implementation of sustainable management of all types of forest, halt deforestation, restore degraded forests and substantially increase afforestation and reforestation globally.

Target 15.5

Take urgent and significant action to reduce the degradation of natural habitats, halt the loss of biodiversity, and by 2020, protect and prevent the extinction of threatened species.

Current drug policy causes serious harm to often fragile ecosystems, both directly through crop eradication programmes and indirectly by pushing drug cultivation (and with it eradication efforts) into more remote areas. These include national parks, which are more likely to be ecologically diverse, fragile and important, where they cause deforestation, natural habitat degradation and loss of biodiversity. In Honduras and Guatemala, deforestation has increased four-fold as a result of drug operations displaced from Mexico by the 'war on drugs' approach[38] and in Peru the illicit drug trade has been responsible for 10% of rainforest destruction over the past century[39].

Crop eradication campaigns involving pesticides contaminate the air, soil and water supplies. Indiscriminate aerial crop spraying has led to the destruction of licit crops, forests, rare species of plants, and the habitats of indigenous animals[40]. Colombia, one of the most bio-diverse countries on the planet, has only just ended aerial spraying with the harmful chemical Glyphosate, following advice from the World Health Organization, yet plans to continue manual eradication with the chemical[41] and is seeking alternative herbicides to continue aerial spraying within the next year[42].

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The repeated use of chemicals has a long-term impact on soil ecosystems, reducing their productivity to grow crops, and the environmental and human health impacts of using chemicals in crop eradication have led several countries to ban their use in eradication efforts entirely[43]. Yet even when crop eradication is done manually and without chemicals (such as ploughing crops under), this is largely indiscriminate and damages local ecosystems.

Prohibition and crop eradication policies also add to the damage caused to land and river ecosystems by the drugs trade, by displacing drug production into more remote areas as cultivators, producers and traffickers move to avoid law enforcement and crop eradication efforts[44].

Although drug production and trafficking are environmentally destructive in themselves – involving the clearing of land not just for illicit crop cultivation but also for agriculture, housing, roads and airstrips, and causing pollution through the unsafe disposal of chemicals used in the production process[45] – it is the continued displacement of these activities as a result of prohibition which exacerbates their environmental impact. This impact is also reinforced by unsuccessful alternative development programmes, which may reduce crop cultivation temporarily in one area, only for it to rise in another in order to meet demand. This displacement process is known as the 'balloon effect'.

This has been the case in the Andean region, where alternative development programmes in Colombia led to increases in coca cultivation in Peru[46], and in the Golden Triangle, where the implementation of alternative development programmes in Thailand led to increased opium cultivation in Myanmar and Afghanistan.[47]

Unless crop eradication programmes and punitive law enforcement approaches which displace drug production into areas of fragile and important biodiversity come to an end, progress to meet Goal 15, particularly Targets 15.2 and 15.5, will be held back by continued deforestation, degradation of natural habitats and loss of biodiversity resulting from the 'war on drugs'.

GOAL 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

Target 16.1

Significantly reduce all forms of violence and related death rates everywhere.

The 'war on drugs' can sometimes be alarmingly literal. A law enforcement approach to counter the drug trade has fuelled militarisation, as some states have significantly scaled up resources for drug law enforcement efforts, frequently channelled through the military.

Over the last decade, countries such as Colombia and Mexico have dramatically increased their security spending. Between 2006 and 2009, Mexico mobilised 45,000 military troops to combat drug trafficking gangs, and increased its federal police force from 9,000 to 26,000 officers[48]. This militarisation has in turn fuelled violence as the drug cartels mobilised to fight state security forces. The Mexican government has estimated that from December 2006 to December 2010, the first four years following the launch of a major offensive against drug cartels, there were 34,612 violent deaths directly related to the 'war on drugs'[49].

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Similarly, in February 2003 Thailand launched a 'war on drugs', which resulted in the extrajudicial killing of approximately 2,800 people, the arbitrary arrest of thousands, and the use of extreme violence by the police[50]. These figures give only an indication of the level of violence that many communities living on the front lines of the 'war on drugs' experience in their daily lives.

Achieving peaceful and inclusive societies as stated in Goal 16, and meeting Target 16.1 on reducing violence and related deaths, can only be fully achieved through policy reform which de-militarises responses to the drugs trade.

Target 16.4

By 2030, significantly reduce illicit financial and arms flows, strengthen the recovery and return of stolen assets and combat all forms of organized crime.

The illicit drugs market is worth US$320 billion at a conservative estimate, which accounts for a minimum of 50% of the value of global illicit financial flows and is equivalent to almost 1% of global GDP[51]. In West Africa, the value of the cocaine trafficked through the region each year exceeds that of foreign direct investment into the region[52].

The illicit drug market is highly profitable because of its illegality. Whilst it is reasonably cheap to grow and produce illicit drugs, the price dramatically increases when a drug is trafficked out of the country because of the physical, legal and financial risks involved in trafficking. Only 1% of the revenue generated by the cocaine and heroin trade goes to the farmers who produce the crops[53].

