



**The Global
Drug Policy
Index**

The Global Drug Policy Index

2021

November 2021



This first edition of the Global Drug Policy Index is dedicated in loving memory of **Wanjiku Kamau Shelmerdine** - 11th May 1969 - 7th May 2021. A fearless and powerful advocate, who inspired and touched the lives of so many. She had a deep sense of justice and the clarity of vision to know what needed to change. For more than two decades, she dedicated her sharp intellect and exuberant energy towards the fight to end HIV – with a strong focus on HIV prevention for young women. In recent years, she became more involved in advocacy for harm reduction and drug policy reform - notably laying the ground in her home country of Kenya. At the global level, Wanjiku was deeply supportive of the work of the International Drug Policy Consortium and our partners. She contributed directly to this Index by facilitating the “Co-Creation” Focus Group Discussions in September 2020. With this dedication we honour and remember her. Wanjiku – your extraordinary light shines on.
Rest in power.



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Foreword

For decades, tracking how well - or badly - governments are doing in drug policy has been an elusive endeavour. In no small part, this is because data collection efforts by both governments and the UN have been driven by the outdated and harmful goal of achieving a 'drug-free society'. The success of drug policies has not been measured against health, development and human rights outcomes, but instead has tended to prioritise indicators such as the numbers of people arrested or imprisoned for drug offences, the amount of drugs seized, or the number of hectares of drug crops eradicated.

This wrong-headed focus of drug policy and, as a result, data collection has prevented a genuine analysis of whether drug policies have contributed to overarching policy goals such as achieving gender equality, reducing stigma and discrimination, protecting the rights of Indigenous peoples, or alleviating poverty. Marginalised communities who are disproportionately targeted by drug policies have remained largely invisible, while in many countries punitive drug control measures continue to operate unabated. The net result is that there is a severe dearth of accountability when it comes to the repressive approaches to drug control that most governments continue to employ.

In this context, it is my absolute pleasure to welcome the first edition of the Global Drug Policy Index, a new tool which offers the first-ever data-driven global analysis of drug policies and their implementation in a systematic, comprehensive and transparent manner. The Index has been developed by civil society and community organisations, in partnership with academia. The voice and experience of civil society and affected communities is critical for ensuring that policies respond to the needs and realities of people on the ground. In the worrying current context of shrinking civil society space, this civil society-led initiative is to be applauded.

The power of the Global Drug Policy Index lies in its key objective: to score and rank how countries are faring in different areas of drug policy as identified in the UN report 'What we have learned over the last ten years: A summary of knowledge acquired and produced by the UN system on drug-related matters',¹ and derived from the landmark UN System Common Position on Drugs.² Using 75 indicators, the Index covers five dimensions ranging from criminal justice and extreme responses, to health and harm reduction, access to medicines, and development.

¹ UN system coordination Task Team on the Implementation of the UN System Common Position on drug-related matters (March 2019), *What we have learned over the last ten years: A summary of knowledge acquired and produced by the UN system on drug-related matters*, https://www.unodc.org/documents/commissions/CND/2019/Contributions/UN_Entities/What_we_have_learned_over_the_last_ten_years_-_14_March_2019_-_w_signature.pdf

² United Nations Chief Executives Board (November 2018), *United Nations system common position supporting the implementation of the international drug control policy through effective inter-agency collaboration*, CEB/2018/2, <https://unscebp.org/sites/default/files/2021-01/2018%20Nov%20-%20UN%20system%20common%20position%20on%20drug%20policy.pdf>

Importantly, the Index seeks to capture drug policies in their implementation, rather than looking only at what is on paper. Throughout this report, you will hear stories from communities who have been directly affected by drug policies, often with serious and long-lasting effects on their lives and the lives of their loved ones. These powerful testimonies provide the Index with the nuance and real-life experiences that are generally lacking in exclusively data-driven research.

The reality that emerges is sobering. Unsurprisingly, no country has reached the perfect score. In fact, the highest score in this year's Index - allocated to Norway - only reached 74/100. This is because despite countries' commitments to better align drug policies with human rights, health and development, the destructive power of punitive and stigmatising drug laws continues to impoverish communities growing plants for illegal drug production, prevent people who use drugs from accessing life-saving harm reduction services, and drive countless acts of police brutality, arbitrary deprivation of liberty, torture and killings.

The Global Drug Policy Index is nothing short of a radical innovation. For decision-makers wishing to understand the consequences of drug control, as well as for those who seek to hold governments accountable, the Index sheds light on critical aspects of drug policies that have been historically neglected, such as the intersection of drug policy and development, or the differentiated impacts of drug law enforcement on ethnic groups, Indigenous peoples, women and the poorest members of society. The end goal of the Index is to initiate constructive discussions about what needs to change, emphasise the importance of evidence- and rights-based drug policies, and guide policy making priorities and reforms for the years to come.

I strongly encourage you to take the time to explore the data and stories behind the Index. In the meantime, this report will give you a snapshot of the key trends, commonalities and discrepancies in drug policies and their implementation in the 30 countries evaluated by the Index for the year 2020.

The report ends with a series of recommendations for policy makers, which align closely with the evidence and recommendations promoted by the UN. Among other things, the report urges governments to end violence, arbitrary detention, forced eradication, extreme sentencing and disproportionate penalties, and instead promote access to health, medicines and harm reduction services, as well as a long-term development approach for marginalised communities worldwide.

It is my hope that, in the coming years, the Global Drug Policy Index will become a critical accountability and evaluation tool for civil society, advocates and policy makers alike. The Index will encourage governments worldwide to urgently reform outdated and ineffective drug policies in order to protect the health and human rights of everyone in society.



Credit: Global Commission on Drug Policy

Helen Clark
Chair of the Global Commission on Drug Policy

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The Harm Reduction Consortium

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Story telling

The stories showcased in the Global Drug Policy Index were collated thanks to the invaluable support of many colleagues from sister organisations worldwide. The Harm Reduction Consortium is indebted to them and especially to the storytellers whose life experiences compellingly illustrate the information presented by the Index.

Website development

The website for the Global Drug Policy Index was designed by Café.

Analytical report

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Acronyms

AD Alternative development

HIV Human Immunodeficiency Virus

NSP Needle and Syringe Programme

OAT Opioid Agonist Treatment

SAG Scientific Advisory Group

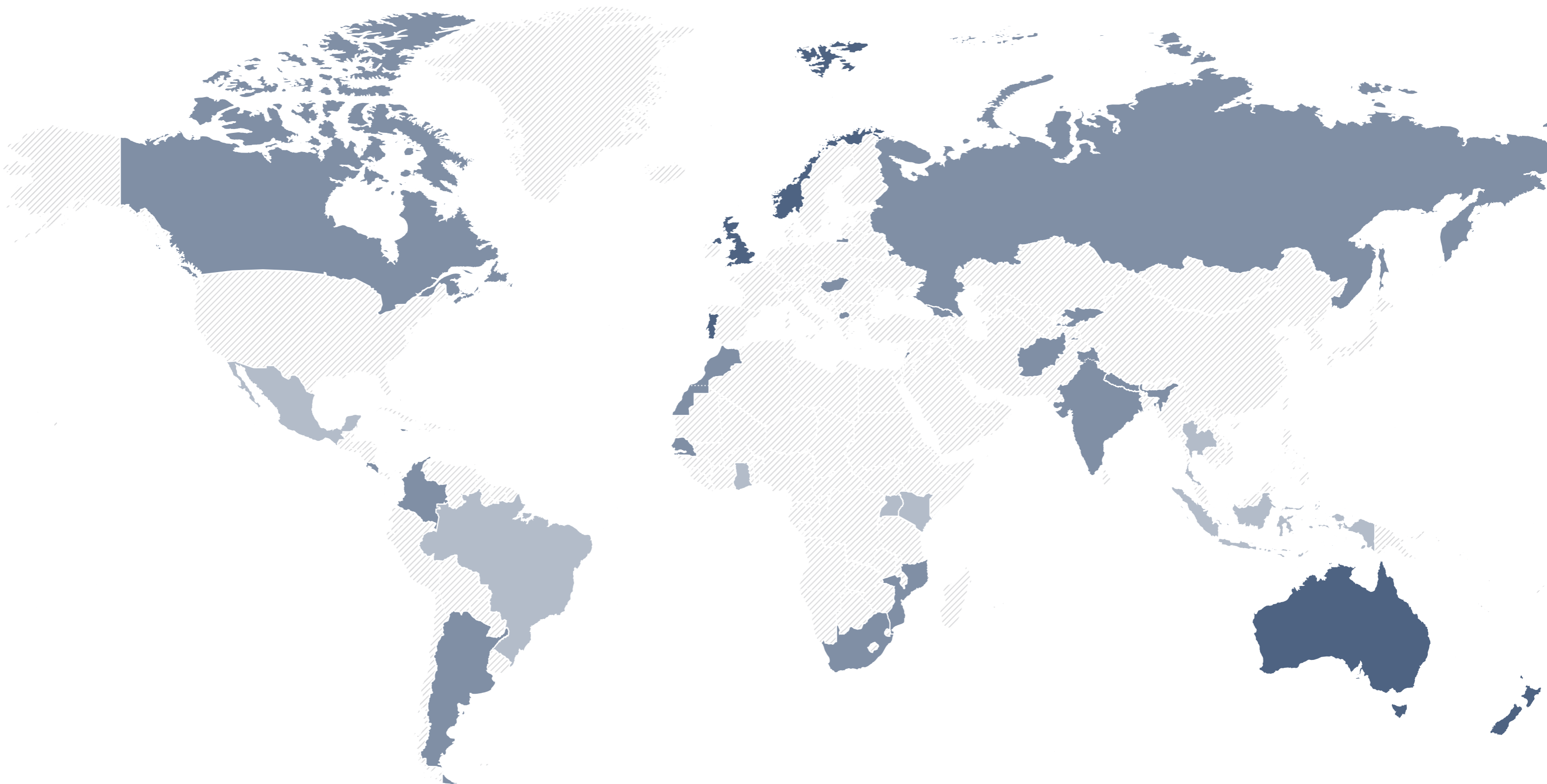
UN United Nations



Executive summary



Overall scores



Ranking

#	PAÍS	PUNTAJE GENERAL	AUSENCIA DE RESPUESTAS EXTREMAS	PROPORCIONALIDAD Y JUSTICIA PENAL	REDUCCIÓN DE DAÑOS	ACCESO A MEDICAMENTOS	DESAROLLO
#1	Noruega	74	91	49	74	81	N/A
#2	Nueva Zelanda	71	88	58	58	78	N/A
#3	Portugal	70	86	64	61	68	N/A
#4	Reino Unido	69	92	50	64	69	N/A
#5	Australia	65	85	54	60	60	N/A
#6	Canadá	56	78	34	54	56	N/A
#7	Georgia	55	89	25	51	55	N/A
#7	Macedonia del Norte	55	74	38	46	61	N/A
#9	Costa Rica	54	82	51	24	59	N/A
#10	Senegal	53	91	31	45	43	N/A
#11	Marruecos	51	91	31	43	36	N/A
#12	Kirguistán	50	82	37	42	39	N/A
#12	Hungría	50	79	41	29	48	N/A
#14	Afganistán	49	62	32	50	55	47
#15	Jamaica	48	76	65	19	35	39
#15	Líbano	48	58	37	50	45	N/A
#17	Sudáfrica	47	80	39	37	29	N/A
#18	India	46	63	38	49	33	N/A
#19	Argentina	44	76	24	26	48	N/A
#20	Rusia	41	67	34	33	28	N/A
#21	Colombia	40	62	36	36	43	23
#21	Mozambique	40	86	23	21	29	N/A
#21	Nepal	40	68	30	36	25	N/A
#24	Ghana	36	71	28	12	32	N/A
#24	Tailandia	36	38	28	31	34	48
#26	México	35	47	32	36	26	N/A
#27	Kenia	34	54	13	46	23	N/A
#28	Indonesia	29	35	27	23	31	N/A
#29	Uganda	28	59	17	13	21	N/A
#30	Brasil	26	45	20	9	31	N/A

What is the Global Drug Policy Index?

The Global Drug Policy Index is a unique tool that documents, measures and compares national-level drug policies, providing each country with a score and ranking that shows how much their drug policies and their implementation align with the UN principles of human rights, health and development. As such, the Index provides an essential accountability and evaluation mechanism in the field of drug policy. It is composed of 75 indicators running across 5 broad dimensions of drug policy. This first iteration evaluates the performance of 30 countries covering all regions of the world.

Key takeaways from the Global Drug Policy Index

1. The global dominance of drug policies based on repression and punishment has led to low scores overall, with a median score of just 48/100, and the top-ranking country (Norway) only reaching 74/100.
2. Standards and expectations from civil society experts on drug policy implementation vary from country to country.
3. Inequality is deeply seated in global drug policies, with the top-ranking 5 countries scoring 3 times as much as the lowest-ranking 5 countries. This is in part due to the colonial legacy of the 'war on drugs' approach.
4. Drug policies are inherently complex: a country's performance in the Index can only be fully understood by looking across and within each of the dimensions.
5. Drug policies disproportionately affect people marginalised on the basis of their gender, ethnicity, sexual orientation and socio-economic status.
6. There are wide disparities between state policies and how they are implemented on the ground.
7. With a few exceptions, the meaningful participation of civil society and affected communities in drug policy processes remains severely limited.

Absence of extreme sentencing and responses

The use of extreme and rights-violating forms of state power constitutes an integral part of many states' responses to drugs. This includes the imposition of the death penalty for drug offences (reported in 3 countries: India, Indonesia and Thailand), extrajudicial killings (perceived as occurring regularly in 6 countries, being 'widespread' in Mexico, and 'endemic' in Brazil), and militarised drug law enforcement (reported as prevalent in at least 14 countries). In almost half of the countries covered in the Index, drug laws and policies allow for life imprisonment for drug-related offences, while the involuntary confinement of people who use drugs as a form of 'treatment' is a widespread phenomenon (reported to varying degrees in 25 of the 30 countries studied here).

Proportionality of the criminal justice response

The Index emphasises the extensive human rights abuses within the criminal justice apparatus committed in the name of drug control, including acts of violence and torture by the police (considered as rare occurrences in only 6 out of the 30 countries), and cases of arbitrary arrests and detention (considered as rare in only 3 countries). Fair trial rights are reported as severely restricted in 13 countries. The criminal justice response to drugs was perceived as disproportionately impacting specific ethnic and gender groups in various countries, and as particularly affecting low-income groups across all 30 countries. Finally, despite efforts made by 8 countries to decriminalise drug use and possession and by 29 countries to provide alternatives to prison and punishment, most people targeted by the criminal justice system are involved in non-violent offences. In parallel, while none of the 30 countries have mandatory pretrial detention, 24 of them impose mandatory minimum penalties for drug offences, most of which can be applied for first-time offences.

Health and harm reduction

Positively, most countries' policy and strategy documents explicitly support harm reduction. However, implementation is a cause for concern. Funding for harm reduction services is considered to be adequate in only 5 out of the 30 countries included in the Index; alarmingly, in 15 countries the current levels of funding are projected to decrease in the next 3 to 5 years. The Index also reveals a shocking lack of availability and coverage of harm reduction interventions, with widespread access to needle and syringe programmes (NSPs) only reported in 5 countries covered by the Index, opioid agonist treatment (OAT) in 4 countries, peer distribution of naloxone in 3, and no country reporting wide coverage of drug checking services. Access to harm reduction services is considered to be particularly restricted in an overwhelming majority of countries for people discriminated against on the basis of ethnicity, gender identity and sexual orientation.

Access to controlled medicines

Although all but 2 countries (Kenya and Morocco) explicitly recognise the obligation to ensure access to controlled medicines within their national legislation or policy documents, states' performance in ensuring actual availability on the ground remains very poor for two thirds of the countries studied in the Index. Availability and access for those in need remain particularly concentrated in Global North countries. The Index also underscores differences in access within each country, with geographical location and socio-economic status – and to a lesser extent gender and ethnicity – playing a major role in people's ability to access controlled medication.

Development

Four of the 30 countries were evaluated under this dimension – Afghanistan, Colombia, Jamaica and Thailand – all of which achieved relatively poor results. The data show that alternative

development remains entrenched in a security and crop eradication approach. This is despite the efforts made by some countries to embed their alternative development programmes into a broader development strategy, or to take into account considerations like environmental protection. Ensuring adequate sequencing within alternative development programmes remains an elusive endeavour for most countries, with the exception of Afghanistan which was reported as taking this factor into consideration more seriously. Similarly, the level of involvement of affected communities in alternative development programmes remains disappointing, except in Thailand where efforts are being made in that regard. Overall, the benefits of alternative development policies and programmes for women, young people and low-income groups were reported as being limited in Colombia, Jamaica and Thailand, and moderate in Afghanistan.



Introduction



Introduction

What is the Global Drug Policy Index?

The Global Drug Policy Index is the first ever composite index that documents, measures and compares national-level drug policies. As such, it is a unique tool that provides each country with a score and ranking that shows how much national drug policies and their implementation align with the principles of human rights, health and development. Its indicators and dimensions are drawn from the ‘United Nations System Common Position supporting the implementation of the international drug control policy through effective inter-agency collaboration’³ and its implementation Task Team’s report ‘What we have learned over the last ten years: A summary of knowledge acquired and produced by the UN system on drug-related matters’.⁴ The Index draws its data from desk-based research on existing national laws and policies, as well as a comprehensive civil society survey to assess policy implementation on the ground for the year 2020.

Why do we need such an index?

This Index was developed in a context where differences in government approaches to drug policies have reached a breaking point: while the use of certain drugs is legal in one country, being in possession of the same substances elsewhere is met with compulsory detention, life imprisonment or even death. These differences are not reflected in the resolutions of the UN Commission on Narcotic Drugs, which are all adopted by consensus amongst member states. In addition, existing tools that track global trends in drug markets and drug policy mostly focus on indicators related to drug law enforcement (arrests, seizures, incarceration) and eradication efforts – providing an incomplete and skewed picture of drug policies. These tools also tend to rely almost exclusively on government data that have varying levels of reliability.

The Global Drug Policy Index seeks to fill an important gap by providing a unique accountability and evaluation mechanism that describes and assesses national drug policies and their implementation, using existing data complemented by civil society research and insights, and focusing on 5 broad dimensions of drug policy related to health, human rights, criminal justice and development.

³ United Nations Chief Executives Board (November 2018), *United Nations system common position supporting the implementation of the international drug control policy through effective inter-agency collaboration*, CEB/2018/2, <https://unsceb.org/sites/default/files/2021-01/2018%20Nov%20-%20UN%20system%20common%20position%20on%20drug%20policy.pdf>

⁴ UN system coordination Task Team on the Implementation of the UN System Common Position on drug-related matters (March 2019), *What we have learned over the last ten years: A summary of knowledge acquired and produced by the UN system on drug-related matters*, https://www.unodc.org/documents/commissions/CND/2019/Contributions/UN_Entities/What_we_have_learned_over_the_last_ten_years_-_14_March_2019_-_w_signature.pdf

⁵ Ibid, p. 4

Who is the Index for?

The overall objective of this Index is to map the range of drug policy responses around the world, to identify key aspects of drug policy that require urgent attention, to facilitate discussions on options for drug policy reform, and to guide policy making priorities and reforms at the national level.

For governments, the Index is a useful evaluation mechanism to track progress towards aligning their drug policies with UN standards, and to respond to some of the key concerns from civil society and academia about current policies and their implementation. The Index can also be used to learn from the experiences of other countries that have been allocated a higher (or lower) score.

For UN agencies, the Index can become an invaluable tool to measure progress towards the alignment of national drug policies with the recommendations included in the UN System Common Position on drug-related matters, as well as in international human rights law and standards.

For civil society and community networks, the Index can become an invaluable tool to measure progress towards the alignment of national drug policies with the recommendations included in the UN System Common Position on drug-related matters, as well as in international human rights law and standards.

For the media, the Index includes critical data, as well as stories and lived experiences of communities on the ground, which can be used to inform high-quality coverage of drug policy issues.

What are we measuring?

The Global Drug Policy Index measures how drug policies align with the recommendations included in the UN report ‘What we have learned over the last ten years: A summary of knowledge acquired and produced by the UN system on drug-related matters’. It is composed of 75 indicators that run across 5 dimensions:

The absence of extreme sentencing and responses:

This dimension covers the use of the death penalty, extrajudicial killings, militarised policing, life sentencing and non-consensual confinement.

The proportionality of the criminal justice

response: This dimension focuses on human rights violations in the criminal justice system, the use of mandatory sentencing and pre-trial detention, decriminalisation and other alternatives to arrest, prosecution, conviction and punishment, the extent of imprisonment for non-violent drug offences, and expert’s perception on the differentiated impact of the criminal justice response on women, ethnic groups and people living in poverty.

Health and harm reduction: In this dimension, we assess the extent to which state policies prioritise a harm reduction approach for people who use drugs, harm reduction funding, availability and coverage of services, as well as experts’ perception on equity in access to services for specific groups.

Availability of, and access to, internationally controlled substances for the relief of pain and suffering:

This dimension evaluates whether access to medicines is prioritised in government policies, whether controlled medicines are actually available and accessible, and perceptions as to whether specific groups have equitable access to controlled medicines.

‘[The Task Team report] is a collection of successful experiences in law enforcement, prevention, health care, human rights and development over the last ten years. It is a tool for sharing best practices and promoting evidence-based, rights-based approaches’

António Guterres, Secretary-General of the United Nations⁵

Development: This last dimension is used for countries where there are alternative or sustainable development policies in place to provide alternatives to the cultivation of crops used for illegal drug production. It focuses on whether such countries have an alternative development policy, how crop eradication is managed, and experts' perception of how effective alternative development policies are for key beneficiaries, including women, young people and Indigenous groups.

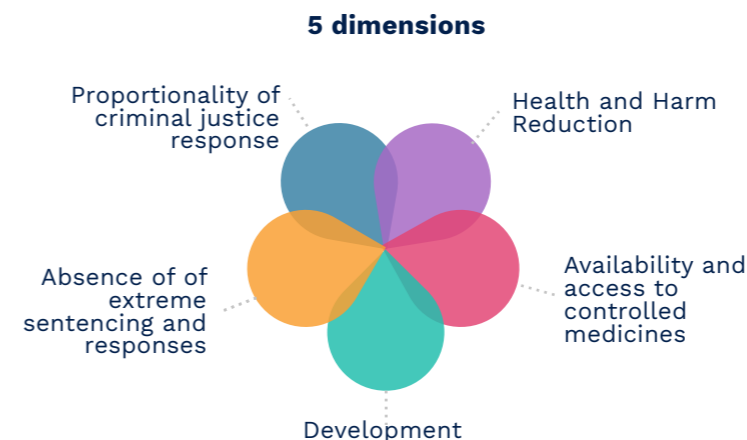
The Global Drug Policy Index 2021 does not seek to measure the impact of the COVID-19 pandemic on drug policies or on affected communities. The disruption brought about by the pandemic is a singular occurrence that began in early 2020 and that - while still ongoing - is likely to subside in the long term. Therefore, indicators explicitly focused on COVID-19 may not be replicable in future iterations of the Index. Furthermore, lack of pre-2020 data would make it impossible to use this edition of the Index to accurately assess the differential impact of the pandemic.

Likewise, the Global Drug Policy Index does not measure the establishment, characteristics, or implementation of legally regulated markets of internationally scheduled drugs for adult non-medical use (e.g., Canada's regulated cannabis market). This is because legal regulation is not discussed in the UN System Common Position on drug-related matters or its implementation Task Team's report; and according to our methodology, only policies included in the Task Team report are reflected in the Index. Country scores are therefore not being impacted by the presence, or absence, of regulated markets for certain drugs.

Throughout this report we use median values to capture the middle or typical performance of a country included in the Index, and to contrast it with the results achieved by other countries. For each data set generated by the Index - for instance, the global ranking of the 30 countries - the median is the middle number in that series. It is worth noting that, in some policy clusters, more than half of the countries have achieved very extreme scores, which in turn results in very high

or very low median values. For instance, because 27 out of the 30 surveyed countries have abolished the death penalty for drug offences, the median value in that policy cluster is 100/100, even though 3 countries retain capital punishment for drug offences, and the mean average value is 91.93/100. In the opposite direction, the median value of the decriminalisation cluster is 0/100, as 20 out of the 30 countries have failed to decriminalise the use and possession for personal use of any drug. This tells us that the 'typical' country in the Index has abolished the death penalty for drug offences, but has not decriminalised any form of drug use or possession for personal use.

This first edition of the Index covers 30 countries from all regions of the world: Afghanistan, Argentina, Australia, Brazil, Canada, Colombia, Costa Rica, Georgia, Ghana, Hungary, India, Indonesia, Jamaica, Kenya, Kyrgyzstan, Lebanon, Mexico, Morocco, Mozambique, Nepal, New Zealand, North Macedonia, Norway, Portugal, Russia, Senegal, South Africa, Thailand, Uganda and the United Kingdom. This list will be expanded in future iterations of the Index.



Objectives

Map the range of drug policy responses around the world

Identify key aspects of drug policy needing urgent action

Facilitate discussions on reform options

Guide national-level policy making priorities and reforms

About this report

This report provides an overview of the Index results regarding key trends, commonalities and differences in drug policies and their implementation in 30 countries, reviewing data from 2020. The report starts with a global review of the results, assessing data on each of the dimensions in turn. We then provide a snapshot of the results for each of the 30 countries in the form of visual factsheets. A comprehensive description of the methodology is available on the Index website, alongside all of the data and stories that underpin this report.

⁶ globaldrugpolicyindex.net

Methodology



Methodology

How was the Index developed?

The Global Drug Policy Index was developed through a five-step process. The first step consisted in expert consultations, including semi-structured interviews with experts in drug policy analysis and advocacy as well as from other composite index projects; workshops with drug and data experts from civil society and UN agencies; regular calls with media and dissemination specialists, with the formation of a Communications Advisory Group; and an online workshop with participants of the semi-structured interviews to reflect on the Index development team's analysis and findings.

Interim reports were then produced,⁷ outlining key findings from the consultation process. In this second phase, the normative documents that were to form the basis of the Index indicators and dimensions (i.e. the UN System Common Position on drug-related matters and associated Task Team report) were selected, a Scientific Advisory Group (SAG) was established to support the Index development team throughout the process, and a work programme was drafted for indicator selection and Index development.

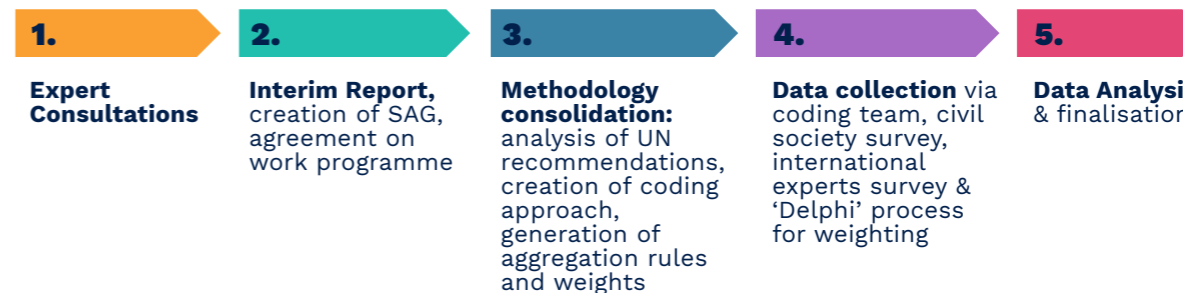
Third, the Index development team, in consultation with the SAG, worked on consolidating the methodology by analysing the UN documentation to identify relevant policy recommendations, creating a coding approach and an expert survey to capture indicators relevant to these recommendations, and developing a process for generating aggregation rules and weights to drive the Index.

In the fourth phase, the data were collected. This included a desk-based analysis of countries' drug policy frameworks by the coding team at Swansea University, a survey of civil society experts across the 30 countries covered by the Index, an international survey of drug policy analysts to create indicator weights, and a 'Delphi' process⁸ for the SAG to agree on cluster and dimension weights.

The fifth and final step focused on data analysis, including integrating all data collected to produce Index scores, verifying the robustness and sensitivity of the Index, and analysing the survey data to rule out systematic biases. The scores, data and full methodology are published on the Index website and reflected in this report.

