



NHSMUN

Background Guide | *CND*

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Dear Delegates,

Welcome to the Commission on Narcotic Drugs (CND) for NHSMUN 2026! My name is Camila Aguilar, and I am so excited to serve as your director for Session I. Model UN has been a huge part of my life, and I am beyond grateful to be a part of it by helping students grow throughout this experience.

I live in Mexico City and am currently in my second year of college, majoring in Global Management at Universidad Anáhuac México. I am also the president of the Student Association's Social Action program, where I am responsible for organizing projects that seek to make a difference. When I am not swamped with assignments, you can find me diving into a good book or watching '90s rom-coms. I absolutely love to travel, and I enjoy visiting museums and art galleries.

This is my second year on the NHSMUN staff. Last year, I was an Assistant Director for UNEA. As a delegate, I debated topics from UNESCAP and UNTOC. Meeting people from all around the world and discussing real-life issues made me realize how passionate I am about debating, public speaking, and being a true citizen of the world. When I reflect on my time as a delegate, I think about the impact that the dais had on my experience. They managed to inspire a true leader in me while also making it fun! This is a goal that I have set for myself in this conference. I want to give you all the experience I had and to contribute to your journey.

I truly hope that this NHSMUN experience can be as exciting and impactful for you as it was for me. Something I especially love about this committee is that it gives a social perspective to topics that might seem solely political or economic at first glance. As you dive into both of this year's CND topics, I encourage you to remember that global issues have an impact on everyone. Even when this document has much important information, I also suggest researching further—there is always more! These topics are also constantly evolving, so make sure to stay updated.

I am really looking forward to witnessing all of your hard work unfold in March. Until then, feel free to reach out with any questions or concerns you may have. Best of luck!

Camila Aguilar

Director of the Commission on Narcotic Drugs (CND)

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Session I



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Welcome Delegates!

I am Eileen Jungmin Lee, and I will be your Session II CND Director. I am so excited to meet you all and hear about your research. The topics for this year's CND committee are about eliminating the production and advancing drug policy for narcotic drugs. These topics are crucial, as every country struggles with this issue in various ways, whether it be in production, trade, or high usage rates.

I am a current sophomore at Wellesley College, in Massachusetts. I live in California (where the weather is much better...). Furthermore, I am majoring in economics, and I intend to pursue a master's degree after graduating. I also work as a bookkeeper for the college, where I manage student organizations' funds. In my spare time, I love exploring genres of music, playing Dungeons & Dragons with my friends, and exploring Boston.

This is my second time participating in NHSMUN as a staff member. I was an Assistant Director for CMS last year. In high school, I attended NHSMUN twice. NHSMUN was always one of my favorite conferences and such a unique experience. Meeting and working with delegates from various backgrounds expanded my worldview and greatly strengthened my skills. I am honored to have the opportunity to guide younger delegates in Model UN and see their hard work come to fruition as a part of NHSMUN staff. I hope that you will have a wonderful experience and learn a lot during the conference!

The whole NHSMUN staff has poured a lot of effort into creating these background guides. They are filled with a lot of valuable information. I am eager to see how you will expand upon this information and hear your countries' unique insights into the issues.

Eileen Jungmin Lee

Director of the Commission on Narcotic Drugs (CND)

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Session II



A NOTE ON RESEARCH AND PREPARATION

Delegate research and preparation is a critical element of attending NHSMUN and enjoying the debate experience. We have provided this Background Guide to introduce the topics that will be discussed in your committee. We encourage and expect each of you to critically explore the selected topics and be able to identify and analyze their intricacies upon arrival to the conference.

The task of preparing for the conference can be challenging, but to assist delegates, we have updated our [Beginner Delegate Guide](#), [Advanced Delegate Guide](#), [Research Guide](#), and [Rules of Procedure Guide](#). In particular, these guides contain more detailed instructions on how to prepare a position paper and excellent sources that delegates can use for research. Use these resources to your advantage. They can help transform a sometimes overwhelming task into what it should be: an engaging, interesting, and rewarding experience.

To accurately represent a country, delegates must be able to articulate its policies. Accordingly, NHSMUN requires each delegation (the one or two delegates representing a country in a committee) to write a position paper for each topic on the committee's agenda. In delegations with two students, we strongly encourage each student to research each topic to ensure that they are both prepared to debate throughout the committee. More information about how to write and format position papers can be found in the Research Guide. To summarize, position papers should be structured into three sections.

I: Topic Background – This section should describe the history of the topic as it would be described by the delegate's country. Delegates do not need to give an exhaustive account of the topic. It is best to focus on the details that are most important to the delegation's policy and proposed solutions.

II: Country Policy – This section should discuss the delegation's policy regarding the topic. Each paper should state the policy in plain terms and include the relevant statements, statistics, and research that support the effectiveness of the policy. Comparisons with other global issues are also appropriate.

III. Proposed Solutions – This section should detail the delegation's proposed solutions to address the topic. Descriptions of each solution should be thorough. Each idea should clearly connect to the specific problem it aims to solve and identify potential obstacles to implementation and how they can be avoided. The solution should be a natural extension of the country's policy.

Each topic's position paper should be **no more than 10 pages** long double-spaced with standard margins and 12 point font size. This is a maximum; **3–5 pages per topic is often a suitable length**. The paper must be written from the perspective of your assigned country and should articulate the policies you will espouse at the conference.

Each delegation is responsible for submitting position papers on or before **February 20, 2026**. If a delegate wishes to receive detailed feedback from the committee's dais, a position must be submitted on or before **January 30, 2026**. The papers received by this earlier deadline will be reviewed by the dais of each committee and returned prior to your arrival at the conference. Instructions on how to submit position papers will be shared directly with faculty advisors.

Complete instructions for how to submit position papers will be sent to faculty advisers via email. If delegations are unable to submit their position papers on time, please contact us at nhsmun@imuna.org.

Delegations that do not submit position papers will be ineligible for awards.

COMMITTEE HISTORY

The Commission on Narcotic Drugs was created by the Economic and Social Council in 1946. Its purpose was to give member states a platform to discuss solutions and treaties to resolve the global issue of drugs. The CND aims to coordinate and support countries' efforts to combat drug use and the illegal drug trade. It also creates materials to combat stigma and promote harm reduction measures. In 1991, the CND became the governing body of the United Nations Office on Drugs and Crime (UNODC). The CND holds annual meetings to review global drug policy, address recent issues, and create drug policy recommendations.¹ The CND can establish guidelines for a global drug policy that prioritizes improving drug recovery services and moving away from reliance on punitive measures. There are 53 member states of the Commission on Narcotic Drugs.²

The CND created three major international drug control treaties: the Single Convention on Narcotic Drugs (1961), the Convention on Psychotropic Substances (1971), and the Convention against the Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988).³ These treaties are complementary as they collectively regulate the production, distribution, and use of illicit substances while addressing their trafficking.⁴

This Commission has physical headquarters in the Vienna International Center in Austria.⁵ At its 68th convention in Vienna in March 2025, the CND initiated a major policy shift by ending the "Vienna Consensus," moving from unanimous agreement to passing six resolutions through formal votes. This new, more dynamic approach to policymaking resulted in actions aimed at ensuring officer safety when dismantling synthetic drug labs and researching drug intervention methods. The committee also expanded international controls by adding new drug derivatives to the 1961 Single Convention, reflecting a growing understanding of the global drug problem.⁶ To further assess the current framework, an independent 19-member expert panel was also created to review the effectiveness of the international drug control system.

1 "The Commission on Narcotic Drugs," United Nations : Office on Drugs and Crime, accessed July 24, 2025, <https://www.unodc.org/unodc/en/commissions/CND/index.html>

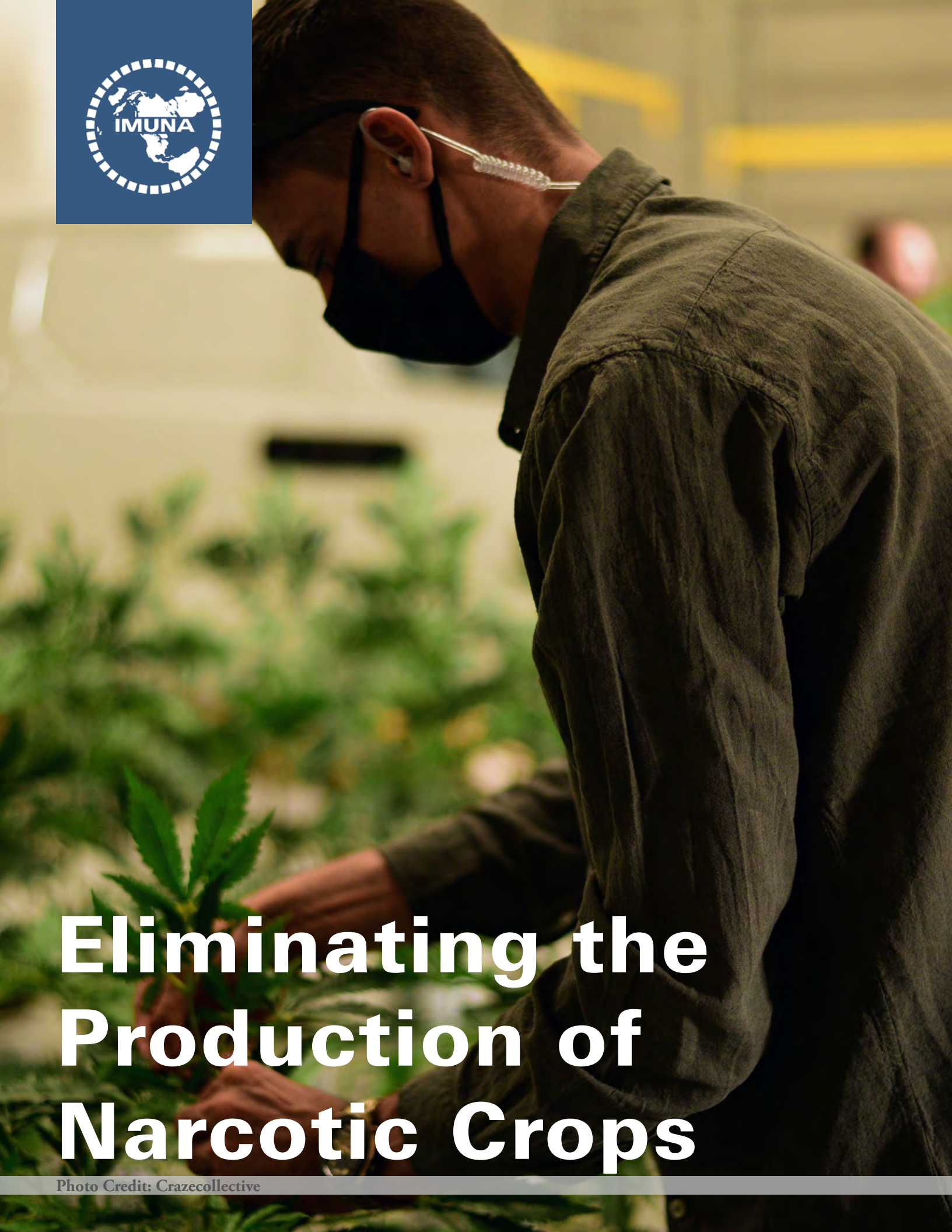
2 Commission on Narcotic Drugs, "Members of the Commission on Narcotic Drugs."

3 "50th session of the Commission on Narcotic Drugs," United Nations Office on Drugs and Crime, 2023, <https://www.unodc.org/newsletter/en/perspectives/no03/page002.html>

4 United Nations Office on Drugs and Crime, "General Assembly and Economic and Social Council," 2022. https://www.unodc.org/unodc/en/commissions/General_Assembly/GA_Index.html

5 Miguel Camilo Ruiz Blanco, "Membership and Bureau," United Nations Office on Drugs and Crime, n.d., <https://www.unodc.org/unodc/en/commissions/CND/Membership/Membership.html>

6 United Nations Office on Drugs and Crime. *Draft Proposals & Draft Reports, 68th Session of the Commission on Narcotic Drugs*. 2025. https://www.unodc.org/unodc/en/commissions/CND/session/68_Session_2025/draft_proposals_draft_reports.html

A man wearing a black face mask and a clear earpiece is shown in profile, leaning over and tending to green cannabis plants in a greenhouse. He is wearing a dark, long-sleeved shirt. The background is filled with rows of similar plants, and the lighting is soft and even.

Eliminating the Production of Narcotic Crops

Photo Credit: Crazecollective

Narcotic crops are defined as plants with substances that affect moods or behaviors. They can be used for therapeutic, medicinal, and cultural purposes. However, they can also be extremely dangerous when used for lucrative purposes. Narcotic crop consumption can lead to high rates of addiction. They can also be lethal in high doses.¹ According to the United Nations Office on Drugs and Crime (UNODC), the illicit drug trade generates over USD 320 billion annually. This makes the drug market one of the largest illegal industries in the world.²

There are three main narcotic crops: opium poppy, cannabis, and coca. It is estimated that more than 500,000 hectares of these crops are grown each year worldwide.³ People grow narcotic crops for different

reasons. The main reason is poverty. About 700 million people live in extreme poverty around the world.⁴ They live on less than USD 2.15 per day.⁵ Nearly 79 percent of them live in rural areas. This mainly happens because of inequality and a lack of employment opportunities.⁶ For many families, growing narcotic crops is a way to earn money and survive. The 2017 World Drug Report notes that in Asia and Latin America, around 700,000 families depend on this income.⁷

Global drug policies have focused on reducing the supply and availability of drugs. They use police actions and forced crop eradication. But these measures have caused problems in society.⁸ Some eradication methods harm the environment. There are also many reports of human rights

abuses by anti-narcotics forces.⁹ Policies often ignore the traditional and medicinal use of these crops. There are approximately 476 million Indigenous Peoples worldwide, about 6.2 percent of the population.¹⁰ Many face persecution for using narcotic crops in traditional ways. They are often displaced from their lands or forced into drug production by producers.¹¹

Drug policies need a new approach. They must address the root causes of narcotic cultivation. They must respect human rights and provide other income options for rural people. With cooperation and a focus on rights, the problem of narcotic crops can be reduced.¹²

1 Rachael Kretsch, "Controlling illicit crops used in the production of narcotics", Munish XXII, 2012, <https://www.munish.nl/pages/downloader?code=ecosoc04&comcode=ecosoc&year=2012>

2 Ali Mohammed Al-Khouri, "The Global Economy Under the Shadow of Drugs," The Arab Center for Learning and Future Studies, August 2024, <https://arab-digital-economy.org/wp-content/uploads/2024/12/2024-08.pdf>

3 United Nations Office on Drugs and Crime, "World Drug Report 2024 - Statistical Annex," United Nations, 2024, <https://www.unodc.org/unodc/data-and-analysis/wdr2024-annex.html>

4 "Poverty, Prosperity, and Planet Report 2024," World Bank Group, 2024, <https://www.worldbank.org/en/publication/poverty-prosperity-and-planet>

5 World Bank Group, "Poverty, Prosperity, and Planet Report 2024."

6 United Nations, "SDG Indicators," 2020, <https://unstats.un.org/sdgs/report/2019/goal-01/>

7 Nadia Hanter, Juliette Philippe, "Eliminating illicit crops used in the production of narcotics," Munish XXVIII, 2018, <https://munish.nl/pages/downloader?code=ecosoc01&comcode=ecosoc&year=2018>

8 Harm Reduction International, "Human Rights and Drug Policy: Eradication Methods," United Nations Human Rights Office, Accessed July 2025, https://hri.global/files/2010/11/01/IHRA_BriefingNew_6.pdf

9 Harm Reduction International, "Human Rights and Drug Policy: Eradication Methods."

10 World Bank Group, "Indigenous Peoples."

11 Julian Burger, Mary Kapron, "Drug Policy and Indigenous Peoples," *Health and Human Rights* 19, no. 1 (June 2017): 269, <https://pmc.ncbi.nlm.nih.gov/articles/PMC5473056/>

12 Thierry Rostan, "Moving Away from Illicit Crop Production Contributes to Socioeconomic Development, Peace and Stability," United Nations, 2024, <https://www.un.org/en/un-chronicle/moving-away-illicit-crop-production-contributes-socioeconomic-development-peace-and>

TOPIC BACKGROUND

The Origin of Narcotic Crops

The cultivation of narcotic crops dates back thousands of years. The three most significant narcotic crops are opium poppy, cannabis, and the coca plant. It is estimated that these plants have been in use since the Neolithic age, around 5000 BC.¹³

The earliest record of opium poppy cultivation dates back to Mesopotamia in 3400 BC.¹⁴ It was the Sumerians who started its cultivation, referring to it as *Hul Gil*, or the “joy plant”.¹⁵ As time passed, demand for poppies increased and began spreading across the region. It mainly travelled through the Silk Road, a series of routes that connected kingdoms and empires across Europe and Asia. At first, it served only Mediterranean traders and far-eastern kingdoms, yet over the centuries it stretched to Italy,

China, and Scandinavia.¹⁶ Opium poppy had also been used as an ancient medicine for the Greeks and Romans.¹⁷ It was known as a very effective pain reliever and had effects on insomnia and bowel treatments.¹⁸ By the 1400s, traders had carried the drug from Mediterranean ports to the Chinese coast.

Modern medicine then filtered the poppy into morphine, codeine, and heroin. Morphine, the principal ingredient of the opium poppy, has been proven to be 10 times stronger than the full opium plant. It was first extracted from opium resin at the beginning of the 19th century and was widely prescribed during the mid-1800s.¹⁹

During the 19th century, China attempted to put an end to the opium trade. Foreign traders had been illegally exporting opium, mainly from India to China.²⁰ This caused a severe problem of

addiction in the country, leading to many socio-economic issues. The Chinese government confiscated and destroyed more than 1,400 tons of opium.²¹ This conflict led to the Opium Wars, which consisted of two wars during the middle of the century.²² The first war took place in China against the United Kingdom from 1839 to 1842. After the United Kingdom’s victory, the Treaty of Nanjing was signed. It stated that the Chinese had to give up the island of Hong Kong to the British, as well as increase the number of trade ports.²³ The second war began in 1856. This time, France was also involved, allied with the United Kingdom.²⁴ This resulted in the creation of the Treaties of Tianjin, signed in 1858.²⁵ This treaty allowed the opening of more trade ports and foreign residence for traders. But the most important consequence was the legalization of opium in China.²⁶

13 Rachael Kretsch, *Controlling illicit crops used in the production of narcotics*, (Munish, 2012), <https://www.munish.nl/pages/downloader?code=ecosoc04&comcode=ecosoc&year=2012>

14 Aurélie Salavert, Antoine Zazzo, Lucie Martin, et al, “Direct dating reveals the early history of opium poppy in western Europe,” *Sci Rep* 10, 20263 (2020) <https://doi.org/10.1038/s41598-020-76924-3>.

15 DEA Museum, “Opium Poppy,” *Drug Enforcement Administration*, Accessed June 2025, <https://museum.dea.gov/exhibits/online-exhibits/cannabis-coca-and-poppy-natures-addictive-plants/opium-poppy>

16 DEA Museum, “Opium Poppy.”

17 “Happy plants and laughing weeds: how people of the ancient world used – and abused – drugs,” HistoryExtra, accessed August 26, 2025, <https://www.historyextra.com/period/ancient-history/ancient-drug-use-history-how-what-for-opium-hemp/>.

18 DEA Museum, “Opium Poppy.”

19 DEA Museum, “Opium Poppy.”

20 Pletcher, Kenneth, “Opium Wars | Definition, Summary, Facts, & Causes,” Encyclopedia Britannica, June 2025, <https://www.britannica.com/topic/Opium-Wars>

21 Pletcher, Kenneth, “Opium Wars | Definition, Summary, Facts, & Causes.”

22 Austin Chen, “The Three Unequal Treaties: How China Lost Hong Kong to Great Britain,” *Pacific Atrocities Education*, 2022, <https://www.pacificatrocities.org/blog/the-three-unequal-treaties-how-china-lost-hong-kong-to-great-britain>

23 “Hong Kong and the Opium Wars,” The National Archives, accessed August 26, 2025, <https://www.nationalarchives.gov.uk/education/resources/hong-kong-and-the-opium-wars/>.

24 “The Opening to China Part II: the Second Opium War, the United States, and the Treaty of Tianjin, 1857–1859,” United States Department of State, accessed August 26, 2025, <https://history.state.gov/milestones/1830-1860/china-2>.

25 United States Department of State, “The Opening to China Part II: the Second Opium War, the United States, and the Treaty of Tianjin, 1857–1859.”

26 Pletcher, Kenneth, “Opium Wars | Definition, Summary, Facts, & Causes.”

The United Kingdom's victory came with a series of socio-economic consequences. Opium demand grew and expanded across the region. The opium industry quickly became the main source of revenue for the British. Farmers started cultivating opium poppies instead of food crops. This led to dependency and vulnerability for the rural communities. The social destruction after the wars fueled early anti-drug movements. These first appeared in China, then globally. This led to the creation of international drug control treaties. Some of them include the Hague Opium Convention (1912) and the UN Single Convention on Narcotic Drugs (1961).²⁷

Cannabis appeared a little over 1000 years after the first cultivation of the opium poppy. It is the base crop of other narcotics such as marijuana and hashish. The use of cannabis originated in Central Asia, with its oldest record dating back to the Chinese Empire of Shen Nung in 2800 BC. Shen Nung is

said to be the father of Chinese medicine. His catalog of medicinal plants became the base of herbal studies later on.²⁸ Cannabis is also mentioned in ancient therapeutic texts from the Greeks, Romans, and Indian Hindus. These texts reported cannabis to treat different health problems, including arthritis, depression, pain, lack of appetite, and asthma.²⁹

In the 19th century, cannabis usage was introduced into Europe.³⁰ William Brooke O'Shaughnessy was the first to claim that it could be used as a medicinal drug.³¹ He conducted experiments on patients with illnesses such as rheumatism and epilepsy.³² It was discovered that cannabis consumption had several medical benefits.³³ He realized that the plant could not cure the actual roots of illnesses. However, it served as a pain treatment that could give people a less traumatic experience, especially with terminal diseases.³⁴ During that time, cannabis was legal. However, attitudes towards cannabis began to shift.