Proceeds from the drugs trade are also one of the main sources of income for organised criminal and armed groups, with armed forces such as the Taliban in Afghanistan and the FARC (Revolutionary Armed Forces of Colombia) gaining substantial revenues from 'taxes' on opium, heroin and cocaine used to finance insurgencies[54].

Without policy reforms which target the profitability of the global drugs trade, other interventions which seek to meet Target 16.4 by reducing illicit financial flows and combating organised crime will likely be unsuccessful, as the high profits will remain a big enough incentive for continued involvement in organised crime related to the drugs trade.

Target 16.5

Substantially reduce corruption and bribery in all their forms.

The extensive profits derived from the drugs trade also allow drug cartels to exert powerful influence over governments, security services, and local communities through corruption, bribery and intimidation. In 2008 Mexico's drug policy czar Noe Ramírez was arrested and charged with taking bribes of $450,000 a month from the Sinaloa drug cartel.[55]

Corruption driven by the profits of strict prohibition has also had a huge impact in West Africa, through which an estimated US$1.25 billion in South American cocaine passes each year. In Guinea-Bissau, state institutions have been deeply compromised by drug traffickers, with the 2005 re-election of President Joao Bernardo Vieira reportedly financed by Colombian drug cartels, and the government repeatedly accused after this of extensive involvement in the illicit drugs trade[56].

Developing new policies which seek to address the huge profits derived from the strict prohibition of the drugs trade will be essential in trying to reduce bribery and corruption to meet Target 16.5.

Leaving no-one behind?

One of the pledges central to the SDGs is that 'no one will be left behind'. If this is truly to be the case then there must be much greater policy coherence between the sustainable development agenda and global drug policy over the next 15 years. The universality of the Goals means they cannot be accepted as fully achieved until they have been met for all people, which hinges upon the inclusion of a specific list of vulnerable groups and the commitment to disaggregate progress towards all Goals by these groups. Many of the communities and people caught up in the drugs trade, whether users, small-scale traffickers, producers or cultivators, often constitute the most vulnerable and marginalised segments of society, the 'furthest behind' which the SDGs have endeavoured to reach first. If drug policy does not take into account the developmental needs of these vulnerable groups, and likewise if they remain invisible and neglected in the development community's efforts to meet the Sustainable Development Goals, millions of people worldwide will continue to be left behind.

GOAL 17: Strengthen the means of implementation and revitalize the global partnership for sustainable development

Target 17.1

Strengthen domestic resource mobilization, including international support to developing countries, to improve domestic capacity for tax and other revenue collection.

Target 17.3

Mobilize additional financial resources for developing countries from multiple sources.

Enforcing anti-drug policies costs at least US$100 billion a year globally, rivalling the $130 billion global aid budget[57]. The persistent pursuit and enforcement of militarised, prohibitionist drug policies diverts huge amounts of both domestic and international financial resources, which could be more effectively used to fund education, healthcare, water and sanitation and other development priorities in an effort to strengthen, rather than undermine, the achievement of the Sustainable Development Goals.

The Overseas Development Institute (ODI) estimates that the additional funding required to meet the SDGs will include US$38 billion a year to achieve universal primary education and expanded secondary education under Goal 4, $26.8 billion additional funding annually to achieve the universal access to water and sanitation targets under Goal 6, and $50.2 billion annually to eliminate hunger by 2025 under Goal 2[58].

Given this extensive gap in funding needed to meet just a handful of the Sustainable Development Goals and Targets, diverting a proportion of international and domestic government funding currently reserved for drug law enforcement towards development could provide a significant contribution to achieving the SDGs. Any reallocation of funding would also have a double-positive affect on achieving the SDGs, by reducing funding for drug policies which are counter-productive to meeting the Goals.

Finally, a global partnership for development will only be achieved when affected communities – including people who use drugs and subsistence farmers involved in illicit crop cultivation – are considered by governments as equal partners in the design and implementation of drug laws and policies at all levels of government, and the impacts of criminalisation on the engagement of these stakeholders is addressed.

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The ODI estimates it will cost an additional US$26.8 billion annually to achieve the targets of universal access to water and sanitation under Goal 6.

Conclusion

The dominant prohibitionist approach to global drug policy is significantly impacting on progress to achieve sustainable development. It is time the development sector engaged seriously with the issue of drug policy to address these impacts by rectifying the policy incoherence between a 'war on drugs' approach and sustainable development. The SDGs and UNGASS 2016 present key opportunities to ensure that development policies and drug control efforts work side by side to meet common goals, but if the development community remains silent on these issues, they will at best limit their efforts and progress towards meeting a number of the SDGs and at worst render them unachievable.

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UNGASS 2016

In April 2016, the UN General Assembly will hold a Special Session (UNGASS 2016) on the 'World Drug Problem', which will help to shape the future of drug policy[59]. This is an important opportunity for the development sector to engage in the drug policy debate and advocate for policies which can more adequately enable, rather than obstruct, the achievement of the SDGs[60].

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