⁷ Soderholm, A. (November 2020), *GDPI "Co-creation" focus groups: Summary report*, http://files.idpc.net/library/GDPI_Focus_Groups_Report.pdf; Tudor, J. (January 2021), *Global Drug Policy Index expert interview report: Obstacles, solutions, and the path forward*, http://files.idpc.net/library/GDPI_Academic_Interviews_Meetings_Report.pdf

⁸ The term 'Delphi method' refers to a framework for aggregating diverse perspectives based on the results of multiple rounds of questionnaires sent to a panel of experts where, after each round, the experts are presented with an aggregated summary of the panel's responses. This is done to allow each expert to adjust their answers in the light of the panel's group response when undertaking subsequent rounds. In devising weights for the GDPI, we conducted three rounds of weighting with SAG members and disseminated panel data between each round. In advance of the final round, we also held a discursive session via Zoom with the panel to ensure that the substance of disagreements on weights as well as the aggregated summary were shared with all members.



How was the data compiled?

In order to arrive at an index like the Global Drug Policy Index, it is necessary to aggregate a range of indicators into a single score. There are two types of data involved in such an endeavour: indicator-level data (i.e., data on each state's performance on drug policy indicators) and weighting data (i.e., data that captures the relative contribution of each indicator to the final score).

Drug policy is both complex and multifaceted. Furthermore, the Global Drug Policy Index is designed to allow its users both to rank states' overall performance and to undertake more fine grained analysis of specific areas of drug policy. With this in mind, an approach was developed that builds from the indicators upwards into 3 successive layers of aggregation:

Indicator data: 75 policy indicators. Data were collected for the 75 policy indicators with a focus both policy in law and policy in implementation. This was achieved through a combination of a systematic coding process and a survey of drug policy experts from civil society. The systematic coding process was led by the coding team at Swansea University and was conducted via desk-based research. This resulted in the creation of a series of original data points as well as drawing on existing data including from the World Bank and Harm Reduction International. The survey was developed by the Methodology and Index

Development team and was shared with civil society experts in each of the 30 countries covered by the Global Drug Policy Index. 371 civil society experts responded to the survey, and the median responses of these country experts (weighted by their confidence in assessing each policy area) are used to categorise each state on a range of aspects of drug policy.

Weighting data 1: 21 policy clusters. The 75 indicators are grouped into 21 thematic policy clusters. Each cluster score reflects a combination of indicator scores ranging from 0 to 100. The weighting for each indicator within each cluster was determined through an international survey of 34 drug policy analysts.

Weighting data 2: 5 policy dimensions. The 21 policy clusters are grouped into five overarching policy dimensions, each with a score ranging from 0 to 100. The score on each dimension is calculated according to the weighted average of the relevant cluster scores. The importance of each policy cluster to each dimension was determined through a 'Delphi' weighting exercise with the SAG.

Weighting data 3: 1 country score. Each country is then given a total score ranging from 0 to 100. The score represents the weighted average of all relevant policy dimension scores. The importance of each dimension was determined through a 'Delphi' weighting exercise with the SAG.



Limitations

The relative paucity of objective, comparable data on many of the most important aspects of drug policy created a significant challenge for this project: while it is possible to objectively verify formal/legal aspects of drug policy, many of the significant recommendations of the UN System Common Position on drug-related matters and associated Task Team report centre on (or at least require) effective implementation.

In responding to this challenge, a ‘mixed methods’ research design was developed, drawing on the perceptions of individuals with specialist knowledge of drug policy in each country to complement the coding of countries’ formal/legal policies. While the approach to survey design included extensive guidelines for each question in order to minimise cultural differences in interpretation, it is likely that some deep-seated cross-national differences in perceptions surrounding issues such as racial and gender-based discrimination, levels of police violence and so on are expressed in the data that relies on expert perceptions.

Furthermore, we were unable to measure every aspect of drug policy that we might have liked to. This is partly because of the scope and complexity of the project: the Global Drug Policy Index is global both in the range of states covered and in the aspects of drug policy considered. In reality each of the dimensions of drug policy captured in the Index would be candidates for their own indices. In some instances (for example, prevention policy), a lack of data availability and the difficulty inherent in evaluation meant that a policy area identified within the project’s foundational documents does not feature in this iteration of the Global Drug Policy Index. In other areas, such as harm reduction, we chose to focus on widely-accepted interventions about which reliable data already exists, while paying less attention to other interventions.

Finally, it is, of course, inevitable that there is a loss of fidelity when reducing complex political and societal phenomena to numerical representations. Moreover, as with indicator selection, the methodology inexorably involves a series of trade-offs.⁹ It is our hope, however, that this process is worth the endeavour in that it facilitates comparative and within-country insights about the state and future of drug policy that might have otherwise proven elusive. The final tally of 75 drug policy indicators over 30 countries is the outcome of an attempt to create an index that is ‘simple’ (i.e., transparent and intuitive) without being ‘simplistic’ (i.e., overly reductive). Others may have chosen a different balancing point, and it is hoped that this first iteration of the Global Drug Policy Index will spur debate and engagement on how best to capture and compare states’ drug policies.

How were the 30 countries selected?

In this first iteration of the Global Drug Policy Index, resource limitations necessitated the decision to focus on the development of a solid methodology, and on a realistic number of countries (30), as a proof of concept. In order to ensure the geographical spread of those countries, we employed the regional groupings used by the United Nations Office on Drugs and Crime.¹⁰ For each of the 17 sub-regions, the Harm Reduction Consortium, with support from additional civil society partners in selected regions, agreed upon between one and four countries on the basis of three criteria: 1- relevance of drug policy for the selected country; 2- data availability on drugs and drug policy in the selected country; and 3- presence of civil society organisations working on drug policy advocacy, alongside a risk assessment of whether utilising the Index might make them targets of reprisals by their government.¹¹

What’s next for the Global Drug Policy Index?

The methodology and data for this first iteration of the Global Drug Policy Index will be published in a peer reviewed scientific journal. Importantly, as this first edition of the Global Drug Policy Index is being finalised, we are already looking to the future. We are currently seeking additional funding to produce new iterations of the Index on a biennial basis, with additional countries being added to the current 30 for each iteration. As drug policy reforms unfold globally, in particular in the area of legal regulation and others, more indicators may be included and our methodology be revised to reflect those changes.

⁹ Organisation for Economic Co-operation and Development (OECD), *Handbook on Constructing Composite Indicators: Methodology and User Guide*, 2008, <https://www.oecd.org/els/soc/handbookonconstructingcompositeindicatorsmethodologyanduserguide.htm>

¹⁰ Please note that for the purposes of the Global Drug Policy Index, the four subregions of Australia and New Zealand, Polynesia, Melanesia and Micronesia were merged into a single ‘Oceania’ region. For more information on the UNODC’s regional groupings, see: United Nations Office on Drugs and Crime (2021), ‘Booklet 1. Executive summary, policy implications’, *World Drug Report 2021*, pp. 81-82, https://www.unodc.org/res/wdr2021/field/WDR21_Booklet_1.pdf

¹¹ Please note that the selection of Afghanistan was made several months prior to the military offensive by the Taliban in August 2021



Global overview



Global overview

Key takeaways

1st takeaway: Drug policies based on repression and punishment lead to overall low scores

Most countries' drug policies are misaligned with governments' obligations to promote health, human rights and development, and continue to rely on criminalisation, interdiction, forced eradication and police interventions as a form of drug control. This, as a result, hampers access to harm reduction and controlled medicines for those in need, and too often results in cases of abuse, violence and human rights violations for affected communities. It is particularly telling that the highest ranking country, Norway, is only allocated a score of 74/100, and that the median score is only 48/100 across all 30 countries.

Highest ranking

- 74/100 ● #1 Norway
- 71/100 ● #2 New Zealand
- 70/100 ● #3 Portugal
- 69/100 ● #4 United Kingdom
- 65/100 ● #5 Australia

Lowest ranking

- 26/100 ● #30 Brazil
- 28/100 ● #29 Uganda
- 29/100 ● #28 Indonesia
- 34/100 ● #27 Kenya
- 35/100 ● #26 Mexico

The median scores for each of the dimensions range from 34/100 for the proportionality of the criminal justice response, all the way to 76/100 for the absence of extreme sentencing and responses. The higher median score recorded for the latter, however, should not be seen as evidence that countries are doing particularly well on their human rights response. In fact, the data from the Index show that a significant cluster of countries continues to pursue extreme rights-violating policies as a means to control drugs. The higher results for this first dimension merely reflect the fact that countries automatically score 100/100 if a specific policy is not included in their drug legislation or policy documents.

2nd takeaway: Standards on drug policy implementation vary from country to country

As explained in the [methodology](#) section, a significant share of the data on drug policy implementation has been collected via a survey of in-country civil society experts. Efforts were made to account for, and reduce the level of, cross-national differences in the interpretation of the questions and possible responses. However, standards will inevitably vary from one country to another - reflecting differing expectations, aspirations and resources in different social and political settings. While in some contexts civil society may score their

country's performance severely on certain issues, in others the perception of country performance may be more lenient - with knock-on impacts on the overall Index results.

Cross-national differences in standards are perhaps most visible in experts' perceptions of the impacts of equity and drug policies. For instance, the fact that Australia, Canada or Colombia obtain a much lower score than countries like Afghanistan, Lebanon or the United Kingdom on the policy cluster concerning perceptions of equity in access to harm reduction might not necessarily mean that people from marginalised groups in these 3 countries have significantly less access to harm reduction services than in the other 3 countries. It might instead underscore the fact that, in the first group of countries, there is a larger gap between drug policies and the standards and expectations of civil society experts.

3rd takeaway: Global inequality extends to drug policies

In addition to the low scores achieved across the board, the Index reveals a deep divide in states' approaches to drugs. The average score obtained by the top 5 countries - which place greater emphasis on human rights, harm reduction and health - is almost double the median score of the whole Index, and three times the average score achieved by the lowest-ranking 5 countries. Given that all people are equally entitled to the full enjoyment of their health and human rights, no matter where they are from or how they are involved with the illegal drug trade, this fracture is deeply concerning.

Global inequities, in part due to the legacy of colonialism, play a significant role in explaining this situation. The devastating long-term impacts of colonialism are both magnified and exemplified by the global drug control regime's reliance on punitive and stigmatising approaches to drugs. These differentiated impacts must be considered and addressed, including through demands for policy reform and reparations.

While acknowledging these realities, the high score achieved by some 'Global South' countries on certain policies (for instance, Jamaica ranks

1st in the dimension on proportionality of the criminal justice response) shows that this trend can be successfully reversed. In that regard, the Index shows that it is in the interest of communities worldwide to divest from costly and counterproductive drug law enforcement measures, reform damaging and disproportionate laws, and redirect investment in health-focused social and community programmes.

4th takeaway: The complexity of drug policy

Drug policies are intrinsically complex, and countries' performance in one dimension of drug policy may not necessarily mirror how well they are doing in another. Senegal, for instance, is allocated the second highest score with regards to extreme sentencing, but only ranks in 18th position on the proportionality of its criminal justice response, and 15th position on access to controlled medicines. Similarly, while Jamaica is one of the worst scoring countries on its harm reduction response (ranking in 27th position), it ranks 1st in terms of the proportionality of its criminal justice response.

And the complexity does not end there. Within each of the dimensions, the Index underscores how certain countries fare well in some aspects of their drug policy, but fail in others. The United Kingdom is emblematic of this. While the country scores the highest (84/100) on avoiding police abuses, arbitrary arrests and detentions, and ensuring fair trial rights, it is one of the lowest-ranking countries regarding experts' perception of the disproportionate impacts of the criminal justice response on women, marginalised ethnic communities and low-income groups.

5th takeaway: The disproportionate impacts of drug policy on specific groups

The Index highlights that drug policies disproportionately impact people from specific groups, be it because of geographical location, gender, sexual orientation, ethnicity or socio-economic status. People from low-income groups were reported as being disproportionately targeted across dimensions, and in particular in the criminal justice response where such discriminations are reported in every single country covered by the Index. With regards to gender, the disproportionate impacts of drug control are particularly striking

in Latin American countries, especially when it comes to criminal justice responses and access to controlled medicines. As for ethnicity, Brazil and Canada are both singled out as countries where such discriminations are reported across the board.

Furthermore, although all people in contact, or associated, with the illegal drug market are severely impacted by drug policy, the Index underscores how people who use drugs continue to be discriminated against by drug policies across the world. This ranges from the ongoing lack of access to life-saving harm reduction services, to discriminations in access to controlled medicines for pain relief, widespread criminalisation and incarceration, cases of police abuse, arbitrary arrests and detention, and forced detention in the name of drug ‘treatment’.

6th takeaway: Addressing the gap between policy and implementation

There are wide disparities between state policies and how they are being implemented on the ground. This is particularly the case in the area of health. While all countries included in the Index (except for Kenya and Morocco) have recognised their obligation to ensure the availability of controlled medicines within their policy documents, less than a third of these countries scored above 50/100 on actual access for people that need them. The gap between policy and access is yet again obvious for harm reduction: while almost two thirds of countries do recognise the importance of harm reduction ‘on the books’, only a handful ensure sufficient coverage of harm reduction services.

A similar trend can be seen for decriminalisation and alternatives to prison and punishment. With regards to decriminalisation, only a few countries have succeeded in removing severe punishment and diverting people away from the criminal justice system. Similarly, while all countries (except for Mozambique) have adopted some form of alternative to incarceration or punishment, only a handful of countries offer a wide range of treatment and care options tailored to the needs of people with drug dependence caught in the criminal justice system. And the impacts on the

ground are clear: most people targeted by the criminal justice apparatus in drug control efforts are perceived by civil society experts as being involved in non-violent offences in 23 out of the 30 countries included in the Index.

7th takeaway: Poor involvement of civil society and communities in drug policy processes

Our final takeaway relates to the fact that civil society and affected communities are rarely meaningfully involved in policy making and implementation. Although civil society involvement was not included as a dimension for the Index, various indicators assess the extent of their engagement in several drug policy processes. In most cases, such involvement was reported as being ‘limited’ or ‘very limited’, with only a few notable exceptions: Thailand in the area of alternative development; Nepal and New Zealand regarding access to controlled medicines; and Afghanistan, Australia, Canada, India, Mexico, Norway and the United Kingdom on peer distribution of naloxone.

Policy recommendations

What would a perfect score look like?

In order to obtain a score of 100/100 in the Global Drug Policy Index a country would need their drug policy and practice to be aligned with the recommendations contained within the UN System Common Position on drug-related matters¹² and its implementation Task Team’s report.¹³ These include:

The absence of extreme sentencing and responses

- The country has abolished the death penalty, including for drug offences. All existing death sentences for drug offences have been reviewed and commuted.
- The country has taken appropriate measures to ensure that no extrajudicial killings are committed in connection to drug control, either by law enforcement agents, the military or non-state actors.
- Military and special security forces are excluded from all tasks pertaining to the enforcement of drug laws.
- National drug laws do not allow for life imprisonment as a possible sanction for any drug offence. All existing life sentences for drug-related offences are reviewed and commuted.
- No person is held against their will in state-run or private drug ‘treatment’ centres. Access to inpatient drug treatment is always voluntary.

The proportionality of the criminal justice response

- There are no reported cases of violence or torture by the police, or arbitrary arrests and detention. All elements of a fair trial¹⁴ are respected.
- Criminal justice responses related to drug control do not disproportionately impact people on the basis of their ethnicity, gender, sexual orientation or socio-economic status.
- The country’s drug laws or legal frameworks do not include mandatory minimum sentencing or pretrial detention for drug offences.
- There are provisions in national legislation or in official national policy documents for the decriminalisation of all drug use and possession for personal use. Where administrative sanctions are applied, these are proportionate and non-intrusive. Decriminalisation has led to a dramatic reduction in the number of people who use drugs in contact with the criminal justice system.
- There are also provisions in national laws and policies for alternatives to arrest, prosecution, conviction and/or punishment for drug offences. Alternatives exist at the point of initial contact with law enforcement,

¹² United Nations Chief Executives Board (November 2018), *United Nations system common position supporting the implementation of the international drug control policy through effective inter-agency collaboration*, CEB/2018/2, <https://unsqb.org/sites/default/files/2021-01/2018%20Nov%20-%20UN%20system%20common%20position%20on%20drug%20policy.pdf>

¹³ UN system coordination Task Team on the Implementation of the UN System Common Position on drug-related matters (March 2019), *What we have learned over the last ten years: A summary of knowledge acquired and produced by the UN system on drug-related matters*, https://www.unodc.org/documents/commissions/CND/2019/Contributions/UN_Entities/What_we_have_learned_over_the_last_ten_years_-_14_March_2019_-_w_signature.pdf

¹⁴ There are no arbitrary arrests, the courts are competent, independent and impartial, and hearings and trials generally follow arrest and charge within a reasonable time. See the World Bank’s TCdata360 definition of a fair trial: <https://tcdata360.worldbank.org/indicators/hd45eb4d6>

before conviction and at sentencing. They include a range of treatment and care options adapted to the needs and preferences of people dependent on drugs caught in the criminal justice system. Failure to attend or complete treatment, or restarting/continuing the use of drugs, does not result in punishment.

- People are never, or very rarely, imprisoned for non-violent drug offences, and make up less than 5% of the prison population.

Health and harm reduction

- There are explicit supportive references to harm reduction in national policy documents.
- Funding for harm reduction is considered to be adequate and sustainable.
- People who use drugs have adequate access to key harm reduction interventions such as NSPs, OAT, take-home naloxone, drug consumption rooms and drug checking services, both in the community and in prison.
- There are no disparities in access to harm reduction services on grounds of ethnicity, gender, sexual orientation or socio-economic status.

Availability of, and access to, internationally controlled substances for the relief of pain and suffering

- There are explicit provisions in national legislation, policy documents and regulatory instruments that establish the country's obligation to ensure adequate availability of controlled medicines.
- There is an approved national medicines strategy that recognises the importance of availability and accessibility for controlled medicines.
- The policy-making process relating to controlled medicines meaningfully involves key stakeholders, such as medical boards, health professionals, patients, and patients' representatives.
- Opioid medicines are available to all those in need for the relief of pain and suffering.
- There are no disparities in access to controlled medicines based on geographical location, gender, ethnicity and socio-economic status, or for people who use drugs.

Development

- Alternative development policies are embedded within a broader development strategy that does not operate within a militarised or security framework, placing emphasis instead on environment protection, and the empowerment of women, youth and low-income groups.
- Alternative development programmes do not include provisions for forced eradication and/or the use of aerial spraying. They should allow for adequate sequencing to ensure that targeted households have sustainable livelihoods in place prior to any crop eradication effort.
- Local communities, minority and indigenous groups are meaningfully involved in the design, implementation, monitoring and evaluation of alternative development programmes.

#	COUNTRY	ABSENCE OF EXTREME RESPONSES
#1	UK	92
#2	Morocco	91
#2	Norway	91
#2	Senegal	91
#5	Georgia	89
#6	New Zealand	88
#7	Mozambique	86
#7	Portugal	86
#9	Australia	85
#10	Costa Rica	82
#10	Kyrgyzstan	82
#12	South Africa	80
#13	Hungary	79
#14	Canada	78
#15	Argentina	76
#15	Jamaica	76
#17	North Macedonia	74
#18	Ghana	71
#19	Nepal	68
#20	Russia	67
#21	India	63
#22	Afghanistan	62
#22	Colombia	62
#24	Uganda	59
#25	Lebanon	58
#26	Kenya	54
#27	Mexico	47
#28	Brazil	45
#29	Thailand	38
#30	Indonesia	35

The absence of extreme sentencing and responses

The use of extreme and rights-violating forms of state power is integral to many states' responses to drugs. By focusing on five key policies - the death penalty, extrajudicial killings,¹⁵ militarisation, life imprisonment, and non-consensual confinement in drug treatment centres - the Index illustrates how responses to drugs substantially diverge across countries, and how some states continue to engage in the most brutal forms of the so-called 'war on drugs'. While no country included in the Index reached a score of 100/100, 4 countries (Morocco, Norway, Senegal and the United Kingdom) were given more than 90/100 in this dimension, while the median score across the 30 countries is 76/100. At the same time, a cluster of 4 countries (Brazil, Indonesia, Mexico and Thailand) diverge significantly from this trend, falling under the 50/100 threshold.

The median score for this dimension is notably higher than for other dimensions, which reflects both a focus on the most egregious forms of state violence, and the fact that countries automatically receive higher scores for many indicators reflected in this dimension simply by not enacting a specific policy or response.

The death penalty for drug offences

Reflecting a long-standing global trend towards the abolition of the death penalty, only 3 out of the 30 countries included in the Index (India, Indonesia and Thailand) retain capital punishment for drug offences. The death penalty for drug offences is contrary to international human rights standards, which ban capital punishment for all but the 'most serious' offences, that is crimes of extreme gravity involving intentional killing.¹⁶

Within this small group of countries, India and Thailand are regarded as 'low-application' countries, having executed no person convicted primarily for a drug offence in the past 5 years, and imposing death sentences at a comparatively lower rate.¹⁷ In contrast, Indonesia is the only 'high-application' country covered by the Index - with an estimated 214 people on death row for drug offences in 2020.¹⁸

¹⁵ Extrajudicial killings are summary executions or unnecessary uses of lethal force by state agents, including police and the army, but excluding killings by non-state actors

¹⁶ See amongst others: Human Rights Council (2019), Resolution 42/24. The question of the death penalty, A/HRC/RES/42/24, <https://undocs.org/A/HRC/RES/42/24>; and Human Rights Committee (2018), General comment No. 36 (2018) on article 6 of the International Covenant on Civil and Political Rights, on the right to life, CCPR/C/ GC/36, para. 35, https://tbinternet.ohchr.org/Treaties/CCPR/Shared%20Documents/1_Global/CCPR_C_GC_36_8785_E.pdf

¹⁷ Harm Reduction International (2021), Death Penalty for Drug Offences: Global Overview 2020, <https://www.hri.global/death-penalty-2020>

¹⁸ Harm Reduction International (2021), Death Penalty for Drug Offences: Global Overview 2020, <https://www.hri.global/death-penalty-2020>

Prevalence of extrajudicial killings in connection to drug control

Extrajudicial killings by military and law enforcement agents in connection to drug control are reported in 50% of the countries surveyed in the Index. In 7 countries (Argentina, Canada, India, Jamaica, Russia, South Africa and Uganda) the unnecessary use of lethal force has been recorded in up to 3 cases in 2020, but is perceived as a rare occurrence. In an additional 6 countries (Afghanistan, Colombia, Indonesia, Lebanon, Kenya, and Thailand), extrajudicial killings are considered to be a regular, but not widespread, feature of local drug enforcement, with up to 20 cases reported in 2020. In Mexico, extrajudicial killings are regarded as widespread, while Brazil stands alone in the Index as a country where the unnecessary use of lethal force in drug law enforcement is seen as endemic - with more than 40 cases in 2020 alone.

The militarisation of drug control

The militarisation of drug control activities has historically been associated with an increased risk of human rights violations and excessive use of force, and raises broader political and institutional concerns with regards to the role of the military in society.¹⁹ Strikingly, 27 out of the 30 countries included in this edition of the Index have indicated that the army or special security forces play some role in the enforcement of drug laws.

In 5 of the countries surveyed in the Index (Brazil, Colombia, Kyrgyzstan, Mexico and North Macedonia), the involvement of the military or special security forces in drug control operations is perceived as endemic to the country's approach to drug law enforcement. In 9 additional countries (Afghanistan, Costa Rica, Ghana, Jamaica, Kenya, Lebanon, Nepal, Russia and Uganda), military and special security forces are regularly involved in drug law enforcement, with between 20 and 40 instances reported in 2020 - while in yet another 10 countries (Argentina, Hungary, Indonesia, Morocco, Mozambique, Portugal, Senegal, South Africa and Thailand) that involvement was regarded to be frequent, with between 3 and 20 interventions in 2020. In the remaining 7 countries, the involvement of the military was reported as either rare or completely nonexistent (the latter applying to New Zealand, Norway and the United Kingdom).

Prevalence of life sentencing

The imposition of life imprisonment for drug offences is an extreme form of disproportionate sentencing that constitutes an arbitrary deprivation of liberty.²⁰ 16 out of the 30 legal frameworks surveyed in the Index - just over 50% of the countries - do not envisage life sentencing for drug-related activities. The Index also shows, however, that some of these countries still retain very harsh punishments, including prison sentences of up to 25 years - as is the case in Mexico and South Africa, amongst others.

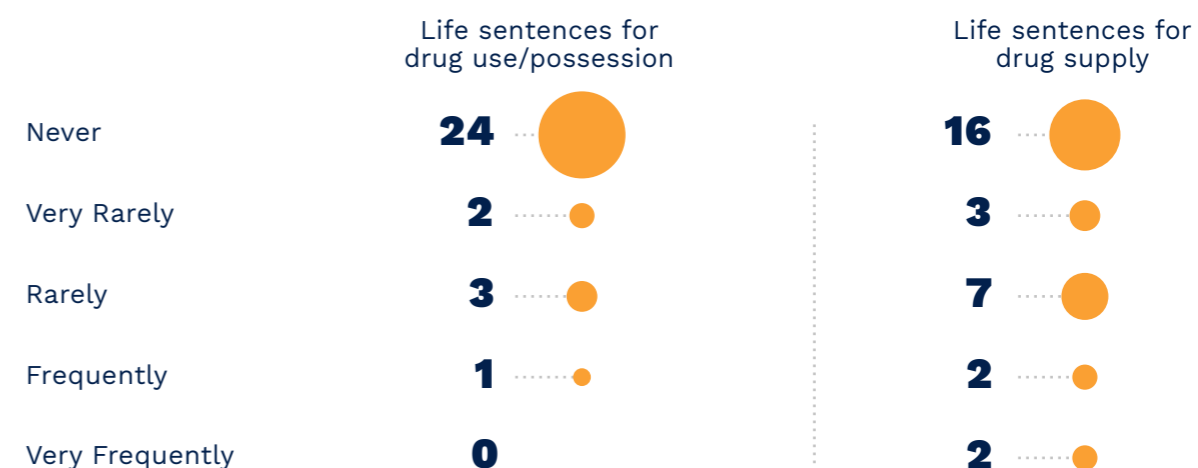
When it comes to drug use and possession for

personal use, the Index shows that in practice 24 out of the 30 surveyed countries never impose life sentences. Kenya stands alone as the only country where that extreme punishment happens frequently for such activities - between 11 and 30% of all cases. In the remaining 5 countries where drug use or possession for personal use can be met with life imprisonment (Ghana, Indonesia, Nepal, Thailand and Uganda), this is a rare or very rare occurrence.

Just as is the case with capital punishment, the imposition of life imprisonment for drug

supply activities reveals a fracture in countries' approaches to drugs. According to the Index, in 16 out of the 30 surveyed countries life sentencing is either excluded from the law books or never imposed, while in 10 countries that happens rarely or very rarely. However, the imposition of life imprisonment for supply activities is described as frequent (in 16 to 30% of cases) in Nepal and Thailand, and as very frequent (in 41 to 80% of all cases) in Indonesia and Lebanon. In these four countries, life sentences are imposed without the possibility of parole.

Number of countries where life sentencing is imposed for drug offences



Non-consensual confinement in drug treatment centres

The involuntary confinement of people who use drugs in drug treatment centres is a widespread phenomenon. It can take different forms across the world, from administrative detention in prison-like compulsory drug detention centres, to court-mandated inpatient treatment, or involuntary internment in private 'rehabilitation' centres where people who use drugs are brought by their families. In all of these cases, involuntary confinement constitutes an arbitrary deprivation of liberty,²¹ as

detention is not an appropriate response to drug use and drug dependence, and drug treatment should always be voluntary. Furthermore, many of these centres fail to provide harm reduction and evidence-based drug treatment, and some have been linked to acts of torture and ill-treatment.²²

Again, the Index shows significant differences between the surveyed countries. On the one hand, in 5 countries (Georgia, Kyrgyzstan, Morocco, Senegal and the United Kingdom), the widely-agreed perception is that non-consensual confinement does not take place. On the other

'[People from] the middle and upper classes receive one treatment, while in the favela you can be murdered at any time because the favela is considered a "territory of trafficking". I'm affected by this war daily. Every day, and most of the time, there is always an atmosphere of apprehension and anguish. People are always in mourning, there is always a neighbour who has had a child murdered. And then the favela goes all silent; because it's in mourning'

Dayana Rosa, Adviser of the Brazilian Network for Harm Reduction and Human Rights (REDUC) - Brazil

¹⁹ Centro de Estudios Legales y Sociales (2018), *How the fight against drugs is militarizing Latin America* <https://www.cels.org.ar/militarizacion/en.html>

²⁰ UN Working Group on Arbitrary Detention (2021), *Arbitrary detention relating to drug policies*, A/HRC/47/40, <https://undocs.org/A/HRC/47/40>

²¹ Ibid.