Recreational cannabis use was the main reason for this shift.³⁵

Tetrahydrocannabinol (THC) is the main psychoactive compound in cannabis. It was first studied in the 20th century. It is known for causing the intoxicated feeling. Later on, it was discovered that THC was a very effective treatment for chemotherapy-induced nausea and vomiting, as well as stimulating appetite.³⁶

Hashish, also known as hash, is the most concentrated and potent form of cannabis. Its THC levels can go from 20 to 60 percent.³⁷ Hash comes from the dried resin of the plants' flowering tops and is compressed into various forms.³⁸ The Middle East, North Africa, Pakistan, and Afghanistan are the main sources of hashish.³⁹

Marijuana is also another strong form of cannabis. Throughout the years, the THC levels of marijuana have risen to 35 percent.⁴⁰ It was mostly used by the Sufi Muslims throughout history.⁴¹ It was

27 Wolfgang Keller, Carol H. Shiue, *The Economic Consequences of the Opium War*, (Massachusetts: National Bureau of Economic Research, 2023), https://www.nber.org/system/files/working_papers/w29404/w29404.pdf

28 Dave Dormer, "The History of Cannabis," CANNANASKIS, 2020, <https://www.cannanaskis.com/history/tag/Shen+Nong>

29 The University of Sydney, "History of Cannabis."

30 Crocq, Marc-Antoine, "History of Cannabis and the Endocannabinoid System," *Dialogues in Clinical Neuroscience* 22, no. 3 (September 30, 2020): 223–28, <https://doi.org/10.31887/dcn.2020.22.3/mcrocq>

31 The Public Domain Review, "W. B. O'Shaughnessy and the Introduction of Cannabis to Modern Western Medicine," 2017, <https://publicdomainreview.org/essay/w-b-o-shaughnessy-and-the-introduction-of-cannabis-to-modern-western-medicine/>

32 Internet Archive, "On the Preparations of the Indian Hemp, or Gunjah, (Cannabis Indica) Their Effects on the Animal System in Health, and Their Utility in the Treatment of Tetanus and Other Convulsive Disorders," 2017, <https://archive.org/details/b29342648>

33 National Library of Medicine, "Therapeutic Effects of Cannabis and Cannabinoids," Nih.gov, National Academies Press, January 2017, <https://www.ncbi.nlm.nih.gov/books/NBK425767/>

34 The Public Domain Review, "W. B. O'Shaughnessy and the Introduction of Cannabis to Modern Western Medicine."

35 Mystic Greenz, "Brief History of Cannabis," 2024, <https://www.mysticgreenz.com/resources/brief-history-of-cannabis>

36 Terence Ng, Vikas Gupta, Maureen C. Keshock, "Tetrahydrocannabinol (THC)," StatPearls Publishing, November 12, 2023, <https://www.ncbi.nlm.nih.gov/books/NBK563174/>

37 Erika Dalton, "What Is Hash? Marijuana vs Hashish," Buckhead Behavioral Health, October 2023, <https://buckheadbh.com/what-is-hash/>

38 "Hashish," Drugs.com, May 2014, <https://www.drugs.com/illicit/hashish.html>

39 Ng Terence, Maureen C Keshock, "Tetrahydrocannabinol (THC)."

40 Isabella Backman, "Marijuana: Rising THC Concentrations in Cannabis Can Pose Health Risks," Yale School of Medicine, August 2023, <https://medicine.yale.edu/news-article/not-your-grandmothers-marijuana-rising-thc-concentrations-in-cannabis-can-pose-devastating-health-risks/>

41 Maziyar Ghiabi, et al, "Islam and cannabis: Legalisation and religious debate in Iran," *The International journal on drug policy* vol. 56 (2018): 121–127, doi:10.1016/j.drugpo.2018.03.009.



Erythroxylaceae, Coca (Credit: H. Zell)

believed that reaching the state of consciousness that marijuana causes could allow people to communicate with their gods. Muslims tried to expand their cultivation to Egypt. However, the Egyptian government considered it a threat to the order of their society. Authorities destroyed more than marijuana crops: entire farms and farming villages were burned to the ground. Farmers would be imprisoned and even executed. However, the demand for cannabis remained, and its cultivation and consumption went on for centuries.⁴²

Spain was one of the first to encourage cannabis cultivation in America, specifically in Mexico.⁴³ They realized that people were using cannabis for reasons other than creating materials like rope. This led the Spanish governor to limit cannabis farming in the territory.⁴⁴ They passed a series of laws during the 19th century. They were designed to end the cultivation and consumption of marijuana at the time.⁴⁵

Almost all cannabis banning orders in history were imposed by the ruling class. They ignored

marijuana's role as a spiritual and medicinal drug for the working classes. Instead, they saw it as a threat to the power and order they had over the people. Authorities linked cannabis with violence and danger. Crops would be forcefully destroyed, and farmers would be persecuted. They would also portray marijuana users as religious extremists or dangerous minorities.⁴⁶

Several factors made marijuana seem like a threat. One of them, particularly in the United States, was racial prejudice. The connection of cannabis with Mexican immigrants during the 20th century played an important role in its ban. The hatred and bias associated with these immigrants made cannabis seem as dangerous.⁴⁷ Another reason was the lack of scientific evidence. For instance, anti-cannabis campaigns linked the drug with violent crime, mental illness, and other social problems.⁴⁸ However, these claims were based on experiences rather than scientific evidence. This allowed the spreading of wrong information, which caused chaos in society.⁴⁹

The coca plant was the last of these crops to appear. It is estimated that coca was first cultivated around the same time as cannabis. It has

42 "A Brief Global History of the War on Cannabis," *The MIT Press Reader*, January 2020, <https://thereader.mitpress.mit.edu/a-brief-global-history-of-the-war-on-cannabis/>

43 Olivia B. Waxman, "The Surprising Link Between U.S. Marijuana Law and the History of Immigration," *Time Magazine*, April 20, 2019, <https://time.com/5572691/420-marijuana-mexican-immigration/>.

44 Waxman, "The Surprising Link Between U.S. Marijuana Law and the History of Immigration."

45 "A Brief Global History of the War on Cannabis," *The MIT Press Reader*.

46 "A Brief Global History of the War on Cannabis," *The MIT Press Reader*.

47 Amy Tikkanen, "Why Is Marijuana Illegal in the U.S.?", *Encyclopedia Britannica*, June 2025, <https://www.britannica.com/story/why-is-marijuana-illegal-in-the-us>

48 Wheeldon, Johannes, and Jon Heidt, "Cannabis and Criminology: A History of Race, Addiction, and Inconvenient Research," *Journal of Criminal Justice* 85 (October 2022): 101991–91, <https://doi.org/10.1016/j.jcrimjus.2022.101991>

49 Wheeldon, Johannes, and Jon Heidt, "Cannabis and Criminology: A History of Race, Addiction, and Inconvenient Research," 101991–91.

its roots mainly in South America, where it has been cultivated for around 8000 years. Its origins come from a myth of the Andes, and it remains an important part of their culture. Coca was particularly used during the Inca empire for religious ceremonies. People would burn the coca leaves and blow their fumes towards the sun for their gods. Priests would even read the coca leaves and bury them with the dead.⁵⁰

Coca use, however, was not strictly religious for the Incas. The plant was also used for medicinal purposes. For instance, they believed coca was able to elevate the mood and help with digestion and appetite.⁵¹ The cultivation process of coca during the period of the Incas was very complex. As they used it for sacred purposes, they would only use leaves with a uniform color and shape.⁵² Since coca leaves are very fragile, they tear easily. This meant that a considerable part of the coca crops were wasted and lost.⁵³ Due to this lengthy process, coca leaves were highly valued by the people. They would even be

used as currency in exchange for the services offered by locals.⁵⁴

After the colonization of the Incas by the Spanish, colonists realized the high value that the people had placed on the coca leaves. This gave the Spanish a reason to exploit the Incas as slave labor. The Spanish authorities discovered how coca increased productivity and encouraged the enslaved people to consume it. In time, the crop became a lucrative business for Spanish landowners, who raised production to meet increased demand.⁵⁵

The coca plant continued to grow strictly in South America until the 19th century. It was only then that coca was introduced into Western medicine.⁵⁶ The leaves started being legally used in Europe as a local anesthetic in the middle of the 19th century.⁵⁷ Coca was considered a safe stimulant and nerve tonic. However, the German chemist Albert Niemann isolated the most important alkaloid a few years later: cocaine.⁵⁸

While coca refers to a plant species, cocaine is a purified

chemical compound that is extracted from the coca plant.⁵⁹ Coca leaves have a light stimulant effect. However, consuming pure cocaine causes a very potent effect with higher risks of negative effects in the nervous system.⁶⁰ When coca leaves are dried, they can contain around 2 percent cocaine.⁶¹ The consumption of cocaine can cause feelings of well-being and euphoria. However, it can also cause hallucinations, convulsions, and even death. Studies have indicated that cocaine can alter the formation or survival of new neurons in the brain.⁶² Today, coca leaves are an essential ingredient in the production of cocaine. Despite the plant's role in so much violence and political instability across the Americas, its traditional use is still invoked by Andean societies as a symbol of their culture.⁶³

Opium poppy, cannabis, and the coca plant are known as the “Big Three” main narcotic crops.⁶⁴ They all have different components that make each very addictive. Morphine is the principal addictive component of the

50 Ariadna Baulenas, “Coca: A Blessing and a Curse,” National Geographic, 2016, <https://www.nationalgeographic.com/history/history-magazine/article/daily-life-coca-inca-andes-south-america>

51 DEA Museum, “Coca,” *Drug Enforcement Administration*, 2021, <https://museum.dea.gov/exhibits/online-exhibits/cannabis-coca-and-poppy-natures-addictive-plants/coca>

52 Judith Westveer, “The origin of cocaine – a survival of the fittest,” ACEER Foundation, April 26, 2023, <https://aceer.org/the-origin-of-cocaine-a-survival-of-the-fittest/>.

53 Judith Westveer, “The origin of cocaine – a survival of the fittest.”

54 Biondich and Joslin, “Coca: The History and Medical Significance of an Ancient Andean Tradition,” 1–5.

55 Ariadna Baulenas, “Coca: A Blessing and a Curse.”

56 DEA Museum, “Coca.”

57 Beyer, J, “Herbal Psychoactive Substances,” *Elsevier EBooks*, January 2013, 275–79, <https://doi.org/10.1016/b978-0-12-382165-2.00317-2>

58 Beyer, J, “Herbal Psychoactive Substances,” 275–79.

59 Bauer, Irmgard, “Travel Medicine, Coca and Cocaine: Demystifying and Rehabilitating Erythroxylum,” *Tropical Diseases, Travel Medicine and Vaccines* 5, no. 1 (November 2019), <https://doi.org/10.1186/s40794-019-0095-7>

60 Bauer, Irmgard, “Travel Medicine, Coca and Cocaine: Demystifying and Rehabilitating Erythroxylum,” no. 1.

61 Beyer, J, “Herbal Psychoactive Substances,” 275–79.

62 DEA Museum, “Coca.”

63 Ariadna Baulenas, “Coca: A Blessing and a Curse.”

64 DEA Museum, “Cannabis, Coca, and Poppy: Nature’s Addictive Plants,” *Drug Enforcement Administration*, May 2025, <https://museum.dea.gov/exhibits/online-exhibits/cannabis-coca-and-poppy-natures-addictive-plants>

opium poppy. Opium can contain from 2.6 percent to 25 percent of morphine.⁶⁵ For cannabis, tetrahydrocannabinol (THC) acts as its main psychoactive compound. THC content in cannabis plants has risen throughout the years. As of today, THC levels are estimated to be around 15 percent.⁶⁶ However, some cannabis strains have proven to contain as high as 30 percent of THC. Finally, coca's main addictive component is cocaine. Coca leaves can contain from 0.8 percent to 1.5 percent of cocaine.⁶⁷

All these crops also cause different effects on the people who consume them. From feeling euphoric with cocaine consumption to feeling extremely relaxed with cannabis. Although they vary in addictiveness and production, narcotic crops are equally important for global discussion. Opium poppy, cannabis, and the coca plant have expanded all over the world. Their production and consumption have been discussed for centuries. They remain

a pressing issue regarding human rights and security for all.⁶⁸

Key Producing Regions and Socioeconomic Drivers

It is estimated that more than 30 million people around the world consume illicit opiates. The cultivation of these opiates mainly occurs in South Asia. They are also produced in some countries in Latin America.⁶⁹

Afghanistan is the second producer of opium poppy. They grow 70-90 percent of the global supply. This makes Afghanistan a key player in the global drug market. It has also impacted Afghanistan's economy, security, and rural life.⁷⁰ In 2019, opium made up 10 percent of Afghanistan's GDP.⁷¹ It brought in USD 1.2 to 2.1 billion a year and produced about 5,000 tons.⁷² Most of its opium goes to the Middle East and some countries in

Europe.⁷³ However, in April 2022, the government banned all poppy farming. As a result, cultivation fell by 95 percent.⁷⁴ Afghanistan is mostly rural. Around 73 percent of its population lives in rural areas.⁷⁵ Agriculture is their main income. Still, 85 percent of Afghans live on less than one dollar a day.⁷⁶ Poppy farming brings cash but also profound problems: hunger, corruption, violence, and poor access to services.⁷⁷

Buying legal opium is difficult. This is due to a lack of resources, capacity, and control mechanisms. Those cultivating and purchasing opium for medical purposes would be in direct competition with illegal traffickers. This could drive up the price of opium and encourage increased cultivation. Farmers who do not grow poppies would abandon legal crops to meet the market's demand. This means that the area of land under poppy cultivation could increase.⁷⁸

65 Carlin, Michelle G, John R Dean, and Jennifer M Ames, "Opium Alkaloids in Harvested and Thermally Processed Poppy Seeds," *Frontiers in Chemistry* 8, (August 2020), <https://doi.org/10.3389/fchem.2020.00737>

66 Health Canada, "About Cannabis," Government of Canada, 2023, <https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/about.html>

67 Jenkins, Amanda J, Teobaldo Llosa, Ivan Montoya, and Edward J Cone, "Identification and Quantitation of Alkaloids in Coca Tea," *Forensic Science International* 77, no. 3, (February 1996): 179-89, [https://doi.org/10.1016/0379-0738\(95\)01860-3](https://doi.org/10.1016/0379-0738(95)01860-3)

68 DEA Museum, "Cannabis, Coca, and Poppy: Nature's Addictive Plants."

69 Arogya Koirala, Suraj R nair, and Xiao Hui Tai, "Mapping Opium Poppy Cultivation: Socioeconomic Insights from Satellite Imagery," *ACM Journal on Computing and Sustainable Societies* 2, no. 2 (February 2024): 1-29, <https://doi.org/10.1145/3648435>

70 Arogya Koirala, Suraj R Nair, and Xiao Hui Tai, "Mapping Opium Poppy Cultivation: Socioeconomic Insights from Satellite Imagery," 1-29.

71 United Nations Office on Drugs and Crime, "Afghanistan Opium Survey 2019," United Nations, 2021, https://www.unodc.org/documents/crop-monitoring/Afghanistan/20210217_report_with_cover_for_web_small.pdf

72 United Nations Office on Drugs and Crime, "Afghanistan Opium Survey 2019."

73 United Nations Office on Drugs and Crime, "Opium/Heroin Market," United Nations, Accessed June 2025, https://www.unodc.org/pdf/WDR_2006/wdr2006_chap1_opium.pdf

74 United Nations Office on Drugs and Crime, "Afghanistan Opium Survey 2023," United Nations, 2023, https://www.unodc.org/documents/crop-monitoring/Afghanistan/Afghanistan_opium_survey_2023.pdf

75 IFAD, "Afghanistan," 2025, <https://www.ifad.org/en/w/countries/afghanistan>

76 United Nations Development Programme, "Approximately 85 Percent of Afghans Live on Less than One Dollar a Day," United Nations, 2024 <https://www.undp.org/stories/approximately-85-percent-afghans-live-less-one-dollar-day>

77 Arogya Koirala, Suraj R Nair, and Xiao Hui Tai, "Mapping Opium Poppy Cultivation: Socioeconomic Insights from Satellite Imagery," 1-29.

78 Malloch-Brown, Mark, "Opium Production in Afghanistan," *National Library of Medicine, BMJ* 336, no. 7651 (May 1, 2008): 972-72. <https://doi.org/10.1136/bmj.39554.402199.be>

One example is the case of India. India's government offers annual licenses to farmers. This allows them to produce opium. However, the opium cultivations can only be sold to the Central Bureau of Narcotics (CBN). This model prevents diversion in the region. It also ensures the opium supply is solely for medical purposes. Even so, slow payments and low prices from the government often push farmers toward illegal sales.⁷⁹ Legal opium is mainly produced in India, Turkey, and Australia.⁸⁰ Together they grow about 2000 tons of opium per year.⁸¹ This is easier due to greater security, more stable governments, and stronger economies. In fact, producing opium in these countries is up to six times cheaper than in Afghanistan.⁸²

Another country that stands out is Myanmar. However, Myanmar has had many changes in cultivation statistics. For instance, they had a 38 percent increase between 2022 and 2023. Yet, they managed to lower the production from 1080 tons to 995 tons in 2024.⁸³ The ongoing conflict in Myanmar weakens government control and



Opium seized in Afghanistan (Credit: ISAF Headquarters Public Affairs Office)

allows syndicates to expand.⁸⁴ The conflict has weakened Myanmar's economy. In 2023, opium made up 0.4 and 0.8 percent of Myanmar's GDP.⁸⁵ After Afghanistan's drop, Myanmar became the world's top producer, exporting mostly to Southeast Asia and Oceania.⁸⁶ This also makes it difficult for farmers to switch to legal crops. Due to this crisis, working with countries like Laos and Thailand has also become

very difficult. Without international collaboration, it becomes impossible to curb drug trafficking.⁸⁷

Today, 21 countries grow opium legally for medicine.⁸⁸ Some of them are China, Korea, Japan, and Hungary. Together they produce between 50 and 150 tons per year.⁸⁹ Australia, France, India, Spain, and Turkey are the five main exporters of opiates.⁹⁰ They cultivate opium poppy to get raw

79 U.S. Department of State, "India," Bureau of International Narcotics and Law Enforcement Affairs, 2017, <https://2009-2017.state.gov/j/inl/rls/nrcrpt/2014/vol1/222905.htm?safe=1>

80 Malloch-Brown, Mark, "Opium Production in Afghanistan," 972-72.

81 DEA Museum, "Opium Poppy."

82 Malloch-Brown, Mark, "Opium Production in Afghanistan," 972-72.

83 United Nations Office on Drugs and Crime, "Myanmar Opium Survey 2024 Cultivation, Production, and Implications Research," United Nations, 2024, https://www.unodc.org/documents/crop-monitoring/Myanmar/Myanmar_Opium_Survey_2024.pdf

84 Crisisgroup.org, "Disquiet on the Western Front: A Divided Resistance in Myanmar's Chin State," International Crisis Group, March 2025, <https://www.crisisgroup.org/asia/south-east-asia/myanmar/b181-divided-resistance-myanmars-chin-state>

85 United Nations Office on Drugs and Crime, "Myanmar Opium Survey 2024 Cultivation."

86 UN News, "Myanmar Overtakes Afghanistan as World's Top Opium Producer," United Nations, December 2023, <https://news.un.org/en/story/2023/12/1144702>

87 United Nations Office on Drugs and Crime, "Southeast Asia Opium Survey 2023: Cultivation, Production, and Implications," United Nations, 2023, https://www.unodc.org/roseap/uploads/documents/Publications/2023/Southeast_Asia_Opium_Survey_2023.pdf

88 MUCD, "Legal Opium Production for Medical Use in Mexico: Options, Practicalities and Challenges," Transform Drug Policy Foundation, 2019, <https://www.mucd.org.mx/wp-content/uploads/2020/07/Opium-Briefing-ENGLISH-2019-WEB.pdf>

89 MUCD, "Legal Opium Production for Medical Use in Mexico: Options, Practicalities and Challenges."

90 *Narcotic Drugs*, (Vienna: International Narcotics Control Board, 2018), https://www.incb.org/documents/Narcotic-Drugs/Technical-Publications/2018/INCB-Narcotics_Drugs_Technical_Publication_2018.pdf

opium, poppy straw, and extracted alkaloids. India is the only country that exports raw opium. It is also the only country that still uses the traditional opium farming method. They collect it by hand and scrape it from the growing poppy heads.⁹¹ In Latin America, Mexico, Colombia, Bolivia, and Guatemala play a big role in opium production.⁹² Poppy cultivation in Colombia and Mexico is driven by cyclical economies.⁹³ These are economies that depend on global business cycles. They see higher revenues with economic growth and lower revenues during recessions.⁹⁴ This highlights the importance of stable economies to lower narcotic production rates.

The rise of poppy cultivation in Colombia was due to its economic crisis between the 1980s and 1990s. After the decline of the coffee industry, many farmers lost their jobs. Drug trafficking networks were a new opportunity for farmers to make money. This highlights

how a lack of economic resilience makes farmers more vulnerable to narco networks. Another reason poppy farming grew was that Asian production dropped, while demand in the US increased.⁹⁵

Mexico and Colombia also play an important role in the cultivation of cannabis.⁹⁶ Approximately 15,800 metric tons of marijuana were produced in Mexico in 2007.⁹⁷ Although Mexico is responsible for 5.6 percent of opium production, its consumption takes place outside the territory.⁹⁸ They mainly export opium to the United States due to the high demand for heroin.⁹⁹ Due to Mexico's proximity to the US, the cannabis market offers many income opportunities for the rural population.¹⁰⁰ It is then no wonder that the states of Sinaloa, Chihuahua, and Durango, also known as the Golden Triangle, are the center of cannabis cultivation.¹⁰¹ With Chihuahua's direct location with the US border and Sinaloa's

coast, the exports of marijuana are easily accessible.

