
PATHWAYS TO
DRUG POLICIES
THAT WORK:

ADDRESSING
THE REAL NEEDS OF
PEOPLE AND SOCIETIES



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FOREWORD

In January 2011, a group of personalities from the Americas and Europe established the Global Commission on Drug Policy. Membership grew to encompass Commissioners from around the world. Ten former heads of State or Government, a former Secretary General of the United Nations, as well as other experienced and well-known leaders from the political, economic and cultural arenas felt, and still feel, that they must advocate for drug policies based on scientific evidence, human rights, public health and safety, for all segments of the population.

The Global Commission's first report, published in 2011, broke the taboo on the negative consequences of the so-called "war on drugs" and called for a paradigm shift: priority must be given to health and safety, allowing for measures that truly help people and communities. The three reports published in 2012, 2013 and 2015 explored in greater depth how the punitive approach to drugs and the criminalization of people who use drugs are responsible for the spreading of HIV/AIDS and hepatitis C, as well as for the lack of access to palliative care, pain medication, and other controlled essential medicines.

In its 2014 report, summarized in this document,¹ the Global Commission on Drug Policy presented five pathways for reforming drug policies. These are: prioritizing public health; ensuring access to controlled medicines; decriminalizing personal use and possession; relying on alternatives to punishment for non-violent, low-level actors in illicit drug markets, and promoting longer-term socio-economic development efforts to offer them a legitimate exit strategy; regulating the drug markets, and rolling back organized crime and its corruptive and violent influence. The pathways provide a roadmap for pragmatic policy changes, which will make the drug-related problems that the world faces today much more manageable.

Today, the consensus on which the international drug control regime was established more than fifty years ago is broken. A growing number of national or local authorities are moving away from a prohibitive attitude towards drugs and experimenting with different ways of managing their presence in society. These include the legal regulation of various substances, ending the criminalization of people who use drugs, and implementing—albeit not enough—harm reduction interventions and a large spectrum of therapies tailored to meet the needs, the will and the potential of everyone. Crucially, the discussion is based on evidence, and innovations are spreading across the Americas, Africa, Europe, Asia and the Pacific. This fundamental and truly global shift is hugely welcome. What we are witnessing is drug policy reform in action.

It is now time to challenge the way societies view drugs and the people who use them. Only a minority of people who use drugs do so in a problematic way. And while individuals with problematic use risk their own health due to the potential harms caused by the drugs they take, they are confronted with much greater harms when the consumption of drugs is criminalized. Their access to health services is de facto restricted and they are sometimes forced to engage in risky behaviors that may otherwise be unnecessary. Furthermore, they often experience social and professional difficulties, marginalization and discrimination. Societies consider them as undeserving of understanding and support, when what they need is empowerment through treatment and social integration. A punitive approach to drug control thus fundamentally undermines the relationship between the individual and the State. People who use drugs have to be recognized for who they are: equal and responsible members of society in their full rights and dignity.

The vast majority of people who use drugs do so in a reasonable way. As long as they have to rely on criminal markets for supply because of prohibition, however, they will be exposed to criminal proceedings, health risks and other dangers, for what may otherwise be an act without negative consequences, either for themselves or for others.

There is no one-size-fits-all solution to enacting drug policy reform, other than including universal human rights as minimum standards. The shift will demand changes in domestic and international policies and practices. It will entail trial and error, and an honest and critical sharing of results. The worldwide debate that we called for six years ago is now fully engaged; it will not stop but rather gain in depth. While there have been many positive developments in the last few years, the work is far from over. Political officials at all levels need to be not only pragmatic but bold. It is time for States to assume their full responsibility, remove drugs from the hands of organized crime, and take control of the markets in order to protect the health, safety and full rights of everyone. It is time to act and leave nobody behind.

Ruth Dreifuss

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Past Chair of the Global Commission on Drug Policy (2011-2016)*

THE FIVE PATHWAYS TO DRUG POLICIES THAT WORK

Both the stated goals of drug control policies and the criteria by which such policies are assessed merit reform. Traditional goals and measures—such as hectares of illicit crops eradicated, amounts of drugs seized, and number of people arrested, prosecuted, convicted and incarcerated for drug law violations—have failed to produce positive outcomes.