²² International Drug Policy Consortium (2021), *Torture in private 'rehab' centres: Submission to the UN Special Rapporteur on Torture*, <https://idpc.net/publications/2021/05/submission-to-the-un-special-rapporteur-on-torture-on-the-accountability-gap-for-torture-and-ill-treatment-in-private-drug-treatment-centres>

hand, in 4 other countries (Afghanistan, Brazil, Thailand and Uganda) the involuntary internment of people who use drugs in treatment centres is seen as a widespread and regular occurrence, while in Mexico it is regarded as an endemic part of the system. In the middle, 20 countries report non-consensual confinement to a small or moderate extent. All in all, it remains the case that, in 25 of the 30 countries included in the Index, some people who use drugs are deprived of liberty against their will in the name of ‘drug treatment’, and against international normative guidance and human rights standards.²³

‘Let the country know about our plights; we do not enjoy this kind of life, need support, and have been injured several times (showing a big scar on her knee) through police raids in the “ghettos”. We suffer daily under the police; we are always their targets’

Giftly, on her experience with police violence as a person involved in drug use and selling - Ghana

²³ See amongst others: UN Working Group on Arbitrary Detention (2021), *Arbitrary detention relating to drug policies*, A/HRC/47/40, <https://undocs.org/A/HRC/47/40>; UNAIDS (2020), *A joint UN statement calls on UN Member States to permanently close compulsory drug detention and rehabilitation centres*, https://www.unaids.org/en/20200601_AP_UN_statement; UNODC & WHO (2021), *International standards for the treatment of drug use disorders*, https://www.unodc.org/documents/drug-prevention-and-treatment/UNODC-WHO_International_Standards_Treatment_Drug_Use_Disorders_April_2020.pdf

#	COUNTRY	PROPORTIONALITY & CRIMINAL JUSTICE
#1	Jamaica	65
#2	Portugal	64
#3	New Zealand	58
#4	Australia	54
#5	Costa Rica	51
#6	UK	50
#7	Norway	49
#8	Hungary	41
#9	South Africa	39
#10	North Macedonia	38
#10	India	38
#12	Kyrgyzstan	37
#12	Lebanon	37
#14	Colombia	36
#15	Canada	34
#15	Russia	34
#17	Mexico	32
#17	Afghanistan	32
#19	Morocco	31
#19	Senegal	31
#21	Nepal	30
#22	Thailand	28
#22	Ghana	28
#24	Indonesia	27
#25	Georgia	25
#26	Argentina	24
#27	Mozambique	23
#28	Brazil	20
#29	Uganda	17
#30	Kenya	13

Proportionality of the criminal justice response

The concept of proportionality is an internationally recognised legal principle,²⁴ requiring that the severity of any punishment imposed be measured in accordance with the harms caused by the person’s actions, and the culpability and circumstances of the person having committed the offence. Overall, countries scored poorly regarding the proportionality of their criminal justice response related to drug control, with a median score of just 34/100. Apart from Australia, Costa Rica, Jamaica, New Zealand, Portugal and the United Kingdom, all countries scored below 50/100 - with Kenya and Uganda being allocated particularly low scores at 13/100 and 17/100, respectively.

Human rights violations in the criminal justice system

Worryingly, the Index data emphasizes the widespread human rights abuses committed in the name of drug control within the criminal justice apparatus, including acts of violence and torture committed by the police and arbitrary arrests and detention, with only a handful of countries reporting these acts as rare occurrences. In Afghanistan, Kenya and Kyrgyzstan, for instance, violent acts by the police were perceived to be widespread in drug control efforts, while these were considered to be rare (or very rare) occurrences in only 6 countries (Costa Rica, Hungary, New Zealand, North Macedonia, Norway and the United Kingdom). Similarly, cases of arbitrary detention were considered as being rare in only 3 of the 30 surveyed countries: New Zealand, Portugal and the United Kingdom.

With regards to fair trial rights²⁵ for people suspected of drug offences, the possibility of being guaranteed a fair trial was considered as unlikely in Afghanistan, with substantial restrictions in access to a fair trial reported in 12 countries: Georgia, Ghana, Kenya, Kyrgyzstan, Mexico, Morocco, Mozambique, Nepal, North Macedonia, Russia, Thailand and Uganda. Access to a fair trial was perceived as being guaranteed in only 7 countries: Australia, Canada, Costa Rica, New Zealand, Norway, Portugal and the United Kingdom.

²⁴ International Centre on Human Rights and Drug Policy, Office of the High Commissioner for Human Rights, UNAIDS, World Health Organization & United Nations Development Programmes (2019), *International guidelines on human rights and drug policy*, <https://www.undp.org/publications/international-guidelines-human-rights-and-drug-policy>

²⁵ A fair trial includes the following components: no arbitrary arrests take place, the courts are competent, independent and impartial; and hearings and trials generally follow arrest and charge within a reasonable time

Disproportionate impacts of the criminal justice response

The United Kingdom, however, is amongst the countries scoring the lowest with regards to the impacts of the criminal justice response on specific groups, alongside Brazil, Mexico, Russia and others. Equity within the criminal justice response was perceived as one of the most disregarded aspects of drug policy in government responses, with only 5 countries being scored above 50/100, and the highest-ranking countries (Afghanistan, Kyrgyzstan and Senegal) only reaching a maximum of 67/100.

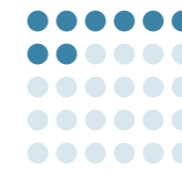
The disproportionate impact of drug control on low-income groups was reported in every single country covered by the Index. With regards to perceived discriminations on the grounds of ethnicity and gender, several countries were singled out as scoring particularly poorly. Regarding ethnicity, countries like Brazil, Canada, Mexico, Nepal, South Africa and the United Kingdom scored particularly low, whereas the gendered impacts of drug control were reported as a trend in all Latin American countries covered by the Index (Argentina, Brazil, Colombia, Costa Rica and Mexico) as well as in Kenya, India, Indonesia, Russia, South Africa and Uganda.

Furthermore, criminal justice resources were perceived as being mainly focused on people prosecuted for non-violent drug offences. Indeed, no country received more than 50/100 on this thematic cluster, and over a third of the countries were given a score of 0/100. This shows how those generally targeted by drug control efforts are the 'low-hanging fruit' - non-violent, low-level actors in the illegal drug market (such as people who use drugs) rather than those involved in violent and/or organised criminal activity.

Decriminalisation and alternatives to prison and punishment

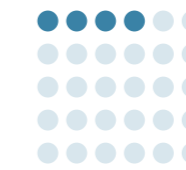
The high numbers of people incarcerated for non-violent drug offences can be explained, in part, by the fact that drug use and possession for personal use remain criminalised in most countries worldwide. Only 8 out of 30 countries reported some form of decriminalisation of drug use and possession for personal use in their legal system²⁶ - Colombia, Costa Rica, Jamaica, Kyrgyzstan, Mexico, Portugal, Russia and South Africa, in addition to Australia and India having such policies at subnational level (it should be noted that in India the decriminalisation policy extends exclusively to the state of Sikkim, which represents less than 1% of the country's total population). While Costa Rica, Kyrgyzstan, Portugal and Russia and the state of Sikkim in India reported having decriminalised all drugs, others like Australian states, Jamaica and South Africa only decriminalised the use and possession of cannabis.

The Index showcases wide differences in terms of implementation of decriminalisation in those 8 countries. Strikingly, decriminalisation was only perceived as truly diverting people away from the criminal justice system in Colombia, Jamaica and Portugal, and perceived as having entirely failed against this metric in Mexico, Kyrgyzstan, Russia and South Africa (although for South Africa this might be explained by the fact that the decriminalisation system is still being established after the Constitutional Court judgment of 2018, and focuses exclusively on cannabis, rather than all substances). Finally, although criminal sanctions were removed in these 8 countries, administrative sanctions imposed within the decriminalised policy were reported as being severe in countries like



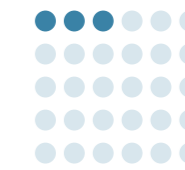
8 of 30 countries

Decriminalised drug use and possession for personal use at national level



4 of 30 countries

Decriminalised all drugs



3 of 30 countries

Showed that their decriminalisation model successfully diverts people away from the criminal justice system

Colombia, Kyrgyzstan and Russia - hampering the key objective of decriminalisation, which should be to stop punishing people for drug use and related activities.

In addition to decriminalisation, the Index evaluates governments' performance regarding the availability and use of alternatives to arrest, prosecution, conviction and/or punishment for drug-related activities. Australia, Jamaica, New Zealand, North Macedonia and Portugal were given the highest score (85/100) in the provision of alternatives to arrest, prosecution, conviction and/or punishment, with those ranking the lowest being Colombia, Georgia, Kenya, Morocco, Mozambique and Uganda.

It is generally best for alternatives to prison and punishment to be applied as early as possible within people's journey through the criminal justice system. However, although all countries covered by the Index have provisions within their legislation for such alternatives (although no actual alternative is available in practice in Mozambique), most of

them (24 countries) provide these options at the moment of sentencing, while less than half provide alternatives at the point of arrest and before conviction. Only 9 countries (Australia, Costa Rica, Jamaica, Kyrgyzstan, Mexico, New Zealand, North Macedonia, Portugal and Russia) were found to provide alternatives at all three stages.

The types and quality of the alternatives on offer also vary greatly from country to country. While most countries (except for Colombia, Georgia, Kenya, Kyrgyzstan, Morocco and Uganda) offer treatment and care as alternatives for people who use drugs caught in the criminal justice system, they all retain the possibility of imposing prison or punishment if the person does not attend or fails to complete treatment, or restarts or continues using drugs. Even more worryingly, only 11 countries offer a range of treatment options based on people's needs and preferences (Afghanistan, Australia, Canada, Ghana, Hungary, Jamaica, New Zealand, North Macedonia, Portugal, Senegal and the United Kingdom).

'The stigma of being a family member of a person who is deprived of their liberty is intense; but it becomes even more so as a result of the total absence of guidance from the Costa Rican penitentiary system'

Giselle Amador, member of the International network of women family members of people deprived of their liberty (RIMUF) - Costa Rica

'Because I'm a drug user, I know what's "wrong" with drug users: They are always insulted and humiliated. Every time, [authorities] come [and capture] drug users, they beat them. Criminalisation does not allow us to help our community'

Abdur Raheem Rejaey, Head of Bridge Hope Health Organization, a community-led organisation providing peer support - Afghanistan

²⁶ Decriminalisation refers to the removal of criminal penalties for drug use and related activities, such as the possession of drugs, the possession of drug use equipment, as well as the cultivation and purchase of drugs for personal consumption. See: www.idpc.net/decriminalisation

Mandatory minimum sentencing and pretrial detention

Finally, the Index explores the use of mandatory minimum sentencing and pretrial detention for people accused of drug-related offences - both considered as key drivers of incarceration and prison overcrowding. Only Australia, Jamaica, Lebanon, New Zealand, Norway and South Africa reached the perfect score of 100/100 in this area (i.e. no mandatory minimum penalties or mandatory use of pretrial detention for drug offences). While no country studied within the Index has mandatory pretrial detention within its drug laws, it is highly concerning that 24 countries have mandatory minimum penalties for drug-related offences that can be applied for first-time offences (with the exception of the United Kingdom which applies mandatory minimums for multiple offences only).

#	COUNTRY	HARM REDUCTION
#1	Norway	74
#2	UK	64
#3	Portugal	61
#4	Australia	60
#5	New Zealand	58
#6	Canada	54
#7	Georgia	51
#8	Afghanistan	50
#8	Lebanon	50
#10	India	49
#11	North Macedonia	46
#11	Kenya	46
#13	Senegal	45
#14	Morocco	43
#15	Kyrgyzstan	42
#16	South Africa	37
#17	Colombia	36
#17	Nepal	36
#17	Mexico	36
#20	Russia	33
#21	Thailand	31
#22	Hungary	29
#23	Argentina	26
#24	Costa Rica	24
#25	Indonesia	23
#26	Mozambique	21
#27	Jamaica	19
#28	Uganda	13
#29	Ghana	12
#30	Brazil	9

Health and harm reduction

With a median score of 40/100 and 20 countries under the 50 point divide, the Index highlights a dramatic dearth of life-saving harm reduction services across the world. The level of investment in harm reduction is considered as adequate in only 5 out of the 30 countries. While harm reduction interventions are nominally present in most of the surveyed states, the Index shows an alarming lack of availability and coverage across the board.

Harm reduction in national policy documents

The Index shows that national strategies and policy documents have paid increasing attention to harm reduction and people who use drugs. Encouragingly, all but 5 of the countries (Brazil, Indonesia, Jamaica, Mozambique and Russia) have explicit supportive references to harm reduction in national policy documents, while all but 6 countries (Brazil, Canada, Hungary, Indonesia, Jamaica and Mozambique) refer to people who use drugs as a key vulnerable population in their national HIV strategies. Significantly lower scores are achieved when it comes to referring to people who use drugs as target populations in strategies related to hepatitis C and tuberculosis, where they are only mentioned in 12 and 10 cases, respectively.

However, this relative progress underscores that commitments on paper do not guarantee secure and sustainable access to harm reduction services in reality. For the 3 countries that have achieved a score of 100/100 on the policy side (Afghanistan, Lebanon and Mexico), the Index also reports very low funding for harm reduction services, and limited or very limited availability of harm reduction interventions for those in need.

'My lived experience in problematic drug use and as a beneficiary of the harm reduction programme in Kenya have been among my motivations in working to challenge the processes and stringent policies that catalyse the cycle of stigmatisation and discrimination that leads to a lack of access to health services for people who use drugs'

Anami Michael, Kenyan human rights and drug policy change activist - Kenya

Lack of sustainable funding for harm reduction

The Index confirms the overall dearth of sustainable funding for harm reduction. Considering the countries' estimated needs, harm reduction services have secured an 'adequate' level of investment in only 5 out of the 30 countries surveyed (Canada, New Zealand, Norway, Portugal and the United Kingdom), with Australia following suit with reports of 'moderately adequate' funding. In 13 of the remaining 24 countries, investment in harm reduction is estimated to fall into the 'very low' category - reinforcing claims of a continuing global crisis when it comes to harm reduction funding.²⁷

Of the highest-scoring countries for this metric, the current investment in harm reduction is considered to be 'mostly secure' in just one country (Norway). Funding was considered to be either likely to be reduced in Canada, uncertain in New Zealand, Portugal and the United Kingdom, or somewhat unstable in Australia.

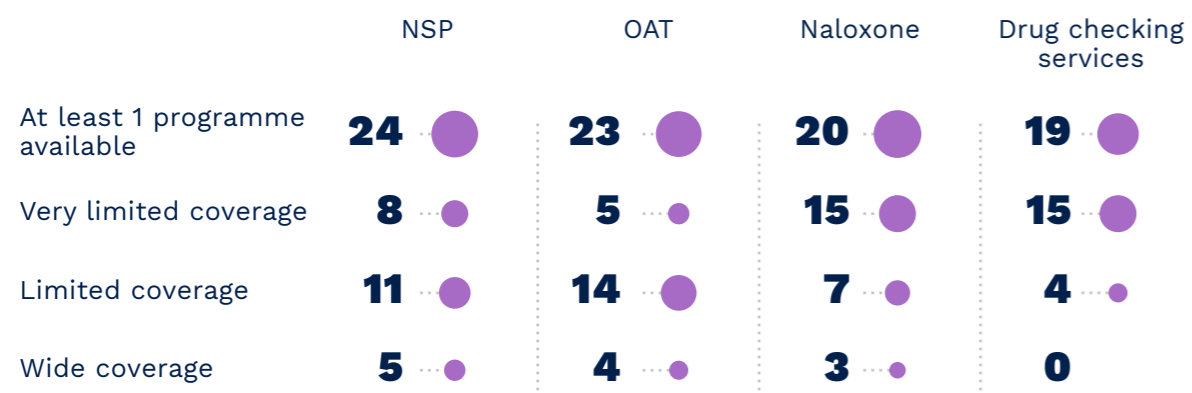
Of the settings with insufficient levels of harm reduction funding, the outlook for the next 3 to 5 years is regarded as uncertain or somewhat unstable in 12 countries, while additional budget cuts are seen as likely in a further 12 countries, and severe reductions are already anticipated in 4 countries (Jamaica, Hungary, Kyrgyzstan and Russia).

Availability and coverage of harm reduction interventions

With a median score of 33/100, and 24 countries unable to reach 50/100 in this sub-dimension, the Index confirms the alarming lack of availability and coverage of harm reduction interventions. The Index also reveals an overlap between the countries that have scored more than 50/100 (Afghanistan, Australia, Canada, Norway, Portugal and the United Kingdom), and those where investment was reported as 'adequate' - further reinforcing the need for sustainable funding for harm reduction.

In a majority of countries there is at least one operational NSP and OAT programme. All but 6 countries (Argentina, Brazil, Costa Rica, Ghana, Jamaica and Uganda) host at least one NSP, but in 19 out of these 24 countries coverage is either limited or very limited, which means that less than 200 syringes per person who uses drugs are distributed each year. For countries like Argentina, Brazil, Costa Rica and Jamaica, it should be noted that opioid use and drug injection are less prevalent, which can partially explain the lack of availability of NSPs and OAT. This, however, should not be seen as an excuse for failing to ensure adequate access to harm reduction interventions on the ground for people who use stimulant drugs and other substances.²⁸

Availability and coverage of harm reduction in the 30 surveyed countries



²⁷ Failure To Fund: The continued crisis for harm reduction funding in low- and middle-income countries. Harm Reduction International, 2021. <https://www.hri.global/failure-to-fund>

²⁸ For more information, see, for instance: United Nations Office on Drugs and Crime, World Health Organization & UNAIDS (2019), HIV prevention, treatment, care and support for people who use stimulant drugs - Technical guide, https://www.unodc.org/documents/hiv-aids/publications/People_who_use_drugs/19-04568_HIV_Prevention_Guide_ebook.pdf

Following a similar pattern, all but 7 countries (Brazil, Costa Rica, Ghana, Jamaica, Mozambique, Russia and Uganda) host one operational OAT site - but in 19 out of these 23 countries coverage is either limited or very limited, meaning that this intervention is estimated to reach no more than 39% of the population that needs it. The peer distribution of naloxone (also called 'take-home naloxone'), an opioid antagonist that can reverse the effects of an overdose, is operational in 7 countries - Afghanistan, Australia, Canada, India, Mexico, New Zealand and the United Kingdom. However, the coverage of naloxone distribution programmes for people who use opioids was considered to be over 40% in only 3 countries - Canada, Norway and the United Kingdom. Up to 19 countries had at least one drug checking service, which allow people who use drugs to identify the components in the substances they intend to take. However, coverage of these services was reported to be 'very limited' in 15 countries, and 'limited' in the remaining 4. Lastly, only 4 countries (Australia, Canada, Norway and Portugal) were reported to have at least one operational drug consumption room, even though evidence shows that the use of supervised drug consumption facilities is associated with reducing drug-related deaths, and are effective at reaching out to highly marginalised populations.²⁹

Although states are obliged to fulfil the right to health of people deprived of liberty, including the right to access harm reduction services, the Index shows that the availability of these interventions in prisons is even more restricted than in the community. Only 1 country (Canada) has NSP provision in prison settings, though coverage is very limited. 15 out of the 30 surveyed countries provide OAT services in prisons, but in practice only 3 countries (North Macedonia, Portugal and the

United Kingdom) have secured access to OAT for more than 40% of people who use drugs in prison.

Perception of inequity in accessing harm reduction services

The Index also seeks to capture national experts' perception on the barriers to accessing harm reduction services attributable to ethnicity, gender identity and sexual orientation. To some degree, these inequities are perceived as being present in the overwhelming majority of countries.

According to civil society experts, ethnicity was reported as having no impact on access to harm reduction in only 5 out of the 30 surveyed countries (Georgia, India, Kyrgyzstan, North Macedonia and Norway). On the contrary, members of specific ethnic groups were perceived as having experienced disparities in accessing harm reduction to a large or very large extent in 7 out of the 30 countries (in Australia, Brazil, Canada, Ghana, Mexico, New Zealand and Thailand).

Similarly, women and LGBTQI+ people are considered to face heightened and differential obstacles in accessing harm reduction in every single surveyed country, in particular (to a large or very large extent) in 9 out of 30 countries (Argentina, Brazil, Colombia, Costa Rica, Ghana, Mexico, Portugal, South Africa and Uganda).

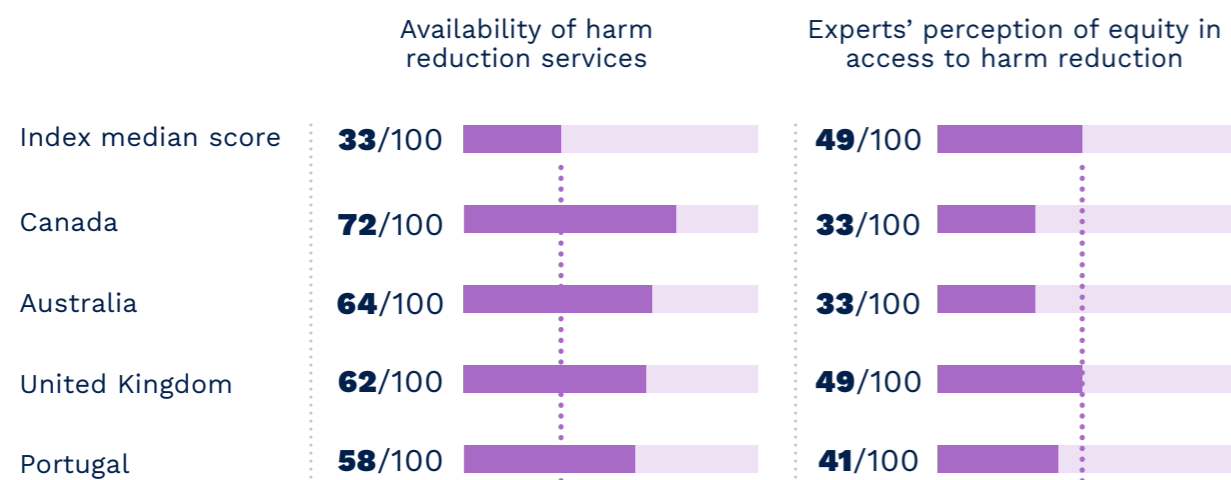
Strikingly, many of the wealthier countries in which harm reduction services are more available and well-funded score relatively low for this sub-dimension, including: the United Kingdom (49/100), New Zealand (41/100s), Portugal (41/100), Canada (33/100) and Australia (33/100) - compared to the overall median score of 49/100.

'You're under the watchful eye (without being stared at!) of a nurse, just to make sure you're not in the throes of overdose. Because this is a medically-supervised injection centre; emphasis on medically. No one dies here. No one has died. And it's been 19 years running. So...well done!'

Kevin. Former client of Sudneu's Medicallu Supervised Iniection Centre (MSIC) - Australia

²⁹ European Monitoring Centre for Drugs and Drug Addiction (2018), Drug consumption rooms: an overview of provision and evidence, https://www.emcdda.europa.eu/publications/pods/drug-consumption-rooms_en

The role of ethnicity and gender in accessing available harm reduction services



#	COUNTRY	ACCESS TO MEDICINES
#1	Norway	81
#2	New Zealand	78
#3	UK	69
#4	Portugal	68
#5	North Macedonia	61
#6	Australia	60
#7	Costa Rica	59
#8	Canada	56
#9	Georgia	55
#9	Afghanistan	55
#11	Hungary	48
#11	Argentina	48
#13	Lebanon	45
#14	Colombia	43
#14	Senegal	43
#16	Kyrgyzstan	39
#17	Morocco	36
#18	Jamaica	35
#19	Thailand	34
#20	India	33
#21	Ghana	32
#22	Indonesia	31
#22	Brazil	31
#24	Mozambique	29
#24	South Africa	29
#26	Russia	28
#27	Mexico	26
#28	Nepal	25
#29	Kenya	23
#30	Uganda	21

Access to, and availability of, internationally controlled medicines for the relief of pain and suffering

Ensuring access to, and availability of, internationally controlled medicines³⁰ for the relief of pain and suffering is one of the key objectives of the UN drug control conventions.³¹ Yet, the Index confirms the general acknowledgement that there are wide differences on how well countries are doing in ensuring such access, with country scores ranging from 21/100 for Uganda all the way to 81/100 for Norway - and a median score of 41/100.

Recognising the importance of access to controlled medicines in national policies

On the policy side, it is encouraging that all countries surveyed in the Index, with the exception of Kenya and Morocco, have explicit provisions within their national legislation or policy documents establishing their government's obligation to ensure access to controlled medicines. Unfortunately, only about half of the countries studied in the Index also have a national medicines policy that recognises the importance of availability of controlled medicines for pain relief.

Even more problematically, the data show that only a handful of countries ensure the meaningful involvement of key stakeholders - such as medical boards, health professionals, patients and patients' representatives - in policy-making processes related to controlled medicines. Nepal and New Zealand were the only two countries singled out as doing particularly well in this area, as opposed to Russia where involvement was reported as non-existent.

'Nothing gives me more satisfaction as a nurse than providing pain relief to a suffering patient and family'

Rose Kiwanuka, Uganda's first palliative care nurse - Uganda

³⁰ A 'controlled medicine' is a psychoactive substance, the production, sale, possession and use of which is restricted to those authorised by the international drug control regime

³¹ United Nations General Assembly (2016), *Outcome document of the 2016 United Nations General Assembly Special Session on the World Drug Problem: Our joint commitment to effectively addressing and countering the world drug problem*, <https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf>

Assessing access to controlled medicines for those in need

Importantly, beyond looking into policy documents the Index evaluates states' perceived performance in ensuring actual availability and access for people on the ground. The results are damning, with over two-thirds of the countries covered in the Index receiving a score of 38/100 or under. While countries like Australia, New Zealand, Norway, Portugal and the United Kingdom seem to ensure adequate access and availability for those in need, Ghana, India, Indonesia, Mexico, Mozambique, Nepal, Senegal and Uganda were given the lowest possible score of 0/100. In two-thirds of the countries evaluated, the global consumption of opioids was reported as being low or very low.

Two main considerations can be drawn from these data. Firstly, the Index highlights the major disparities in access to controlled medicines between 'Global North' countries and those based in the 'Global South', in particular in terms of availability of opioid medicines. Research shows that the dearth of controlled medicines is driven at least in part by weak and under-funded healthcare systems, as much as by unduly restrictive legal frameworks.³² Secondly, the Index underscores the worrying gap between existing policies and their implementation, with most countries scoring reasonably well on the policy side, but performing badly in terms of ensuring actual access to controlled medicines for people in need.

Perceived discriminations in access to controlled medicines for specific groups

In addition to disparities between countries, the Index shows large differences in access within each country. Major geographical disparities in access were reported in countries like Brazil, Canada, Colombia, Kenya, Kyrgyzstan, Mexico, Mozambique, Nepal, Russia, South Africa and Uganda. Socio-economic status was perceived as being a discriminatory factor in accessing controlled medicines in over half of the countries evaluated, with only Costa Rica and Portugal being the exception in that regard. To a lesser extent, people from specific gender and ethnic groups were also reported as having poorer access to controlled medicines, with Brazil, Canada, Colombia, Hungary, Mexico and New Zealand scoring especially poorly on restrictions in access based on ethnicity, and Uganda and Jamaica being singled out as countries where women have particularly poor access to controlled medicines.