In 2022, it was registered that around 36 percent of Mexico's population was living below the poverty line.¹⁰² A significant part of this percentage lives in rural areas. Mexico's farming sector is becoming more vulnerable, and its natural resources are being damaged. People in rural areas face many problems. They often lack education, support, and strong community ties. There is little investment in farming tools, infrastructure, and product improvements. All these issues lead to low production, low income, and more poverty.¹⁰³ Due to the high demand for narcotic drugs in the United States, it is easier for the rural communities in Mexico to cultivate them to make money.¹⁰⁴

Paraguay is South America's largest cannabis grower. They have around 8,000 hectares producing nearly 30,000 tons yearly. It is also the main distributor of cocaine from Peru and Bolivia.¹⁰⁵ Poverty

91 MUCD, "Legal Opium Production for Medical Use in Mexico: Options, Practicalities and Challenges."

92 Guillermo Ospina, Jorge Hernández, Martin Jelsma, "Poppies, Opium, and Heroin: Production in Colombia and Mexico," Transnational Institute, February 2018, <https://www.tni.org/en/publication/poppies-opium-and-heroin-production-in-colombia-and-mexico>

93 Ospina, Hernández, and Jelsma, "Poppies, Opium, and Heroin: Production in Colombia and Mexico."

94 Will Kenton, "Cyclical Industry: What It Is, Characteristics, and Examples," Investopedia, 2024, https://www.investopedia.com/terms/c/cyclical_industry.asp

95 Ospina, Hernández, and Jelsma, "Poppies, Opium, and Heroin: Production in Colombia and Mexico."

96 Justice.gov, "Primary Foreign Source Countries for Marijuana - Domestic Cannabis Cultivation Assessment 2009," 2009, <https://www.justice.gov/archive/ndic/pubs37/37035/foreign.htm>

97 Justice.gov, "Primary Foreign Source Countries for Marijuana - Domestic Cannabis Cultivation Assessment 2009."

98 Staff, MND, "Mexico Is World's No. 2 Opium Producer with 5.6 percent of Production: UN," Mexico News Daily, June 2019, <https://mexiconewsdaily.com/news/mexico-is-worlds-no-2-opium-producer/>

99 Ospina, Hernández, and Jelsma, "Poppies, Opium, and Heroin: Production in Colombia and Mexico."

100 Lohmuller, Michael, "¿Se Están Sofisticando Los Sembradores de Marihuana Mexicanos?," InSight Crime, March 2017, <https://insightcrime.org/es/noticias/noticias-del-dia/estan-sofisticando-sembradores-marihuana-mexicanos/>

101 Asmann, Parker, and Victoria Dittmar, "En Sinaloa, El Ocaso de La Marihuana No Hace Mella al Crimen Organizado," InSight Crime, December 2022, <https://insightcrime.org/es/investigaciones/sinaloa-ocaso-marihuana-crimen-organizado/>

102 "Multidimensional Measurement of Poverty in Mexico: An Economic Wellbeing and Social Rights Approach," CONEVAL, Accessed June 2025, <https://www.coneval.org.mx/informesPublicaciones/FolletosInstitucionales/Documents/Multidimensional-Measurement-of-poverty-in-Mexico.pdf>

103 IFAD, "Investing in Rural People in Mexico," 2017, https://www.ifad.org/documents/d/new-ifad.org/mexico_e.pdf

104 Gusovsky, Dina, "Americans Consume Vast Majority of the World's Opioids," CNBC, April 2016, <https://www.cnbc.com/2016/04/27/americans-consume-almost-all-of-the-global-opioid-supply.html>

105 Global Affairs and Strategic Studies, "Paraguay se Mantiene Como Principal Productor de Marihuana de Sudamérica," Universidad de Navarra, May 2021, <https://en.unav.edu/web/global-affairs/detalle/-/blogs/paraguay-se-mantiene-como-principal-productor-de-marihuana>

affects 24.7 percent of its people, mostly in rural areas.¹⁰⁶ Weak economies with high inflation and poor job opportunities, and natural disasters worsen the problem.¹⁰⁷

Meanwhile, the legal cannabis market in Latin America is worth USD 440 million in 2024. It is estimated to reach USD one billion by 2028.¹⁰⁸ This is driven by increased local cannabis cultivation and final manufacturing. Brazil, Mexico, and Argentina are expected to account for 12 percent of legal cannabis spending outside the United States and Canada.¹⁰⁹

The coca plant is mainly cultivated in the South American region. This has persisted due to several socioeconomic factors. This includes the amount of revenue earned from coca exports, which are valued at about half the world's coffee trade. Many governments in South America are also dependent on the coca industry. Congressmen are elected with cocaine funds, banks are sustained by trafficking groups, and exchange rates shift due to trade.¹¹⁰ Colombia, Peru,

and Bolivia stand out from the other producing regions.¹¹¹ In the year 2022, it was registered that Colombia was responsible for 65 percent of the coca cultivation.¹¹² According to a study from UNODC, coca cultivation reached a record high of 253,000 hectares in 2023.¹¹³

However, the production of coca has moved towards Central America. It has been proven that at least 47 percent of the region has ideal weather for coca cultivation. Even so, social, political, and economic factors have also

For instance, cultivations have progressively moved to zones closer to trading routes.

influenced this expansion.¹¹⁴ This makes coca exportation easier. It also facilitates the importation of

the chemical substances necessary for its production.¹¹⁵

In 2021, coca cultivations were discovered in Guerrero, Mexico. A total of seven plantations were found. However, this number increased to 70 coca fields in only one year.¹¹⁶ Mexican cartels have been playing an active role in cocaine trafficking for years. However, it was very rare for them to attempt to produce it from scratch on their own soil.¹¹⁷

Coca cultivation leads in Latin America. However, North America is responsible for 28 percent of its consumption. This is equivalent to 6.5 million people. European countries such as the Netherlands and Spain are also responsible for 24 percent of the global consumption.¹¹⁸

Countries with high economic rates and limited economic alternatives are more likely to grow narcotic crops. When there is a lack of job opportunities, rural communities often lean towards the drug industry. Illicit

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106 "Paraguay Poverty and Equity Brief," World Bank, 2024, <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/099705101062523029/18c9a474e1656414dc4197191da0bbb2988a8>

107 World Bank, "Paraguay Poverty and Equity Brief."

108 Cannabis Business Plan, "Latin America and the Caribbean Cannabis Market: News and Projections," CBP, 2024, <https://cannabisbusinessplans.com/latin-america-caribbean-cannabis-market/>

109 Cannabis Business Plan, "Latin America and the Caribbean Cannabis Market: News and Projections."

110 Sara Kendall, "South American Cocaine Production," Cultural Survival, February 19, 2010, <https://www.culturalsurvival.org/publications/cultural-survival-quarterly/south-american-cocaine-production>.

111 Zandt, Florian, "Infographic: Where Cocaine Is Produced and Where It's Consumed," Statista Daily Data, June 2024, <https://www.statista.com/chart/31551/coca-leaf-producing-countries-worldwide-and-cocaine-users-by-region/>.

112 Zandt, Florian, "Infographic: Where Cocaine Is Produced and Where It's Consumed."

113 United Nations Office on Drugs and Crime, "Colombia: Monitoring of territories with presence of coca crops 2023," United Nations, 2025, https://www.unodc.org/documents/crop-monitoring/Colombia/Colombia_survey_report_EN_2023.pdf.

114 Loaiza, Lara, "Central America Primed for Coca Expansion, Study Finds," InSight Crime, September 2024, <https://insightcrime.org/news/central-america-primed-coca-expansion-study/>.

115 United Nations Office on Drugs and Crime, "Colombia: Monitoring of territories with presence of coca crops 2023."

116 Shuldiner, Henry, "Coca Cultivation Grows in Guerrero, Mexico, but Scalability Remains Doubtful," InSight Crime, December 16, 2022, <https://insightcrime.org/news/coca-cultivation-grows-guerrero-though-scalability-remains-doubtful/>.

117 Gibrán Casas, "Cocaína En México: Por Qué El Narco Eligió La Sierra de Guerrero Para Sembrar Una Planta Endémica de Los Andes," Infobae, August 2022, <https://www.infobae.com/america/mexico/2022/08/20/cocaina-en-mexico-por-que-el-narco-eligio-la-sierra-de-guerrero-para-sembrar-una-planta-endemica-de-los-andes/>.

118 Zandt, Florian, "Infographic: Where Cocaine Is Produced and Where It's Consumed."



Manual drug eradication (Credit: Sgt. Christopher McCullough)

crop production is responsible for between 0.5 percent to 1.5 percent of the global GDP.¹¹⁹ It has sustained millions of individuals around the world. This is one of the main reasons why narcotic crop production has increased as years pass. Weak government control and conflict allow drug networks to operate easily. Even countries with more adequate legal systems struggle to stop illegal cultivation. Factors such as poverty, inequality, and instability need to be addressed.

Only then, the world will see true advancements in this matter.¹²⁰

Consequences of Narcotic Crop Eradication Methods

Eradicating illegal crops is key to lowering drug production. The goal is to stop drugs before they reach markets and consuming countries.¹²¹ Cutting supply has always been the focus of global drug control.¹²² Eradication efforts have

taken place in the Middle East, Latin America, and East Asia.¹²³

Many countries have accepted international agreements enforcing the eradication of narcotic plants. The 1988 United Nations Convention mandates the prevention and eradication of illicit crops that are being grown without approval. However, it also states that these measures must respect fundamental human rights. They should also consider the traditional and legal uses of these plants. All of this should also look for the protection of the environment.¹²⁴

There are different ways to destroy crops. The most common method is manual eradication. Crews pull plants from the ground by hand or with machines like tractors. This method is cheaper, safer for the environment, and shows quick results. Afghanistan, Bolivia, Colombia, and Peru have used this method for years.¹²⁵

In Colombia, illegal crops covered about 150,000 hectares in 2007. By 2012, this dropped to 80,000 hectares. Manual eradication cleared between 50,000 and 100,000 hectares during those years.¹²⁶ Still, crops often regrow. Rates can be as high as 25

119 Thierry Rostan, "Moving Away from Illicit Crop Production Contributes to Socioeconomic Development, Peace and Stability," United Nations, 2024, <https://www.un.org/en/un-chronicle/moving-away-illicit-crop-production-contributes-socioeconomic-development-peace-and->

120 Julia Buxton, "Drug Crop Production, Poverty, and Development," Open Society Foundations, February 2016, <https://www.opensocietyfoundations.org/publications/drug-crop-production-poverty-and-development>.

121 United States Department of State, "Eradication and Interdiction - United States Department of State," December 2024, <https://www.state.gov/eradication-and-interdiction/>.

122 Harm Reduction International, "Human Rights and Drug Policy: Eradication Methods," United Nations Human Rights Office, Accessed June 2025, https://hri.global/files/2010/11/01/IHRA_BriefingNew_6.pdf.

123 Treaty Body Database, "Human Rights and Drug Policy: Eradication Methods."

124 United Nations Office on Drugs and Crime, "Final Act of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances," United Nations, 1988, https://www.unodc.org/pdf/convention_1988_en.pdf.

125 Harm Reduction International, "Human Rights and Drug Policy: Eradication Methods."

126 United States Government Accountability Office, "Report to the Caucus on International Narcotics Control, U.S. Senate: Colombia," December 2018, <https://www.gao.gov/assets/700/697386.pdf>.

percent and 37 percent.¹²⁷ This means that rather than eliminating crops, manual eradication may only slow down production but does not end it. However, there have been violations of human rights in the way this initiative is carried out. For instance, several farmers in Colombia report that the eradication crews have stolen food, livestock, and other supplies. Additionally, there have been reports of home fires, robbery, and even sexual assault.¹²⁸

Several efforts have been put into practice to stop human rights violations linked to the eradication. One of them is the Washington Office on Latin America (WOLA). They are members of the International Drug Policy Consortium (IDPC). WOLA focuses on the protection of human rights, democracy, and justice in the region. They are responsible for tracking human rights abuses and supporting rural development.¹²⁹ The Transnational Institute (TNI) is another example. They work on drug policy reform, human rights, and rural development.¹³⁰ They

publish detailed research on drug war violence and the effects of eradication. TNI also advocates for alternative development methods to narcotic crop eradication.¹³¹

Another method that has been put into practice is aerial spraying. This method consists of spraying chemical substances such as pesticides and herbicides over large areas of crops. People use aircraft like small airplanes and helicopters to cover the most amount of land possible in a short amount of time.¹³² There is still some debate on whether this method truly contributes to the reduction of narcotic cultivation. Yet, officials argue that drug production has still decreased. This is due to newer crops, planted to replace eradicated ones, being less productive.¹³³

Colombia used aerial spraying as a way to eliminate narcotic crops for many years. However, its effects were far from bad. It went from affecting the public health and the environment to causing displacement within the country.¹³⁴ In 2024, it was registered that

there were around seven million internally displaced people (IDPs) in Colombia.¹³⁵ Around 58 percent of the IDPs in Colombia have been driven out of their country due to drug-fueled civil conflict and anti-narcotic efforts.¹³⁶

Aerial spraying has also proven to cause many health problems. These include respiratory problems, skin rashes, eye problems, and even miscarriages.¹³⁷ They are mainly caused because of the use of glyphosate. Glyphosate is a chemical herbicide designed to block enzymes that contribute to plant growth.¹³⁸ The World Health Organization stated in 2015 that glyphosate is linked to probable carcinogen.¹³⁹

Aerial spraying is very harmful to the environment. It also causes damage to natural areas.¹⁴⁰ In Latin America, between 10 percent and 25 percent of deforestation is caused by narcotic eradication methods.¹⁴¹ Current drug policy damages fragile ecosystems. This is done directly through eradication programs and indirectly by pushing

127 Daniel Mejía, “Plan Colombia: An Analysis of Effectiveness and Costs.”

128 Harm Reduction International, “Human Rights and Drug Policy: Eradication Methods.”

129 WOLA, “Washington Office on Latin America.”

130 “Transnational Institute,” TNI, June 2025, <https://www.tni.org/en/about>.

131 TNI, “Transnational Institute.”

132 Shahena, S., Maya Rajan, Vinaya Chandran, and Linu Mathew, “Conventional Methods of Fertilizer Release,” *Controlled Release Fertilizers for Sustainable Agriculture*, 2021, 1–24, <https://doi.org/10.1016/b978-0-12-819555-0.00001-7>.

133 Connie Veillette, Carolina Navarrete-Frías, “Drug Crop Eradication and Alternative Development in the Andes,” Congressional Research Service, November 2005, <https://www.policyarchive.org/download/2638>.

134 Harm Reduction International, “Human Rights and Drug Policy: Eradication Methods.”

135 United Nations Human Rights Council, “IDPs in Colombia, El Salvador, Haiti, Honduras and Mexico,” United Nations, 2025, https://reporting.unhcr.org/sites/default/files/2024-12/Americas_IDPs_Colombia_EL_Salvador_Haiti_Honduras_Mexico_December_2024_0.pdf.

136 Harm Reduction International, “Human Rights and Drug Policy: Eradication Methods.”

137 Harm Reduction International, “Human Rights and Drug Policy: Eradication Methods.”

138 Bayer Global, “What Is Glyphosate?,” May 2025, <https://www.bayer.com/en/what-is-glyphosate#:~:text=Our percent20Environment>.

139 Leigh Matthews, “How to Avoid Glyphosate in Food and Why It Matters,” Gene Food, December 2024, <https://www.mygenefood.com/blog/why-glyphosate-is-dangerous-and-how-to-avoid-eating-it/>.

140 Harm Reduction International, “Human Rights and Drug Policy: Eradication Methods.”

141 Michael Lohmuller, “Drug Trafficking Drives Deforestation in Central America: Study,” InSight Crime, March 2017, <https://insightcrime.org/news/brief/drug-trafficking-drives-deforestation-in-central-america-study/>.

drug cultivation into more remote areas.¹⁴²

Alternative development programs (ADPs) are less harmful. They replace illicit crops with legal alternatives. These alternatives may be coffee, cacao, and spices.¹⁴³ The UN Office on Drugs and Crime, the UN Development Programme, and the UN Environment Programme promote this method.¹⁴⁴ When ADPs are applied correctly, they can be the most effective method in the long term.¹⁴⁵ They also need proper access to basic infrastructure and market protections. ADPs reduce the cycle of replanting and encourage community cooperation rather than resistance.¹⁴⁶ They also address the root causes of narcotic crop cultivation.¹⁴⁷ They aim to promote sustainable rural development and reduce poverty in drug crop cultivation areas.¹⁴⁸

One of the main success examples of ADPs is the Royal Project Foundation in Thailand. This project started in 1969. During that time, Thailand was one of

the largest opium producers in the world. Farmers strongly depended on opium. The Royal Project offered farmers sustainable alternatives such as coffee and macadamia. This was strongly supported by state investment and community development.¹⁴⁹ This program offered astounding results in the following years. They achieved a 98 percent decrease in opium cultivation from 1984 to 2003. They improved infrastructure by building schools and clinics in over 100 villages. Their projects have been implemented hand in hand with local tribes. These actions have resulted in most areas being poppy-free for over two decades.¹⁵⁰

The main problems with ADPs come when these are not sequenced correctly. This method is very costly and requires long-term investments.¹⁵¹ They are often preceded by forced eradication, something that the UN does not support.¹⁵² Forced eradication is the involuntary destruction of crops without the grower's consent.¹⁵³ They pose a big threat to the rural

and vulnerable communities. They also violate rights to land, livelihood, and cultural autonomy, especially in Indigenous territories. This has happened multiple times, especially in states in South America. In Bolivia, for example, coca was destroyed in the Chapare region without consent. The Rural Mobile Patrol (UMOPAR) was responsible for 10 deaths of peaceful protesters. This shows the amount of tension that can be caused between forced eradication and Indigenous rights.¹⁵⁴ Sustainable economic alternatives may not be offered to communities dependent on these crops. This increases the risk of poverty and food insecurity.¹⁵⁵

In 2014, 23 UN member states reported that they had implemented ADPs between 2010 and 2013. Countries in South Asia, West Africa, Latin America, and the Caribbean have embraced ADPs in their domestic action plans. These also include countries that are predominantly affected by drug trafficking but not by drug crop

142 Health Poverty Action, "Drug Policy and the Sustainable Development Goals," International Drug Policy Consortium, United Nations, November 2015, https://www.unodc.org/documents/ungass2016/Contributions/Civil/Health_Poverty_Action/HPA_SDGs_drugs_policy_briefing_WEB.pdf.

143 Harm Reduction International, "Human Rights and Drug Policy: Eradication Methods."

144 United Nations Office on Drugs and Crime, "Alternative Development," United Nations, 2023, <https://www.unodc.org/coafg/en/alternative-development.html>.

145 Harm Reduction International, "Human Rights and Drug Policy: Eradication Methods."

146 Connie Veillette, Carolina Navarrete-Frías, "Drug Crop Eradication and Alternative Development in the Andes."

147 Daniel Brombacher and Sarah David, "From Alternative Development to Development-Oriented Drug Policies," *International Development Policy*, no. 12 (September 2020). <https://doi.org/10.4000/poldev.3711>.

148 Daniel Brombacher and Sarah David, "From Alternative Development to Development-Oriented Drug Policies."

149 Royal Project Foundation, "History," October 2021, <https://royalproject.org/pageeng/history/>.

150 Bobby Anderson, "People, Land and Poppy: The Political Ecology of Opium and the Historical Impact of Alternative Development in Northwest Thailand," *Forest and Society* 1, no. 1 (April 2017): 48, <https://doi.org/10.24259/fs.v1i1.1495>.

151 Veillette, Navarrete-Frías, "Drug Crop Eradication and Alternative Development in the Andes."

152 Harm Reduction International, "Human Rights and Drug Policy: Eradication Methods."

153 Pedro Vargas, Ricardo Arenas, "Forced Eradication of Crops for Illicit Use and Human Rights," Transnational Institute, July 2020, <https://www.tni.org/en/article/forced-eradication-of-crops-for-illicit-use-and-human-rights>.

154 Human Rights Watch, "Bolivia Under Pressure," May 1996, <https://www.hrw.org/report/1996/05/01/bolivia-under-pressure/human-rights-violations-and-coca-eradication>.

155 Amnesty International, "Forcibly Eradicating Illicit Crops Could Result in Human Rights Violations in Colombia," July 2020, <https://www.amnesty.org/en/latest/news/2020/07/colombia-erradicar-cultivos-ilicitos-violaciones-derechos-humanos>.

cultivation.¹⁵⁶ The participation of non-producing countries in ADPs highlights the importance of international cooperation. In the end, drug-related challenges are all interconnected.¹⁵⁷ A trafficking problem in one country may originate from a cultivation issue in another. These programs require funding, market access, and expertise, things that producing countries may lack. That's where other nations come in. This indicates that they recognize the global nature of the drug problem and their role in solving it.¹⁵⁸

International Cooperation in Monitoring and Regulating the Drug Trade

The International Opium Convention (IOC) was the first treaty created to regulate narcotic crop cultivation. Its goal was not to criminalize but to monitor narcotic cultivation. It was signed in January of 1912 in The Hague by 13 countries. Some of them include China, France, Germany, Italy, Japan, and the Netherlands,

among others. Later on, the IOC was incorporated in the Treaty of Versailles, increasing the number of signatories. By 1949, 67 states were part of the IOC.¹⁵⁹ Before the First World War, the IOC was not widely ratified. Its integration into Versailles was a way for countries to ensure global ratification. This made narcotic control legally binding. By integrating drug regulation in Versailles, states could maintain control and regulate under their conditions.¹⁶⁰

The IOC included key parts of a strong drug control treaty. This made it useful for advocacy. It also

It publicly opposed harmful practices like opium smoking and the non-medical drug trade.

influenced national laws, such as the 1913 Harrison Act in the US, which became the basis of 20th-century American drug policy.¹⁶¹

Several meetings revised the IOC continuously. In 1925, cannabis was also integrated into the treaty.¹⁶²

This was an important contribution since, initially, the IOC only considered opium, cocaine, heroin, and morphine.¹⁶³ This was done for several reasons. States such as Egypt and Italy pressured this decision. They warned that cannabis was a cause of social harm and insanity. Many also argued that cannabis could serve as an entrance to harder narcotics. This resulted in cannabis export and import regulations across countries.¹⁶⁴

The IOC was modified again in 1931 during the Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs. It aimed to establish stricter systems for monitoring production and distribution. It also restricted the supply of narcotic drugs to amounts needed for medical and scientific purposes.¹⁶⁵ As of today, the IOC is not an active treaty. However, many treaties and conventions originated from it and include its core principles.