1. PUT PEOPLE'S HEALTH AND SAFETY FIRST

Putting health and community safety first requires a fundamental reorientation of policy priorities and resources, from failed punitive enforcement to proven health and social interventions. In measuring the impact of drug policies and assessing positive outcomes, it is far more important to focus on goals and measures that aim to reduce both the harms that are a direct consequence of drug use, such as fatal overdoses and dependence,

as well as those resulting from failed prohibitionist and punitive policies, such as increased transmission rates of HIV/AIDS, hepatitis and other diseases, crime, violence, corruption, human rights violations, environmental degradation, displacement of communities, and the power of criminal organizations. Proven prevention, harm reduction, and treatment measures must be scaled up to meet the needs of people who use drugs.

2. ENSURE ACCESS TO ESSENTIAL MEDICINES AND PAIN CONTROL

More than 75% of the world's population carries a huge burden of avoidable pain and suffering with little or no access to essential medicines. This situation persists despite the fact that the avoidance of ill health and access to these medications is a key objective and obligation of the global drug control regime, and an obligation under human rights law through the right to health. Governments need to establish clear plans and timelines to remove the domestic and international obstacles to such a provision.

They should also allocate the necessary funding for an international program—to be overseen by the World Health Organization (WHO) and developed in partnership with the United Nations Office on Drugs and Crime (UNODC) and the International Narcotics Control Board (INCB)—to ensure equitable and affordable access to these medicines where they are unavailable.

3. END THE CRIMINALIZATION AND INCARCERATION OF PEOPLE WHO USE DRUGS

Evidence shows that the criminalization of drug use and possession has little to no impact on the levels of drug use in an open society. Such policies do, however, encourage high-risk behaviors, such as unsafe injecting, and deter people in need of drug treatment from seeking it. They also divert law enforcement resources from focusing on serious criminality, and reduce personal and government funds that might otherwise be avail-

able for positive investment in people's lives. Finally, repressive policies burden millions with the long-lasting negative consequences of a criminal conviction. Using the criminal justice system to force people arrested for drug possession into "treatment" often does more harm than good. It is far better to ensure the availability of diverse supportive services in communities.

4. REFOCUS ENFORCEMENT RESPONSES TO DRUG TRAFFICKING AND ORGANIZED CRIME

Governments devote considerable resources to detecting, arresting, and incarcerating people involved in illicit drug markets—with little or no evidence that such efforts reduce drug-related problems or deter others from engaging in similar activities. Community-based and other non-criminal sanctions routinely prove more effective and far less expensive than criminalization and incarceration.

Non-violent subsistence farmers and day laborers involved in harvesting, processing, transporting or trading, and who have taken refuge in the illicit economy purely for reasons of survival, should not be subjected to criminal punishment. Only longer-term socio-economic development efforts that improve access to land and jobs, reduce economic inequality and social marginalization, and enhance security, can offer them a legitimate exit strategy.

Governments must also anticipate the ways in which particular law enforcement initiatives, particularly militarized “crackdowns”, may exacerbate criminal violence

and public insecurity. Displacing illicit drug production from one locale to another, or shifting control of a trafficking route from one criminal organization to another, often does more harm than good.

The goals of supply-side enforcement need to be reoriented from unachievable market eradication to achievable reductions in the violence and disruption linked to the trafficking. Enforcement resources should be directed towards the most disruptive, problematic, and violent elements of the trade—alongside international cooperation to crack down on corruption and money laundering. Greater accountability for human rights violations committed in pursuit of drug law enforcement is also essential. In particular, States must abolish the death penalty for all drug-related offenses.

THE FIRST FOUR RECOMMENDATIONS DO NOT REQUIRE ANY REFORM OF INTERNATIONAL DRUG CONTROL TREATIES.

5. REGULATE DRUG MARKETS TO PUT GOVERNMENTS IN CONTROL

Much can be learned from the successes and failures in regulating alcohol, tobacco, pharmaceutical drugs and other products, as well as activities that induce health problems and other risks to individuals and societies. New experiments are needed in allowing legal but restricted access to drugs that are now only available illegally. This should include the expansion of heroin-assisted treatment for some long-term dependent

users, which has proven so effective in Europe and Canada. Ultimately, the most effective way to reduce the extensive harms of the global drug prohibition regime and advance the goals of public health and safety is to get drugs under control through responsible legal regulation.

COUNTING THE COSTS OF OVER HALF A CENTURY OF THE 'WAR ON DRUGS'

UNDERMINING HUMAN RIGHTS, FOSTERING DISCRIMINATION

Punitive approaches to drug policy severely undermine human rights in every region of the world. They lead to the erosion of civil liberties and fair trial standards, the stigmatization of individuals and groups, and the imposition of abusive and inhumane punishments.