Finally, the Index assesses the extent to which people who use drugs are able to access controlled medicines for pain relief to the same level as other groups. In 12 countries (Australia, Brazil, Canada, Colombia, Jamaica, Kyrgyzstan, Lebanon, Mexico, Nepal, Norway, South Africa and Uganda), people who use drugs were perceived as facing major barriers in accessing controlled medicines for pain relief compared to others in society. Georgia, Ghana and Senegal were the only countries where no such disparities in access were reported by civil society experts. This is yet another example of how people who use drugs continue to be stigmatised and discriminated against in access to basic healthcare.

Perceived disparities in access to controlled medicines

Discriminations in access to controlled medicines reported to a large or very large extent in:



'He was going to pass away regardless; but with a bit of support from the healthcare authorities, it would have all been a bit easier on us'

Anonymous, on the experience of supporting their father after he was denied buprenorphine patches to manage severe end-of-life cancer-related pain - Colombia³³

³²Global Commission on Drug Policy (2015), The Negative Impact of Drug Control on Public Health: The Global Crisis of Avoidable Pain, <http://www.globalcommissionondrugs.org/wp-content/uploads/2012/03/GCOPD-THE-NEGATIVE-IMPACT-OF-DRUG-CONTROL-ON-PUBLIC-HEALTH-EN.pdf>

³³Pereira, I. & Ramírez Bolívar, L. (2019), Los caminos del dolor: Acceso a cuidados paliativos y tratamiento por consumo de heroína en Colombia, <https://www.dejusticia.org/publication/los-caminos-del-dolor-acceso-a-cuidados-paliativos-y-tratamiento-por-consumo-de-heroína-en-colombia/>

#	COUNTRY	DEVELOPMENT
#1	Thailand	48
#2	Afghanistan	47
#3	Jamaica	39
#4	Colombia	23

Development

The ‘development’ dimension of the Index is used for countries where there are alternative or sustainable development policies in place in areas where crops are cultivated for illegal drug production. In this first iteration of the Index, this includes Afghanistan, Colombia, Jamaica and Thailand - while for the other 26 countries, the development dimension was omitted from their overall score calculations.³⁴

Alternative development, which seeks to eliminate the cultivation of crops destined for illegal markets by addressing the vulnerabilities of the communities involved in growing them, has been widely criticised over the past decades for taking an overly narrow approach to ‘development’, placing too much focus on eradication while failing to genuinely address the needs and vulnerabilities of communities on the ground.³⁵ These concerns are reflected in the findings of the Index, with countries scoring particularly poorly on this dimension. Thailand, with the highest score of the four, only achieved 48/100, and Colombia scored a mere 23/100.

A narrow approach to development

The Index highlights how alternative development remains entrenched in an interdiction and eradication approach to illegal crop cultivation, without sufficiently taking into consideration the development needs of communities on the ground. On paper, Colombia and Thailand are reported as placing some emphasis on broader development dimensions within their alternative development policy - with Thailand reaching a score of 63/100 - but neither country takes into consideration the protection of the environment within their policy. By contrast, Afghanistan fails to enshrine its alternative development programme within a broader development approach, but its programme does include some provisions related to environmental protection.

Even more concerning is the fact that the alternative development policy in both Colombia (‘to a very large extent’) and Afghanistan (‘to a moderate extent’) are operating within a militarised and security strategy. Both countries place strong emphasis on forced crop eradication, including - in the case of Colombia - via aerial spraying, which can cause serious harm for local communities, health and the

‘Most people who grow cannabis in the mountains of Zihuatanejo live in unfavourable conditions. Some people do not have running water. Draft legislation must 100% include rural communities to promote employment’

Arturo, veterinarian and cannabis grower - Mexico

³⁴ For more information, please read the Methodology: globaldrugpolicyindex.net/methodology

³⁵ See, for instance: Nougier, M., Cots Fernandez, A. & Putri, D. (2021), Taking stock of half a decade of drug policy: An evaluation of UNGASS implementation (International Drug Policy Consortium), pp. 31-40, http://fileserv.idpc.net/library/UNGASS_5y_Review.pdf

Summary table of alternative development policy and its impact on vulnerable groups

	Afghanistan	Colombia	Jamaica	Thailand
AD* embedded in development policy	No	Yes	No	Yes
Absence of forced crop eradication in AD policy	No	No	Yes	Yes
Absence of aerial spraying	Yes	No	Yes	Yes
Adequate sequencing	Moderate	Limited	Limited	Limited
Involvement of local communities in AD policy	Limited	Limited	Limited	Moderate
Impacts on the empowerment of women	To a large extent	Limited	Limited	Limited
Impacts on young people	Moderate	Limited	Limited	Limited
Impacts on low-income groups	Moderate	Limited	Limited	Limited

*AD: alternative development

environment. Both Jamaica and Thailand fare much better in this area, achieving a score of 72/100, as neither country has provisions for forced crop eradication within their alternative development policy.

Another strong criticism of existing alternative development programmes relates to their failure to ensure adequate sequencing - that is, ensuring that alternative livelihoods are in place for local communities before starting any eradication effort. This is a key aspect of a development approach in areas of illegal cultivation. There again, with the exception of Afghanistan (‘to a moderate extent’), adequate sequencing was only taken into consideration ‘to a small extent’ in Colombia, Jamaica and Thailand.

Perceptions on the involvement of affected communities

The involvement of affected communities (such as farmers of crops used for illegal drug production) in alternative development programmes is essential to ensure that these programmes truly respond to their needs, take into consideration their preferences, local customs, knowhow and skills, and are grounded in an understanding of the local land and ecosystem. Worryingly, the Index shows that local communities and (where appropriate) Indigenous and minority groups were

perceived as being meaningfully involved in the design, implementation, monitoring and evaluation of alternative development programmes only to a ‘moderate extent’ in Thailand, and to a ‘small extent’ in Afghanistan, Colombia and Jamaica.

Limited perceived benefits for communities on the ground

The militarised and security approach to alternative development, the focus on forced eradication, the lack of consideration of development needs, the failure to ensure adequate sequencing and the lack of involvement of local communities have inevitably hampered meaningful and positive outcomes for alternative development programmes. Indeed, an assessment of the impacts on communities on the ground by civil society experts shows a mixed and complex picture in that regard, with Afghanistan scoring the highest of the 4 countries with 57/100.

In recent years, alternative development programmes have sought to improve the conditions of women as key beneficiaries. The Index shows that this was only perceived as being achieved ‘to a large extent’ in Afghanistan, with limited progress made in Colombia, Jamaica and Thailand. Similarly, the benefits of alternative development programmes on young people and on low-income groups were reported as moderate in Afghanistan, but limited in all 3 other countries.

‘Peaceful letters have been written. Demonstrations have been made. A lot of dialogue has taken place. But the ganja industry remains in the hands of the rich people; without those who have suffered being able to benefit’

Ras Iyah V, Rastafari cannabis activist and human rights defender - Jamaica

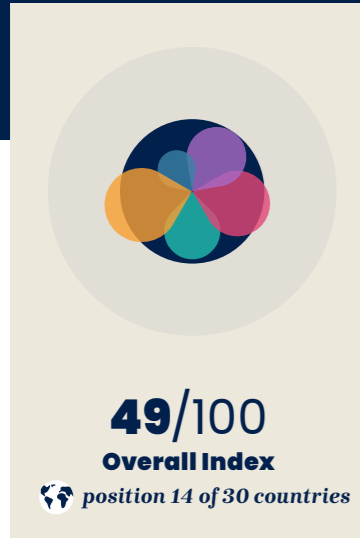
Country factsheets



Country factsheet



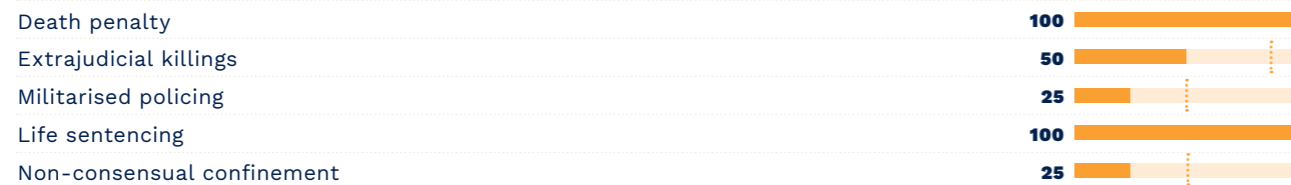
Afghanistan*



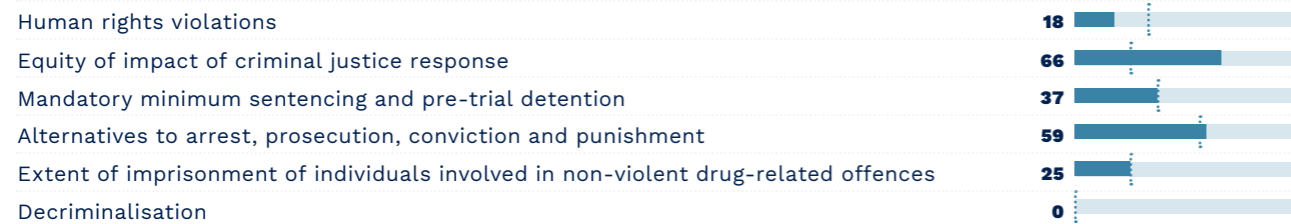
- 62/100** USE OF EXTREME SENTENCING AND RESPONSES
- 32/100** PROPORTIONALITY OF CRIMINAL JUSTICE RESPONSE
- 50/100** HEALTH AND HARM REDUCTION
- 55/100** AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR THE RELIEF OF PAIN AND SUFFERING
- 47/100** DEVELOPMENT

median from the 30 countries

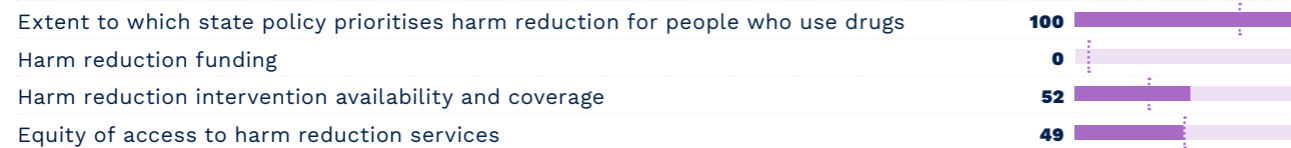
ABSENCE OF EXTREME SENTENCING AND RESPONSES



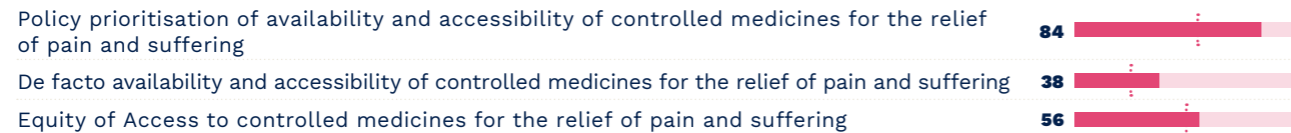
PROPORTIONALITY OF THE CRIMINAL JUSTICE RESPONSE



HEALTH AND HARM REDUCTION



AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR PAIN RELIEF



DEVELOPMENT



'Because I'm a drug user, I know what's "wrong" with drug users. They are always insulted and humiliated. Every time, [authorities] come [and capture] drug users, they beat them. Criminalisation does not allow us to help our community'

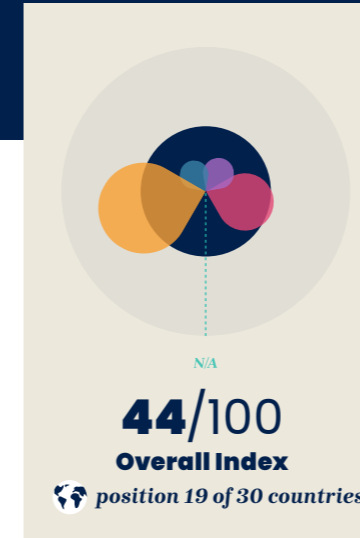
-Abdur Raheem Rejaey, Head of Bridge Hope Health Organization, a community-led organisation providing peer support

*Please note that data collection via the expert civil society survey was conducted as the military offensive by the Taliban was unfolding in Afghanistan in August 2021. Inevitably, this major crisis caused considerable difficulties for local civil society experts to be able to respond to the survey, resulting in many responses coming from experts living outside of Afghanistan. This might explain the fact that perceptions on certain drug policy issues covered by the Index for the period 2020 might seem to be overly positive compared to how similar issues were perceived and scored by local civil society in other countries

Country factsheet



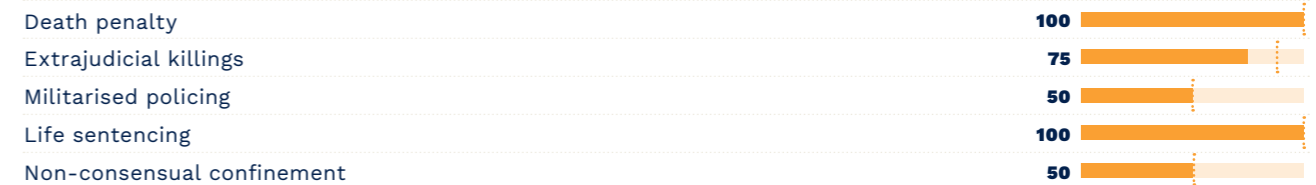
Argentina



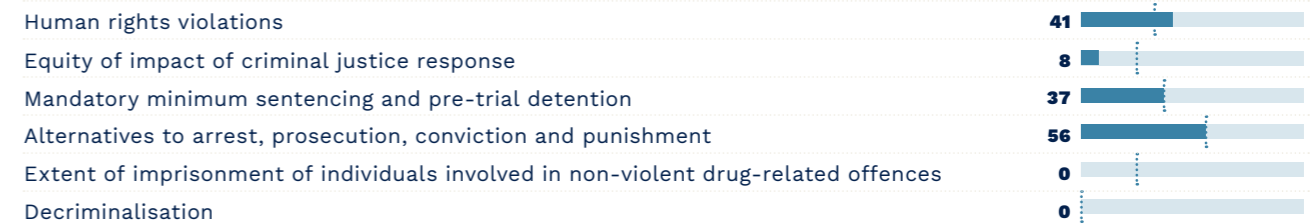
- 76/100** USE OF EXTREME SENTENCING AND RESPONSES
- 24/100** PROPORTIONALITY OF CRIMINAL JUSTICE RESPONSE
- 26/100** HEALTH AND HARM REDUCTION
- 48/100** AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR THE RELIEF OF PAIN AND SUFFERING
- N/A DEVELOPMENT

median from the 30 countries

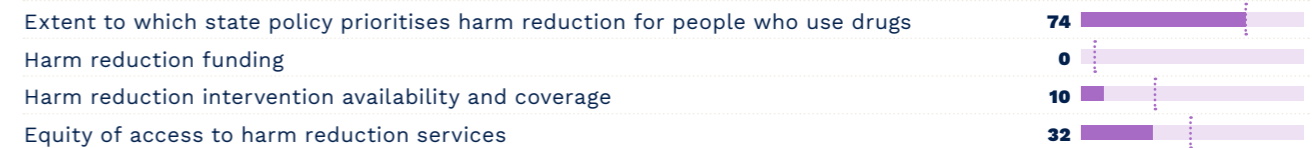
ABSENCE OF EXTREME SENTENCING AND RESPONSES



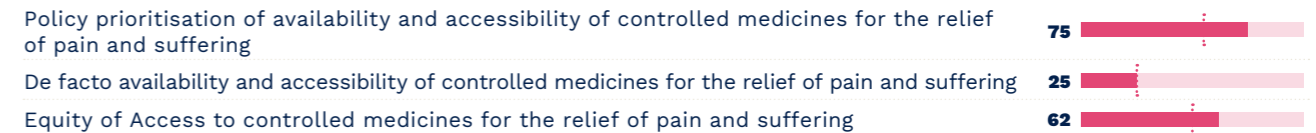
PROPORTIONALITY OF THE CRIMINAL JUSTICE RESPONSE



HEALTH AND HARM REDUCTION



AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR PAIN RELIEF



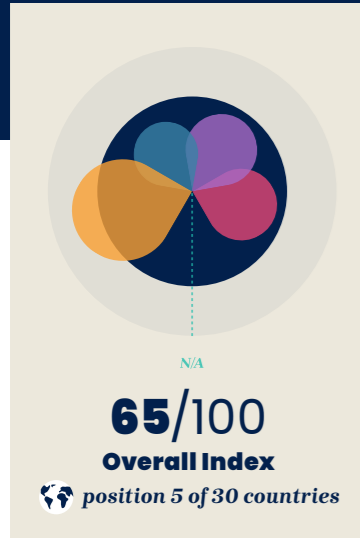
DEVELOPMENT



'The worst thing was when we had health issues. I have dentition issues and there wasn't a dentist at the detention centre. Accessing medical consultations required cumbersome paperwork and, even when you managed to be seen, the person doing the checkup wasn't always a doctor or a specialist. On more than one occasion I was seen by other incarcerated people, who "prescribed" ibuprofen'

-Rubi, on her experience as a trans woman prosecuted for drug supply charges that she contends are fabricated

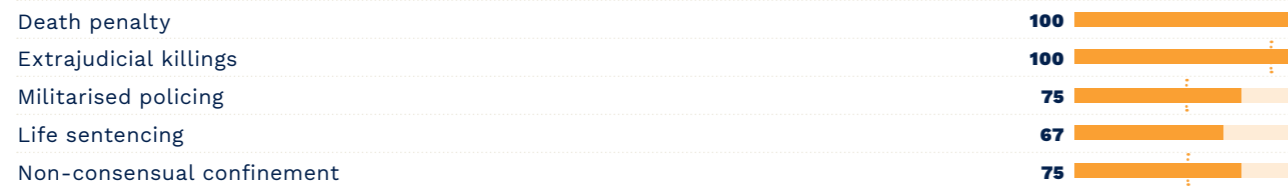
Country factsheet



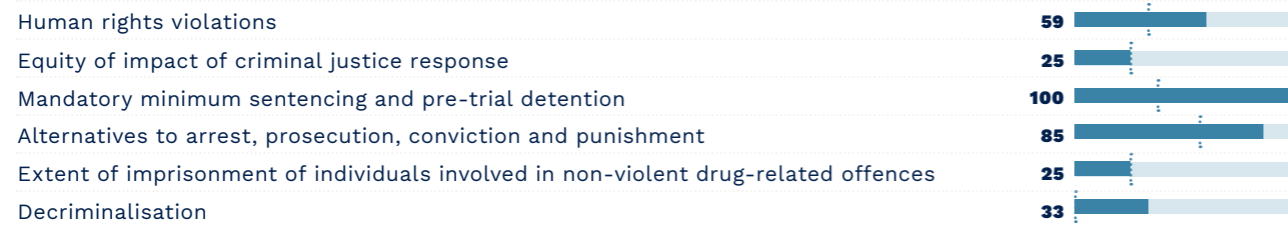
- **85/100** USE OF EXTREME SENTENCING AND RESPONSES
- **54/100** PROPORTIONALITY OF CRIMINAL JUSTICE RESPONSE
- **60/100** HEALTH AND HARM REDUCTION
- **60/100** AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR THE RELIEF OF PAIN AND SUFFERING
- N/A DEVELOPMENT

median from the 30 countries

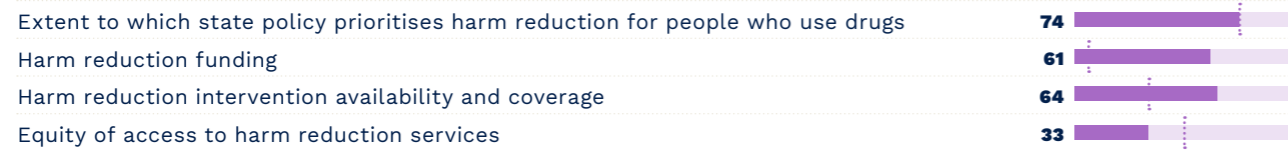
ABSENCE OF EXTREME SENTENCING AND RESPONSES



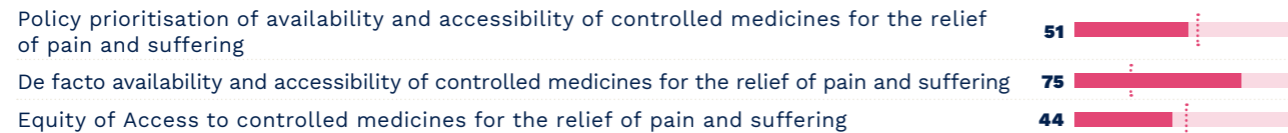
PROPORTIONALITY OF THE CRIMINAL JUSTICE RESPONSE



HEALTH AND HARM REDUCTION



AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR PAIN RELIEF



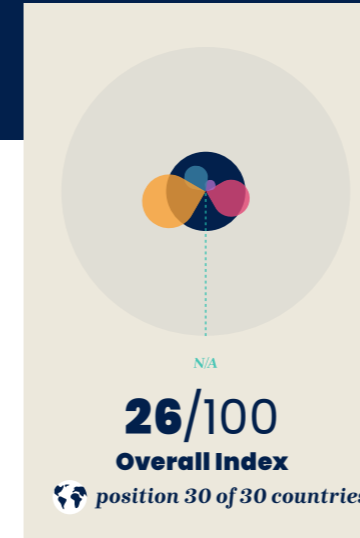
DEVELOPMENT



'You're under the watchful eye (without being stared at!) of a nurse, just to make sure you're not in the throes of overdose. Because this is a medically-supervised injection centre; emphasis on medically. No one dies here. No one has died. And it's been 19 years running. So...well done!'

-Kevin, ex-client of Sydney's Medically Supervised Injecting Centre (MSIC)

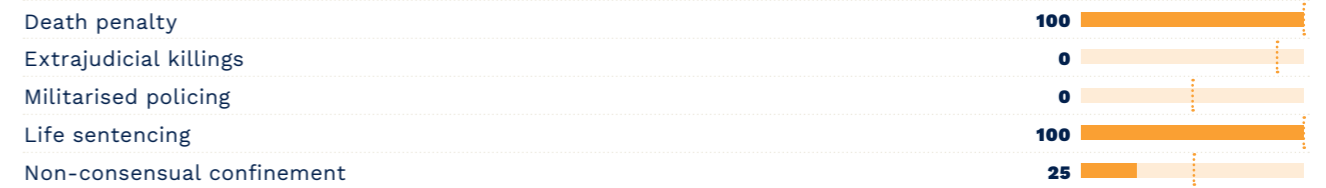
Country factsheet



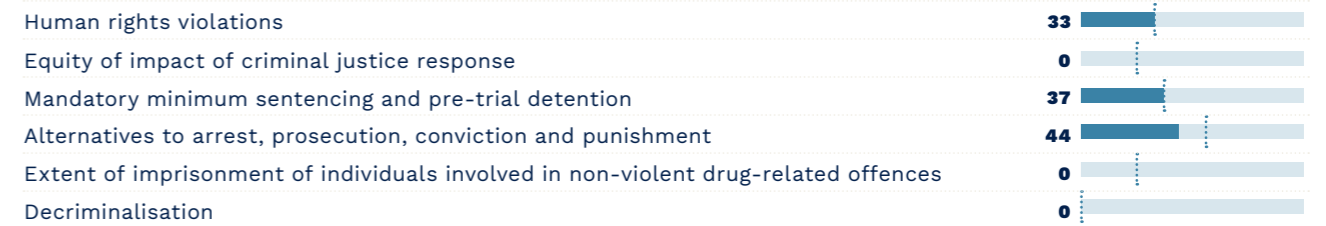
- **45/100** USE OF EXTREME SENTENCING AND RESPONSES
- **20/100** PROPORTIONALITY OF CRIMINAL JUSTICE RESPONSE
- **9/100** HEALTH AND HARM REDUCTION
- **31/100** AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR THE RELIEF OF PAIN AND SUFFERING
- N/A DEVELOPMENT

median from the 30 countries

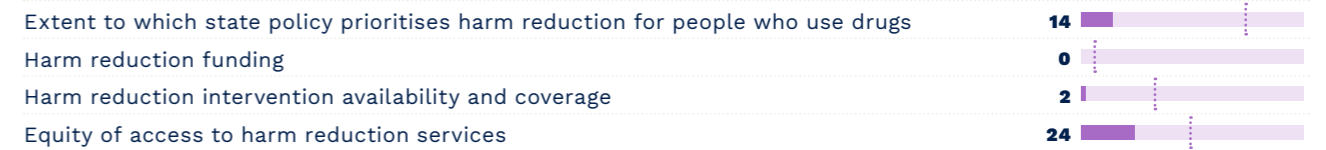
ABSENCE OF EXTREME SENTENCING AND RESPONSES



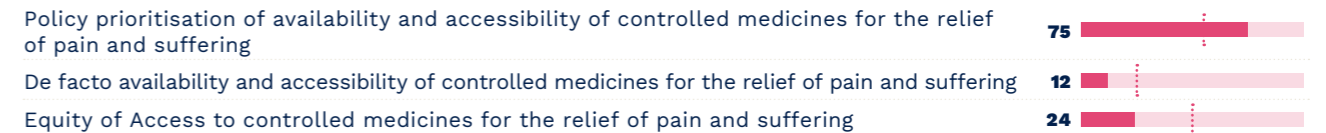
PROPORTIONALITY OF THE CRIMINAL JUSTICE RESPONSE



HEALTH AND HARM REDUCTION



AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR PAIN RELIEF



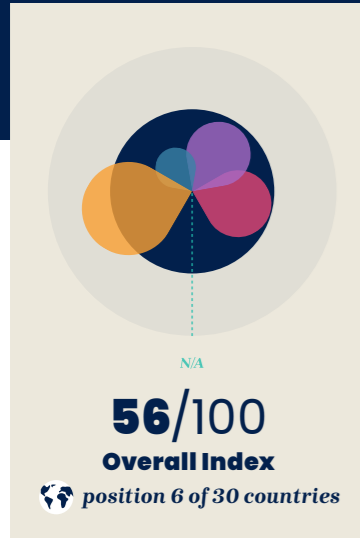
DEVELOPMENT



'[People from] the middle and upper classes receive one treatment, while in the favela you can be murdered at any time because the favela is considered a "territory of trafficking". I'm affected by this war daily. Every day, and most of the time, there is always an atmosphere of apprehension and anguish. People are always in mourning, there is always a neighbour who has had a child murdered. And then the favela goes all silent; because it's in mourning'

-Dayana Rosa, Adviser of the Brazilian Network for Harm Reduction and Human Rights (REDUC)