One of them was the Single Convention on Narcotic Drugs, created in 1961. It became the foundation of today's international drug control regime.¹⁶⁶ Today, 154

¹⁵⁶ Brombacher and David, "From Alternative Development to Development-Oriented Drug Policies."

¹⁵⁷ United Nations Office on Drugs and Crime, CND Resolution 44/11, International cooperation on the elimination of illicit drug crops and on alternative development, March 29, 2001: https://www.unodc.org/unodc/en/Resolutions/resolution_2001-03-29_4.html.

¹⁵⁸ CND Resolution 44/11.

¹⁵⁹ United Nations Office on Drugs and Crime, "The 1912 Hague International Opium Convention," United Nations, 2021, <https://www.unodc.org/unodc/en/frontpage/the-1912-hague-international-opium-convention.html>.

¹⁶⁰ United Nations Office on Drugs and Crime, "2008 World Drug Report," United Nations, 2008, https://www.unodc.org/documents/wdr/WDR_2008/WDR_2008_eng_web.pdf.

¹⁶¹ United Nations Office on Drugs and Crime, "The 1912 Hague International Opium Convention."

¹⁶² *First Report of the International Narcotics Control Board* (New York: United Nations, 1968) https://www.incb.org/documents/Publications/AnnualReports/AR1968/AR_1968_E.pdf.

¹⁶³ United Nations Office on Drugs and Crime, "The 1912 Hague International Opium Convention."

¹⁶⁴ Matan Weil, "A Story of Smoke and Mirrors: How Cannabis Became Illegal around the World," The Cannigma, September 2024, <https://cannigma.com/regulation/a-story-of-smoke-and-mirrors-how-cannabis-became-illegal-around-the-world/>.

¹⁶⁵ United Nations Office on Drugs and Crime, "Chronology: 100 years of drug control," United Nations, Accessed June 2025, https://www.unodc.org/documents/timeline_E_09.pdf.

¹⁶⁶ United Nations Office on Drugs and Crime, "Chronology: 100 years of drug control."

member states are registered.¹⁶⁷ The Single Convention is overseen by the International Narcotics Control Board (INCB).¹⁶⁸ The INCB is an independent, quasi-judicial body also established in 1961. This means that the INCB's affairs are treated similarly to a judicial function. However, they are not conducted within a traditional court system.¹⁶⁹ The INCB members are experts nominated by member states and the World Health Organization. They are the ones in charge of making sure that member states adhere to the Single Convention's regulations.¹⁷⁰

The Single Convention successfully merged ideas from previous treaties into one unified system. Additionally, it created Schedules I-IV.¹⁷¹ These refer to classifications made to divide narcotics into groups. They consider factors such as medical usefulness, potential for abuse, and risk of dependence. These schedules also determine the level of control that each narcotic requires.¹⁷²

The Single Convention states that opium may be produced under the protection of national opium agencies. However, this may only be done for medical and scientific purposes. The INCB calculates the amount needed to produce opium-derived medications. This ensures that countries stick to the rule of medical usage. They calculate it based on obligatory annual estimates from member states.¹⁷³ This regulation has had a big impact on the global opium supply. The INCB ensures that the opium production is aligned with the legal demand. This helps prevent overproduction that could enter illicit markets.¹⁷⁴ For instance, there was a decline in the global consumption of narcotics in 2019.¹⁷⁵ This called for the INCB to make adjustments in opium production.

Many other organizations have been created focusing on farmers' rights. Rural communities are deeply affected by the narcotic crop industry. Navdanya is a social movement that was founded in

1984. They advocate for farmers' rights through environmental protection and sovereignty. They also promote ecological agriculture based on biodiversity. Likewise, they educate around 500,000 farmers on seed saving around the world. Navdanya was formally recognized as a non-governmental organization (NGO) in 1999.¹⁷⁶

Moreover, the First Global Forum of Producers of Crops Declared Illicit took place in Barcelona in 2009.¹⁷⁷ More than 70 leaders and farmer representatives attended the event. Several international experts, NGOs, and government representatives attended as well.¹⁷⁸ The Global Forum of Producers of Prohibited Plants (GFPPP) was created in 2016. It serves as a platform for opium, cannabis, and coca farmers to discuss the implications and alternatives concerning trends in today's global drug policies.¹⁷⁹ The creation of this forum was a huge advancement in the history of farming rights. The voices of affected communities

167 United Nations Treaty Collection, "Single Convention on Narcotic Drugs, 1961," United Nations, Last Updated June 2025, https://treaties.un.org/Pages/ViewDetails.aspx?src=IND&mtdsg_no=VI-15&chapter=6&clang=en.

168 MUCD, "Legal Opium Production for Medical Use in Mexico: Options, Practicalities and Challenges."

169 Legal Information Institute, "Quasi-Judicial," Cornell Law School, Accessed June 2025, <https://www.law.cornell.edu/wex/quasi-judicial>.

170 MUCD, "Legal Opium Production for Medical Use in Mexico: Options, Practicalities and Challenges."

171 United Nations, "Schedules of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol," ST/CND/1/Add.1/Rev.2, May 2016, https://www.unodc.org/documents/commissions/CND/Int_Drug_Control_Conventions/1961_Schedules/ST_CND1_Add1_Rev2_e_V1603027.pdf.

172 United Nations, ST/CND/1/Add.1/Rev.2.

173 MUCD, "Legal Opium Production for Medical Use in Mexico: Options, Practicalities and Challenges."

174 United Nations, Final Act of the United Nations Conference for the Adoption of a Single Convention on Narcotic Drugs," 1972, https://www.unodc.org/pdf/convention_1961_en.pdf.

175 International Narcotics Control Board, "Less Opioids, More Cannabis Used in 2019: UN's Drug Control Body INCB Releases Annual Data on Global Narcotics Production, Use, Trade, and 2021 Needs," 2019, https://www.incb.org/incb/en/news/news_2021/less-opioids--more-cannabis-used-in-2019_-uns-drug-control-body-incb-releases-annual-data-on-global-narcotics-production--use--trade--and-2021-needs.html.

176 Navdanya.org, "Navdanya's Organizational Overview," 2017, <https://www.navdanya.org/component/content/article?id=621>.

177 Transnational Institute, "The Global Forum of Producers of Prohibited Plants (GFPPP)," October 2016, https://www.tni.org/files/publication-downloads/gfppp_19092016_eng_web.pdf.

178 Transnational Institute, "The Global Forum of Producers of Prohibited Plants (GFPPP)."

179 Drug Law Reform, "Producers of Crops," United Nations General Assembly Special Session, Accessed June 2025, <https://www.druglawreform.info/en/issues/producers-of-crops>.

involved in narcotic cultivation often lack global representation.¹⁸⁰

Another example is La Via Campesina. It was founded in 1993 in Belgium. It focuses on defending peasant agriculture for food sovereignty.¹⁸¹ Over the years, La Via Campesina registered several violations of peasants' rights. Some include forced evictions, appropriation of rural territories, and the imprisonment of peasant leaders.¹⁸² La Via Campesina defends farmers' seed rights, agrarian reform, and resistance to corporate overreach.¹⁸³ Today, La Via Campesina is part of many global institutions. These include the Food and Agriculture Organization (FAO), the UN Decade of Family Farming, and the Committee on World Food Security.¹⁸⁴ Negotiations made by La Via Campesina also contributed to the creation of several declarations. One of them is the United Nations Declaration on the Rights of Peasants (UNDROP).¹⁸⁵

The United Nations Declaration on the Rights of Peasants (UNDROP) was adopted by the General Assembly in 2018.¹⁸⁶ This declaration is essential



Representatives of La Via Campesina (Credit: Fondo Andaluz de Municipios para la Solidaridad Internacional FAMSI)

in defending small-scale food producers' rights. It is also a crucial tool in the implementation of food sovereignty.¹⁸⁷ Food sovereignty is strongly linked to narcotic crop avoidance.¹⁸⁸ Farmers are less likely to cultivate narcotics when they have control over their food systems. With adequate infrastructure and market access, illicit crops become less appealing.¹⁸⁹ UNDROP marked history as the first declaration to

address rural needs as human rights and state obligations.¹⁹⁰ As of today, 121 countries form part of the United Nations Declaration on the Rights of Peasants. Some of them include Bolivia, Venezuela, India, Mexico, Iran, and Portugal.¹⁹¹

The use of narcotics as a part of Indigenous culture and traditions is also important to mention. Issues regarding indigenous rights have been addressed by international

180 Drug Law Reform, "Producers of Crops."

181 La Via Campesina, "About La Via Campesina," June 2025, <https://viacampesina.org/en/international-peasants-voice/>.

182 Friends of the Earth International, "The UN Declaration on the Rights of Peasants."

183 La Via Campesina, "About La Via Campesina."

184 La Via Campesina, "About La Via Campesina."

185 La Via Campesina, "United Nations Declaration on the Rights of Peasants and Other People Working in Rural Areas," FIAN International, Accessed June 2025, https://viacampesina.org/en/wp-content/uploads/sites/2/2021/12/LVC-EN-Booklet-UNDROP-RGB_lowres.pdf.

186 United Nations Digital Library, "United Nations Declaration on the Rights of Peasants and Other People Working in Rural Areas," United Nations, October 2018, <https://digitallibrary.un.org/record/1650694?v=pdf>.

187 La Via Campesina, "About La Via Campesina."

188 La Via Campesina, "What Is Food Sovereignty?," April 2025, <https://viacampesina.org/en/what-is-food-sovereignty/>.

189 La Via Campesina, "What Is Food Sovereignty?"

190 La Via Campesina, "United Nations Declaration on the Rights of Peasants."

191 Christophe Golay, "The Right to Land and the UNDROP," International Land Coalition, Geneva Academy, Accessed June 2025, [https://www.geneva-academy.ch/joomlatools-files/docman-files/Guide percent20the percent20right percent20to percent20land percent20and percent20UNDROP percent20\(1\).pdf](https://www.geneva-academy.ch/joomlatools-files/docman-files/Guide%20the%20right%20to%20land%20and%20UNDROP%20(1).pdf).

treaties and organizations. One example is the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). This resolution was adopted by the UN General Assembly in 2007. It promotes Indigenous peoples' rights across cultural, spiritual, and economic domains.¹⁹²

Article 24 of UNDRIP states that “Indigenous peoples have the right to their traditional medicines and to maintain their health practices. This includes the conservation of their vital medicinal plants, animals, and minerals.”¹⁹³ Article 31 also establishes that Indigenous peoples

have the right to keep, protect, and grow their culture, knowledge, and traditions.¹⁹⁴ However, this comes as a contradiction to several laws that are established in the 1961 Single Convention. As stated before, the Single Convention called for the abolition of traditional uses of the coca plant. This ignores the uses that coca leaves have had for thousands of years by Indigenous peoples. In this case, coca uses have always been for traditional, religious, ancestral, and medicinal purposes.¹⁹⁵

Many states have debated this reform, especially in the Latin

American region. In July of 2023, the Bolivian government requested the committee of the World Health Organization (WHO) to conduct a critical review of the coca leaf. This is meant to be an important step for drug control treaties since it would apply to indigenous rights. This would also reevaluate the contradiction that was made in the 1988 UN Convention. One of its articles states that countries should take due account of traditional licit coca uses.¹⁹⁶ Thus, the topic of the decolonization of drug policy has been brought up by several countries around the world.¹⁹⁷

CURRENT STATUS

Case Study: Laos' Houaphanh Project

During the 1990s, Laos was registered as the third-largest opium poppy producer in the world. Its poppy harvest was around 27,000 hectares. Laos was also characterized by having one of the highest opium addiction rates.¹⁹⁸ In Laos, poppy farming was mainly due

to poverty. Easy access to opium led to widespread abuse, which deepened poverty in the country. Reducing opium poppy cultivation was a big achievement for Laos. Still, the government had to reduce crops without harming social and economic growth.¹⁹⁹

Over 60 percent of people in Laos live in rural areas.²⁰⁰ In the 1990s, many relied on poppy farming. By

2003, about 40,000 households depended on it.²⁰¹ When poppy farming became illegal, crops were destroyed before farmers had new income options. More than 50 percent of farmers had not yet developed another source of income. These regions also had the lowest human development levels in the country. Poverty and hunger spread, inequality grew, and progress slowed.²⁰²

192 “United Nations Declaration on the Rights of Indigenous Peoples,” *Human Rights Quarterly* 33, no.3 (2011): 909-921, <https://doi.org/10.1353/hrq.2011.0040>.

193 United Nations, “United Nations Declaration on the Rights of Indigenous Peoples,” 909-921.

194 United Nations, “United Nations Declaration on the Rights of Indigenous Peoples,” 909-921.

195 Diego García-Sayan, “The Criminalization of the Coca Leaf: A Denial of Rights,” Global Commission on Drug Policy, March 2025, <https://globalcommissionondrugs.org/the-criminalization-of-the-coca-leaf-a-denial-of-rights/>.

196 Diego García-Sayan, “The Criminalization of the Coca Leaf: A Denial of Rights.”

197 Colleen Daniels, Aggrey Aluso, Shaun Shelly, et al., “Decolonizing Drug Policy,” *Harm Reduction Journal* 18, no. 1 (November 2021), <https://doi.org/10.1186/s12954-021-00564-7>.

198 United Nations Office on Drugs and Crime, “Towards an Opium-Free Lao (PDR),” United Nations, Accessed July 2025, <https://www.unodc.org/newsletter/200602/page005.html>.

199 United Nations Office on Drugs and Crime, “Towards an Opium-Free Lao (PDR).”

200 Statista, “Laos: Share of Rural Population from 2014 to 2023,” June 2025, <https://www.statista.com/statistics/760963/laos-share-of-rural-population/>.

201 United Nations Office on Drugs and Crime, “Laos Opium Survey 2003,” United Nations, June 2003, https://www.unodc.org/pdf/publications/lao_opium_survey_2003.pdf.

202 United Nations Office on Drugs and Crime, “Towards an Opium-Free Lao (PDR).”

Laos' poppy fields were commonly located in mountainous and poor areas in the north. One of these areas was Houaphanh, a northeastern province of Laos. Its residents had relied heavily on opium cultivation for many decades. This was driven by poverty, marginalization, and a lack of alternative sources of income. Houaphanh was part of Southeast Asia's "Golden Triangle" for opium production. It contributed significantly to the global opium trade. This was due to its high profitability and demand. Houaphanh province was hit hard. Farming practices damaged the land, causing deforestation and soil erosion. High production rates also contributed to a rise in addiction rates.²⁰³ Even after the ban, poppy was still grown. In 2015, about 5,700 hectares were under cultivation. With less supply, opium prices rose. This kept farmers tied to the trade.²⁰⁴

In 2016, a community in Laos found a way to eradicate this problem. A group of experts visited Laos and studied the area thoroughly. They discovered that organic coffee was a great alternative

to opium cultivation.²⁰⁵ Northern Laos proved to have the perfect climate to grow high-quality coffee. This motivated a transition towards becoming coffee farmers.²⁰⁶ The Vanmai Coffee initiative is a way to end the cycle of poverty and opium addiction.²⁰⁷ By replacing opium with coffee, people can easily get out of the opium industry. It also offers a way to improve their quality of life.²⁰⁸

The coffee industry requires a lot of hard work, attention to detail, and technical skills. Barriers to market access, technology, and knowledge were also present. These were some of the initial concerns that farmers had when they started this shift.²⁰⁹ Vanmai Coffee formed a strong community that worked together to overcome those challenges. Cooperation enabled farmers to make good negotiations and get access to assets and fair markets. This was also a way to bring optimism to the farming community.²¹⁰

The transition from opium to coffee in Laos brought many benefits to the environment. Vanmai Coffee proposes inclusive

and sustainable development for rural communities. They aim to limit waste and improve living conditions for farming families. To achieve this, Vanmai Coffee plantations follow a rotation system. This means that farmers cut down new forest land for farming. This allows past farming land to "heal" while cultivating new areas.²¹¹

Coffee crops are also grown together with shade trees. This helps save water and provides healthy soil structure in the area.²¹² Farmers also avoid using chemical fertilizers on their land. Instead, they produce their own organic fertilizer through composting.²¹³ This process enables farmers to reduce waste. It also contributes to improving health conditions for nearby communities. Coffee has proven to be a high-value cash crop that can leave a small environmental footprint.²¹⁴ These practices have been adopted in many other countries. For instance, Burundi, Uganda, and Malawi have trained hundreds of farmers in shade-tree agroforestry.²¹⁵

Vanmai Coffee has partnerships with various organizations. They receive continuous support from

203 Lao PDR, "From opium to organic coffee: the new hope for Houaphanh farmers," United Nations, May 2022, <https://laopdr.un.org/en/183996-opium-organic-coffee-new-hope-houaphanh-farmers>.

204 United Nations Office on Drugs and Crime, "Southeast Asia Opium Survey 2014: Lao PDR, Myanmar," United Nations, December 2014, <https://www.unodc.org/documents/crop-monitoring/sea/SE-ASIA-opium-poppy-2014-web.pdf>.

205 Lao PDR, "From opium to organic coffee: the new hope for Houaphanh farmers."

206 "Our Hopes for the Future," Vanmai Coffee, accessed August, 2025, <https://vanmaicoffee.com/hopes/>.

207 "Our Troubling Past," Vanmai Coffee, accessed August, 2025, <https://vanmaicoffee.com/past/>.

208 Vanmai Coffee, "Our Hopes for the Future."

209 Vanmai Coffee, "Our Hopes for the Future."

210 "First coffee export by former opium farmers in Laos," UNODC Regional Office for Southeast Asia and the Pacific, June 25, 2021, <https://www.unodc.org/roseap/laopdr/2021/06/coffee-export-former-opium-farmers/story.html>.

211 Vanmai Coffee, "Our Hopes for the Future."

212 "A better way to make money: Farmers in Lao PDR switch crops from opium to coffee," United Nations, November 3, 2021, <https://unsdg.un.org/latest/stories/better-way-make-money-farmers-lao-pdr-switch-crops-opium-coffee>.

213 Vanmai Coffee, "Our Hopes for the Future."

214 UNODC Regional Office for Southeast Asia and the Pacific, "First coffee export by former opium farmers in Laos."

215 Nanda Anggraini, "Agroforestry: A Key Solution for Coffee and Climate Resilience," Climafund, September 2024, <https://changemakr.asia/agroforestry-a-key-solution-for-coffee-and-climate-resilience/>.

the UNODC.²¹⁶ They are also partners with the Lao Ministry of Agriculture and Forestry. They oversee monitoring agriculture and forestry policies in the country.²¹⁷ Vanmai Coffee is also supported by the Lao National Commission for Drug Control and Supervision (LCDC). This UN body is responsible for coordinating drug control policies in Laos.²¹⁸

Around 400 local farmers transitioned to organic coffee in 2021. In that year, it was registered that 19 tons of coffee were exported to France.²¹⁹ Since then, exports of coffee doubled to 40 tons in 2022. Laos managed to reach 230 tons of coffee exported between 2023 and 2024. This advancement proved how alternative development can strengthen rural economies.²²⁰ In 2023, Laos exported USD 67.4M of coffee around the world. This positioned Laos among the top 50 largest coffee exporters in the world.²²¹ They mainly exported to countries such as Thailand, Japan, Germany, and the Netherlands. The coffee industry in Laos managed to generate a total revenue of USD 276M in 2025. This number is

expected to grow annually by 9.25 percent.²²²

Despite having coffee as an alternative, Laos still struggles with opium poppy cultivation. Over 600 hectares of opium poppy plantations were found and eradicated in 2022. In 2023, the area under opium poppy cultivation in Laos was estimated at 5,000ha. This shows a very slight decline of 16 percent since 2015.²²³

The case of Laos shows both progress and challenges in reducing opium poppy cultivation. The Vanmai Coffee initiative shows how farming communities can shift to legal and sustainable crops. It has improved incomes, protected the environment, and brought new hope to rural areas. However, opium poppy is still grown in parts of the country. More investment is needed to expand successful alternatives. The government must address the core issues that lead farmers to grow opium. These include poverty, isolation, and limited access to markets.²²⁴ They must act now to support livelihoods and long-term rural development.

With the right support, Laos can continue moving toward a healthier and more sustainable future.²²⁵

Case Study: Bolivia's Coca Policy Reform

Bolivia has had a long history of drug trafficking. In the beginning, coca leaves were cultivated for cultural and traditional uses. The Andean civilization treasured coca for its medicinal properties. Coca leaves also played an integral part in their sacred rituals.²²⁶ However, the value of coca leaves shifted with time. The people of Bolivia started to cultivate coca leaves for more lucrative purposes.²²⁷ It is estimated that around 70 percent of the Bolivian population lived in extreme poverty during the 1980s.²²⁸

In July of 1988, Bolivia passed Law 1008. It is also known as the Coca and Controlled Substances Regime. It proposed combating drug trafficking with four main pillars. These were eradication, alternative development, interdiction, and prevention

216 "Our Partners," Vanmai Coffee, accessed August, 2025, <https://vanmaicoffee.com/partners/>.

217 "About the Ministry of Agriculture and Forestry of Laos," Development Aid, May 2023, <https://www.developmentaid.org/donors/view/143781/ministry-of-agriculture-and-forestry-of-laos>.

218 Government of Lao PDR, "National Drug Control Master Plan."

219 Lao PDR, "From opium to organic coffee: the new hope for Houaphanh farmers."

220 "Farmers Cultivate an Opium-Free Future for Lao PDR," The United Nations Office at Geneva, October 2024, <https://www.un Geneva.org/en/news-media/news/2024/10/98883/farmers-cultivate-opium-free-future-lao-pdr>.

221 "Coffee in Laos," The Observatory of Economic Complexity, 2025, <https://oec.world/en/profile/bilateral-product/coffee/reporter/lao>.

222 "Coffee - Laos," Statista, 2025, <https://www.statista.com/outlook/cmo/hot-drinks/coffee/laos>.

223 *Southeast Asia Opium Survey 2023: Cultivation, Production, and Implications* (Vienna: United Nations Office on Drugs and Crime, December 2023) https://www.unodc.org/documents/crop-monitoring/sea/Southeast_Asia_Opium_Survey_2023.pdf.