- Although the death penalty for drug offenses is a gross violation of international human rights law, it is nevertheless retained by 33 countries.² As a result, 549 people are believed to have been executed for drug offenses in 2013, though there are likely more executions than those publicly recorded.³
- Drug law enforcement has fuelled a dramatic expansion of people in detention (prisons, pretrial detainees, people held in administrative detention). Many people are held in mandatory “drug detention” centers, including some 235,000 people in China and Southeast Asia.⁴
- Globally, more women are imprisoned for drug-related offenses than for any other crime.⁵ One in four women in prison across Europe and Central Asia are incarcerated for drug offenses,⁶ and the rates are more than 60% in countries across Latin America.⁷
- Drug law enforcement disproportionately impacts minorities. In the US, African Americans make up 13% of the population, yet they account for 33.6% of drug arrests and 36.5% of people sent to state prisons on drug charges.⁸ Similar racial disparities have been observed elsewhere including the UK,⁹ Canada¹⁰ and Australia.¹¹

THREATENING PUBLIC HEALTH AND SAFETY

Punitive drug law enforcement maximizes the health risks associated with drug use, particularly among the most vulnerable, because the drug trade is left in the hands of organized crime and people who use drugs are criminalized rather than provided with assistance.

- Clandestine production and retail often leads to adulterated drug products of unknown potency and purity, which pose significantly higher risks. Examples of this problem include heroin contaminated with anthrax¹² and cocaine cut with levamisole (a de-worming agent).¹³
- In Russia, as of 2016, more than one million people, and perhaps as many as 1.5 million, are infected with HIV; 57% acquired it through drug use and as many as 20% of the people who use drugs in Russia test positive for HIV.¹⁴ Since people who use drugs are de facto criminalized, access to life-saving harm reduction services and treatment is either highly restricted or banned outright.¹⁵
- The current drug control regime has generated significant legal and political obstacles to the provision of opiates for pain control and palliative care. 75% of the world population, predominantly in middle- and lower-income countries, is left with limited or no access to the pain relief they need.¹⁶
- Restrictive policies increase the risk of premature death from overdoses and acute negative reactions to drug consumption. For example, in 2015, there were approximately 33,000 opioid overdose deaths in the US.¹⁷ Effective antidotes are still not universally available.

A FAILURE ON ITS OWN TERMS: WASTING BILLIONS AND UNDERMINING ECONOMIES

Global drug production, supply and use continue to rise, despite over US\$100 billion spent globally each year on enforcing the “war on drugs”,¹⁸ with disastrous financial and social costs. Yet the international community is further away than ever from realizing a “drug-free world”.

- The UNODC’s best estimate for the number of users worldwide aged 15-64 (past year use) has risen from 203 million in 2008 to 247 million in 2015, or a rise in prevalence of use from 4.6% percent to 5.1% in seven years.^{19, 20}
- Global illicit opium production increased by nearly 380% since 1980, rising from 1,000 metric tons to 4,770 in 2016.²¹ Meanwhile, heroin prices in Europe dropped by 75% from 1990 to 2013, and by 80% in the US since 1980, despite the rise in purity.²²
- The international drug control system is, by its own admission, “floundering” in the face of the proliferation of new psychoactive substances (NPS).²³ In 2012, the number of NPS already exceeded the number of drugs prohibited under the international drug control framework.
- The emphasis on counterproductive law enforcement strategies to tackle drugs generates “policy displacement”. In other words, it distracts attention and resources from proven health interventions, other police priorities, and other social services.²⁴
- The illicit drug business also corrodes governance. In 2010, Mexico’s secretary of public security estimated that drug cartels spent more than a billion dollars each year on bribes to the municipal police.²⁵ As of 2011, Mexican and Colombian drug trafficking groups were laundering up to US\$39 billion a year in wholesale distribution proceeds.²⁶

FUELING CRIME AND ENRICHING CRIMINALS

High prices for illicit drugs provide a profit motive for criminal groups to enter the trade, and drive some people who are dependent on drugs to commit crimes in order to fund their use.