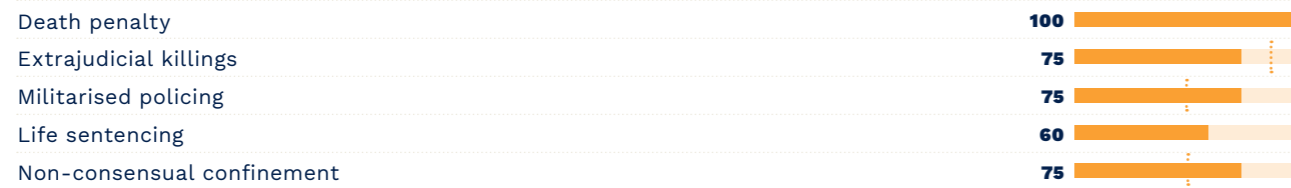
Country factsheet



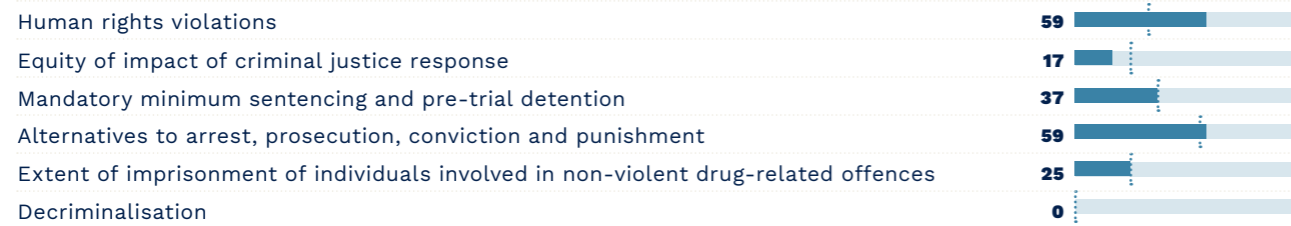
- 78/100** USE OF EXTREME SENTENCING AND RESPONSES
- 34/100** PROPORTIONALITY OF CRIMINAL JUSTICE RESPONSE
- 54/100** HEALTH AND HARM REDUCTION
- 56/100** AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR THE RELIEF OF PAIN AND SUFFERING
- N/A DEVELOPMENT

median from the 30 countries

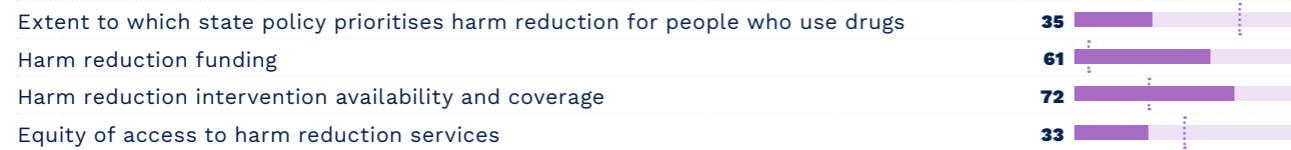
ABSENCE OF EXTREME SENTENCING AND RESPONSES



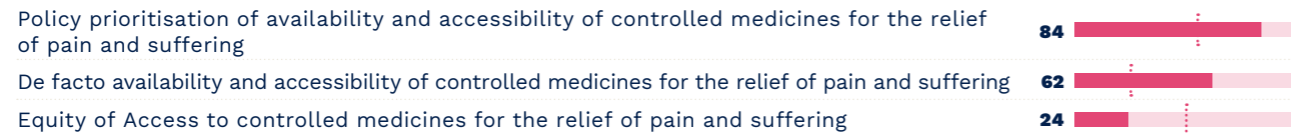
PROPORTIONALITY OF THE CRIMINAL JUSTICE RESPONSE



HEALTH AND HARM REDUCTION



AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR PAIN RELIEF



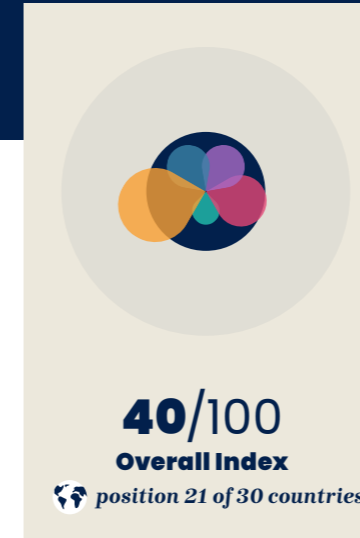
DEVELOPMENT



'When overdoses happen on-site [at the community centre], there is this mandate that you call the emergency [services]; that you call 911. Oftentimes, when 911 is called, cops come as well. One time, I think someone overdosed in the bathroom. EMS was called and along with the EMS came the police. We understood that cops were going to come through. And when cops come through, everything goes wrong. When cops come through, the probability that the substance user, the person of colour will make it out alive is a lot slimmer'

-Akia Munga, activist challenging the opioid emergency, and Blacktivist 'with a capital B'

Country factsheet



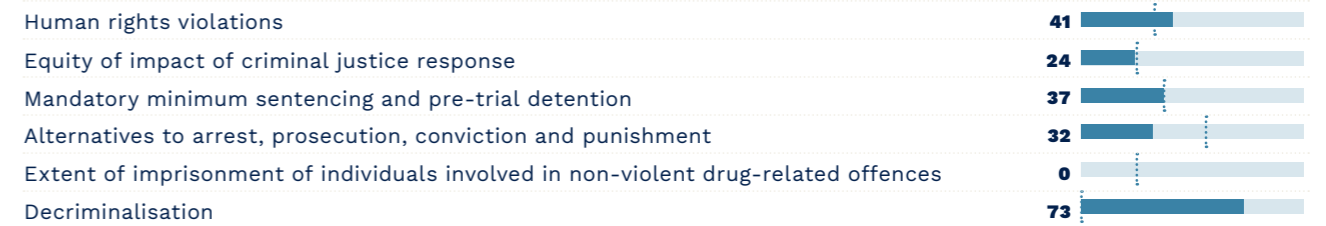
- 62/100** USE OF EXTREME SENTENCING AND RESPONSES
- 36/100** PROPORTIONALITY OF CRIMINAL JUSTICE RESPONSE
- 36/100** HEALTH AND HARM REDUCTION
- 43/100** AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR THE RELIEF OF PAIN AND SUFFERING
- 23/100** DEVELOPMENT

median from the 30 countries

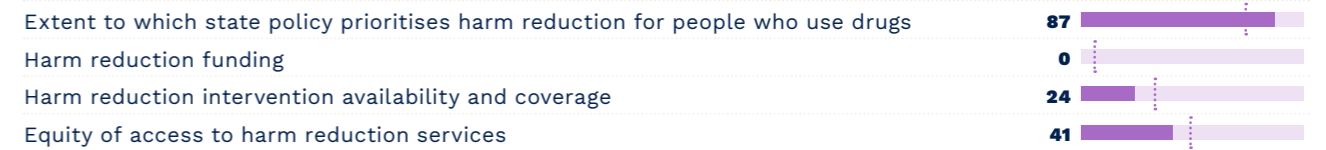
ABSENCE OF EXTREME SENTENCING AND RESPONSES



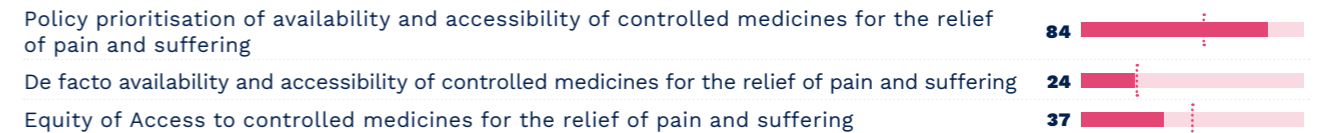
PROPORTIONALITY OF THE CRIMINAL JUSTICE RESPONSE



HEALTH AND HARM REDUCTION



AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR PAIN RELIEF



DEVELOPMENT



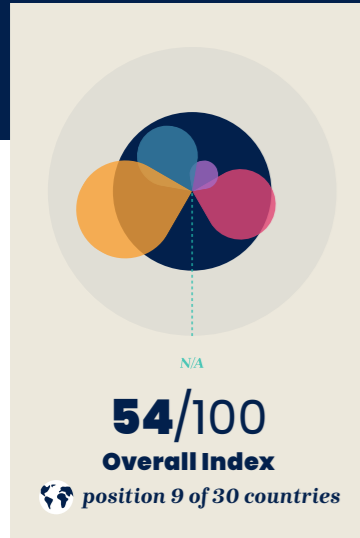
'[To leave prison] is to start again, but from zero, from many zeroes. After my release, it felt as if I had been blindfolded; I didn't know where to go, what to do, and, to be honest, right now I don't know which doors I have left to knock on'

-Martha Merchán, formerly incarcerated woman and primary caregiver for her seven children

Country factsheet



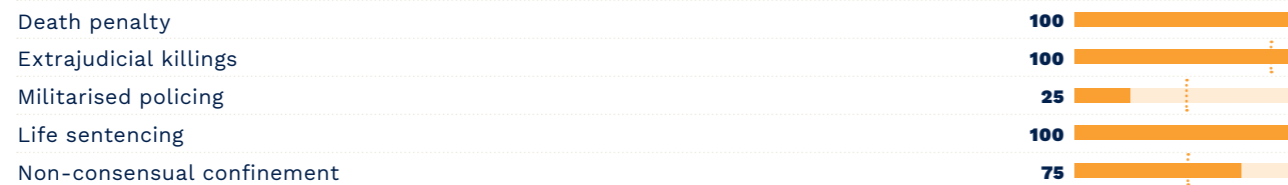
Costa Rica



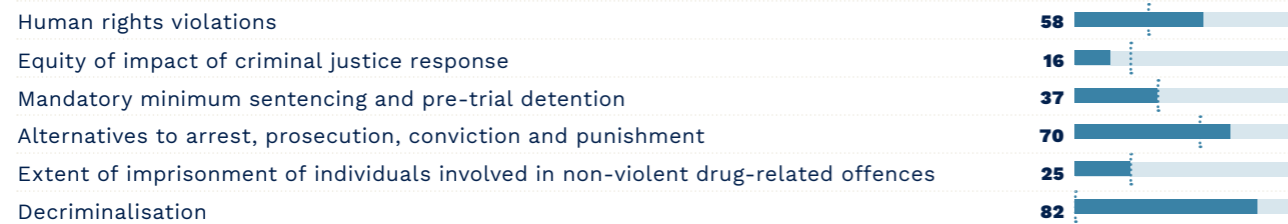
- 82/100** USE OF EXTREME SENTENCING AND RESPONSES
- 51/100** PROPORTIONALITY OF CRIMINAL JUSTICE RESPONSE
- 24/100** HEALTH AND HARM REDUCTION
- 59/100** AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR THE RELIEF OF PAIN AND SUFFERING
- N/A** DEVELOPMENT

median from the 30 countries

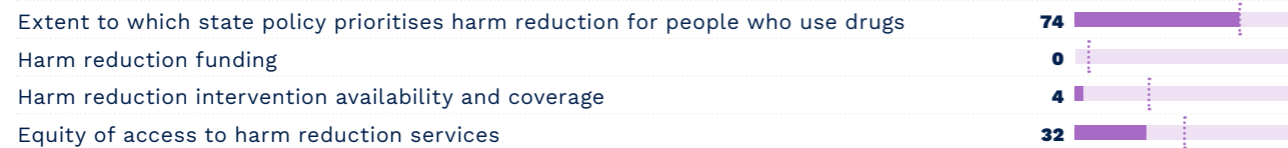
ABSENCE OF EXTREME SENTENCING AND RESPONSES



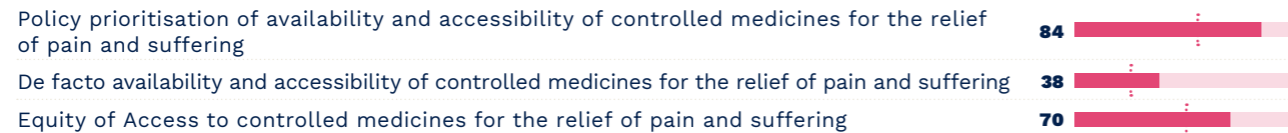
PROPORTIONALITY OF THE CRIMINAL JUSTICE RESPONSE



HEALTH AND HARM REDUCTION



AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR PAIN RELIEF



DEVELOPMENT



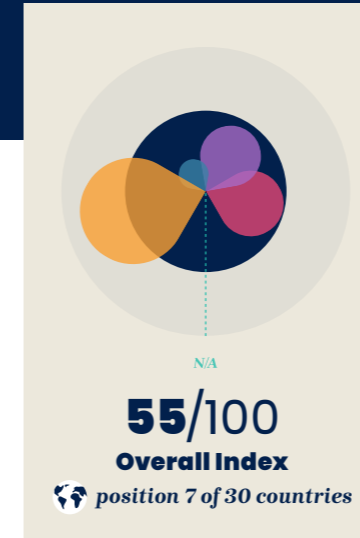
'The stigma of being a family member of a person who is deprived of their liberty is intense; but it becomes even more so as a result of the total absence of guidance from the Costa Rican penitentiary system'

-Giselle Amador, member of the International network of women family members of people deprived of their liberty (RIMUF)

Country factsheet



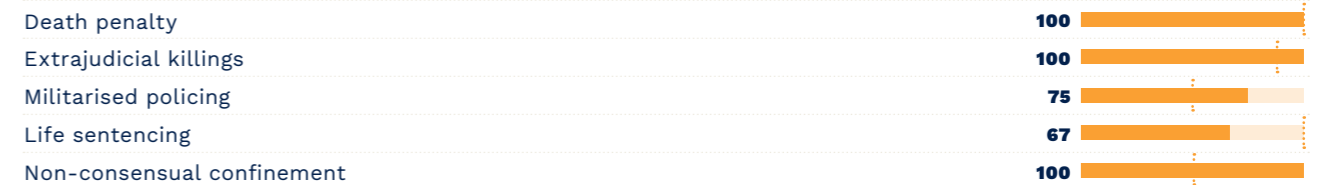
Georgia



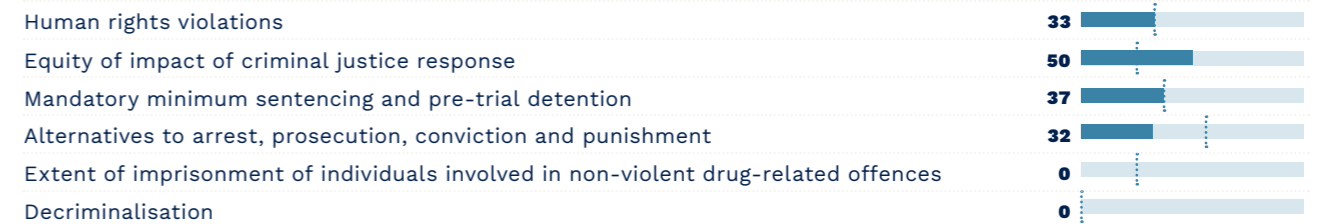
- 89/100** USE OF EXTREME SENTENCING AND RESPONSES
- 25/100** PROPORTIONALITY OF CRIMINAL JUSTICE RESPONSE
- 51/100** HEALTH AND HARM REDUCTION
- 55/100** AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR THE RELIEF OF PAIN AND SUFFERING
- N/A** DEVELOPMENT

median from the 30 countries

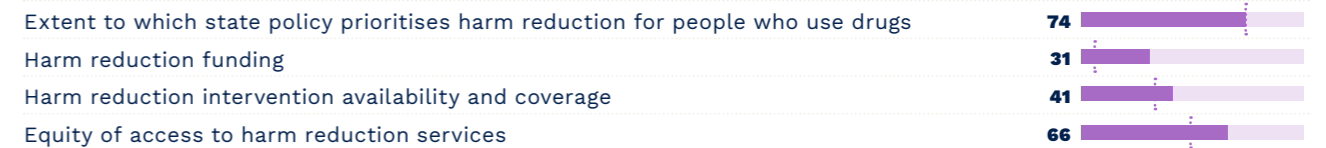
ABSENCE OF EXTREME SENTENCING AND RESPONSES



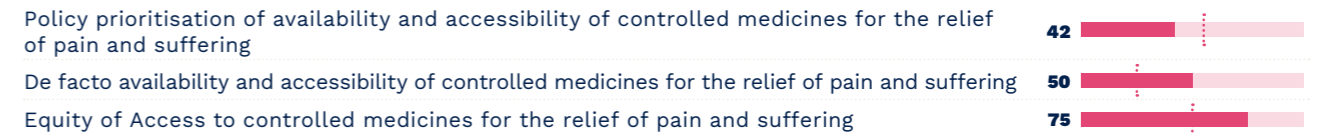
PROPORTIONALITY OF THE CRIMINAL JUSTICE RESPONSE



HEALTH AND HARM REDUCTION



AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR PAIN RELIEF



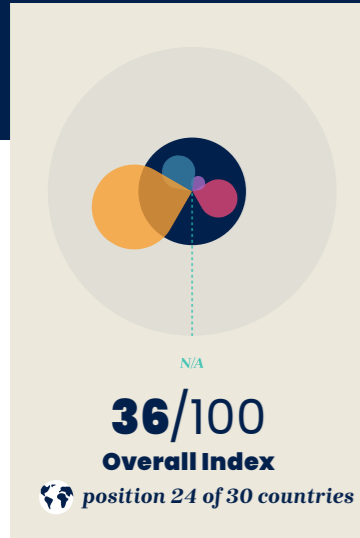
DEVELOPMENT



'Despite the fact that no drugs were proven to be present in my body, every time I came across police officers in the street, there would always be attempts at harassing me. (...) Nowadays, the inhumane acts of drug testing practices have almost fully been eliminated in the country. Nevertheless, the state is still repressive...'

-Temo Khatiasvili, on past experiences of police harassment due to criminal records in relation to drug use

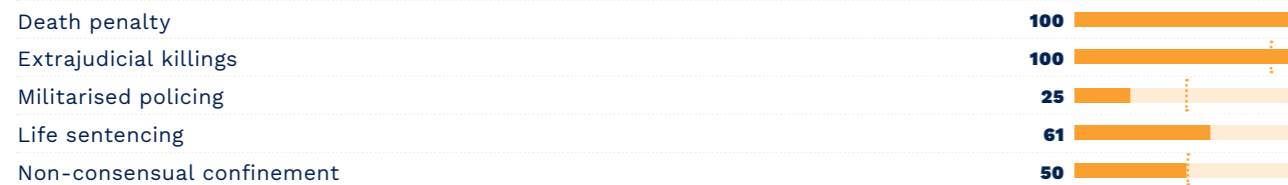
Country factsheet



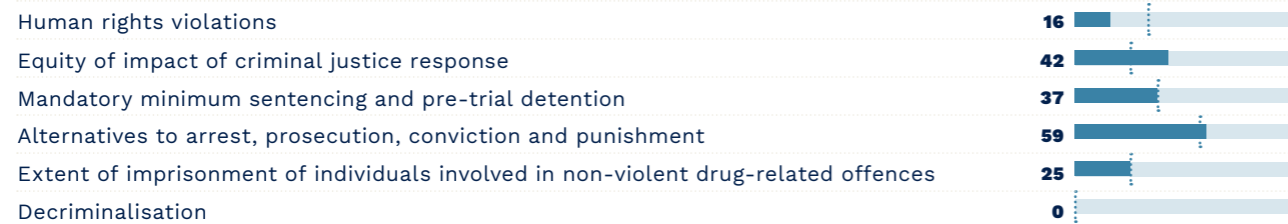
- **71/100** USE OF EXTREME SENTENCING AND RESPONSES
- **28/100** PROPORTIONALITY OF CRIMINAL JUSTICE RESPONSE
- **12/100** HEALTH AND HARM REDUCTION
- **32/100** AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR THE RELIEF OF PAIN AND SUFFERING
- N/A DEVELOPMENT

median from the 30 countries

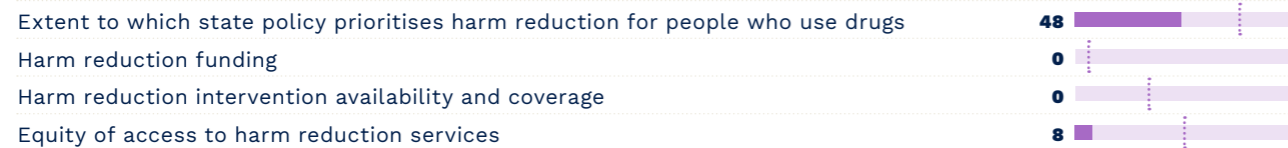
ABSENCE OF EXTREME SENTENCING AND RESPONSES



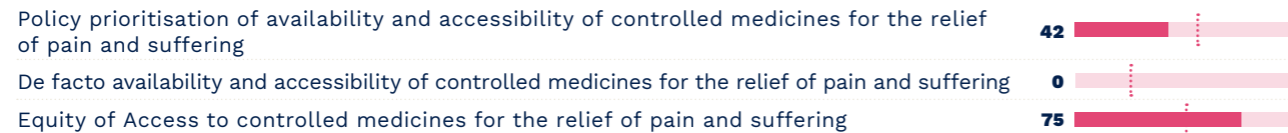
PROPORTIONALITY OF THE CRIMINAL JUSTICE RESPONSE



HEALTH AND HARM REDUCTION



AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR PAIN RELIEF



DEVELOPMENT



'I have tried several rehabilitation houses, but it has not worked for me; they are not female-friendly and they are too expensive'

-Gifty, on the challenges of finding support for drug dependence

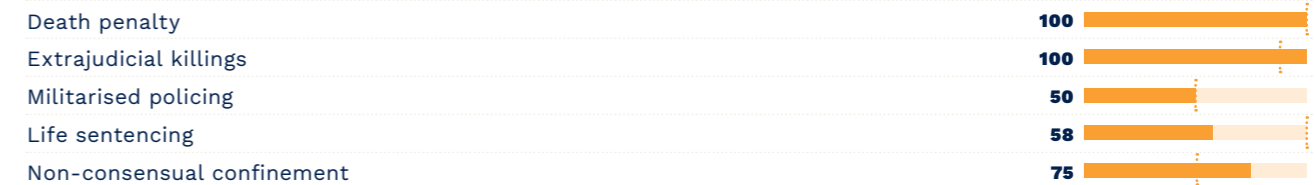
Country factsheet



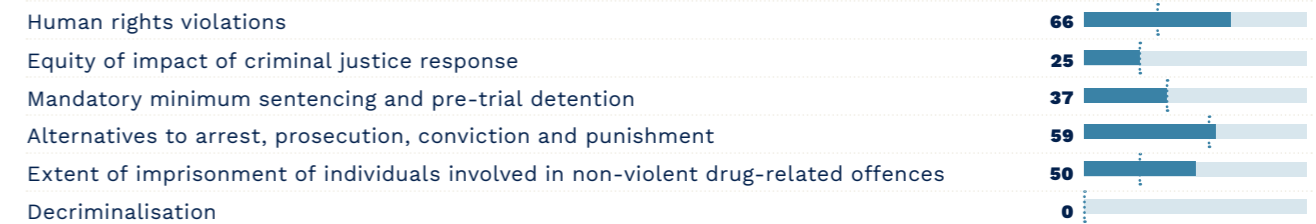
- **79/100** USE OF EXTREME SENTENCING AND RESPONSES
- **41/100** PROPORTIONALITY OF CRIMINAL JUSTICE RESPONSE
- **29/100** HEALTH AND HARM REDUCTION
- **48/100** AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR THE RELIEF OF PAIN AND SUFFERING
- N/A DEVELOPMENT

median from the 30 countries

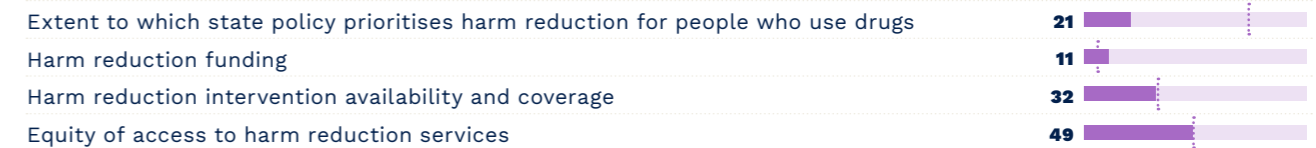
ABSENCE OF EXTREME SENTENCING AND RESPONSES



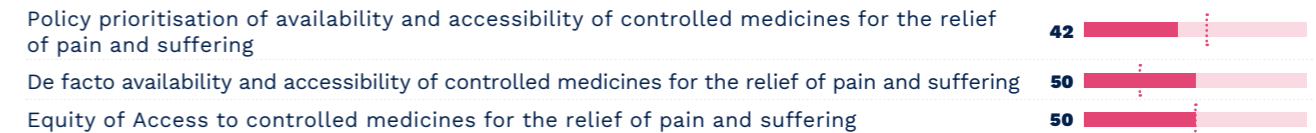
PROPORTIONALITY OF THE CRIMINAL JUSTICE RESPONSE



HEALTH AND HARM REDUCTION



AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR PAIN RELIEF



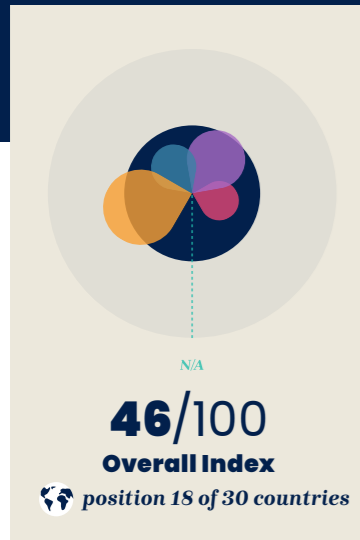
DEVELOPMENT



'I have always suffered abuse because of my Roma origin and drug use. After the accident, I had to go back for regular check-ups. Every time I went to the hospital, I would get comments from patients like: 'oh, the "junkie" is here'. I would also hear it from the hospital staff sometimes, although they didn't say it to my face'

-Tamás, on navigating formal support systems after surviving a life-threatening physical assault during his time using drugs in the streets

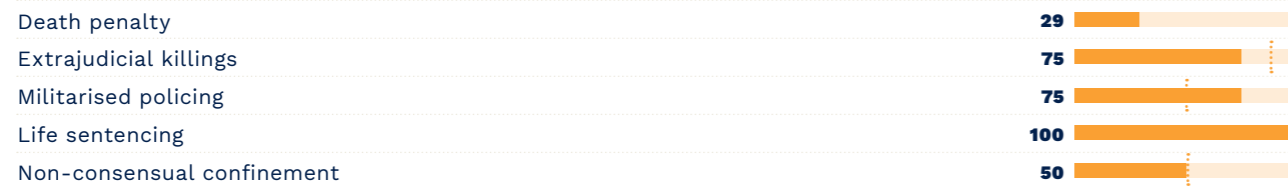
Country factsheet



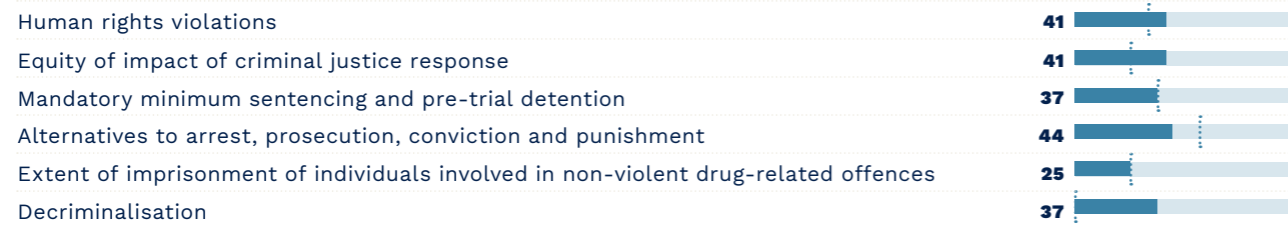
- **63/100** USE OF EXTREME SENTENCING AND RESPONSES
- **38/100** PROPORTIONALITY OF CRIMINAL JUSTICE RESPONSE
- **49/100** HEALTH AND HARM REDUCTION
- **33/100** AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR THE RELIEF OF PAIN AND SUFFERING
- N/A DEVELOPMENT

median from the 30 countries

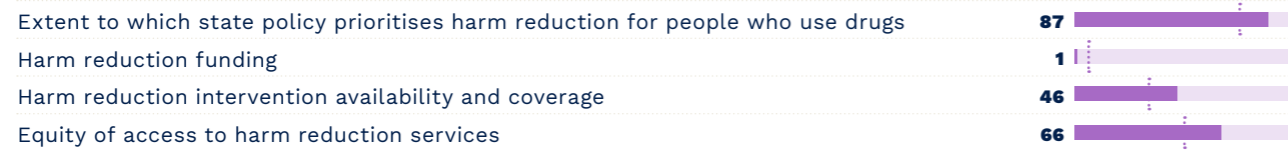
ABSENCE OF EXTREME SENTENCING AND RESPONSES