224 Vanmai Coffee, "Our Hopes for the Future."

225 Lao PDR, "From opium to organic coffee: the new hope for Houaphanh farmers."

226 Ariadna Baulenas, "Coca: A Blessing and a Curse," National Geographic, 2021, <https://www.nationalgeographic.com/history/history-magazine/article/daily-life-coca-inca-andes-south-america>

227 Diego Giacomani, "Drug policy and the prison situation in Bolivia," Washington Office in Latin America, Accessed July 2025, [https://www.wola.org/sites/default/files/downloadable/Drug percent20Policy/2011/WOLATNI-Systems_Overload-bolivia-def.pdf](https://www.wola.org/sites/default/files/downloadable/Drug%20Policy/2011/WOLATNI-Systems_Overload-bolivia-def.pdf)

228 "Bolivia - Poverty and Wealth," Nations Encyclopedia, accessed July 2025, <https://www.nationsencyclopedia.com/economies/Americas/Bolivia-POVERTY-AND-WEALTH.html>

of consumption.²²⁹ Law 1008 established that Bolivians charged with drug offenses had to be imprisoned without the possibility of pre-trial release. This law applied to any drug offense, no matter how minor. During that time, prisoners were held in overcrowded and miserable prisons.²³⁰

The United States launched the “Andean Strategy” in 1989. It aimed to strengthen coca crop eradication through military means. US Army officers were sent to direct coca eradication and interdiction operations.²³¹ Forced eradication brought many consequences in Bolivia. It mostly led to increased violence and the destruction of many rural communities.²³² There were serious violations of human rights. Officials would carry out arbitrary detentions, often without warrants. They would target coca growers and community leaders. Nevertheless, abuses by officials would rarely be investigated. Any way of human rights violations from the anti-narcotics police would be committed with impunity. Alternatives for crop substitution were never offered to farmers. Their

crops would get destroyed with no warning and no backup plan to sustain their livelihoods.²³³

In traditional zones such as the Yungas of La Paz and Chapare, coca cultivation was legal. This was because coca leaves were used strictly for medicinal and ritual purposes in those areas. However, Law 1008 established a legal cultivation limit of 12,000 hectares per year.²³⁴ Not everyone accepted this law. There were several opposing campaigns held during that year. The Bolivian Rural Patrol Mobile Unit (UMOPAR) troops

Many claimed that limiting coca cultivation was a step towards criminalizing all coca growing.

killed peaceful protesters. This event was later known as the Villa Tunari Massacre. The killings were followed by further state violence in many regions of Bolivia.²³⁵

Voluntary reduction remains active in Bolivia. With this system, farmers agree to reduce coca cultivation themselves. It combats excessive coca cultivation without violating human rights. Farmers do this in exchange for several benefits. These can be legal recognition, basic livelihood protections, and government cooperation. If farmers grow more than their legal limit, they are encouraged to reduce the excess. This is done through negotiations and education, not arrests or military action.²³⁶

Bolivia made continuous efforts to remove the coca leaf from the 1961 Single Convention’s list of prohibited crops. This was due to the plant’s traditional background in the country. However, this was not followed by other countries. This led Bolivia to formally withdraw from the Single Convention in 2011.²³⁷ Bolivia decided to rejoin the Single Convention two years later. They came back with a reservation on the coca leaf and its traditional uses. This meant that Bolivia would allow traditional coca use and reject its label as an illicit narcotic.²³⁸

229 Diego Giacomani, “Drug policy and the prison situation in Bolivia.”

230 “Bolivia: Human Rights Violations and the War on Drugs,” Human Rights Watch, accessed July 2025, <https://www.hrw.org/legacy/summaries/s.bolivia957.html>

231 Diego Giacomani, “Drug policy and the prison situation in Bolivia.”

232 Alexander Babuta, “Bolivian Coca Cultivation and the International Cocaine Trade,” Royal United Services Institute, July 2017, <https://www.rusi.org/networks/shoc/informer/bolivian-coca-cultivation-and-international-cocaine-trade>

233 Coletta Youngers, “Meanwhile, in Bolivia,” North American Congress on Latin America (NACLA), September 2007, <https://nacla.org/meanwhile-bolivia/>

234 “Law No. 1008 of 19 July 1988 on the Regime Applicable to Coca and Controlled Substances,” E/NL.1988/25, 1988, https://sherloc.unodc.org/cld/uploads/res/document/law-no-1008-on-the-regime-applicable-to-coca-and-controlled-substances_html/Law_No_1008_on_the_Regime_Applicable_to_Coca_and_Controlled_Substances.pdf

235 Carwil Bjork-James, “The 1988 Villa Tunari massacre, a dossier,” Carwil without Borders, August 2020, <https://woborders.blog/2020/08/16/villa-tunari-massacre-dossier/>

236 Ledebur, “From Conflict to Collaboration: An Innovative Approach to Reducing Coca Cultivation in Bolivia,” 9.

237 Martin Jelsma, “Bolivia’s denunciation of the 1961 Single Convention on Narcotic Drugs,” Transnational Institute, June 2011, <https://druglawreform.info/en/issues/unscheduling-the-coca-leaf-percent20-percent281-percent29/item/2596-bolivias-denunciation-of-the-1961-single-convention-on-narcotic-drugs-.html>

238 United Nations Office on Drugs and Crime, “Bolivia to re-accede to UN drug convention, while making exception on coca leaf chewing,” United Nations, Accessed July 2025, <https://www.unodc.org/unodc/en/frontpage/2013/January/bolivia-to-re-accede-to-un-drug-convention-while-making-exception-on-coca-leaf-chewing.html>



Coca leaf in Bolivia (Credit: Marcello Casal Jr./ABR)

In 2017, Law 1008 was replaced by Law 906. It established a new coca cultivation limit of 22,000 hectares per year. This decision was made under the argument that increasing the allowed production would ‘guarantee a lifetime coca supply’ for legal users. The Bolivian government also saw this new law as a way to effectively dismantle the illicit market.²³⁹

In June 2023, Bolivia submitted a report to the World Health Organization (WHO). This report questions the inclusion of the coca leaf in the Single Convention. It argues that there is no scientific

evidence to support the danger of consuming the leaf in its natural form. On the contrary, it highlights its benefits in cultural and health contexts. In March 2024, the WHO announced the formal opening of a “critical review” of the coca leaf. This may allow the international system to recognize the historical damage caused to Andean indigenous peoples.²⁴⁰

Coca leaf remains deeply embedded in Bolivian culture. However, new urban and industrial markets like “coca machucada” have emerged. This has generated income for thousands of families.

Although these practices have gained popularity, they remove the plant from its ritual and symbolic context. The process led by the WHO does not seek to legalize cocaine usage. It seeks to restore the balance between science, human rights, and cultural diversity.²⁴¹

Bolivia has made important drug policy shifts. Today, coca remains a central part of Bolivia’s identity and economy.²⁴² However, rising cultivation continues to pose serious challenges. Bolivia will need to strengthen its legal markets and protect its environment. They must ensure that drug control respects both human rights and cultural traditions.²⁴³ This can be achieved through creating alternative, community-based drug policies. With the right support, it could serve as a model for sustainable coca regulation worldwide.²⁴⁴

Sustainable Development Goals (SDGs)

The United Nations created the Sustainable Development Goals (SDGs) in 2015. They serve as a universal call to action to end poverty, protect the planet, and continue the development of our world. They ensure that by 2030, all people enjoy peace and

239 Alexander Babuta, “Bolivian Coca Cultivation and the International Cocaine Trade.”

240 Igor Domsac, “The WHO’s ‘Critical Review’ of the Coca Leaf.” ICEERS, July 14, 2025. <https://www.iceers.org/who-critical-review-coca-leaf/>

241 Igor Domsac, “The WHO’s ‘Critical Review’ of the Coca Leaf.”

242 Diego García-Sayan, “The Criminalization of the Coca Leaf: A Denial of Rights,” *El País*, March 2025, <https://globalcommissionondrugs.org/the-criminalization-of-the-coca-leaf-a-denial-of-rights/>

243 Diego García-Sayan, “The Criminalization of the Coca Leaf: A Denial of Rights.”

244 Thomas Grisaffi, Linda Farthing, et al, “From Criminals to Citizens: The Applicability of Bolivia’s Community-Based Coca Control Policy to Peru,” *World Development* 146 (2021): 105610–10, <https://doi.org/10.1016/j.worlddev.2021.105610>

prosperity.²⁴⁵ The SDGs explore 17 different areas of development. Each goal is connected to another. Action in one area will affect outcomes in others. Prioritizing SDGs will achieve social, economic, and environmental sustainability for all.²⁴⁶

Several SDGs are relevant for eliminating narcotic crop production. One of them is SDG 1: No Poverty. This goal aims to end poverty in all its forms. It also aims to ensure access to basic human needs for everyone.²⁴⁷ People involved in drug markets are often driven by poverty. They see the drug industry as a way to earn a living. Following the goals of SDG 1 can generate development-oriented approaches to drug policy.²⁴⁸

Another relevant SDG for this topic is SDG 8: Decent Work and Economic Growth. In 2018, 5 percent of the global population was registered as unemployed. Narcotic crop cultivation gives jobs to around four million people

around the world.²⁴⁹ This motivates people to turn to illicit markets as a way to earn income. SDG 8 aims to achieve full and productive employment for everyone.²⁵⁰ By opening more job opportunities for the rural population, farmers can shift to licit agriculture more easily.

SDG 12: Responsible Consumption and Production is also crucial when tackling narcotic crop cultivation. This goal aims to achieve the sustainable management and efficient use of natural resources.²⁵¹ For example, in Colombia, coca cultivation has caused large-scale deforestation. It has harmed ecosystems and water sources in the Amazon. Eliminating narcotic crop production could reduce this impact greatly.²⁵²

The last relevant SDG for this topic is SDG 16: Peace, Justice, and Strong Institutions. This SDG aims to reduce all forms of violence. It also promotes collaboration to end conflict and insecurity.²⁵³ Drug policies often violate human

rights. Governments must promote alternatives to incarceration and demilitarize responses to the drug trade. Drug policies must also follow Target 16.4 of this SDG. It focuses on combating all forms of organized crime. It is estimated that the illicit drugs market is worth around USD 320 billion. This is equivalent to 1 percent of global GDP. Policy reforms that target the profitability of the global drug trade are necessary. This way, the illicit drug market will become less attractive for farmers.²⁵⁴

This topic is also more indirectly connected with other SDGs. Some of them are SDG 3: Good Health and Well-Being and SDG 13: Climate Action.²⁵⁵ Eradication methods must always protect communities around them. They should also aim to have small environmental footprints. This can be done by avoiding chemical fertilizers and pesticides.²⁵⁶

Eliminating the production of narcotic crops is a complex

245 United Nations Development Programme, "Sustainable Development Goals," United Nations, Accessed July 2025, <https://www.undp.org/sustainable-development-goals>

246 United Nations Development Programme, "Sustainable Development Goals."

247 United Nations Development Programme, "Goal 1: No Poverty," United Nations, 2015, <https://www.undp.org/sustainable-development-goals/no-poverty>

248 Health Poverty Action, "Drug Policy and the Sustainable Development Goals," International Drug Policy Consortium, November 2015, https://www.unodc.org/documents/ungass2016/Contributions/Civil/Health_Poverty_Action/HPA_SDGs_drugs_policy_briefing_WEB.pdf

249 Julia Buxton, "Drug Crop Production, Poverty, and Development," Open Society Foundations, February 2016, <https://www.opensocietyfoundations.org/publications/drug-crop-production-poverty-and-development>

250 United Nations Development Programme, "Goal 8: Decent Work and Economic Growth," United Nations, 2015, <https://www.undp.org/sustainable-development-goals/decent-work-and-economic-growth>

251 United Nations Development Programme, "Goal 12: Responsible Consumption and Production," United Nations, 2015, <https://www.undp.org/sustainable-development-goals/responsible-consumption-and-production>

252 United Nations Office on Drugs and Crime, "Colombia Coca Survey 2021," United Nations, October 2022, https://www.unodc.org/documents/crop-monitoring/Colombia/EXECUTIVE_SUMMARY_19102022.pdf

253 United Nations Development Programme, "Goal 16: Peace, Justice, and Strong Institutions," United Nations, 2015, <https://www.undp.org/sustainable-development-goals/peace-justice-and-strong-institutions>

254 Health Poverty Action, "Drug Policy and the Sustainable Development Goals."

255 United Nations Development Programme, "Goal 3: Good Health and Well-Being," United Nations, 2015, <https://www.undp.org/sustainable-development-goals/good-health>

256 United Nations Development Programme, "Goal 13: Climate Action," United Nations, 2015, <https://www.undp.org/sustainable-development-goals/climate-action>

goal. It affects poverty, jobs, the environment, and peace.²⁵⁷ The Sustainable Development Goals serve as a guide for this process. Drug policy is not just about law enforcement. It is also about

development, health, and human rights. Governments must invest in rural development and offer real alternatives to farmers. Policies should also protect nature and support strong institutions. By

aligning drug policies with the SDGs, countries can promote safety, fairness, and sustainability for all.²⁵⁸

BLOC ANALYSIS

Points of Division

International cooperation is crucial for combating the production of narcotic crops. Many producing countries do not have the necessary resources to shift away from the illicit drug market. Evaluating access to alternatives, policy effectiveness, and production statistics is key to this topic. This makes change visible. It also guides governments to track their progress on aligning their drug policies with UN standards. Solutions vary depending on the regions in which they take place. They must consider several factors. Some include socioeconomic status, rural population, and current policies in their countries. Several tools help governments assess their policies.²⁵⁹

The Global Organized Crime Index (OCI) is a tool that assesses the level of criminality and resilience to organized crime for

193 countries. It revolves around 3 key areas: criminal markets, criminal actors, and resilience. Scores range from 1 to 10.

Resilience scores consider political, legal, economic, and social factors. Countries with higher resilience scores have more effective response measures to organized crime.²⁶⁰

The Global Drug Policy Index (GDPI) is a tool that measures and compares drug policies in 30 countries. Each country can have a score from 0 to 100. The average score of these countries is 48/100. Countries with higher scores represent a higher alignment of a selected core of drug policies. They also measure how much their national policies align with the recommendations of the United Nations. These are related to human rights, health, and national development.²⁶¹

The United Nations Office on Drugs and Crime (UNODC)

submits annual reports on illicit crop monitoring. It provides statistics on cultivation areas, production estimates, and eradication figures, among other data.²⁶² These reports help countries see their progress in terms of drug policies and production. They also enable evidence-based policy shifts and funding decisions. All of these are key drivers in reducing illicit crop cultivation. Their alternative development initiatives have reached thousands of families worldwide.

Countries with Human-Centered Policies

This set of countries includes those with high GDPI and OCI scores. They also present drastic falls in narcotic production statistics. Some countries that fall into this category are Norway, Denmark, and the United Kingdom, among

²⁵⁷ United Nations Department of Economic and Social Affairs, "Transforming our world: the 2030 Agenda for Sustainable Development," United Nations, 2015, <https://sdgs.un.org/2030agenda>

²⁵⁸ United Nations Department of Economic and Social Affairs, "Transforming our world: the 2030 Agenda for Sustainable Development."

²⁵⁹ Thierry Rostan, "Moving Away from Illicit Crop Production Contributes to Socioeconomic Development, Peace and Stability," United Nations, 2024, <https://www.un.org/en/un-chronicle/moving-away-illicit-crop-production-contributes-socioeconomic-development-peace-and>

²⁶⁰ The Organized Crime Index, "About the Project," 2019, <https://ocindex.net/about>

²⁶¹ The Global Drugs Policy Index, "About the Global Drugs Policy Index," Accessed July 2025, <https://globaldrugpolicyindex.net/about>

²⁶² United Nations Office on Drugs and Crime, "UNODC and Illicit Crop Monitoring," United Nations, Accessed July 2025, <https://www.unodc.org/unodc/crop-monitoring/crop-monitoring.html>

others. States that have higher scores are commonly high aligners. This means that their policies strongly adhere to development and human rights policies. Countries that successfully combat narcotic crop cultivation use ADPs in certain ways. For instance, they use human-centered approaches in drug policy interventions. Drug policies are focusing more on public health, dignity, and human rights.²⁶³ They also emphasize the importance of market innovation and agribusiness. This ensures that producers have equal access to licit markets and fair prices. This prevents farmers from turning to illicit crops as a way of earning a living.²⁶⁴

One example is Scotland's Charter of Rights. This policy was launched in December 2024. It aims to ensure that drug users are aware of their rights and receive the support they need. It has marked a significant change from the previous approach of criminalization. The Charter of Rights was developed with the participation of society and affected communities. It represents a shift away from punishment and towards prevention, treatment, and support.²⁶⁵

Another great example is Ghana. In 2020, Ghana's legal reforms

started to treat drug use as a public health matter. They now offer incarceration alternatives such as civil penalties and economic fines.²⁶⁶ They also offer referrals to treatment, rehabilitation, and harm reduction services. Ghana has created at least 14 harm reduction centers since. They also created six drop-in centers offering medical and psychological support.²⁶⁷

Countries Reforming Their Drug Policies

This set of countries is characterized by having previous policies that have not worked efficiently. However, continuous efforts are being made to improve policies and statistics. Some countries that fall into this category are Morocco, Afghanistan, and Argentina, among others. These states have drug policies that are slowly shifting to more humane approaches. However, they still present some gaps in this transition.

One example is the case of the Philippines. There have been continuous government attempts to reform the Philippines' drug policy.²⁶⁸ Throughout the country's history, drug policies have been labeled as punitive. A high number

of people were killed under previous administrations. The country ended up with one of the world's most crowded pre-trial detention systems. However, the Philippines recently joined a UN program on human rights and civil society. This union aims to provide technical assistance for drug reforms. This includes human rights-based approaches to drug control.²⁶⁹

The death penalty is also a vital factor in the transition of drug policies around the world. It has been a form of punishment for drug-related offenses in 34 countries. Some of these countries include China and Vietnam.²⁷⁰ According to Harm Reduction International, drug offenses were responsible for 40 percent of global executions in 2024. However, there has been progress towards its abolition recently. For instance, Pakistan abolished the death penalty for drug-related offenses in 2023. Malaysia also removed the mandatory nature of the death penalty. This gave judges full discretion in drug trafficking cases.²⁷¹

Transitional policy states still need to work on more ways to achieve narcotic crop eradication without violating human rights. These states

263 United Nations Human Rights Office, "An effective and humane approach to drug policies," United Nations, April 2025, <https://www.ohchr.org/en/stories/2025/04/effective-and-humane-approach-drug-policies>

264 UN Chronicle, "Moving Away from Illicit Crop Production Contributes to Socioeconomic Development, Peace and Stability."

265 United Nations Human Rights Office, "An effective and humane approach to drug policies."

266 Maria-Goretti Ane, "Parliament of Ghana passes historic new drug law, paving the way for a West African approach," International Drug Policy Consortium, April 2020, <https://idpc.net/blog/2020/04/parliament-of-ghana-passes-historic-new-drug-law-paving-the-way-for-a-west-african-approach>

267 Maxwell Ofori, "ECOWAS, NACOC hold Workshop on drug treatment as alternative to incarceration," The Ghanaian Chronicle, June 2024, <https://thechronicle.com.gh/ecowas-nacoc-hold-workshop-on-drug-treatment-as-alternative-to-incarceration/>

268 United Nations Human Rights Office, "An effective and humane approach to drug policies."

269 United Nations Human Rights Office, "An effective and humane approach to drug policies."

270 Al Jazeera, "Record Number of People Executed for Drug Offences in 2023," March 2024, <https://www.aljazeera.com/news/2024/3/20/record-number-of-people-executed-for-drug-offences-in-2023>

271 United Nations Human Rights Office, "An effective and humane approach to drug policies."

must move from policy to practice. This can be done by investing in harm reduction services. They should also promote equitable service diversion.²⁷²

Regulation with Barriers

Drug policies in these states remain punitive. They have fragile harm reduction alternatives. There are high rates of violations of human rights. They also have a strong presence of extreme responses to drug usage and cultivation. Some countries that fall into this category are Uganda, Brazil, and Mexico, among others.

Mexico is one of the best examples of enforcement-driven states. Strategies to combat drug cultivation and trafficking have

been very harmful to the human rights of the Mexican population.²⁷³ Drug policies in Mexico are extremely disproportionate. They have been unable to decrease drug cultivation rates. The number of deaths and intentional homicides has increased dramatically. These are all related to the security policy of combating drug trafficking. Security policies include the presence of military forces in public areas. There is little to no civilian control in these interventions. This has unleashed large amounts of violence and human rights violations. This has also caused forced internal displacement within the country. The Indigenous population has been particularly affected in this process.²⁷⁴

Another example is the case of Brazil. In 2006, Brazil passed a law

that would replace jail sentences with other penalties, such as community service. It aimed to reduce the number of people detained for drug possession.²⁷⁵ However, the law also increased the minimum sentence for drug traffickers. This has been the main cause of over-incarceration in Brazil. There have been countless convictions related to drug trafficking. However, most prisoners were arrested with small amounts of drugs and with no connection to organized crime. Judiciary forces have denied suspects the right to release pending trial. They have also rarely applied alternative sentences to imprisonment. This has caused a significant increase in the number of people imprisoned in inhumane conditions.²⁷⁶

COMMITTEE MISSION

The Commission on Narcotic Drugs (CND) reviews and analyzes the global drug status. It assesses topics such as illicit drug prevention, rehabilitation, supply, and trafficking. It also oversees the implementation of international drug control treaties. The CND

serves as the governing body of the United Nations International Drug Control Programme (UNDCP).²⁷⁷

The CND plays a crucial role in eliminating narcotic crop production. It strongly supports sustainable solutions for narcotic crop cultivation. These include

eradication methods and alternative development programs. It also makes policy recommendations on drug control efforts.²⁷⁸ In 2009, CND published a plan of action focused on international cooperation. It emphasizes its role in combating the world

272 UN Chronicle, "Moving Away from Illicit Crop Production Contributes to Socioeconomic Development, Peace and Stability."