- Drug prohibition has fuelled a global illegal trade estimated by the UNODC to be in the hundreds of billions. According to 2005 data, production was valued at US\$13 billion, the wholesale industry priced at US\$94 billion, and retail estimated to be worth US\$332 billion.²⁷ The wholesale valuation for the drugs market is higher than the global equivalent for cereals, wine, beer, coffee, and tobacco combined.²⁸
- Illicit, unregulated drug markets are inherently violent. Successful interdiction efforts and arrests of drug cartel leaders and traffickers routinely create power vacuums. Paradoxically, these can, in turn, spur renewed violence as the remaining players compete to gain market share.²⁹ Since the war on drugs in Mexico was scaled-up in 2006, deaths from violence related to the illegal drug trade have been estimated at more than 80,000 as of 2014-2015.³⁰
- The trafficking in illicit drugs can strengthen non-state armed groups operating outside the rule of law. For example, the opium trade can earn paramilitary groups operating along the Pakistan-Afghanistan border up to US\$500 million a year.³¹

REFERENCES:

- 1 *Taking Control: Pathways to Drug Policies That Work* (2014), technical coordination by Ilona Szabó de Carvahlo, Miguel Darcy and Steve Rolles, <http://www.globalcommissionondrugs.org/reports/taking-control-pathways-to-drug-policies-that-work/>.
- 2 Gallahue, P. & Lines, R (2015), *The Death Penalty for Drug Offences: Global Overview 2015*, London: HRI, https://www.hri.global/files/2015/10/07/DeathPenaltyDrugs_Report_2015.pdf, accessed 27.07.16. Among the 33 countries, Vietnam removed the death penalty for drug possession and appropriation in July 2016, though retained it for other drug-related crimes; drug offenses in Malaysia will no longer lead to an automatic death sentence, with discretion given to the courts system.
- 3 Harm Reduction International (2015) *The death penalty for drug Offences: Global Overview 2015, IBID.* https://www.hri.global/files/2015/10/07/DeathPenaltyDrugs_Report_2015.pdf, accessed 06.04.17.
- 4 Amon, J.J., Pearshouse, R., Cohen, J.E. and Schleifer, R. (2014) 'Compulsory drug detention in East and Southeast Asia: evolving government, UN and donor responses', *International Journal of Drug Policy*, vol. 25, no. 1, pp. 13-20.
- 5 UN Women (2011) *Report on the Progress of the World's Women 2011-2012: In Pursuit of Justice*, Vienna: United Nations, p. 62, <http://asiapacific.unwomen.org/en/digital-library/publications/2011/1/progress-of-the-worlds-women-in-pursuit-of-justice>, accessed 10.04.17.
- 6 Harm Reduction International (2012) *Cause for Alarm: Women in Prisons for Drug Offences in Europe and Central Asia, and the need for Legislative and Sentencing Reform* www.ihranet/files/2012/03/11/HRI_WomenInPrisonReport.pdf, accessed 13.04.17.
- 7 Organization of American States (2016) *Women, drug policies and incarceration - a guide for drug policy reform in Latin America and the Caribbean*, Washington, D.C.: OAS. <http://www.oas.org/en/cim/docs/womendrugsincarceration-en.pdf>, accessed 13.04.17.
- 8 Carson, E. Ann (2014), *Prisoners in 2014*, Bureau of Justice Statistics, National Prisoner Statistics Program 2014. <https://www.bjs.gov/content/pub/pdf/p14.pdf>, accessed 06.04.17.
- 9 Eastwood, N. Shiner, M. and Bear, D. (2013) *The Numbers In Black And White: Ethnic Disparities In The Policing And Prosecution Of Drug Offences In England And Wales*, London: Release <http://www.release.org.uk/publications/numbers-black-and-white-ethnic-disparities-policing-and-prosecution-drug-offences>, accessed 13.04.17.
- 10 Campbell, T. (2011) *Pros & Cons: A Guide to Creating Successful Community-Based HIV and HCV Programs for Prisoners* (Second Edition), Toronto: Prisoners with HIV/AIDS Support Action Network, <http://librarypdf.catie.ca/pdf/ATI-20000s/26374.pdf>, accessed 13.04.17.
- 11 Australian Institute of Criminology (2012) *Australian crime: Facts and figures 2011*, http://www.aic.gov.au/media_library/publications/facts/2011/facts_and_figures_2011.pdf, accessed 13.04.17.
- 12 For example, see: Grunow, R. et al. (2013) 'Anthrax among heroin users in Europe possibly caused by same *Bacillus anthracis* strain since 2000', *Eurosurveillance*, vol. 18, no. 13.
- 13 For example, see: Lee, K.C., Ladizinski, B. and Federman, D.G. (2012) 'Complications Associated With Use of Levamisole-Contaminated Cocaine: An Emerging Public Health Challenge', *Mayo Clinic Proceedings*, vol. 87, no. 6, pp. 581-586.
- 14 Broomfield, M. (2016) 'Russian HIV cases reach record high of more than a million', *The Independent*, 23 January. <http://www.independent.co.uk/news/world/europe/russian-hiv-cases-reach-record-high-of-over-a-million-a6828816.html>, accessed 10.04.2017.
- 15 Stone, K. (ed) (2014) *The Global State of Harm Reduction 2014*, <https://www.hri.global/contents/1524>, accessed 13.04.17.
- 16 International Narcotics Control Board (2016) *Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes*, New York: United Nations.

http://www.incb.org/documents/Publications/AnnualReports/AR2015/English/Supplement-AR15_availability_English.pdf, accessed 10.04.17.