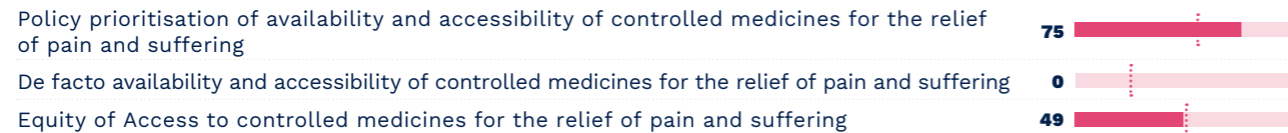
PROPORTIONALITY OF THE CRIMINAL JUSTICE RESPONSE



HEALTH AND HARM REDUCTION



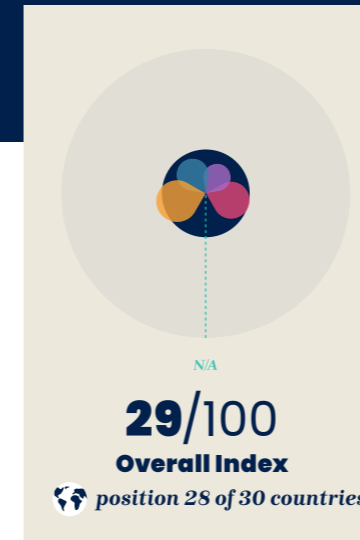
AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR PAIN RELIEF



DEVELOPMENT



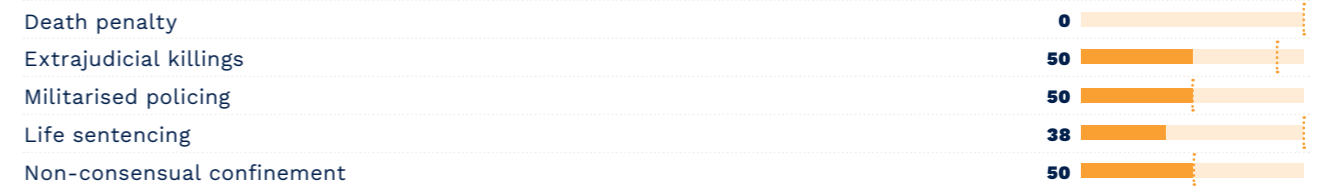
Country factsheet



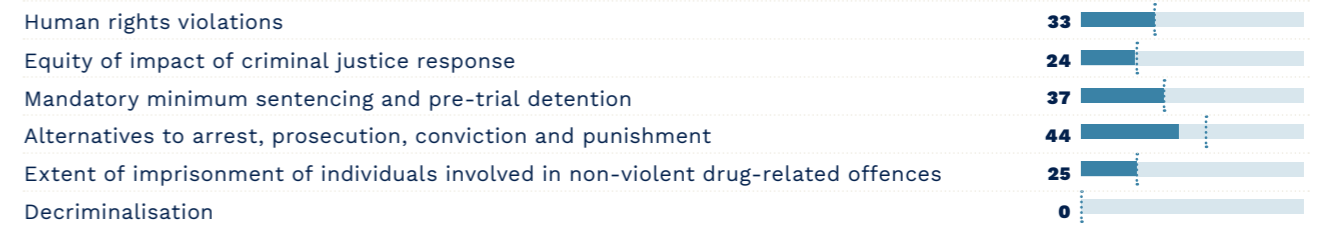
- **35/100** USE OF EXTREME SENTENCING AND RESPONSES
- **27/100** PROPORTIONALITY OF CRIMINAL JUSTICE RESPONSE
- **23/100** HEALTH AND HARM REDUCTION
- **31/100** AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR THE RELIEF OF PAIN AND SUFFERING
- N/A DEVELOPMENT

median from the 30 countries

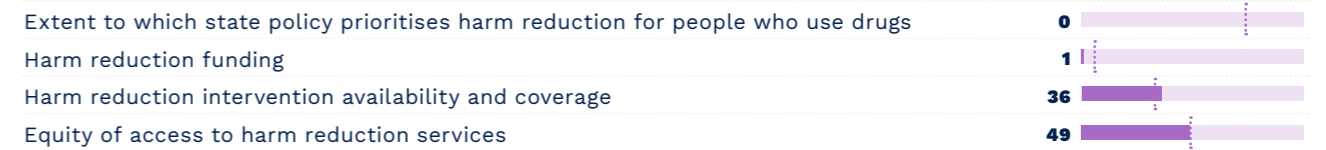
ABSENCE OF EXTREME SENTENCING AND RESPONSES



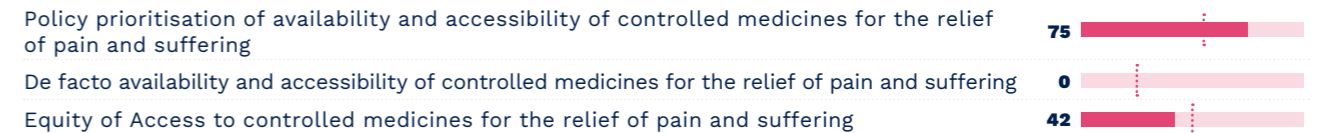
PROPORTIONALITY OF THE CRIMINAL JUSTICE RESPONSE



HEALTH AND HARM REDUCTION



AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR PAIN RELIEF



DEVELOPMENT



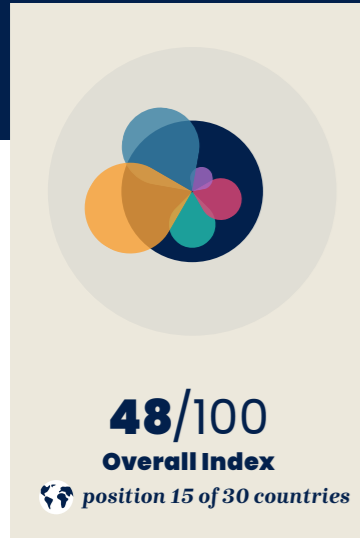
'They bound my arms [and] my legs to a tree and they tied me. I tried to get them to let me out because it hurt... I'm not a bad person. I just need help with my addiction. But they didn't listen'

*-Rosma Karlina, Women's Program Coordinator at AKSI Keadilan Indonesia**

*Quote taken from: Karlina, R., 'Women who use drugs - I was one of them...', Voice Global, <https://voice.global/blog/women-who-use-drugs/>

Country factsheet

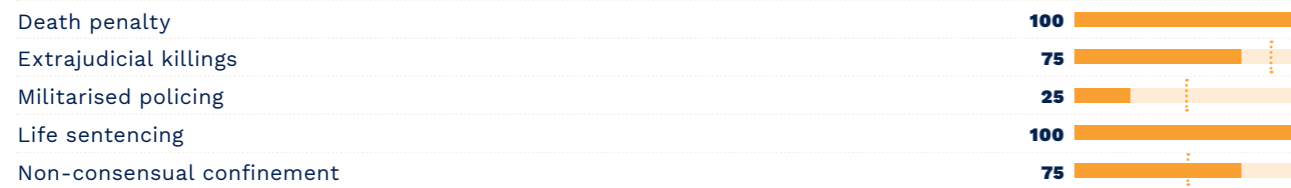
 **Jamaica**



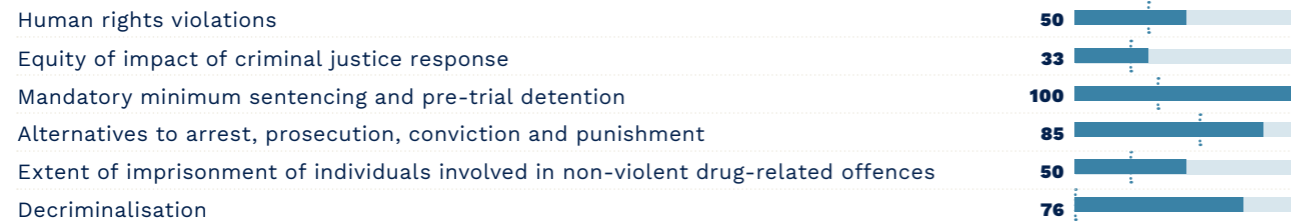
- **76/100** USE OF EXTREME SENTENCING AND RESPONSES
- **65/100** PROPORTIONALITY OF CRIMINAL JUSTICE RESPONSE
- **19/100** HEALTH AND HARM REDUCTION
- **35/100** AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR THE RELIEF OF PAIN AND SUFFERING
- **39/100** DEVELOPMENT

median from the 30 countries

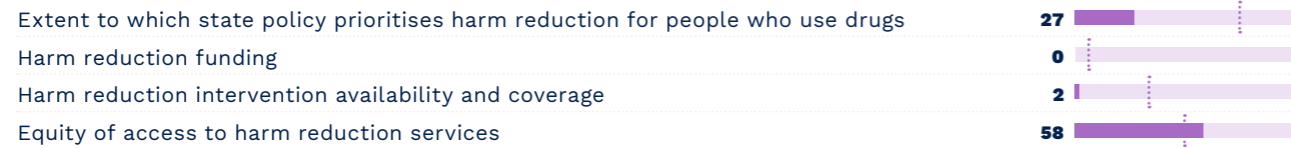
ABSENCE OF EXTREME SENTENCING AND RESPONSES



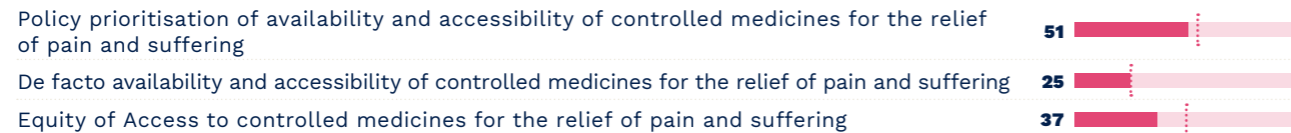
PROPORTIONALITY OF THE CRIMINAL JUSTICE RESPONSE



HEALTH AND HARM REDUCTION



AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR PAIN RELIEF



DEVELOPMENT

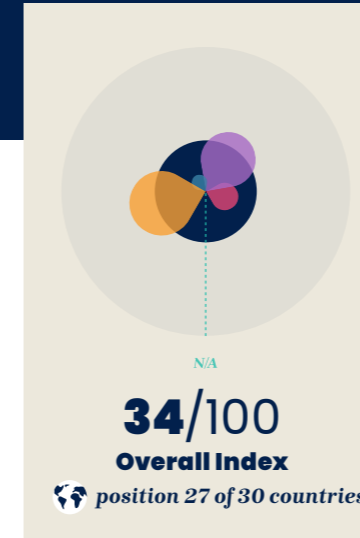


'Peaceful letters have been written. Demonstrations have been made. A lot of dialogue has taken place. But the ganja industry remains in the hands of the rich people; without those who have suffered being able to benefit'

-Ras Iyah V, Rastafari cannabis activist and human rights defender

Country factsheet

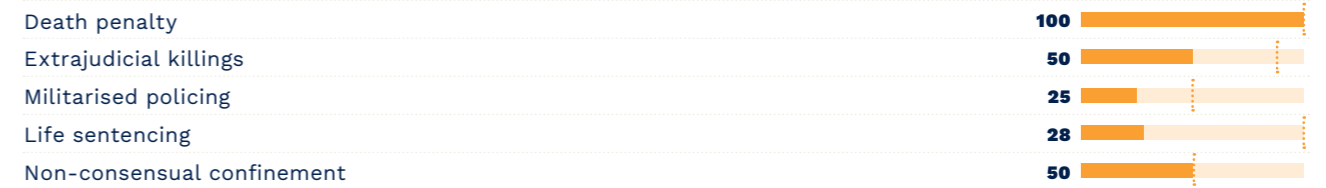
 **Kenya**



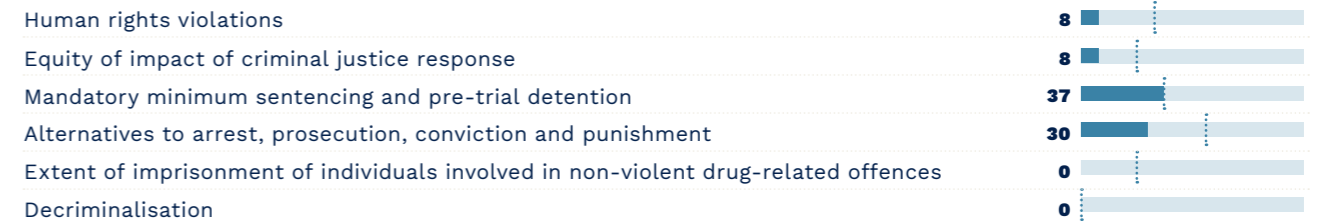
- **54/100** USE OF EXTREME SENTENCING AND RESPONSES
- **13/100** PROPORTIONALITY OF CRIMINAL JUSTICE RESPONSE
- **46/100** HEALTH AND HARM REDUCTION
- **23/100** AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR THE RELIEF OF PAIN AND SUFFERING
- **N/A** DEVELOPMENT

median from the 30 countries

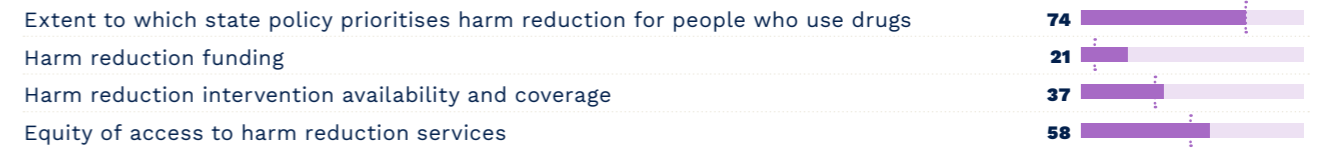
ABSENCE OF EXTREME SENTENCING AND RESPONSES



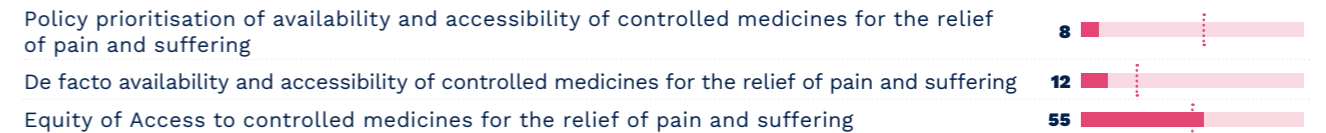
PROPORTIONALITY OF THE CRIMINAL JUSTICE RESPONSE



HEALTH AND HARM REDUCTION



AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR PAIN RELIEF



DEVELOPMENT



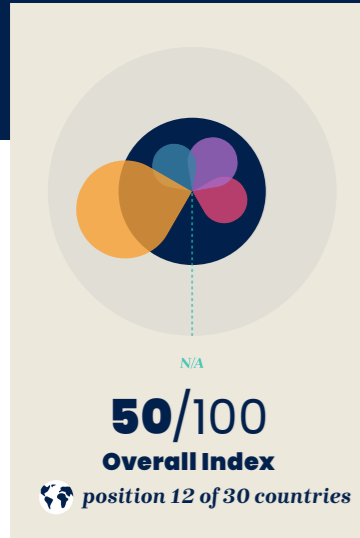
'My lived experience in problematic drug use and as a beneficiary of the harm reduction programme in Kenya have been among my motivations in working to challenge the processes and stringent policies that catalyse the cycle of stigmatisation and discrimination that leads to a lack of access to health services for people who use drugs'

-Anami Michael, human rights and drug policy change activist

Country factsheet



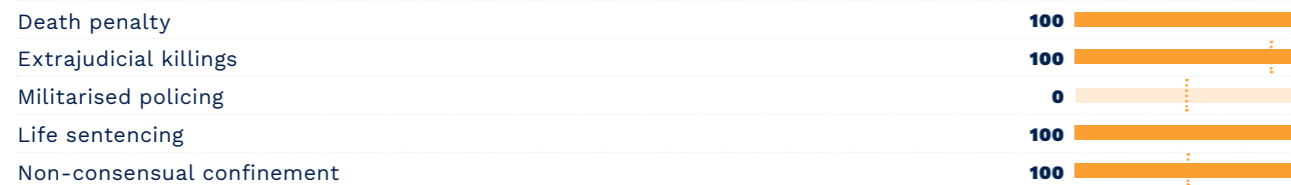
Kyrgyzstan



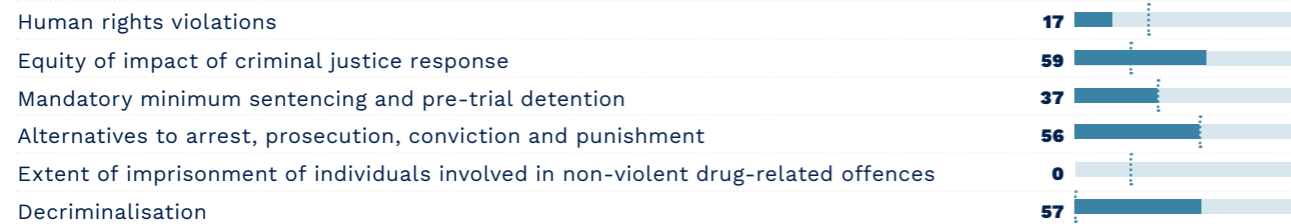
- 82/100** USE OF EXTREME SENTENCING AND RESPONSES
- 37/100** PROPORTIONALITY OF CRIMINAL JUSTICE RESPONSE
- 42/100** HEALTH AND HARM REDUCTION
- 39/100** AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR THE RELIEF OF PAIN AND SUFFERING
- N/A** DEVELOPMENT

median from the 30 countries

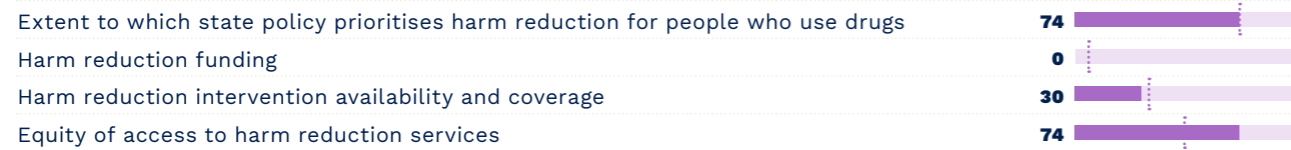
ABSENCE OF EXTREME SENTENCING AND RESPONSES



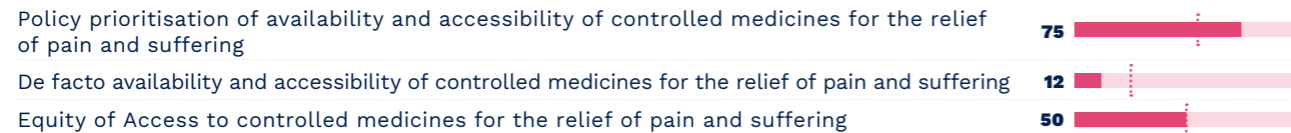
PROPORTIONALITY OF THE CRIMINAL JUSTICE RESPONSE



HEALTH AND HARM REDUCTION



AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR PAIN RELIEF



DEVELOPMENT



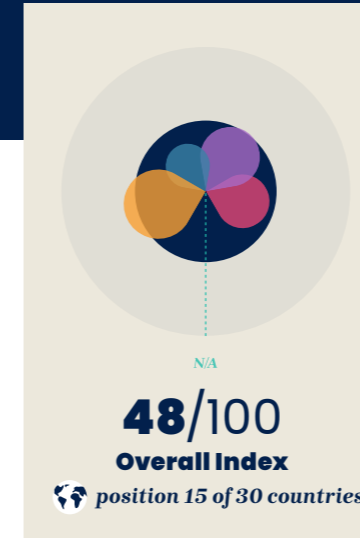
'After I was released [from the penal colony], I decided that I would stop using heroin and opium. I switched to cannabis to facilitate the transition. One day, I was walking with a friend and my child. The police stopped us and took us to the police station. I spent half a year in pre-trial detention. My friend was sentenced to 4 years in prison'

-Olga now works as an outreach worker and street lawyer, sharing her knowledge of the law with women who use drugs

Country factsheet



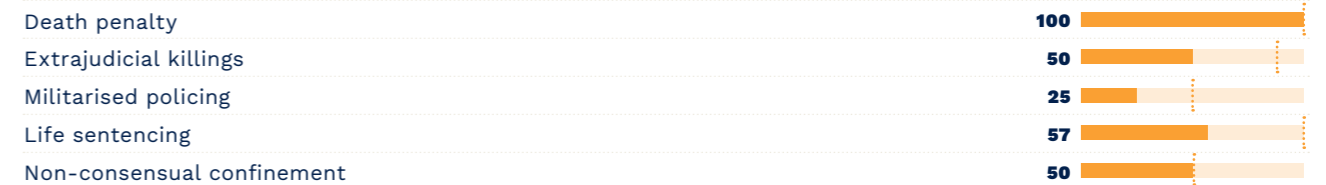
Lebanon



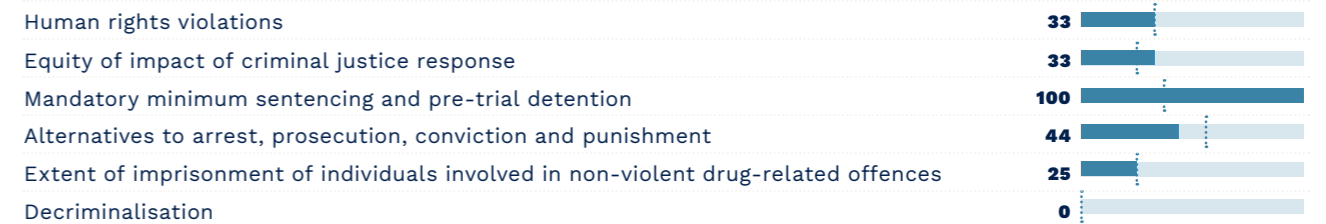
- 58/100** USE OF EXTREME SENTENCING AND RESPONSES
- 37/100** PROPORTIONALITY OF CRIMINAL JUSTICE RESPONSE
- 50/100** HEALTH AND HARM REDUCTION
- 45/100** AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR THE RELIEF OF PAIN AND SUFFERING
- N/A** DEVELOPMENT

median from the 30 countries

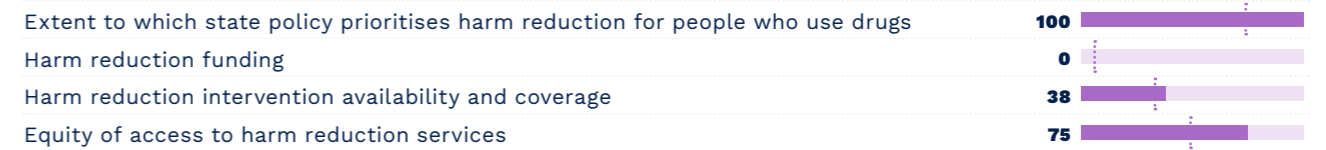
ABSENCE OF EXTREME SENTENCING AND RESPONSES



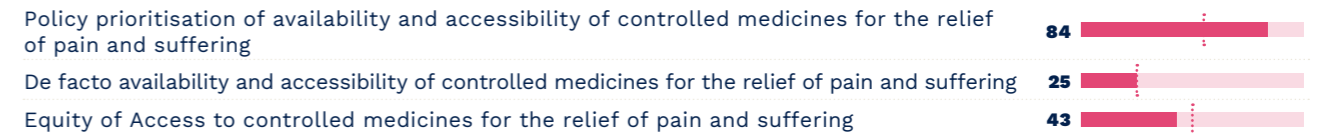
PROPORTIONALITY OF THE CRIMINAL JUSTICE RESPONSE



HEALTH AND HARM REDUCTION



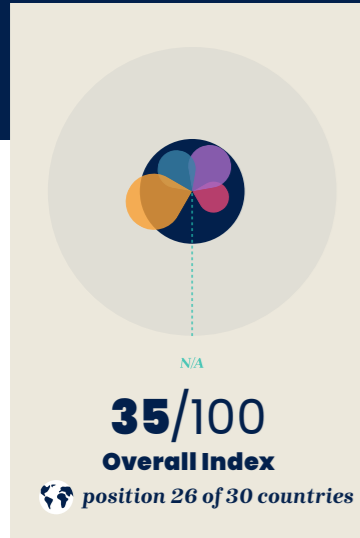
AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR PAIN RELIEF



DEVELOPMENT



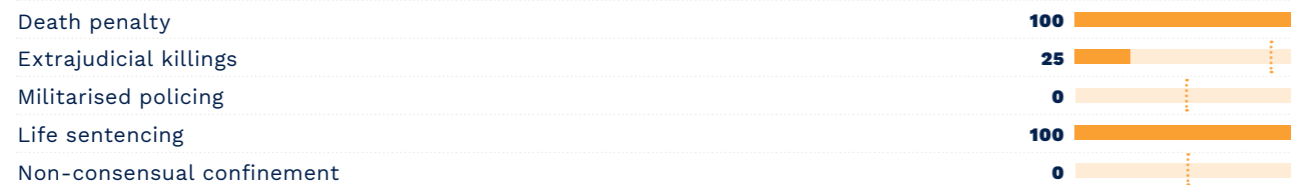
Country factsheet



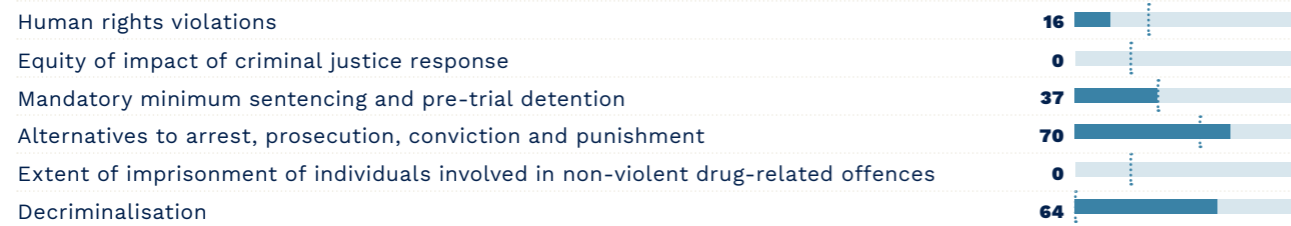
- **47/100** USE OF EXTREME SENTENCING AND RESPONSES
- **32/100** PROPORTIONALITY OF CRIMINAL JUSTICE RESPONSE
- **36/100** HEALTH AND HARM REDUCTION
- **26/100** AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR THE RELIEF OF PAIN AND SUFFERING
- N/A DEVELOPMENT

median from the 30 countries

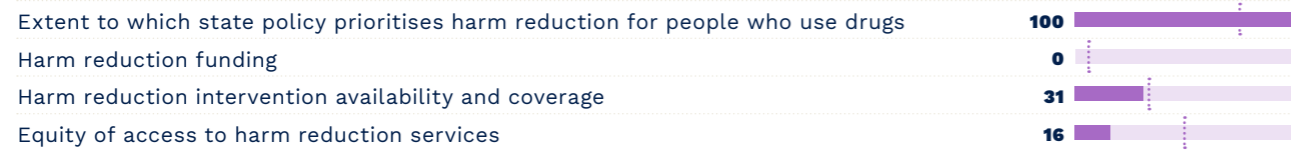
ABSENCE OF EXTREME SENTENCING AND RESPONSES



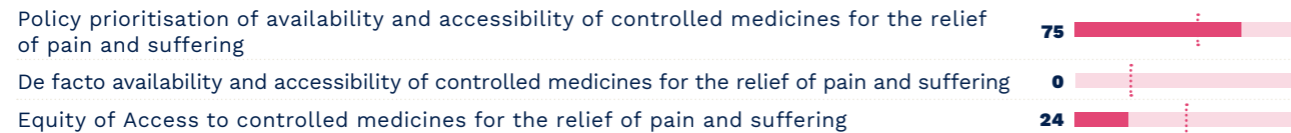
PROPORTIONALITY OF THE CRIMINAL JUSTICE RESPONSE



HEALTH AND HARM REDUCTION



AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR PAIN RELIEF



DEVELOPMENT



'Most people who grow cannabis in the mountains of Zihuatanejo live in unfavourable conditions. Some people do not have running water. Draft legislation must 100% include rural communities to promote employment'