273 Olga Guzmán Vergara, "The harmful effects of drug security policies in Mexico," Peace in Progress Magazine, International Catalan Institute for Peace, 2022, <https://www.icip.cat/perlapau/en/article/the-harmful-effects-of-drug-security-policies-in-mexico/>

274 Peace in Progress Magazine, "The harmful effects of drug security policies in Mexico."

275 César Muñoz, "Ten Years of Drug Policy Failure in Brazil," Human Rights Watch, August 2016, <https://www.hrw.org/news/2016/08/28/ten-years-drug-policy-failure-brazil>

276 Luciana Boiteux, "Brazil: Critical Reflections on a Repressive Drug Policy," International Journal on Human Rights, August 2015, <https://sur.conectas.org/en/brazil-critical-reflections-repressive-drug-policy/>

277 United Nations Office on Drugs and Crime, "CND - Its Mandates and Functions," United Nations, 2021, https://www.unodc.org/unodc/en/commissions/CND/Mandate_Functions/index.html

278 United Nations Office on Drugs and Crime, "The Commission on Narcotic Drugs," United Nations, 2021, <https://www.unodc.org/unodc/en/commissions/CND/index.html>

drug problem. In this document, alternative development programs are strongly supported. It states that ADPs play a significant role in helping farmers transition to legal crops. This declaration also recognizes the main illicit cultivation drivers. These include poverty, lack of infrastructure, and insecurity. It emphasizes how sustainable development must be part of the solution.²⁷⁹

Delegates should consider the CND mandate in preparation for debate. They should also consider decisions other bodies make about the topic at hand. Several bodies are connected to CND in terms of decision-making and resolutions. Some of them include the International Narcotics Control Board (INCB), the United Nations Development Programme (UNDP), and the Office of the United Nations High Commissioner for Human Rights (OHCHR).

Despite continuous efforts, eliminating narcotic crops is still a process that faces several challenges. Delegates should not only address the consequences of narcotic crop cultivation, they should also consider their root causes. These include poverty, rural vulnerability, and lack of income alternatives. Solutions will vary depending on regions and socioeconomic drivers. However, international cooperation is necessary to eliminate the production of narcotic crops around the world.

²⁷⁹ Commission on Narcotic Drugs, "Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem," United Nations, March 2009, <https://www.unodc.org/documents/ungass2016/V0984963-English.pdf>



Enhancing Recovery Services with Drug Policy and Treatment

Photo Credit: <https://rebcenter-moscow.ru/>

Drug use rate and drug overdose death counts are increasing worldwide. As such, it is important to acknowledge the importance of having accessible and quality drug recovery systems in place.¹ However, with different social and cultural conditions, there are a wide range of drug policies between states. Some policies have made it more difficult for substance users to receive treatment and recover. Punitive policies are policies that criminalize drug use and possession, aiming to reduce drug consumption, often through criminal justice and imprisonment measures. However, these measures have led to many countries now struggling with overcrowded prisons. Moreover, many of these punitive policies disproportionately impact marginalized communities due to discrimination.² The long history of punitive drug policies has created strong social stigma against drug use. This can often discourage drug users from seeking help and recovery.³ Many countries also have strong cultural or religious stigmas

against drugs, negatively impacting the mental state of substance users.⁴

In response, the United Nations has encouraged countries to adopt more health-based policies. Health-based drug policies focus on promoting harm reduction and improving recovery services instead of punitive measures.⁵ These policies also encourage recovery systems for people with substance use disorders (SUDs) that provide medical and mental health support. In place of punitive policies, education and prevention campaigns could decrease drug use rates.

Nevertheless, barriers to recovery exist, despite treatment programs being available. For instance, although rates of drug use are similar across all racial demographics, people of color tend to experience higher incarceration rates for drug-related charges.⁶ Racial disparities in general healthcare make access to recovery services harder.⁷ Gender differences also play a role, as treatment plans must also be specialized to each

user based on characteristics. Oftentimes, drug recovery care for women may be less effective because it does not suit their gender-specific needs. For instance, many women in recovery from substance abuse must also balance household or familial responsibilities.⁸

Additionally, the COVID-19 pandemic highlighted the obstacles rural and disadvantaged communities faced when seeking treatment. Some countries may only have quality treatment services in urban areas. This makes it much more difficult to provide effective personalized care in rural areas.⁹ Although there have been some developments to close the gap in treatment, there are still disparities that must be addressed. For the global issue of drugs to be resolved, every person must be able to access drug recovery services that are inclusive, equitable, and tailored to the needs of all individuals.

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2 "An Effective and Humane Approach to Drug Policies," OHCHR, April 4, 2025, <https://www.ohchr.org/en/stories/2025/04/effective-and-humane-approach-drug-policies>.

3 Alan Travis, "Punitive Drug Law Enforcement Failing, Says Home Office Study," *The Guardian*, May 26, 2025, <https://www.theguardian.com/society/2014/oct/30/punitive-drug-laws-are-failing-study>; "Stigma and Discrimination," National Institute on Drug Abuse, June 7, 2022, accessed August 21, 2025, <https://nida.nih.gov/research-topics/stigma-discrimination>.

4 Mayson K. Whipple et al., "Examining the Relationship Between Culture and Perceived Societal Substance Use Stigma in a Michigan-Based Mental Health & Addiction Focused Community," *Substance Use & Misuse* 60, no. 2 (November 6, 2024): 176–87, <https://doi.org/10.1080/10826084.2024.2422948>.

5 "'War on Drugs Has Failed, Completely and Utterly': UN Human Rights Chief," UN News, December 5, 2024, <https://news.un.org/en/story/2024/12/1157836>.

6 Sophia H. Blyth et al., "A Qualitative Examination of Social Identity and Stigma among Adolescents Recovering from Alcohol or Drug Use," *Addictive Behaviors Reports* 18 (December 2023): 100505, <https://doi.org/10.1016/j.abrep.2023.100505>; *The Drug War, Mass Incarceration and Race* (New York: Drug Policy Alliance, 2015), https://www.unodc.org/documents/ungass2016/Contributions/Civil/DrugPolicyAlliance/DPA_Fact_Sheet_Drug_War_Mass_Incarceration_and_Race_June2015.pdf.

7 "Tackling Structural Racism and Ethnicity-Based Discrimination in Health," World Health Organization, accessed July 24, 2025, <https://www.who.int/activities/tackling-structural-racism-and-ethnicity-based-discrimination-in-health>.

8 Julie Schamp, Wouter Vanderplasschen, and Florian Meulewaeter, "Treatment Providers' Perspectives on a Gender-Responsive Approach in Alcohol and Drug Treatment for Women in Belgium," *Frontiers* 13 (August 2022), <https://doi.org/10.3389/fpsy.2022.941384>.

9 Erin Pullen and Carrie Olsen, "Barriers to Substance Abuse Treatment in Rural and Urban Communities: A Counselor Perspective," *Substance Use Misuse* 49, no. 7 (March 2014): 891–901, [10.3109/10826084.2014.891615](https://doi.org/10.3109/10826084.2014.891615).

TOPIC BACKGROUND

Health-Based vs. Punitive Drug Policies

According to the United Nations' World Drug Report for 2025, 316 million people were reported to be drug users. This number has increased by 28 percent over the past 10 years. Of these people, 64 million have been diagnosed with drug use disorders, but only 8.1 percent are in treatment.¹⁰ This is because of the use of punitive laws to prevent drug use. Punitive drug laws punish people for the use or possession of drugs. As early as the 1960s, countries have relied on strict measures, such as imprisonment, to dissuade people from consuming, buying, and trading drugs.¹¹ However, punitive laws often prevent people with drug use disorders from receiving treatment.

Research has shown that strict drug laws discriminate against marginalized groups.¹² In 2017, Asian and African people had lower

rates of cannabis use than white people in the United Kingdom. However, African and Asian people were charged with the possession of cannabis at more than two times the rate of white people.¹³ In addition, some law enforcement officials treat marginalized communities more harshly. This can lead to higher rates of imprisonment for drug-related crimes and brutality. For example, women who use drugs in South Africa experience higher rates of violence from law enforcement.¹⁴ Due to restrictions on drug use, some Indigenous medicinal traditions have also become difficult to practice. The social stigma around drugs has increased the harm towards these communities.¹⁵

Most states have historically supported strict drug policies. One prominent example is the “war on drugs” in the United States. The “war on drugs” was a campaign originally started by the US government in 1971 to resolve high rates of drug use.¹⁶ It heavily criminalized drug-related offenses,

even if they were non-violent. This caused a notable increase in incarceration rates. Other countries began to implement harsher drug laws. Some Latin American countries employed heavy militarization to prevent drug trafficking, and many armed conflicts ensued. These laws and actions by governments increased the number of drug-related deaths and the number of human rights violations in multiple countries.¹⁷ However, research has shown that the war on drugs has not been effective in preventing drug use. It has increased countries' spending, drug prices, and the earnings of people in the drug trade.¹⁸ Many countries experienced overcrowding in prisons due to mass incarceration. According to Amnesty International, around 20 percent of the world's prisoners' charges are related to drugs.¹⁹

In November 2018, the United Nations adopted the UN System Common Position on drug policy. This sets a universal drug policy for

10 UNODC, *World Drug Report 2025: Special Points of Interest* (United Nations, 2025), 2, https://www.unodc.org/documents/data-and-analysis/WDR_2025/WDR25_Special_points_of_interest.pdf.

11 Julia Buxton, Giavana Margo, and Lona Burger, *The Impact of Global Drug Policy on Women: Shifting the Needle* (Emerald Publishing Limited, 2020), <https://doi.org/10.1108/9781839828829>.

12 “Drug Policy Reform,” Amnesty International, accessed June 17, 2025, <https://www.amnesty.org/en/what-we-do/drug-policy-reform/>.

13 Harm Reduction International, “Joint Submission to OHCHR on the Rights of People of African Descent in the Context of Drug Law Enforcement,” Harm Reduction International, April 1, 2024, <https://hri.global/publications/ohchr-report-inputs-on-law-enforcement-and-racial-and-intersectional-discrimination/>.

14 Harm Reduction International, “Joint Submission to OHCHR on the Rights of People of African Descent in the Context of Drug Law Enforcement.”

15 Colleen Daniels et al., “Decolonizing Drug Policy,” *Harm Reduction Journal* 18, no. 1 (November 27, 2021): 120, <https://doi.org/10.1186/s12954-021-00564-7>.

16 Katelynn Contreras, “Fifty-Two Years of Fear and Failure: The War on Drugs,” American Civil Liberties Union Arizona, June 17, 2024, <https://www.acluaz.org/en/news/fifty-two-years-fear-and-failure-war-drugs>.

17 Antoine Perret, “Militarization and Privatization of Security: From the War on Drugs to the Fight against Organized Crime in Latin America,” *International Review of the Red Cross*, June 27, 2023, <http://international-review.icrc.org/articles/militarization-and-privatization-of-security-923>.

18 Jon Shelton, “US ‘War on Drugs’ Campaign a ‘Clear Failure,’” *dw.com*, June 25, 2024, <https://www.dw.com/en/us-war-on-drugs-campaign-a-clear-failure-un/a-69461564>.

19 Amnesty International, “Drug Policy Reform.”

the United Nations and its member states. States are encouraged to use long-term solutions based on scientific evidence to focus on prevention. The UN advised countries to conduct more research on drug-related activities and treatments.²⁰ These recommendations have pushed states to create more health-based policies. Health-based policies aim to treat addictions to lower drug use without punishments. They aim to use education to prevent drug use, combat stigma, and provide more support for substance users. Since poverty is another key factor in drug use, assisting substance users in finding housing and employment could reduce the chances of drug use.²¹

Recently, some member states have stopped criminalizing drug use. The Global Drug Policy Index analyzes the drug policies of 30 countries. It found that the countries with less strict drug policies are mostly in the Americas and Africa.²² The legalization of cannabis is one instance of moving

away from punitive drug policies. Several countries have relaxed restrictions against cannabis in the past few years.²³ In 2019, the World Health Organization (WHO) recommended that the United Nations should reconsider cannabis's status as a harmful drug. By this time, at least 30 states had legalized the use of cannabis.²⁴ In 2020, the United Nations declared cannabis as a drug that had medicinal value. However, recreational use was still not allowed. The member states of the CND were very divided. Almost half of the member states voted against recategorizing cannabis.²⁵ The UNODC World Drug Report of 2024 found that states in the Americas with legalized cannabis use have experienced an increase in harmful cannabis use.²⁶ This could be addressed through some degree of further regulation. Some countries continue to strongly prohibit the usage of cannabis in any instance. These states tend to still rely on punitive drug policies. This issue remains highly divisive,

and progress has stalled in reaching a consensus on the global drug policy.²⁷

Another change to drug treatment services following the shift to health-based policies was the increase in focus on mental health. The WHO recommends that 15-50 percent of a country's healthcare budget be used by mental health services.²⁸ It is known that drug use disorders affect both physical and mental health. However, many countries still do not provide adequate funding for mental health services. For instance, only 3 percent of South Korea's healthcare budget is dedicated to mental health. Many people in South Korea experience depression and other mental health struggles. However, they often dismiss these issues and opt not to seek treatment. This is due to the social stigma around mental health.²⁹ Furthermore, some countries did not have the resources to support both medical and mental health treatments for drug recovery. High costs, lack of specialists, and stigma are among the reasons that

20 Chief Executives Board for Coordination, Second regular session of 2018, Segment 2: common United Nations system position on drug policy, CEB/2018/2 (November 8, 2018), [https://unsceb.org/sites/default/files/2021-01/2018 percent20Nov percent20common percent20position percent20on percent20drug percent20policy.pdf](https://unsceb.org/sites/default/files/2021-01/2018%20Nov%20common%20position%20on%20drug%20policy.pdf).

21 "A Health-Based Approach to Alcohol and Other Drugs," Alcohol and Drug Foundation, October 3, 2023, <https://adf.org.au/insights/health-based-approach-aod/>.

22 "Ranking | The Global Drug Policy Index," The Global Drugs Policy Index, accessed July 10, 2025, <https://globaldrugpolicyindex.net/ranking/>.

23 Srabani Banerjee, Suzanne McCormack, *Medical Cannabis for the Treatment of Chronic Pain: A Review of Clinical Effectiveness and Guidelines* (Ottawa: Canadian Agency for Drugs and Technologies in Health, July 24, 2019), <https://www.ncbi.nlm.nih.gov/books/NBK546424/>.

24 Elaine Ruth Fletcher, "WHO Recommends Cannabis Be Reclassified In UN Convention On Narcotic Drugs," *Health Policy Watch*, July 2, 2019, <https://www.healthpolicy-watch.org/who-recommends-cannabis-should-be-reclassified-in-un-convention-on-narcotic-drugs/>.

25 United Nations, "UN commission reclassifies cannabis, yet still considered harmful," *United Nations UN News*, December 2, 2020, <https://news.un.org/en/story/2020/12/1079132>.

26 "UNODC World Drug Report 2024: Harms of World Drug Problem Continue to Mount amid Expansions in Drug Use and Markets," United Nations Office on Drugs and Crime, June 26, 2024, <https://www.unodc.org/unodc/en/press/releases/2024/june/unodc-world-drug-report-2024-harms-of-world-drug-problem-continue-to-mount-amid-expansions-in-drug-use-and-markets.html>.

27 Ian Tennant, et al., "Into the unknown," *Global Initiative Against Transitional Organized Crime*, April 9, 2024, <https://globalinitiative.net/analysis/uncertain-future-drug-policy-commission-narcotic-drugs-united-nations/>.

28 Sungwon Roh et al., "Mental Health Services and R&D in South Korea," *International Journal of Mental Health Systems* 10, no. 1 (June 2016): 45, <https://doi.org/10.1186/s13033-016-0077-3>.

29 Kang Da-eun, Jeong Hai-min, and Park Su-hyeon, "Stigma and fear of discrimination keep South Koreans from seeking mental care," *The Chosun Daily*, March 28, 2025, <https://www.chosun.com/english/national-en/2025/03/28/XZEGJSSYYF4VAUS2TULTJK4AM/>.

mental healthcare was given lower priority.³⁰

In 2013, the United Nations launched the UN Mental Health Strategy. Since then, there has been an increasing focus on improving mental health.³¹ During the sixty-fifth session of the CND, member states discussed how current drug treatments were supporting patients' mental health and how to improve their tactics. Most countries had some form of mental health assessment and support during treatment. However, the quality of treatments varied. Some factors included the drug the patient was using and the standards for mental health in each country. Member states were encouraged by the UNODC to implement more evidence-based solutions and to increase training for medical staff.³² The UNODC defines an evidence-based approach as policies based on proven scientific information instead of ideology. This would include strengthening economies that rely on drug production, ensuring that drug recovery programs follow the Universal Declaration of Human Rights, and improving support for patients.³³ In 2024, the UNODC focused on

increasing harm reduction measures and correcting stigma around drug use disorders. Initiatives such as the Strong Families program emphasized the importance of educating people to avoid drug use and how helpful support systems are to patients.

The CND's 65th session was held during March 2025. During this meeting, the CND placed stricter regulations on six drugs, including four synthetic opioids, which have begun to pose threats to global public health. Six resolutions were adopted during the session. They focused on expanding evidence-based solutions. They encouraged states to address issues that could lead to drug use, such as poverty, a lack of education, and economic dependence on narcotic crops. The CND also emphasized developing solutions focusing on the youth because they may be more susceptible to addiction.³⁴ During the meeting, Colombia also called for a review of the international drug policy and actions. Colombia's resolution would have a panel of experts review the global drug treaties currently in place. Then, the panel would present policy recommendations during the CND

meetings for 2026 and 2027.³⁵ The resolution was passed.³⁶ This resolution was a major milestone as part of the UN's call to stop the global war on drugs in 2024.³⁷

There has been a call for a transition to health-based policies by the United Nations and several countries. However, each country has varying policies and conditions that have shaped their drug policies. This has made it difficult for this transition to happen quickly. Studies have shown that punitive policies have not been effective in resolving the drug consumption rate.³⁸ It is essential that countries analyze their individual drug policies and actions. This is essential to identify what changes are needed to determine if a shift to health-based policies is viable.

Barriers to Implementing Drug Policies and Treatment

Many people do not have access to comprehensive drug treatments. This is especially true for rural and low-income communities. This can be caused by a lack of resources and social pressures.

30 Mohammad Hossein Mehroolhassani et al., "Cross-Country Comparison of Treatment Policies Facing the Drug Abuse in Five Selected Countries," *Addiction & Health* 11, no. 2 (April 2019): 81–92, <https://doi.org/10.22122/ahj.v11i2.233>.

31 Mollie Fraser-Andrews, "Leading the Mental Health Agenda," *UN Today* (blog), October 1, 2024, <https://untoday.org/leading-the-mental-health-agenda/>.

32 UNODC, "Treatment of Drug Use Disorders and Associated Mental Health Disorders in Prison Settings and Forensic Hospitals."

33 United Nations, "Drugs," United Nations, accessed August 3, 2025, <https://www.un.org/en/global-issues/drugs>.

34 "CND 68 Concludes: Six New Substances Controlled; Six Resolutions Adopted," United Nations Office on Drugs and Crime, March 14, 2025, https://www.unodc.org/unodc/en/frontpage/2025/March/cnd-68-concludes_-six-new-substances-controlled-six-resolutions-adopted.html.

35 Transform Drug Policy Foundation, "CND 2025: What Future for the UN Drug Control System?," Transform Drug Policy Foundation, March 23, 2025, <https://transformdrugs.org/blog/cnd-2025-what-future-for-the-un-drug-control-system>.

36 Steven Dudley, "Amid Global Turmoil, Is Change Afoot in the International Drug Regime?," *InSight Crime*, April 17, 2025, <https://insightcrime.org/news/amid-global-turmoil-is-change-afoot-international-drug-regime/>.

37 "War on Drugs Has Failed, Completely and Utterly: UN Human Rights Chief | UN News," *UN News*, United Nations, December 5, 2024, <https://news.un.org/en/story/2024/12/1157836>.

38 UN News, "War on Drugs Has Failed, Completely and Utterly: UN Human Rights Chief | UN News."

Access to medical and mental health services is vital to treat substance use disorders. Treatments often begin with cleansing the patient's body of the drug using medication.³⁹ Therapy is used to treat the patient's dependence on the substance.⁴⁰ There are various methods of therapy. Individual behavioral therapy and group therapy are often used during treatment. The main goals of therapy are to help patients develop safe coping habits and identify the reasons a patient would use drugs. It is important to have access to various types of treatments. The effectiveness of a treatment depends on many different factors, including gender.⁴¹ There are many obstacles to ensuring equal access to drug treatment. Factors such as geography, income, and infrastructure can affect how effective a solution is. According to the Global Drug Policy Index, the countries with policies furthest from UN recommendations tend to have more rural areas and less accessible medicine.⁴²

Making sure that people can access treatment at any time is necessary. Even after completing treatment, some people with drug use disorders relapse and start using drugs again. Relapsing is a normal part of overcoming an addiction.



Poppy plants for opium production in Afghanistan (Credit: Staff Sgt. William Greeson)

Without constant treatment, a patient may not be able to stop their drug use. Care providers in rural areas sometimes struggle to provide regular treatment. This is often due to the lack of infrastructure in rural healthcare. Some obstacles are the lack of resources, a shortage of healthcare workers, and a small number of facilities. These factors make it difficult for many patients in rural areas to receive certain treatments.⁴³ For instance, in the United States, almost a third of the rural population do not live near buprenorphine providers.

Buprenorphine is a common medication used to treat opioid-related drug use disorders.⁴⁴ As a result, many rural regions are unable to offer many modern treatment plans.⁴⁵ Another component often lacking in rural areas is mental health care. Poor mental health is a significant contributor to substance use. Treatment without quality mental health support increases the impact of drug use. There have been more efforts to include mental health services in medical care. However, it is difficult to

39 "Treatment and Recovery," *Drugs, Brains, and Behavior: The Science of Addiction*, National Institute on Drug Abuse, July 6, 2020, <https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/treatment-recovery>.

40 "Treatment of Drug Use Problems," European Union Drugs Agency, accessed July 10, 2025, https://www.euda.europa.eu/topics/treatment_en.

41 National Institute on Drug Abuse, "Treatment and Recovery."

42 The Global Drug Policy Index, "Ranking | The Global Drug Policy Index."

43 Pullen, E., & Oser, C., "Barriers to Substance Abuse Treatment in Rural and Urban Communities: Counselor Perspectives", *Substance Use & Misuse* 49, no. 7 (March 10, 2014): 1-2, <https://doi.org/10.3109/10826084.2014.891615>.