17 United States Department of State (2017), *International Narcotics Control Strategy Report: Vol. I*, Bureau for International Narcotics and Law Enforcement Affairs, p.18, www.state.gov/documents/organization/268025.pdf, accessed 06.04.17.

18 Rolles, S., Kushlick, D., Powell, M. and Murkin, G. (2012) *The War on Drugs: Wasting billions and undermining economies, Count the Costs*, <http://www.countthecosts.org/sites/default/files/Economics-briefing.pdf>, accessed 13.04.2017.

19 Of the world population aged 15-64 in those years. This figure does not include use of new psychoactive substances, which are not covered by the international drug control system.

20 UNODC (2014) *World Drug Report*, Vienna: United Nations, p. 1 and UNODC (2016) *World Drug Report*, Vienna: United Nations, p. x, <http://www.unodc.org/wdr2016>, accessed 07.04.17.

21 Figures for 1980 taken from: UNODC (2010) *World Drug Report*, Vienna: United Nations, p. 31, www.unodc.org/documents/wdr/WDR_2010/World_Drug_Report_2010_lo-res.pdf; figure for latest estimate of production taken from: UNODC (2016) *World Drug Report*, Vienna: United Nations, p. 16. This is a 38% decrease from the previous year, primarily the result of a decline in opium production in Afghanistan due to poor crop yieldings in the country's southern provinces.

22 Werb, D., Kerr, T., Nosyk, B., Strathdee, S., Montaner, J. and Wood, E. (2013) 'The temporal relationship between drug supply indicators: an audit of international government surveillance systems', *BMJ Open*, vol. 3, no. 9.

23 UNODC (2013) *World Drug Report*, Vienna: United Nations, p. xi, www.unodc.org/doc/wdr2013/World_Drug_Report_2013.pdf, accessed 07.04.17.

24 UNODC (2008) *World Drug Report*, Vienna: United Nations, p. 216, www.unodc.org/documents/wdr/WDR_2008/WDR_2008_eng_web.pdf, accessed 13.04.17.

25 Keefe, P. (2012) "Cocaine Incorporated" *New York Times Magazine*, http://www.nytimes.com/2012/06/17/magazine/how-a-mexican-drug-cartel-makes-its-billions.html?_r=2&pagewanted=1&ref=magazine, accessed 12.04.17.

26 United State Senate Caucus on International Narcotics Control (2011) *U.S. and Mexican Responses to Mexican Drug Trafficking Organizations*, <https://www.drugcaucus.senate.gov/sites/default/files/FINAL%20Mexico%20Report%20w%20CORNYN%20w%20UPDATED%20NAMES%2012-21.pdf>, accessed 13.04.17.

27 UNODC (2005) *World Drug Report – Volume 1: Analysis*, Vienna: United Nations, p.127, https://www.unodc.org/pdf/WDR_2005/volume_1_web.pdf, accessed 07.04.17. Note: these numbers were based on 2003 data and are therefore at least 14 years old. The drug market has expanded significantly since this time. The analysis has also been questioned by some commentators.

28 *Ibid.*, p. 128.

29 Werb, D., Rowell, G., Guyatt, G., Kerr, T., Montaner, J. and Wood, E. (2011) 'Effect of drug law enforcement on drug market violence: a systematic review', *International Journal of Drug Policy*, vol. 22, no. 2, pp. 87-94.

30 Beittel, J. (2015), *Mexico: Organized Crime and Drug Trafficking Organizations*, Congressional Research Service, <https://fas.org/sgp/crs/row/R41576.pdf>, accessed 07.04.17.

31 Peters, G. (2009) *How Opium Profits the Taliban*, Washington, D.C.: United States Institute of Peace, <https://www.usip.org/publications/2009/08/how-opium-profits-taliban>, accessed 13.04.17.



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GLOBAL COMMISSION ON DRUG POLICY

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

GOALS

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