-Arturo, veterinarian and cannabis grower

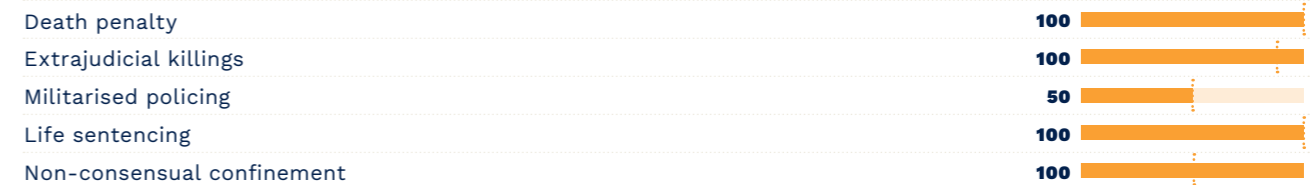
Country factsheet



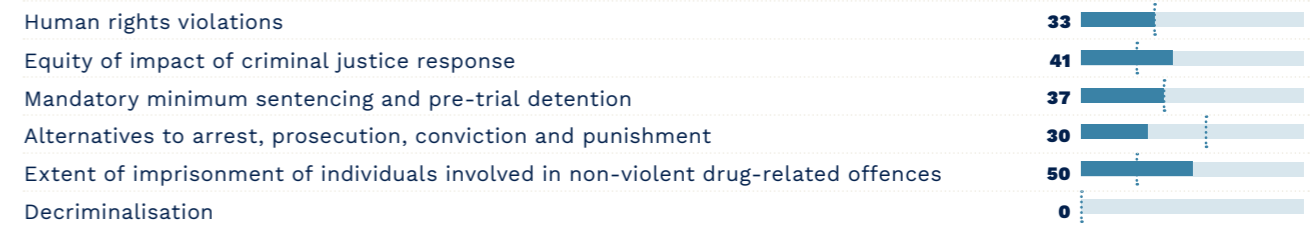
- **91/100** USE OF EXTREME SENTENCING AND RESPONSES
- **31/100** PROPORTIONALITY OF CRIMINAL JUSTICE RESPONSE
- **43/100** HEALTH AND HARM REDUCTION
- **36/100** AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR THE RELIEF OF PAIN AND SUFFERING
- N/A DEVELOPMENT

median from the 30 countries

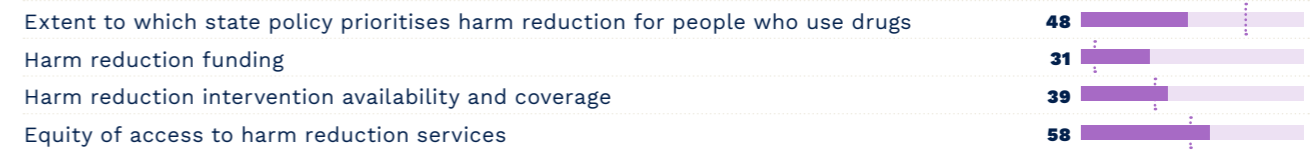
ABSENCE OF EXTREME SENTENCING AND RESPONSES



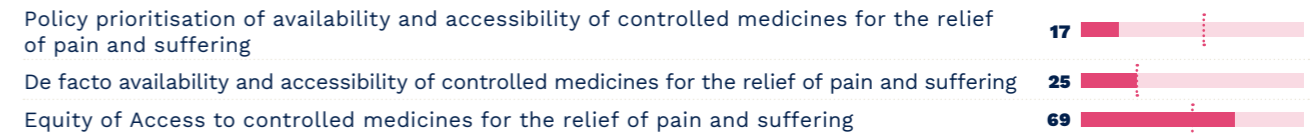
PROPORTIONALITY OF THE CRIMINAL JUSTICE RESPONSE



HEALTH AND HARM REDUCTION



AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR PAIN RELIEF



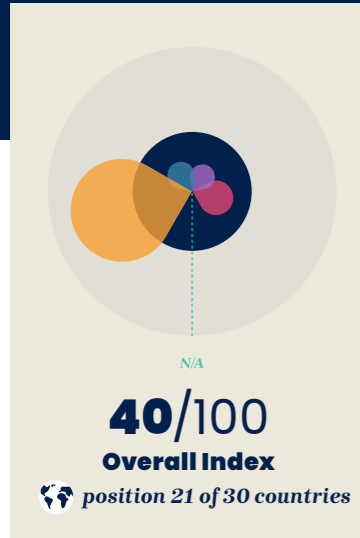
DEVELOPMENT



Country factsheet



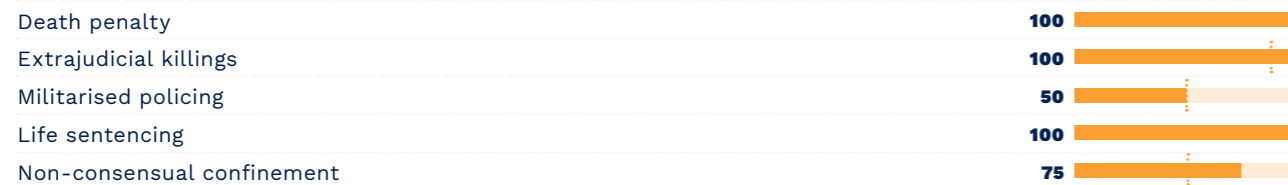
Mozambique



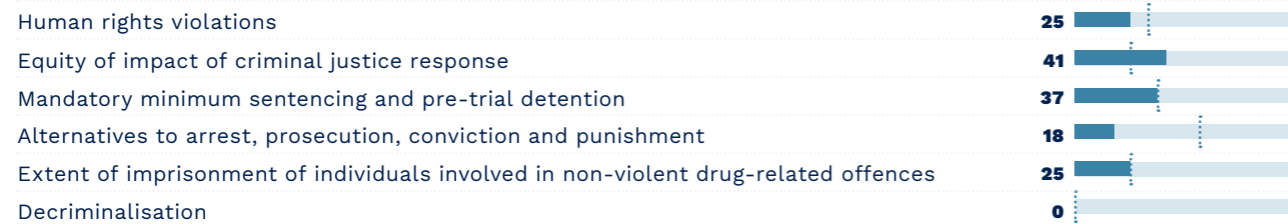
- 86/100** USE OF EXTREME SENTENCING AND RESPONSES
- 23/100** PROPORTIONALITY OF CRIMINAL JUSTICE RESPONSE
- 21/100** HEALTH AND HARM REDUCTION
- 29/100** AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR THE RELIEF OF PAIN AND SUFFERING
- N/A** DEVELOPMENT

median from the 30 countries

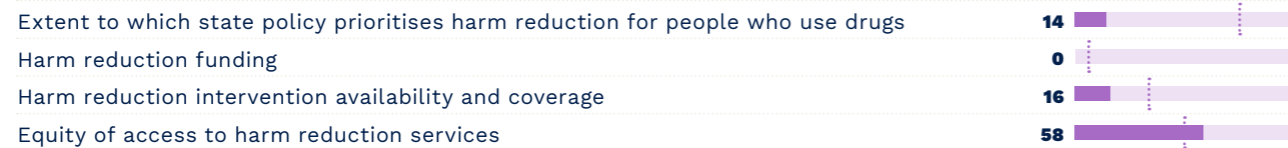
ABSENCE OF EXTREME SENTENCING AND RESPONSES



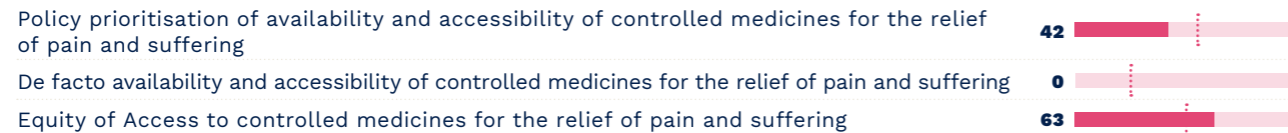
PROPORTIONALITY OF THE CRIMINAL JUSTICE RESPONSE



HEALTH AND HARM REDUCTION



AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR PAIN RELIEF



DEVELOPMENT



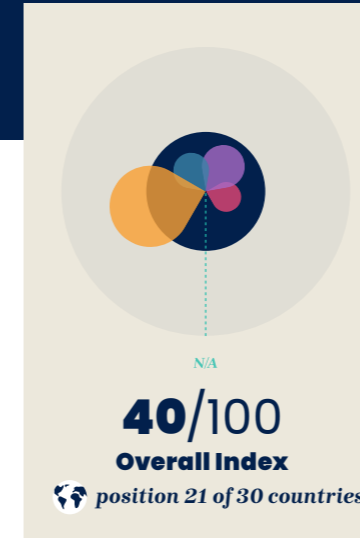
'Eight months after starting the opioid agonist therapy programme (with methadone), my life started changing. I stopped using heroin and my outlook on life improved. I felt accepted in society and by my family, which helped me improve my self-esteem'

-Jaime, 30-year-old security technician and OST client of a drop-in centre in Maputo

Country factsheet



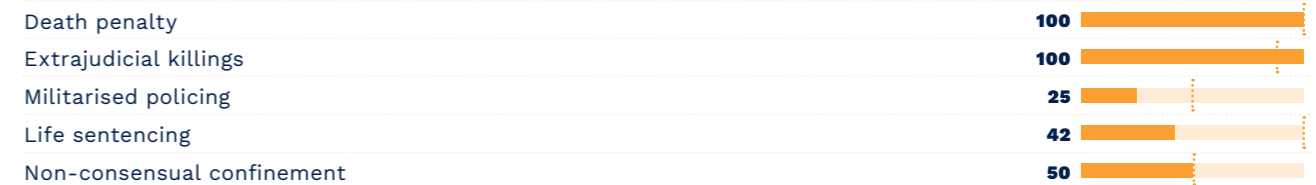
Nepal



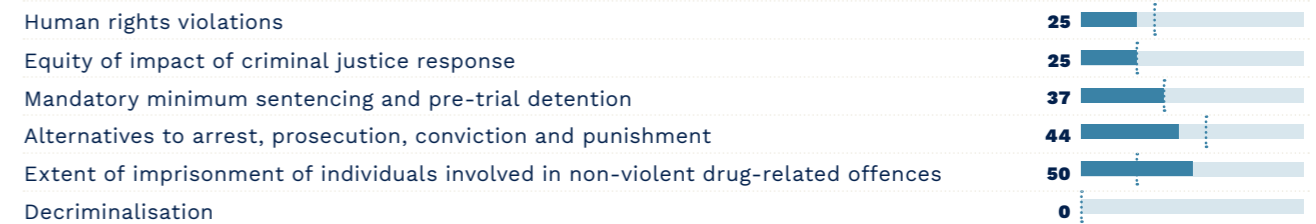
- 68/100** USE OF EXTREME SENTENCING AND RESPONSES
- 30/100** PROPORTIONALITY OF CRIMINAL JUSTICE RESPONSE
- 36/100** HEALTH AND HARM REDUCTION
- 25/100** AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR THE RELIEF OF PAIN AND SUFFERING
- N/A** DEVELOPMENT

median from the 30 countries

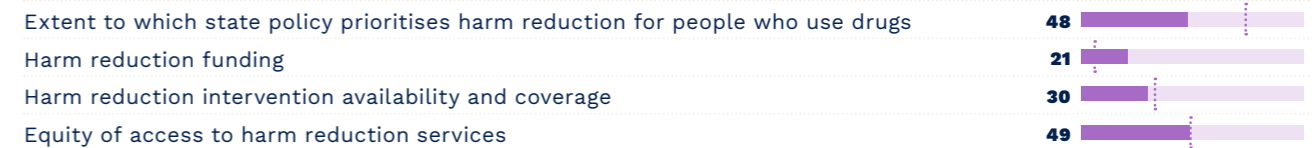
ABSENCE OF EXTREME SENTENCING AND RESPONSES



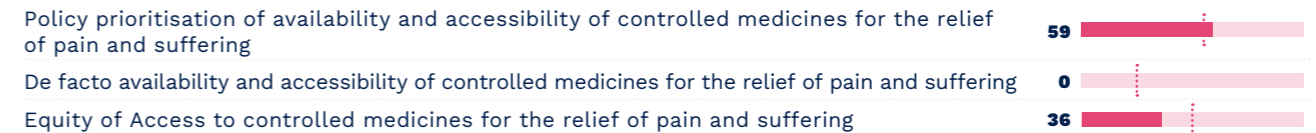
PROPORTIONALITY OF THE CRIMINAL JUSTICE RESPONSE



HEALTH AND HARM REDUCTION



AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR PAIN RELIEF



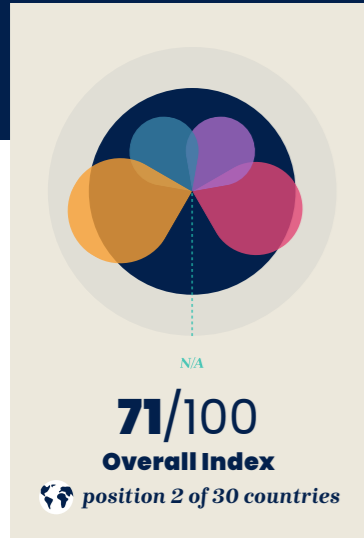
DEVELOPMENT



Country factsheet



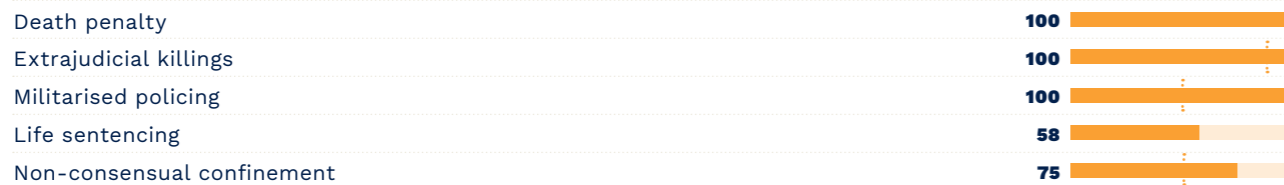
New Zealand



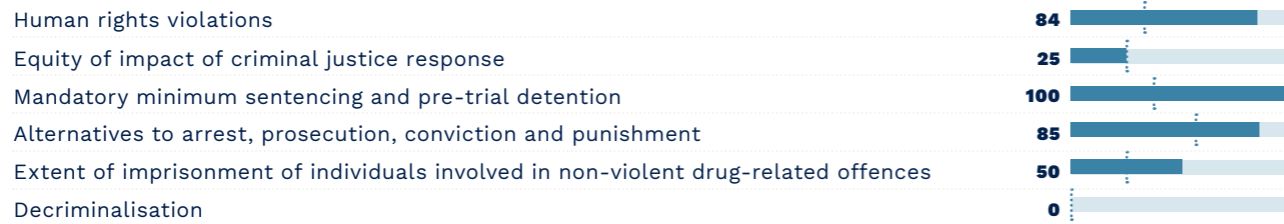
- **88/100** USE OF EXTREME SENTENCING AND RESPONSES
- **58/100** PROPORTIONALITY OF CRIMINAL JUSTICE RESPONSE
- **58/100** HEALTH AND HARM REDUCTION
- **78/100** AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR THE RELIEF OF PAIN AND SUFFERING
- N/A DEVELOPMENT

median from the 30 countries

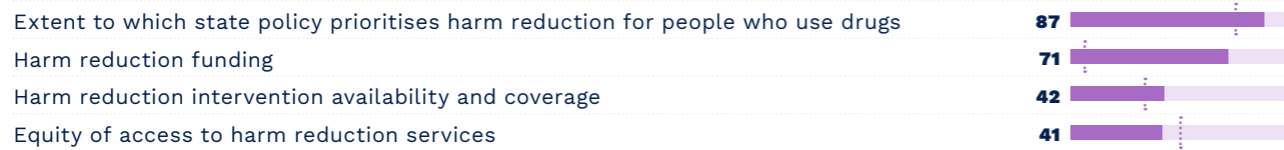
ABSENCE OF EXTREME SENTENCING AND RESPONSES



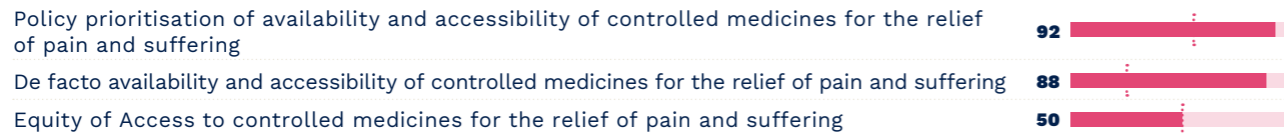
PROPORTIONALITY OF THE CRIMINAL JUSTICE RESPONSE



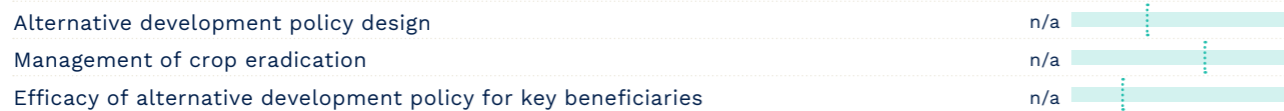
HEALTH AND HARM REDUCTION



AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR PAIN RELIEF



DEVELOPMENT



Country factsheet



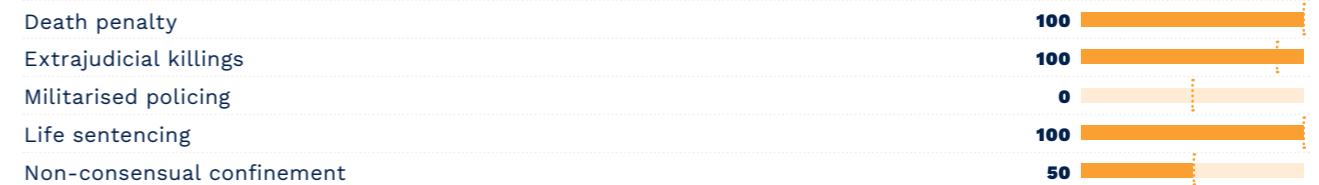
North Macedonia



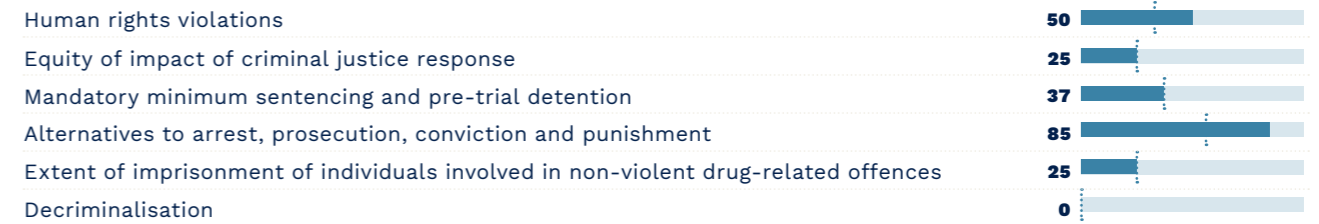
- **74/100** USE OF EXTREME SENTENCING AND RESPONSES
- **38/100** PROPORTIONALITY OF CRIMINAL JUSTICE RESPONSE
- **46/100** HEALTH AND HARM REDUCTION
- **61/100** AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR THE RELIEF OF PAIN AND SUFFERING
- N/A DEVELOPMENT

median from the 30 countries

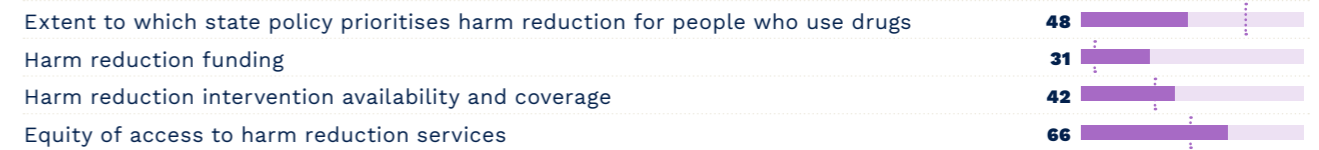
ABSENCE OF EXTREME SENTENCING AND RESPONSES



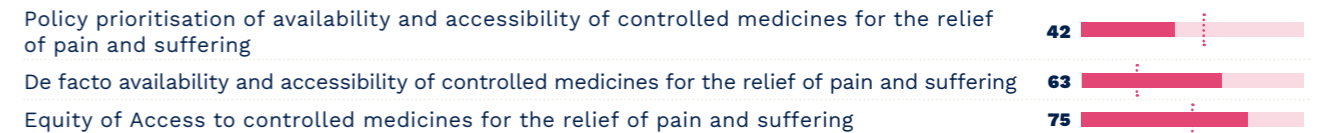
PROPORTIONALITY OF THE CRIMINAL JUSTICE RESPONSE



HEALTH AND HARM REDUCTION



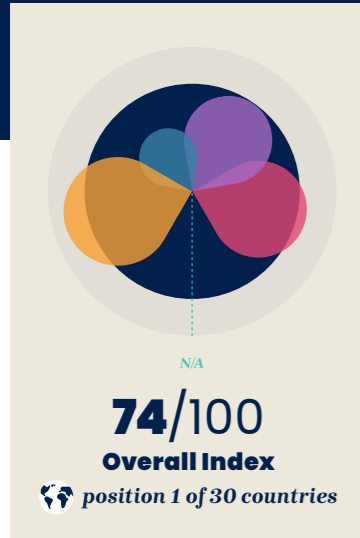
AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR PAIN RELIEF



DEVELOPMENT



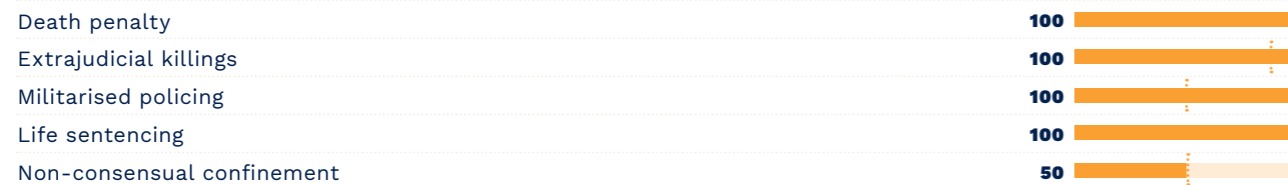
Country factsheet



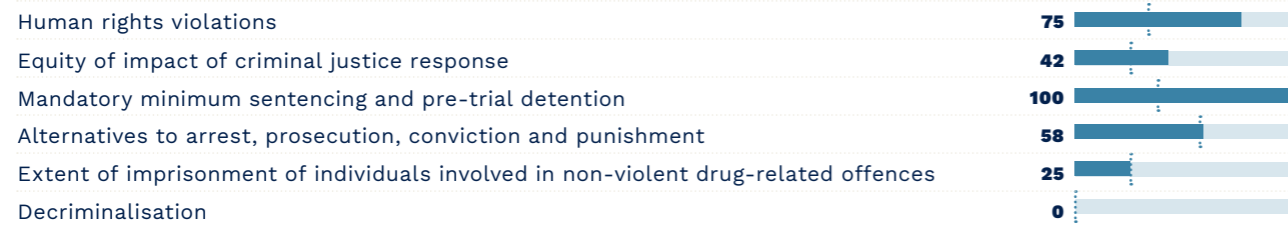
- 91/100** USE OF EXTREME SENTENCING AND RESPONSES
- 49/100** PROPORTIONALITY OF CRIMINAL JUSTICE RESPONSE
- 74/100** HEALTH AND HARM REDUCTION
- 81/100** AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR THE RELIEF OF PAIN AND SUFFERING
- N/A DEVELOPMENT

median from the 30 countries

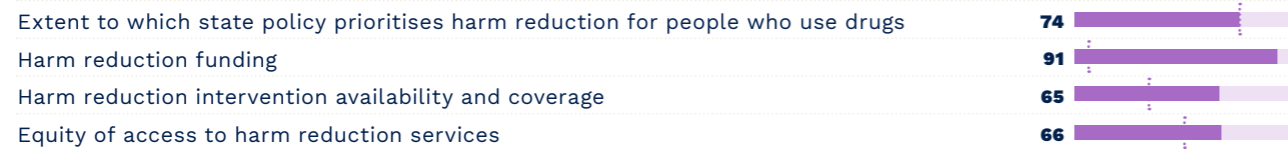
ABSENCE OF EXTREME SENTENCING AND RESPONSES



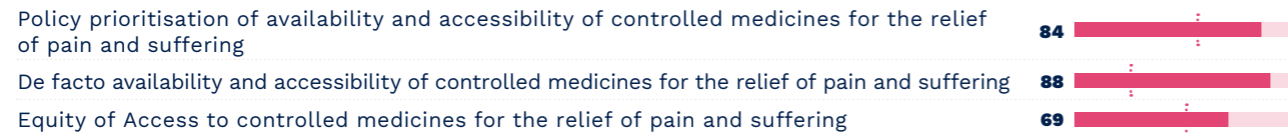
PROPORTIONALITY OF THE CRIMINAL JUSTICE RESPONSE



HEALTH AND HARM REDUCTION



AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR PAIN RELIEF



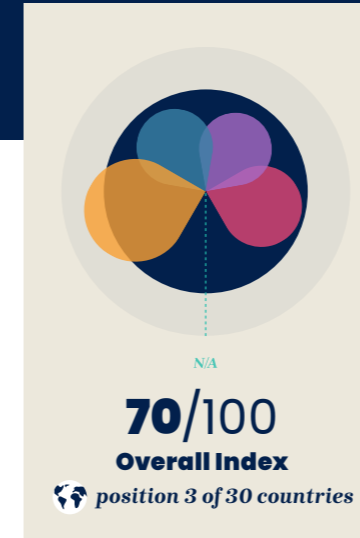
DEVELOPMENT



'While being held in a[n isolation] cell [for the possession of two cannabis joints], I missed my therapy session. This experience was devastating to me. I felt stigmatised, dehumanised and discriminated against by the police and the government. Being labeled a criminal in what was a very vulnerable time for me in my life was very hard. I experienced increased anxiety and depression, which again led me to increased and more dangerous use of illegal substances as a form of self-medication'

-André Nielsen, Chair of NORML Norge

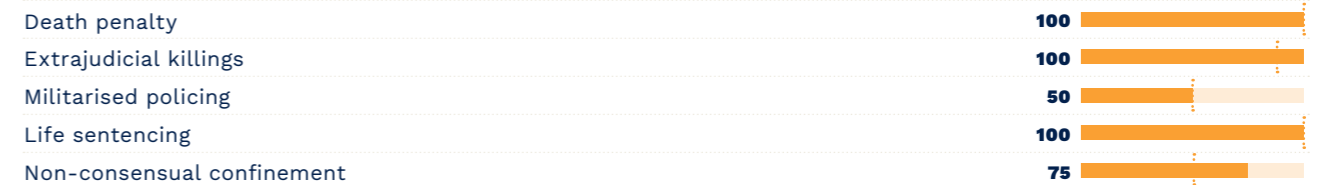
Country factsheet



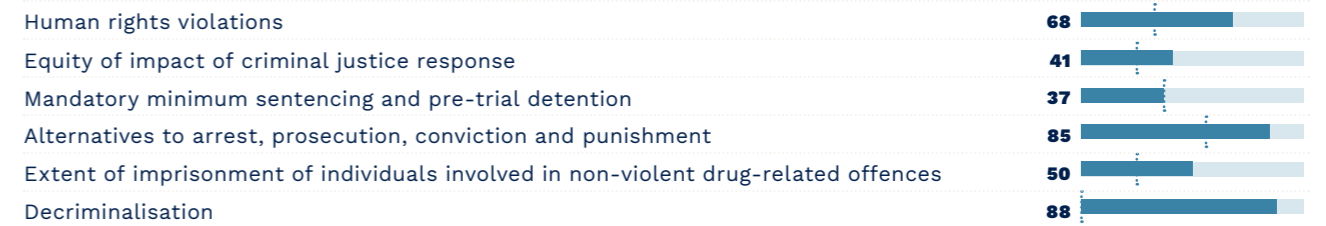
- 86/100** USE OF EXTREME SENTENCING AND RESPONSES
- 64/100** PROPORTIONALITY OF CRIMINAL JUSTICE RESPONSE
- 61/100** HEALTH AND HARM REDUCTION
- 68/100** AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR THE RELIEF OF PAIN AND SUFFERING
- N/A DEVELOPMENT

median from the 30 countries

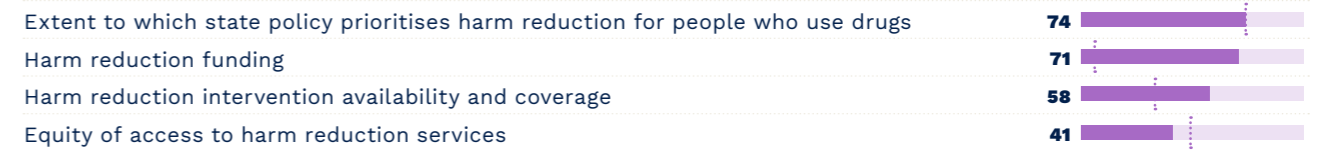
ABSENCE OF EXTREME SENTENCING AND RESPONSES