44 C. Holly A. Andrilla et al., "Geographic Distribution of Providers With a DEA Waiver to Prescribe Buprenorphine for the Treatment of Opioid Use Disorder: A 5-Year Update," *The Journal of Rural Health* 35, no. 1 (2019): 108-12, <https://doi.org/10.1111/jrh.12307>.

45 "Opioid Use Disorder: Challenges and Opportunities in Rural Communities," The Pew Charitable Trusts, February 2019, <https://www.pewtrusts.org/en>.

implement them in facilities that have poor infrastructure.⁴⁶

Another barrier to treatment can be patients' lack of resources. Poverty can be a factor of substance use, and addictions can lead to poor financial stability. For example, 43 percent of the homeless population in Melbourne, Australia, have used substances.⁴⁷ One-third of the United States' homeless population have reported an issue with drug usage.⁴⁸ Despite this, it is difficult for people with little to no income to afford treatment. This causes the drug usage to continue and can lead to long-term health issues, such as heart and liver complications.⁴⁹ Some people cannot receive treatment because of the treatment and travel costs. Some hospitals may not allow patients to remain for longer stays. This means patients must have access to transportation to receive consistent treatment. This can be an issue in more rural or isolated areas of the world. In these areas, facilities are further away, and there is limited access to technology and transportation.⁵⁰

The 2020 World Drug Report states that drug use rates in underdeveloped countries are increasing at a higher rate than in developed countries. Weaker medical infrastructure and higher rates of poverty can decrease the quality and accessibility of drug treatment.⁵¹ Drug traffickers take advantage of these communities to produce narcotics and expand drug trade. This can increase drug use as a result. For example, the Golden Triangle is one of the world's largest drug-producing and trafficking regions. The Golden Triangle is located at the borders of Thailand, Laos, and Myanmar.⁵² Routes span from southeast Asia to India.⁵³ The production of narcotic crops has decreased, but gangs still force many farmers to produce these crops. Conflict in Myanmar, lack of border security, and weak local law enforcement are some of the main challenges that prevent action.⁵⁴ The case of the Golden Triangle shows how important it is that rural and low-income communities receive support to decrease the global issue of drug production and use.

In 2020, the WHO and the UNODC updated their recommended standards for drug treatment programs. Experts studied different approaches and found that successful programs shared common traits, which were used to create the International Standards for the Treatment of Drug Use Disorders. These standards emphasize that treatment must prioritize the well-being of the patient. One example is the Strong Families Programme, a joint effort by the UNODC and UNHCR launched in Rohingya refugee camps in October 2022. Because stress in the camps was linked to increased drug use, the program focused on strengthening family relationships and emotional support to reduce substance abuse. The standards also encourage expanding specialized treatment options for disadvantaged groups and improving coordination between treatment centers, criminal justice systems, and social services. This ensures that all individuals, regardless of legal status, can access support during and after treatment, reducing the risk of

46 "Substance Use and Misuse in Rural Areas," Rural Health Information Hub, March 13, 2025, <https://www.ruralhealthinfo.org/>.

47 "Alcohol, tobacco & other drugs in Australia", Australian Institute of Health and Welfare, accessed June 19, 2025, <https://www.aihw.gov.au/>.

48 Stacy Mosel, "Substance Abuse and Homelessness: Statistics and Rehab Treatment," American Addiction Centers, last modified April 1, 2025, <https://americanaddictioncenters.org/>.

49 Department of Health & Human Services, "How Drugs Affect Your Body," Better Health Channel (Department of Health & Human Services), accessed July 11, 2025, <http://www.betterhealth.vic.gov.au/health/healthyliving/How-drugs-affect-your-body>.

50 Irene Mohasoa and Sello Mokoena, "Challenges Facing Rural Communities in Accessing Substance Abuse Treatment," *International Journal of Social Sciences and Humanities Studies* 11, no. 1 (2019): 38, <https://dergipark.org.tr/tr/download/article-file/703580>.

51 "UNODC World Drug Report 2020: Global Drug Use Rising; While COVID-19 Has Far Reaching Impact on Global Drug Markets," United Nations Office on Drugs and Crime, accessed July 10, 2025, <https://www.unodc.org/unodc/en/press/releases/2020/June/media-advisory---global-launch-of-the-2020-world-drug-report.html>.

52 "UNODC World Drug Report 2024: Harms of World Drug Problem Continue to Mount amid Expansions in Drug Use and Markets," United Nations Office on Drugs and Crime, accessed July 10, 2025, https://www.unodc.org/unodc/en/press/releases/2024/June/unodc-world-drug-report-2024_-harms-of-world-drug-problem-continue-to-mount-amid-expansions-in-drug-use-and-markets.html

53 Kevin Doyle, "Methamphetamine Trafficking Surges from 'Golden Triangle' Region | Drugs News | Al Jazeera," May 29, 2025, <https://www.aljazeera.com/news/2025/5/29/methamphetamine-trafficking-surges-from-golden-triangle-region>.

54 "INTERVIEW: Policing One of the World's 'Biggest Drug Trafficking Corridors,'" United Nations Office on Drugs and Crime, accessed July 10, 2025, https://www.unodc.org/unodc/en/frontpage/2023/June/interview_-policing-one-of-the-worlds-biggest-drug-trafficking-corridors.html

relapse. Delegates should keep these international standards in mind when creating solutions.⁵⁵

The CND has recognized the obstacles that rural areas face. Resolutions passed in 2022 and 2023 call for policies specific to helping rural areas. These policies should aim to reduce local economies' dependence on narcotic crops.⁵⁶ Reducing crop production could help weaken the global drug trade and reduce drug use rates at its roots. To do so, narcotic crops would have to be replaced with less harmful products to keep regional economies alive. This is a form of "alternative development," the use of more sustainable solutions for long-term development.⁵⁷ This method encourages less economic dependence on the production of narcotics. It also ensures a peaceful transition to more sustainable policies.

If no alternative economic stimulant is presented, it is possible for a region to fall back into

producing drugs. For example, Afghanistan has historically been one of the world's largest producers of opium.⁵⁸ However, the amount of opium produced in Afghanistan fell from 6,200 tons in 2022 to 330 tons in 2023.⁵⁹ This sudden decline in production was caused in part by the Taliban's ban on narcotic crops in 2022. The strict enforcement of this law was concentrated in the southwestern region of Afghanistan. This region was where most of the narcotics were produced.⁶⁰ Many farmers lost their livelihoods. There were no alternatives to support them. The government did not improve treatment for opium users.

However, the ban was not economically sustainable.

Additionally, the trafficking of other drugs increased in response to the ban. Eventually, opium production began to increase again

in the northeast, where the Taliban's influence is not as concentrated.⁶¹

To keep farmers from growing narcotic crops, UNODC and the Danish Committee for Aid to Afghan Refugees (DACAAR) have started various alternative development projects in Afghanistan. These projects have supported struggling rural communities after the ban. They have funded irrigation projects and provided training on how to cultivate other crops. These organizations have successfully started several vegetable and citrus farms to replace narcotic crops.⁶² The UNDP has also helped fund local businesses. In the Balkh province, over 400 women now work in producing and packaging tomato paste. This allows them to provide for their families and gives them a rare opportunity to lead.⁶³ These solutions will improve the production and usage of opium in rural communities.

55 UNODC, "Building Family Skills to Prevent Drug Use and Violence among Rohingya Refugees," United Nations Office on Drugs and Crime, November 14, 2022, <https://www.unodc.org/unodc/drug-prevention-and-treatment/news-and-events/2022/november/building-family-skills-to-prevent-drug-use-and-violence-among-rohingya-refugees.html>.

56 Commission on Narcotic Drugs, Resolution 65/1, Promoting alternative development as a development-oriented drug control strategy, taking into account measures to protect the environment, 2 (2022), https://www.unodc.org/rdddb/document/drugs/resolution/2022/65/65-1/p2022_cnd_resolution_651ppromoting_alternative_development_as_a_development-oriented_drug_control_strategy_taking_into_account_measures_to_protect_the_environment.html?lng=en; Commission on Narcotic Drugs, Resolution 66/4, Promoting alternative development as a development-oriented drug control strategy that is sustainable and inclusive, 2 (2023), https://www.unodc.org/documents/commissions/CND/Drug_Resolutions/2020-2029/2023/Res_66_4_2305857E.pdf.

57 United Nations General Assembly, S-20/4, Measures to enhance international cooperation to counter the world drug problem, A/RES/S-20/4, 7 (Oct. 21, 1998), https://documents.un.org/doc/undoc/gen/n98/775/15/pdf/n9877515.pdf?_gl=1*1mngbx5*_ga*MTMwNTA2NTczOS4xNzIOTc4NTU4*_ga_TK9BQL5X7Z*_czE3NTEzNTUxNTUkbzI3JGcwJHQxNzUxMzU1MTU1JGo2MCRsMCRoMA.

58 "Illicit Crop Cultivation," United Nations Office on Drugs and Crime, accessed July 10, 2025, www.unodc.org/unodc/en/alternative-development/illicit-crop-cultivation.html.

59 "Opium Cultivation Declines by 95 per Cent in Afghanistan: UN Survey," UN News, November 5, 2023, <https://news.un.org/en/story/2023/11/1143232>.

60 Maria Khoruk, "Smoke and Mirrors: Afghanistan's Illicit Drug Economy after the Opium Ban," *Global Initiative Against Transnational Organized Crime* (blog), February 17, 2025, <https://globalinitiative.net/analysis/afghanistans-illicit-drug-economy-after-the-opium-ban/>.

61 "Opium Cultivation Declines by 95 per Cent in Afghanistan: UN Survey," UN News, November 5, 2023, <https://news.un.org/en/story/2023/11/1143232>.

62 "Strengthening Counternarcotics Capacities in Afghanistan," United Nations Office on Drugs and Crime, accessed July 10, 2025, <https://www.unodc.org/unodc/en/frontpage/2024/July/strengthening-counternarcotics-capacities-in-afghanistan.html>.

63 Kanni Wignaraja and Stephen Rodriques, "Afghans Need Sustainable Alternatives to Opium," UNDP, July 1, 2024, <https://www.undp.org/blog/afghans-need-sustainable-alternatives-opium>.

Still, some families are struggling. The income from growing vegetables is not enough to cover the cost of living.⁶⁴ Despite the decrease in production, drug abuse remains prevalent. In fact, the economic instability caused by the ban has increased usage rates of methamphetamine.⁶⁵ In response, the UNDP and UNODC created the National Survey on Drug Use in Afghanistan to identify the qualities of drug treatment to combat the drug usage rate. This is especially helpful to combat drug use in rural areas, where it is easier to gain access to substances. The survey gathers data on what treatment services people can use, which populations have high drug usage rates, and the social factors of substance use. The results indicated that there are 113 drug treatment centers and three private hospitals that provide drug treatment.⁶⁶

To address the global issue of drugs, countries must increase support for marginalized communities. These communities are often the most vulnerable to the effects of drug use. They also have the least access to resources or treatment. The United Nations has called for countries to focus on helping disadvantaged communities

to get access to better quality drug recovery services.⁶⁷ However, there is still much progress to be made.

Social Stigma and Public Perceptions of Addiction

Throughout the years, recovery services have become more advanced and accessible. According to the United States' Substance Abuse and Mental Health Services Administration, the variety and availability of drug treatment methods have increased. Despite this, less than 6.5 percent of people with a substance use disorder used these services in 2021. This is partly due to the stereotypes surrounding people who use drugs. Common assumptions suggest that drug users are weak or unethical and immoral.⁶⁸ The lack of education about drug use has continued to spread stigma and misinformation. This has prevented the expansion of drug prevention efforts, such as needle-exchange programs.

Rural communities tend to be more conservative and may have stronger prejudice against drug use.⁶⁹ These areas tend to have fewer treatment facilities and

fewer people in the community. As a result, there is a greater risk of patients being recognized by others.⁷⁰ This can discourage people from seeking treatment. Religious views can also increase the impact stigmas have. Many religions emphasize the importance of discipline and principles, leading some communities to disapprove of drug or alcohol use. In rural areas, religion can often be a large part of the local community. Many people in these communities are pressured to keep their substance use to themselves. Some religious communities do not approve of seeking out medical treatments to treat drug abuse. Instead, they turn to spiritual treatments. This is caused by the notion that addictions stem from being an immoral person. For example, some Islamic communities use verses from the Quran to treat substance users.⁷¹ These methods could be helpful when finding alternative ways of coping than drug use. However, patients still need medical treatments and mental health support.

In 2018, the United Religions Initiative (URI) and Alliance India began the project #Faith4HarmReduction. It is a

64 "Afghans Are 'out of Options' and Desperately Need Realistic Alternatives to Poppy Cultivation," August 18, 2023, <https://news.un.org/en/story/2023/08/1139902>.

65 Wignaraja and Rodriques, "Afghans Need Sustainable Alternatives to Opium."

66 "National Survey on Drug Use in Afghanistan (NSDA) | United Nations Development Programme," UNDP, accessed July 10, 2025, <https://www.undp.org/afghanistan/projects/national-survey-drug-use-afghanistan-nsda>.

67 United Nations, "UN Expert Calls for End to the 'War on Drugs,'" news release, June 24, 2024, <https://www.ohchr.org/en/press-releases/2024/06/un-expert-calls-end-war-drugs>.

68 Hannah Boyke, et al., "Examining the Relationship between Culture and Perceived Societal Substance Use Stigma in a Michigan-Based Mental Health & Addiction Focused Community," *Substance & Misuse* 60, no. 2 (November 2, 2024): 176-177, <https://doi.org/10.1080/10826084.2024.2422948>.

69 Hannah Boyke, "Examining the Relationship between Culture and Perceived Societal Substance Use Stigma in a Michigan-Based Mental Health & Addiction Focused Community," 176-177.

70 Pullen and Olsen, "Barriers to Substance Abuse Treatment in Rural and Urban Communities: Counselor Perspectives," 891-901.

71 Hamda Alsuwaidi, "Understanding the Barriers to Integration to Society, Recovering Patient From Addiction Face: Qualitative Study in UAE." (2019), <http://nrs.harvard.edu/urn-3:HUL.InstRepos:42057409>.

project that is a part of the program Harm Reduction Advocacy in Asia. They work with governments, the United Nations, and local community leaders. The project's goal is to increase awareness and promote harm reduction services. It educates religious communities on drug use disorders to combat stigma through panels and expert discussions.⁷² This project also created the Spirit of Harm Reduction Toolkit, which guides users on finding supportive spiritual spaces.⁷³

Marginalized groups, such as women, often receive greater backlash from drug use. Women can feel intimidated by the possible social consequences from drug use. This can stop them from getting treatment for drug abuse. Additionally, women who choose to accept treatment have to take time away from their other responsibilities, such as work or childcare. Revealing a history of substance use can also lead to losing custody of their children.⁷⁴ Some countries punish women found with drugs if they are pregnant or have children. They could be forcibly separated from their family or face time in prison.⁷⁵ Women who are also a part of other disadvantaged groups



Rehabilitation center for drug addicts (Credit: <http://rebcenter-moscow.ru>)

undergo greater levels of social pressure.⁷⁶ These factors prevent many from being able to receive the best possible care, causing them to endanger their health.

It can also be difficult for women to receive treatment because they do not have the necessary support. According to the 2025 World Drug Report, one in eight men with drug use disorders receive treatment. In contrast, one in 18 women with drug use disorders receive treatment.⁷⁷ The 2024 World Drug Report states that environmental factors can influence

women towards drug use, such as being around a male who is a substance user. This environment could increase the possibility of relapse, slow treatment, or avoiding treatment altogether. Another factor that could encourage drug use is drug trafficking. Women are often used in drug trafficking because they are less likely to be detected than their male counterparts. A lack of financial stability can also force them to go into drug trafficking. As a result, there are not many solutions or information on how to assist them.⁷⁸ Involvement in the

⁷² "Human Rights and Faith For People Who Use Drugs in Times of Pandemic," United Religions Initiative, accessed July 10, 2025, <https://www.uri.org/uri-story/20201221-human-rights-and-faith-people-who-use-drugs-times-pandemic>.

⁷³ Alliance India, "Press Release: The Launch of Faith For Harm Reduction Manual," news release, accessed July 10, 2025, <https://allianceindia.org/launch-faith-harm-reduction-manual/>.

⁷⁴ Davinia Rizzo et al., "Barriers to Accessing Addiction Treatment for Women at Risk of Homelessness," *Frontiers in Global Women's Health* 3 (February 17, 2022), <https://doi.org/10.3389/fghw.2022.795532>.

⁷⁵ Rebecca Schleifer and Luciana Pol, "International Guidelines on Human Rights and Drug Control: A Tool for Securing Women's Rights in Drug Control Policy A Tool for Securing Women's Rights in Drug Control Policy on JSTOR," *Health and Human Rights* 19, no. 1 (June 2017): 256.

⁷⁶ United Nations Office on Drugs and Crime, "World Drug Report 2023" (United Nations, June 2023), 20.

⁷⁷ United Nations, "UN Expert Calls for End to the 'War on Drugs,'" 3.

⁷⁸ "Women's Role in Drug Trafficking and Organized Crime Was Focus of OSCE Side Event at 68th Session of the UN Commission on Narcotic Drugs," Organization for Security and Co-operation in Europe, March 14, 2025, <https://www.osce.org/node/587433>.

drug trade makes it easier to access drugs and can also increase the likelihood of substance use.⁷⁹

Bias in the medical field is another reason why some people cannot access drug treatments. For instance, drug treatment options have increased throughout the years. However, female drug users still struggle to receive medical aid. This can be attributed to the fact that innovations in medicine that claim to be gender-neutral are still geared towards male biology.⁸⁰ This can be harmful to female patients because female biology reacts differently to certain medicines, drugs, and treatments.⁸¹ Research has also found that women who use drugs are likely to develop SUDs at a quicker rate than men. Although women make up almost half of drug users, only a fourth of patients for drug treatment are women.⁸²

One of the UN's goals is to diversify drug treatment and create initiatives on drug prevention for women. In 2010, the United Nations International Crime and Justice Research Institute (UNICRI) launched the Drugs and Alcohol Women Network

(DAWN). It aimed to increase research on how gender and sex could impact drug addiction and treatment. DAWN created policy recommendations for countries to increase the quality of care for women in need of drug treatment.⁸³ They also shared information online that promoted harm reduction. Online, they educated people about drug policies, how to prevent drug abuse, and what treatment options there are for women.⁸⁴ DAWN has also collaborated with the UNODC to create the 2016 Guidelines on Drug Prevention and Treatment for Girls and Women. It explains what can cause women to use drugs, shares recent research that has been done on the subject, and recommends how to create treatment plans for women.⁸⁵ However, the book only provides general suggestions. Countries should use these suggestions to create more detailed solutions. Solutions should consider the specific conditions and cultures of each nation.

Racial identity also plays a role in access to recovery services. During the global war on drugs,

some governments used drug policies and healthcare to control certain populations. Prohibition of substances has historically been tied to repression, vilifying cultural practices with little basis in science. Currently, people of color often face harsher punishments for drug-related offenses.⁸⁶ Consequently, they may be less inclined to seek treatment for drug use. According to the UN Working Group of Experts on People of African Descent, people of African descent are one of the most impacted groups by drug policies. They have higher incarceration rates for drug-related crimes.

This gap is indicative of pervasive racial inequality, extending into healthcare. People of color also experience higher poverty rates, limiting their access to drug treatment or general healthcare. The COVID-19 pandemic showed there was a clear gap between the accessibility of quality health services in different races, as well as socioeconomic status.⁸⁷ A study on the obstacles to development was released by the Expert Mechanism on the

79 United Nations Office on Drugs and Crime, "World Drug Report 2018" (United Nations, June 2018), 7, https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_5_WOMEN.pdf.

80 Miriam T.H. Harris et al., "Gender Dynamics in Substance Use and Treatment: A Women's Focused Approach," *The Medical Clinics of North America* 106, no. 1 (January 2022), <https://doi.org/10.1016/j.mcna.2021.08.007>.

81 H. T. Rakshith et al., "Sex Differences in Drug Effects and/or Toxicity in Oncology," *Current Research in Pharmacology and Drug Discovery* 4 (January 1, 2023), <https://doi.org/10.1016/j.crphar.2022.100152>.

82 United Nations Office on Drugs and Crime, "World Drug Report 2023" (United Nations, June 2023), 20, https://www.unodc.org/res/WDR-2023/WDR23_Exsum_fin_DP.pdf.

83 "DAWN: Promoting Gender-Based Drug Use Prevention and Recovery," United Nations Interregional Crime and Justice Research Institute, accessed July 10, 2025, <https://unicri.org/dawn-promoting-gender-based-drug-use-prevention-and-recovery>.

84 Roberta Agabio et al., *DAWN Drugs and Alcohol Women Network: Promoting a Gender Responsive Approach to Addiction* (United Nations Interregional Crime and Justice Research Institute, 2013).

85 Karol Kumpfer, Catia Magalhaes, and Hendree Jones, *Guidelines on Drug Prevention and Treatment for Girls and Women* (Vienna: United Nations Office on Drugs and Crime, 2016), https://www.unodc.org/documents/drug-prevention-and-treatment/unodc_2016_drug_prevention_and_treatment_for_girls_and_women_E.pdf.

86 Colleen Daniels et al., "Decolonizing Drug Policy," *Harm Reduction Journal* 18, no. 1 (November 27, 2021), <https://doi.org/10.1186/s12954-021-00564-7>.

87 Sanni Yaya et al., "Ethnic and Racial Disparities in COVID-19-Related Deaths: Counting the Trees, Hiding the Forest," *BMJ Global Health* 5, no. 6 (June 7, 2020), <https://doi.org/10.1136/bmjgh-2020-002913>.