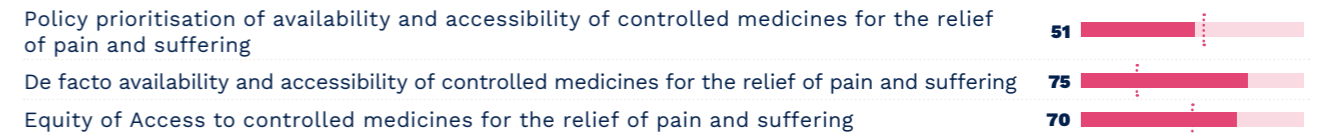
PROPORTIONALITY OF THE CRIMINAL JUSTICE RESPONSE



HEALTH AND HARM REDUCTION



AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR PAIN RELIEF



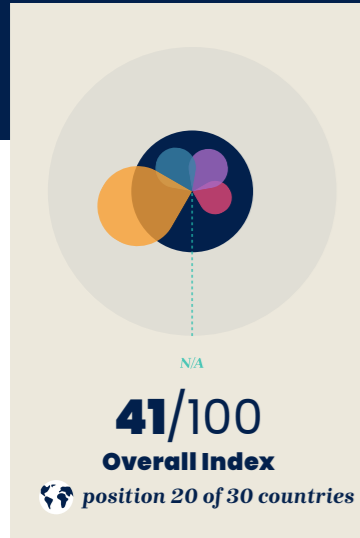
DEVELOPMENT



'In June 2020, I applied to work in a mobile drug consumption room (MDCR) since I had experience with injecting drugs. I became a peer worker and had my first real contact with harm reduction and with services that were not sobriety based. I've learned more about drugs and consumption in this last year than I've done my whole life; even after engaging with drugs for more than 14 years'

-João Caldas, peer worker at GAT - Grupo de Ativistas em Tratamentos

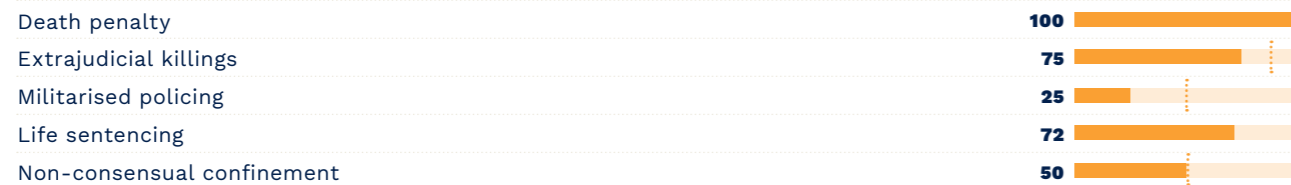
Country factsheet



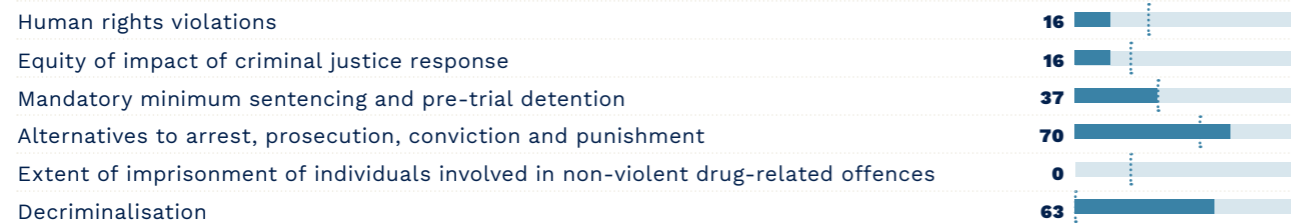
- **67/100** USE OF EXTREME SENTENCING AND RESPONSES
- **34/100** PROPORTIONALITY OF CRIMINAL JUSTICE RESPONSE
- **33/100** HEALTH AND HARM REDUCTION
- **28/100** AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR THE RELIEF OF PAIN AND SUFFERING
- N/A DEVELOPMENT

median from the 30 countries

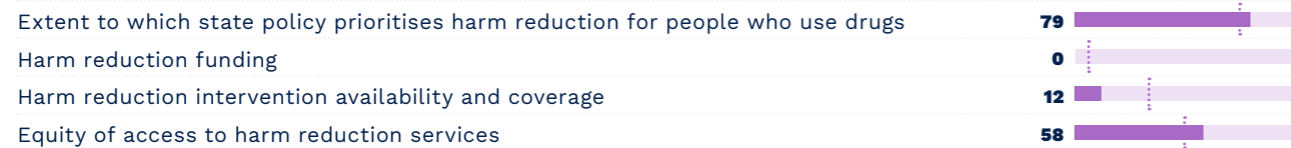
ABSENCE OF EXTREME SENTENCING AND RESPONSES



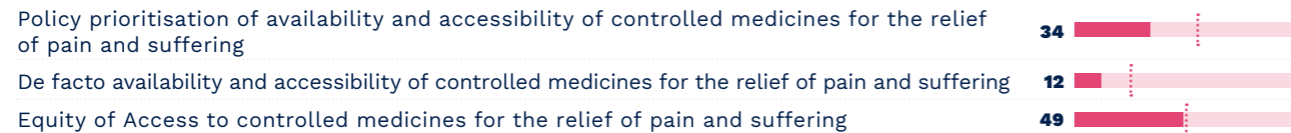
PROPORTIONALITY OF THE CRIMINAL JUSTICE RESPONSE



HEALTH AND HARM REDUCTION



AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR PAIN RELIEF



DEVELOPMENT



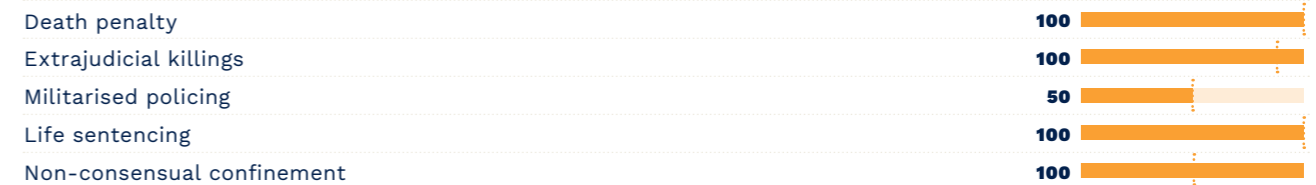
Country factsheet



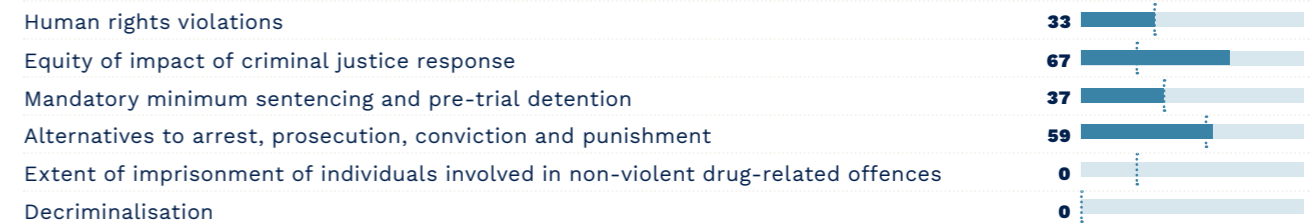
- **91/100** USE OF EXTREME SENTENCING AND RESPONSES
- **31/100** PROPORTIONALITY OF CRIMINAL JUSTICE RESPONSE
- **45/100** HEALTH AND HARM REDUCTION
- **43/100** AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR THE RELIEF OF PAIN AND SUFFERING
- N/A DEVELOPMENT

median from the 30 countries

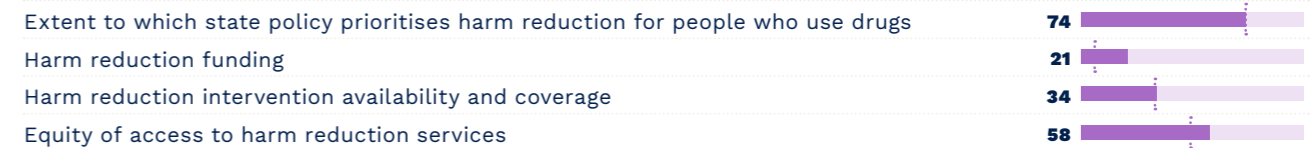
ABSENCE OF EXTREME SENTENCING AND RESPONSES



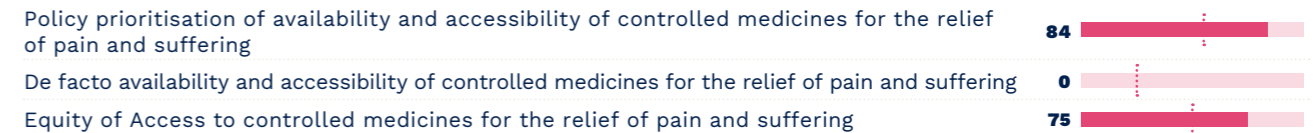
PROPORTIONALITY OF THE CRIMINAL JUSTICE RESPONSE



HEALTH AND HARM REDUCTION



AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR PAIN RELIEF



DEVELOPMENT



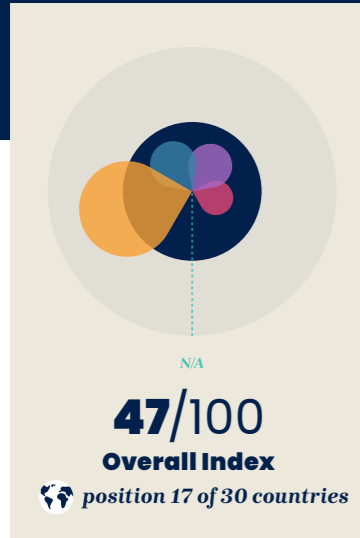
'Had the CEPIAD been opened earlier, so many lives would have been saved'

-Ousseynou Ndiaye, on his experience with Dakar's Centre for the Integrated Management of Addiction (CEPIAD), which provides opioid agonist treatment

Country factsheet



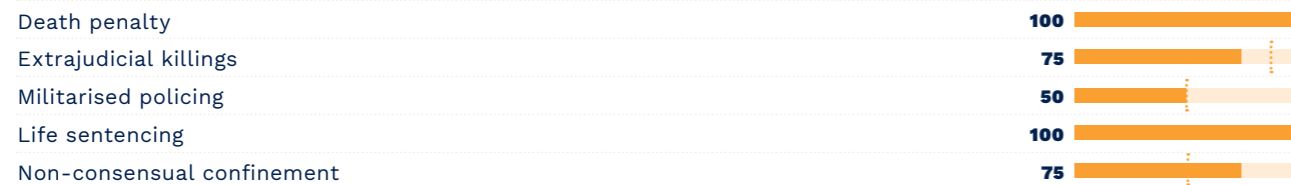
South Africa



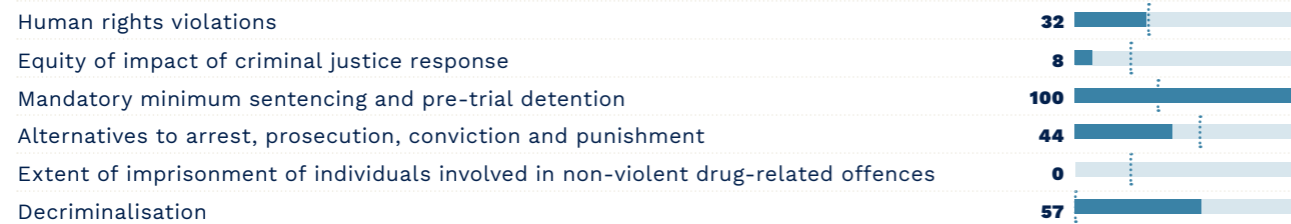
- **80/100** USE OF EXTREME SENTENCING AND RESPONSES
- **39/100** PROPORTIONALITY OF CRIMINAL JUSTICE RESPONSE
- **37/100** HEALTH AND HARM REDUCTION
- **29/100** AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR THE RELIEF OF PAIN AND SUFFERING
- N/A DEVELOPMENT

median from the 30 countries

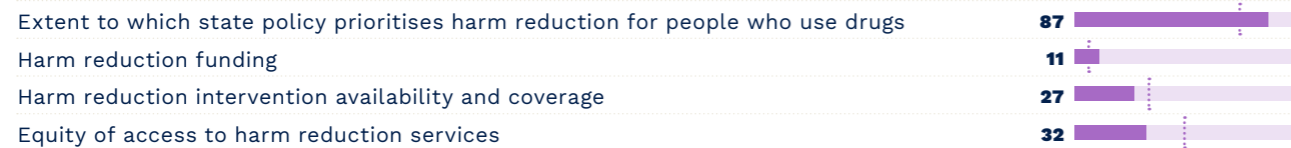
ABSENCE OF EXTREME SENTENCING AND RESPONSES



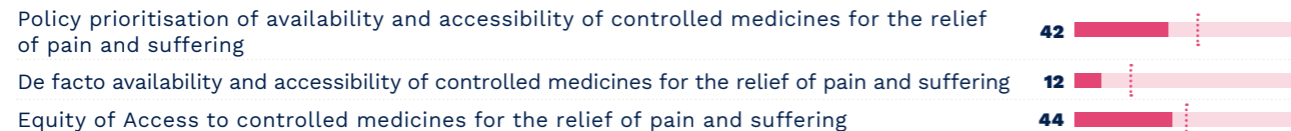
PROPORTIONALITY OF THE CRIMINAL JUSTICE RESPONSE



HEALTH AND HARM REDUCTION



AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR PAIN RELIEF



DEVELOPMENT



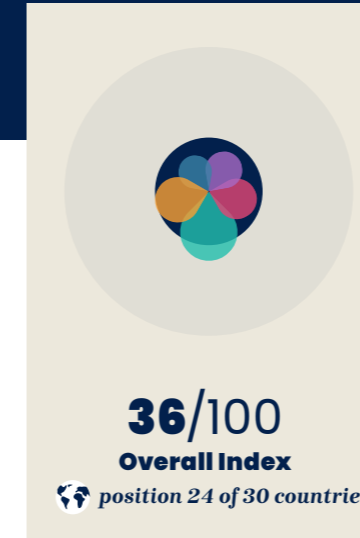
'Both the community-based work and the research that I'm involved in on a daily basis give meaning to my life'

-MJ Stowe, member of the South African Network of People who Use Drugs (SANPUD), on the value of being of service for his community

Country factsheet



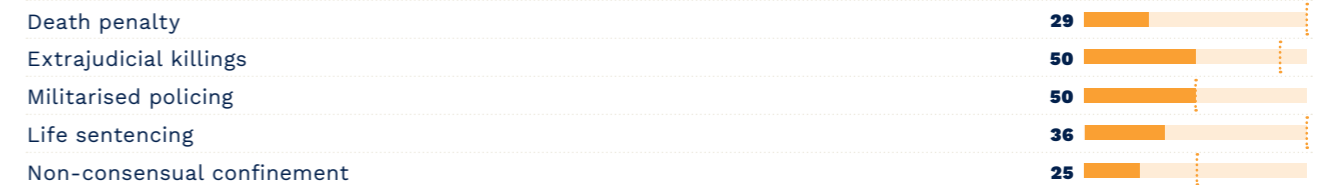
Thailand



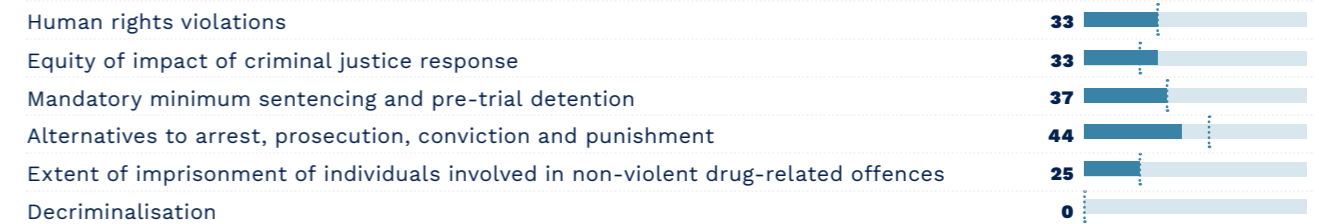
- **38/100** USE OF EXTREME SENTENCING AND RESPONSES
- **28/100** PROPORTIONALITY OF CRIMINAL JUSTICE RESPONSE
- **31/100** HEALTH AND HARM REDUCTION
- **34/100** AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR THE RELIEF OF PAIN AND SUFFERING
- **48/100** DEVELOPMENT

median from the 30 countries

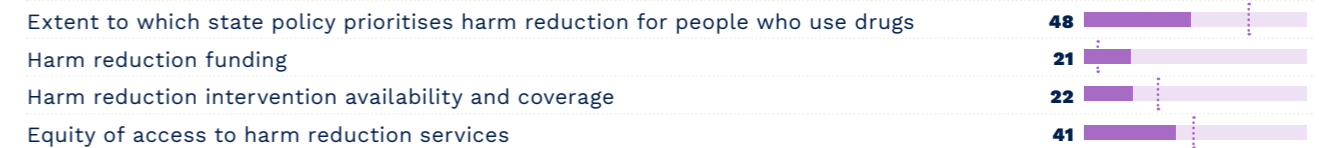
ABSENCE OF EXTREME SENTENCING AND RESPONSES



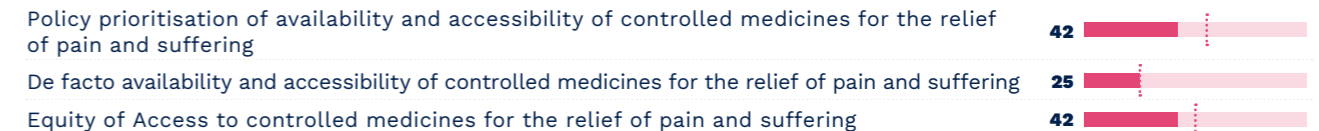
PROPORTIONALITY OF THE CRIMINAL JUSTICE RESPONSE



HEALTH AND HARM REDUCTION



AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR PAIN RELIEF



DEVELOPMENT



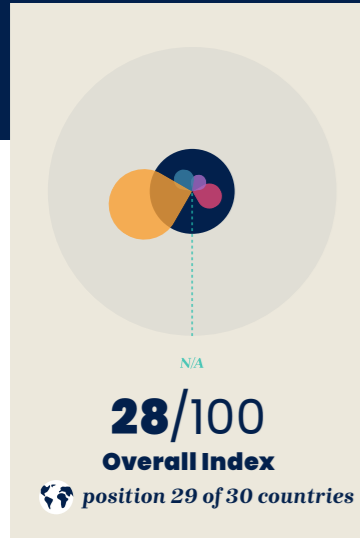
'Looking back it was terrible... a very terrible experience. It's a pretty horrible 10 days. We were counting down the days every single day. I guess I could say that most people there are poor. It's as if the centre was built specifically for them. But if you ask me whether they deserve this or not, I don't think they deserve to be in here no matter what their social status is'

-21-year-old young adult that underwent 'drug rehabilitation' in a centre run by the military in Thailand'

* Quote taken from: Nougier, M., Cots Fernandez, A. & Putri, D. (2021), Taking stock of half a decade of drug policy: An evaluation of UNGASS implementation, http://fileserver.idpc.net/library/UNGASS_5y_Review.pdf

Country factsheet

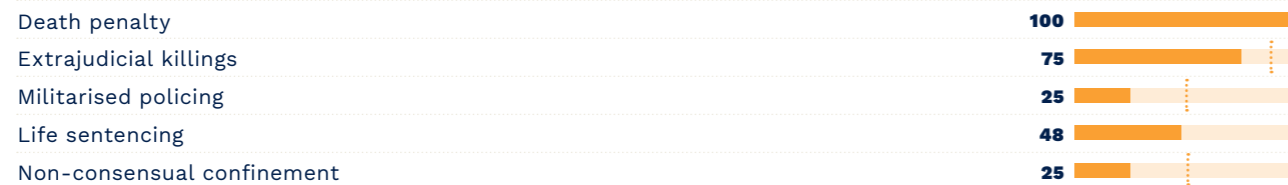
 **Uganda**



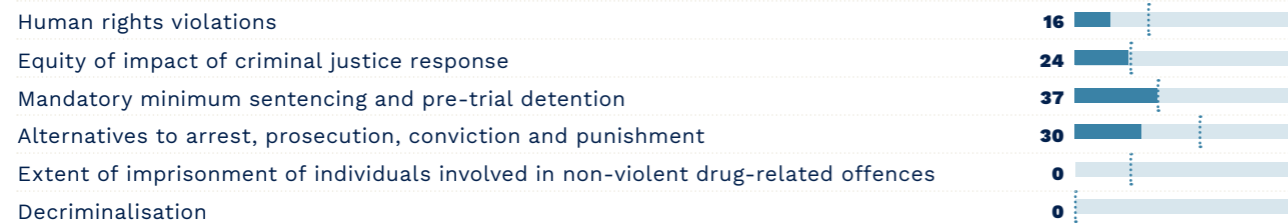
- **59/100** USE OF EXTREME SENTENCING AND RESPONSES
- **17/100** PROPORTIONALITY OF CRIMINAL JUSTICE RESPONSE
- **13/100** HEALTH AND HARM REDUCTION
- **21/100** AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR THE RELIEF OF PAIN AND SUFFERING
- **N/A** DEVELOPMENT

median from the 30 countries

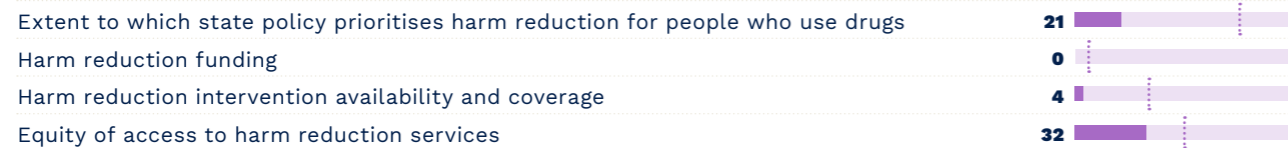
ABSENCE OF EXTREME SENTENCING AND RESPONSES



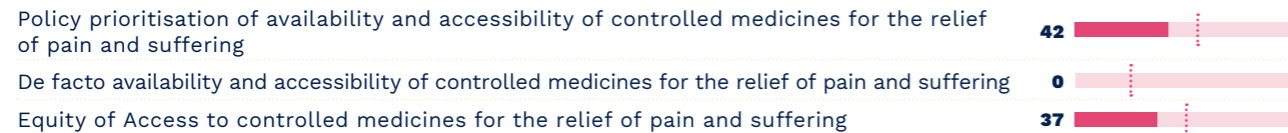
PROPORTIONALITY OF THE CRIMINAL JUSTICE RESPONSE



HEALTH AND HARM REDUCTION



AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR PAIN RELIEF



DEVELOPMENT



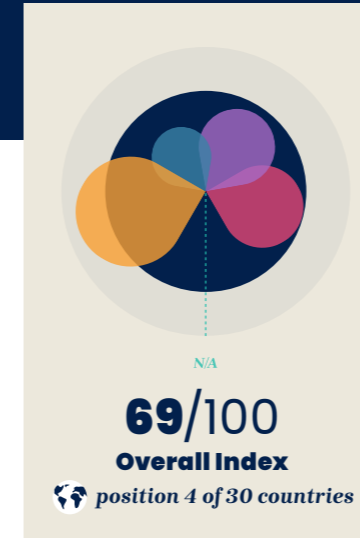
'Nothing gives me more satisfaction as a nurse than providing pain relief to a suffering patient and family'

*-Rose Kiwanuka, Uganda's first registered palliative care nurse**

* Segment from a statement delivered by Ms. Rose Kiwanuka, Country Director, Palliative Care Association of Uganda (PCAU), on the occasion of the Forth Interessional Meeting of the 59th Commission on Narcotic Drugs, 10 October 2016, Vienna, Austria, https://www.unodc.org/documents/postungass2016/contributions/NGO/Statement_Ms._Rose_Kiwanuka_PCAU_Uganda.pdf UNGASS_5y_Review.pdf

Country factsheet

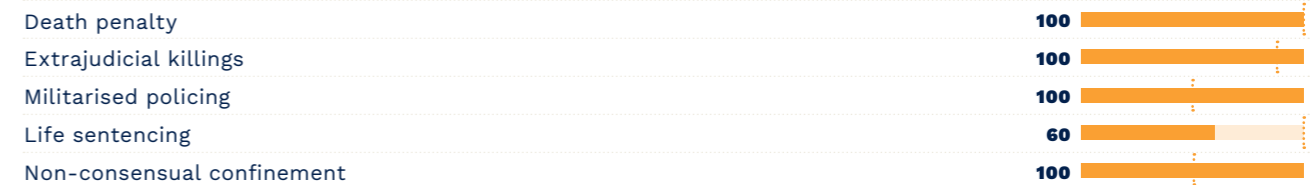
 **United Kingdom**



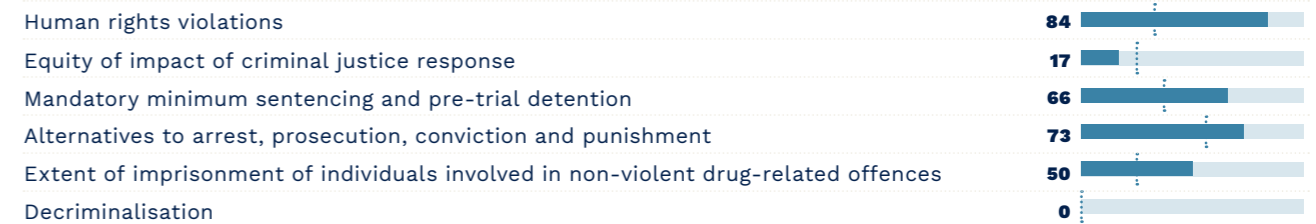
- **92/100** USE OF EXTREME SENTENCING AND RESPONSES
- **50/100** PROPORTIONALITY OF CRIMINAL JUSTICE RESPONSE
- **64/100** HEALTH AND HARM REDUCTION
- **69/100** AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR THE RELIEF OF PAIN AND SUFFERING
- **N/A** DEVELOPMENT

median from the 30 countries

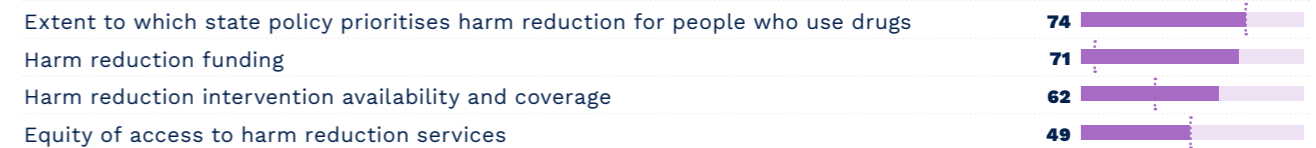
ABSENCE OF EXTREME SENTENCING AND RESPONSES



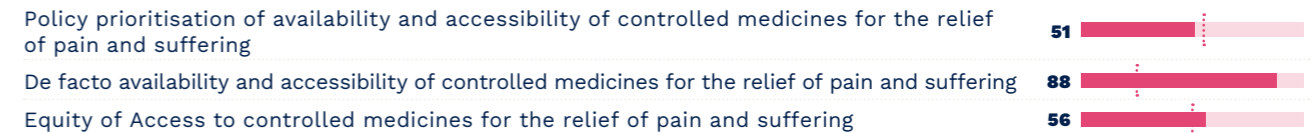
PROPORTIONALITY OF THE CRIMINAL JUSTICE RESPONSE



HEALTH AND HARM REDUCTION



AVAILABILITY OF AND ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR PAIN RELIEF



DEVELOPMENT