Right to Development in 2022. It stated that there was an overlap between racial discrimination and poverty.⁸⁸ The quality of the health services they receive is reduced in comparison to others. In 2024, the United Nations' Committee on the Elimination of Racial Discrimination published a general recommendation for member states on reducing racial inequality in healthcare. It identifies similar struggles people of color in various states experience, in what aspects of healthcare, and how they can be resolved.⁸⁹ The UN Working Group of Experts on People of African Descent also provided a list of recommendations to address this. They suggested that states develop policies that target gender- and race-specific issues in drug treatment.⁹⁰

Social stigma around addiction remains an obstacle for people who want to receive treatment. For this reason, the number of people in drug recovery can remain low. This persists in countries that have had many expansions and developments in drug treatments. The United Nations and the CND recommend

educating the public and medical professionals and promoting less stigmatizing language in drug policies to encourage people to seek help.⁹¹

Integrating Drug Treatment with Housing, Employment, and Education Services

Substance abuse is not just a medical issue. The UNODC's 2020 World Drug Report states that homeless and incarcerated

Systematic social and political changes are necessary to address substance abuse on a larger scale.

populations tend to have higher rates of drug use.⁹² Drug usage is more common among these populations because many people use substances to cope with their living conditions.⁹³ As a result,

some treatments offer to help patients with finding housing and employment. The UN has pushed member states to utilize community-based treatment. Community-based treatment involves creating a network of medical care and local social services. This includes opportunities for education or employment, housing, and a strong social network to provide support.⁹⁴ As such, community-based treatment addresses many of the root causes and contributing factors to substance abuse to allow for long-term improvement.

Recovering substance abusers must have access to safe living conditions. An unsafe environment can increase the risk of infections and the spread of diseases.⁹⁵ In particular, prison conditions make it extremely difficult for drug abuse treatments. Many countries have overcrowded prisons. Prisons also have little funding to maintain their facilities. As a result, many prisoners do not receive proper healthcare, including drug abuse treatments. The UNODC has reported that the poor quality of prisons has

⁸⁸ United Nations, "There Is Indeed a Relationship between Race and Poverty," OHCHR, November 21, 2022, <https://www.ohchr.org/en/get-involved/stories/there-is-indeed-relationship-between-race-and-poverty>.

⁸⁹ Committee on the Elimination of Racial Discrimination, General recommendation No. 37 (2024) on equality and freedom from racial discrimination in the enjoyment of the right to health, CERD/C/GC/37, (Feb. 21, 2025), <https://docs.un.org/en/CERD/C/GC/37>.

⁹⁰ "Fight against World Drug Problem Must Address Unjust Impact on People of African Descent, Say UN Rights Experts," OHCHR, March 14, 2019, <https://www.ohchr.org/en/news/2019/03/fight-against-world-drug-problem-must-address-unjust-impact-people-african-descent-say>.

⁹¹ United Nations, "Inclusion, Not Exclusion: UNODC Addresses Stigma around Substance Use," United Nations Office on Drugs and Crime, January 20, 2020, https://www.unodc.org/unodc/en/frontpage/2020/January/inclusion--not-exclusion_-unodc-addresses-stigma-around-substance-use.html.

⁹² *World Drug Report 2020* (Vienna: United Nations, 2020), <https://wdr.unodc.org/wdr2020/en/index2020.html>.

⁹³ "State of Homelessness in Countries with Developed Economies" (Institute of Global Homelessness, May 2019), 5, https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2019/05/CASEY_Louise_Paper.pdf.

⁹⁴ *International Standards for the Treatment of Drug Use Disorders: Revised Edition Incorporating Results of Field-Testing* (Switzerland: WHO and UNODC, 2020), https://www.unodc.org/documents/drug-prevention-and-treatment/UNODC-WHO_International_Standards_Treatment_Drug_Use_Disorders_April_2020.pdf.

⁹⁵ Sandro Galea and David Vlahov, "Social Determinants and the Health of Drug Users: Socioeconomic Status, Homelessness, and Incarceration," *Public Health Reports* 117 (2002): S135-S136, <https://pubmed.ncbi.nlm.nih.gov/articles/PMC1913691/>.

reduced prisoners' mental and physical health.⁹⁶ Incarcerated women are especially vulnerable to these effects. Health services in prisons have struggled to provide gender-specific care, even before overcrowding became an issue. Additionally, incarcerated women have a higher likelihood of having a history with substance abuse before entering prison. They will not be able to be treated in prison, and the conditions may make their substance abuse worse. These factors have made accessing drug treatment that meets women's needs more difficult.⁹⁷

Countries should also prioritize increasing protections for the homeless. Some drug treatment programs will not take in patients without stable housing because they do not have the resources to support them.⁹⁸ According to Harm Reduction International, 20 percent of people who use drugs do not have stable housing.⁹⁹ Additionally, some programs for the homeless will not help people that use substances.¹⁰⁰ These barriers keep many from accessing any treatment

and improving their condition. Without housing, drug users are exposed to unsafe living conditions. This increases the likelihood of health issues. Homeless people also lack effective support systems as they are often isolated from their family and friends.¹⁰¹ These factors exacerbate their substance use issues.

Access to employment services can also help maintain stable housing in the future. There are conflicting reports on whether employment status improves or exacerbates drug use rates. The 2021 World Drug Report suggests that the global rise in unemployment due to the COVID-19 pandemic led to a rise in drug use rates. There was also an increase in activity within the global drug trade during the pandemic. People who lost their jobs because of the pandemic likely turned to drug cultivation and trade to support their families and themselves.¹⁰² According to the National Safety Council, people who develop drug use disorders while employed are likely to lose their jobs. The lack of income

could exacerbate their condition. It can also be difficult to find new jobs. Employers are often hesitant to hire people with a history of substance abuse, in part because of discrimination and stigma.¹⁰³

Therapeutic Workplace is a program in the United States that helps people with SUDs find employment. Wages and the amount of work they receive depend on the patient's commitment to receiving treatment. This is meant to motivate people to go through treatment to completion. Missing treatment or relapsing will have the patient have to restart their progress from the beginning. The program provides workplace training in data entry and a job at a data company. They focus on assisting people above the age of 17.¹⁰⁴ Data shows that the Therapeutic Workplace program has been effective in decreasing rates of drug abuse in patients, and similar models could provide more individualized treatment options.¹⁰⁵ Studies on similar programs and methods have supported the idea that employment can improve

96 *Prison Matters 2024: Global Prison Population and Trends; A Focus on Rehabilitation* (Vienna: UNODC, 2024), https://www.unodc.org/documents/data-and-analysis/briefs/Prison_brief_2024.pdf

97 UNODC, *Prison Matters 2024: Global Prison Population and Trends; A Focus on Rehabilitation*.

98 "Homelessness and Drugs," European Union Drugs Agency, July 6, 2023, <https://data.europa.eu/doi/10.2810/841350>.

99 "Drugs, Poverty and Homelessness," Harm Reduction International, accessed July 10, 2025, <https://hri.global/topics/intersectional-movements/poverty-and-homelessness/>.

100 "Homelessness and Drugs: Health and Social Responses," European Union Drugs Agency, July 2, 2023, <https://data.europa.eu/doi/10.2810/841350>.

101 "Side Event: Addressing Drug-Related Problems among People Experiencing Homelessness: Key Elements for Human Right Approaches," CND Blog, March 16, 2022, <https://cndblog.org/2022/03/addressing-drug-related-problems-among-people-experiencing-homelessness-key-elements-for-human-right-approaches/>.

102 United Nations Office on Drugs and Crime, "World Drug Report 2021" (United Nations, June 2021), 31, https://www.unodc.org/res/wdr2021/field/WDR21_Booklet_5.pdf.

103 James Davis, "Employees Suffering Losses from Addiction Lose Their Jobs Last," *Health Advocate*, July 20, 2018, <https://www.healthadvocate.com/site/article/employees-suffering-losses-from-addiction-lose-their-jobs-last>.

104 "Therapeutic Workplace," The Center for Technology and Behavioral Health, accessed July 10, 2025, <https://www.c4tbh.org/program-review/therapeutic-workplace/>.

105 Kenneth Silverman, August F. Holtyn, and Reed Morrison, "The Therapeutic Utility of Employment in Treating Drug Addiction: Science to Application," *Translational Issues in Psychological Science* 2, no. 2 (June 2016): 203–12, <https://doi.org/10.1037/tps0000061>.
World Drug Report 2021 (United Nations publication, Sales No. E.21.XI.8).

the outcome of drug treatment services.¹⁰⁶

Similar effects are also felt among students. The rate of drug use among young people is about the same as the rate of drug use among adults, according to the 2025 World Drug Report. However, the impact on the health of young adults is much more severe. Drug usage at a young age was also found to be correlated to a loss in education. The lack of education can also make it difficult to find employment. Some young drug users also struggle with poverty, homelessness, and unemployment. As a result, they are unable to receive treatment.¹⁰⁷

To combat this, efforts to educate the youth have increased. One

significant example is Project VENDA. This program is aimed at teenagers in Kerala, India. The project aims to prevent this by educating young people. Project VENDA spreads awareness about the harmful effects of drugs. The project teaches young people how to resist peer pressure.¹⁰⁸ The program also holds the VENDA Cup every year. The VENDA cup promotes exercise as a healthy coping mechanism in place of substance abuse.¹⁰⁹ Project VENDA has also partnered with high school and college students to spread awareness and educate other people throughout Kerala.¹¹⁰

Similarly, schools in Canada worked to promote harm reduction

in high school students. In 2007, people in Ottawa worked with local schools to found Project Support Treatment Education Prevention (STEP). This allowed students to access drug treatment and reliable support systems.¹¹¹ Community organizations and local police worked with STEP to expand their program to other schools in Ottawa. Project STEP has established substance counseling in schools. They have also created and spread educational materials to discourage students from drug use.¹¹² The organization remains active to this day.¹¹³ Countries should consider the advantages of local programs and why they are effective when creating their solutions.

CURRENT STATUS

Case Study: Drug Policy in the Netherlands

The Netherlands began implementing a more lenient drug policy in the 1970s.¹¹⁴ The 1976 revision of the Opium Act

introduced a distinction between ‘hard’ and ‘soft’ drugs. ‘Hard’ drugs, such as heroin and cocaine, were considered harmful and targeted with strict enforcement to limit their trade and consumption. Punishments were less harsh for ‘soft’ drug-related offenses. ‘Soft’

drugs, such as cannabis, were decriminalized under the Opium Revision Act, and the policy approach included harm reduction measures. ‘Soft’ drugs were allowed to be sold in licensed coffee shops to control the illicit drug trade.¹¹⁵ This distinction between hard and soft

106 Eline Borger Rognli et al., “The Effect of Employment Support Integrated in Substance Use Treatment: A Health Economic Cost-Effectiveness Simulation of Three Different Interventions,” *Nordic Studies on Alcohol and Drugs* 40, no. 2 (April 1, 2023): 199–211, <https://doi.org/10.1177/14550725221122196>.

107 Rognli, “The Effect of Employment Support Integrated in Substance Use Treatment: A Health Economic Cost-Effectiveness Simulation of Three Different Interventions,” 199–211.

108 “Project VENDA,” PROJECT VENDA, accessed July 10, 2025, <https://www.fourthwavefoundation.org/project-venda/>.

109 The Hindu Bureau, “VENDA Cup 2024 Inaugurated in Kannur,” *The Hindu*, October 29, 2024, sec. Kerala, <https://www.thehindu.com/news/national/kerala/venda-cup-2024-inaugurated-in-kannur/article68807717.ece>.

110 “Strengthening Youth Participation in Drug Use Prevention,” United Nations Office on Drugs and Crime, July 1, 2024, www.unodc.org/unodc/en/ngos/strengthening-youth-participation-in-drug-use-prevention.html.

111 “About project step,” Project Step, accessed July 10, 2025, <https://project-step.ca/about/>.

112 John Coyne, Vern White, and Cesar Alvarez, “Methamphetamine: Focusing Australia’s National Ice Strategy on the Problem, Not the Symptoms on JSTOR,” October 1, 2015, 17, <https://www.jstor.org/stable/resrep04217.9?seq=1>.

113 Project Step, “About project step.”

114 Marianne Van Ooyen-Houben and Edward Kleemans, “Drug Policy: The ‘Dutch Model,’” *Crime and Justice* 44, no. 1 (July 30, 2015): 165–226, <https://doi.org/10.1086/681551>.

115 Van Ooyen-Houben and Kleemans, “Drug Policy: The ‘Dutch Model,’” 165–226.



Coffee shop that sells cannabis in the Netherlands (Credit: Massimo Catarinella)

drugs was created to concentrate efforts on stopping the high usage of heroin in the 1970s.¹¹⁶ Soft drugs imposed less serious health risks and were not considered a priority.¹¹⁷

The Netherlands was among the first in implementing and expanding drug prevention and treatment services. In the 1970s and 1980s, when heroin use rates were especially high, Dutch authorities employed various tactics to keep drug-related diseases from spreading and to discourage drug use. Mobile clinics were used to provide methadone and sanitized

needles to people that did not have access to regular clinics.¹¹⁸

Methadone is a less harmful opioid. It is used in drug recovery treatments against more harmful opioids, such as heroin. Controlled consumption of methadone can decrease the likelihood of relapsing among heroin users.¹¹⁹ The number of clinics, mobile and outpatient clinics, was expanded. Additionally, new treatment options were offered, ranging from low, medium to high-threshold treatments, matching the needs of the individual patients.¹²⁰

In 1996, the Netherlands created its first drug consumption room. Drug consumption rooms are supervised facilities where people could use substances, such as heroin or cocaine, in a controlled environment. These rooms mitigated the risk of transmitted diseases and death by drug overdose. Data shows that the drug consumption rooms have decreased the transmission of HIV, HCV, and HBV. These rooms also limit public health hazards, such as the amount of unsanitary needles and unsafe substances being used outside of facilities.¹²¹ Other countries have followed the Netherlands in adopting drug consumption rooms. In January 2025, the United Kingdom opened their first supervised drug consumption room.¹²²

These methods of recovery have been expanded and improved throughout the years. Staff at harm reduction centers undergo training and learn to safely inject drugs into users. This further lowers the harm of drug use in a controlled environment by making sure the drugs are correctly prepared to avoid injuries or overdoses. Staff in drug consumption rooms provide users with information about the risks of continued drug use. They also direct users on how to

116 Saskia Blokland, "Netherlands Legislative Overview," Norton Rose Fullbright, February, 2020, <https://www.Nortonrosefulbright.Com/En/Knowledge/Publications/24014f2b/Netherlands-Legislative-Overview>.

117 Van Ooyen-Houben and Kleemans, "Drug Policy: The 'Dutch Model'," 165-226.

118 E. C. Buning, G. H. A. Van Brussel, and G. Van Santen, "The 'Methadone by Bus' Project in Amsterdam," *British Journal of Addiction* 85, no. 10 (1990): 1247-50, <https://doi.org/10.1111/j.1360-0443.1990.tb01598.x>.

119 World Health Organization, "Methadone Maintenance Treatment," in *Clinical Guidelines for Withdrawal Management and Treatment of Drug Dependence in Closed Settings* (World Health Organization, 2009), <https://www.ncbi.nlm.nih.gov/books/NBK310658/>.

120 Daniela K. Van Santen et al., "Lessons Learned From the Amsterdam Cohort Studies Among People Who Use Drugs: A Historical Perspective," *Harm Reduction Journal* 18, no. 1 (January 6, 2021), <https://doi.org/10.1186/s12954-020-00444-6>.

121 Van Santen, "Lessons Learned From the Amsterdam Cohort Studies Among People Who Use Drugs: A Historical Perspective."

122 "Glasgow Opens UK's First Safer Drug Consumption Facility," Glasgow City Council, January 2025, <https://www.glasgow.gov.uk/article/11760/Glasgow-opens-UK-s-first-safer-drug-consumption-facility>.

access drug recovery programs that provide help to find housing and employment. They also offer drug-checking services, where users can have their drugs checked for any dangerous substances before use and minimize the risk of injury or overdose.

Despite critics' claims that these drug consumption rooms promote drug use, the Netherlands has maintained a low number of overdose deaths per year. The average number of deaths caused by drug overdose per year in the Netherlands is about 300. In contrast, the United States, where drug policies remain strict and punitive, holds an average of over 80,000 overdose deaths per year.¹²³ Studies found that the success of the Dutch drug policy can be attributed to its long-term use orientation.¹²⁴ For instance, plenty of programs provide emotional support and educational resources to reduce stigma and support the patients' personal relationships. Dutch drug policy largely treats the issue of drug use as a matter of healthcare rather than criminal activity. Therefore, their policy is mostly based on

health-based measures and harm reduction instead of punishment.¹²⁵

Nevertheless, the number of reported drug-induced deaths in the Netherlands has steadily been increasing.¹²⁶ This could be attributed to the rise of the drug trade in Europe and the role of the Netherlands within it. Indeed, the Netherlands is one of the world's largest producers of synthetic drugs, such as ecstasy.¹²⁷ It also is home to one of the largest seaports in the world, the port of Rotterdam. Rotterdam has served as a gateway to drug imports, primarily from South America, and exports. About 85 percent of the imported drugs are distributed across Europe, and the remaining supply is sold domestically in the Netherlands. Dutch law enforcement has been working alongside other European countries to mitigate drug trafficking in Europe. However, due to the lack of punitive policies in the Netherlands, the consequences for traffickers are not severe. In 2023, three men were found transporting three tons of cocaine. Their sentence was to serve three years in prison.^{128–}

The Netherlands' health-based drug policy shows the effectiveness of harm reduction policies. According to the European Drugs Agency's 2025 European Drug Report, the Netherlands is reported to have one of the lowest numbers of people who inject drugs, with an estimate of "0.1 per 1000 population."¹²⁹ The low drug use rates are due to years of improving harm reduction measures and facilities. However, despite the Netherlands' commitment to health-based policies, there still are issues. Indeed, the Netherlands' drug use rates and role in the international drug trade show there probably is a balance to be struck between health-based and punitive drug policies to resolve the global issue of drugs.

Advances in Drug Treatment

There have been developments in medicines that treat substance abuse. In the United Kingdom, King's College London has been working to create a more portable version of naloxone. Naloxone is a medicine that can help reverse an

123 Drew Hawkins, "Going Dutch: Harm Reduction Is Embraced in the Netherlands but Struggles in the US," WWNO, May 29, 2025, <https://www.wwno.org/public-health/2025-05-29/going-dutch-harm-reduction-is-embraced-in-the-netherlands-but-struggles-in-the-us>.

124 T. F. Martinelli et al., "Understanding the Process of Drug Addiction Recovery Through First-Hand Experiences: A Qualitative Study in the Netherlands Using Lifeline Interviews," *Qualitative Health Research* 33, no. 10 (August 2023): 857–70, <https://doi.org/10.1177/10497323231174161>.

125 T. F. Martinelli et al., "Understanding the Process of Drug Addiction Recovery Through First-Hand Experiences: A Qualitative Study in the Netherlands Using Lifeline Interviews," *Qualitative Health Research* 33, no. 10 (August 2023): 857–70, <https://doi.org/10.1177/10497323231174161>.

126 European Union Drug Agency, "Drug-Induced Deaths – the Current Situation in Europe (European Drug Report 2025)," June 5, 2025, https://www.euda.europa.eu/publications/european-drug-report/2025/drug-induced-deaths_en.

127 Belgium Foreign Affairs, "Belgium Managing UN Drugs Policy," FPS Foreign Affairs - Foreign Trade and Development Cooperation, March 29, 2022, <http://diplomatie.belgium.be/en/policy/policy-areas/highlighted/belgium-managing-un-drugs-policy>.

128 Jonathan Alpeyrie, "Interview: Holland Struggles to Stem the Flow of Cocaine into Europe," *Geopolitical Monitor*, March 27, 2025, <https://www.geopoliticalmonitor.com/interview-holland-struggles-to-stem-the-flow-of-cocaine-into-europe/>.

129 European Union Drug Agency, "Injecting Drug Use in Europe – the Current Situation (European Drug Report 2025)," European Union Drugs Agency, June 5, 2025, https://www.euda.europa.eu/publications/european-drug-report/2025/injecting-drug-use_en.

opioid overdose. Currently, it can only be used through nasal spray and injections.¹³⁰ The King's College London is developing a 'wafer' version of naloxone. This would make naloxone more portable, accessible, and efficient to use.¹³¹

Another example is the vaccine for fentanyl. As fentanyl and opioid use rates increase, the United States has invested in research to develop a vaccine for fentanyl. The vaccine would reduce the effects of fentanyl. It is also meant to decrease the chances of developing substance use disorder. Although there have been previous attempts to develop vaccines for other narcotic drugs, they have not been successful.¹³² Tests for the vaccine began in 2024.¹³³ The vaccine will not stop fentanyl use. Drug recovery programs are still needed to treat people with substance use disorders.

As technology has advanced, some of these developments could be applied to treat drug use disorders. In 2024, the United Kingdom agreed to grant GBP 12 million to fund research projects that use

virtual reality and AI to prevent overdose deaths. One project that received funding is PneumoWave ALERT.¹³⁴ ALERT is developing a chest monitor that tracks the breathing of opioid users. The monitor will contact emergency services if it detects the user is overdosing. The product is still in development.¹³⁵

The UK also funded a project that works with virtual reality. The project uses virtual reality to track the behavior of substance users while they are shown 'triggers' that could make the user want

Virtual reality lets users practice responding to situations that could make them want to relapse.

to relapse. However, they cannot relapse because they are in an environment where they do not

have drugs.¹³⁶ Virtual reality has been used in drug recovery. Studies have shown that therapy with virtual reality has reduced anxiety and symptoms of substance use disorder. Improvements are still being made. Researchers are trying to personalize the experience for users. This could include adding triggers about specific aspects of a person, such as their culture.¹³⁷

Before the recent developments in artificial intelligence, AI had been used in treatment. Treatment programs' staff keep track of patients' behaviors, facial expressions, and health records. Then, AI can predict how effective a treatment plan would be for a patient.¹³⁸ Hospitals in the United States, China, and the UK have already begun using AI to analyze large data sets of patient information. Denmark has been using AI technology to identify areas where drug use rates are high. This lets treatment facilities direct more resources to areas where risk of drug use is high.¹³⁹ As AI technology is still being developed,

130 "King's Innovative AI Projects Funded to Tackle Fatal Opioid Overdoses," King's College London, November 7, 2023, <https://www.kcl.ac.uk/news/kings-innovative-ai-projects-funded-to-tackle-fatal-opioid-overdoses>.

131 Sophie Willis, "Rapid-Dispersal' Naloxone Wafers to Be Developed in £12m Government Scheme," *Addiction and Substance Misuse*, The Pharmaceutical Journal, October 24, 2024, <https://pharmaceutical-journal.com/article/news/rapid-dispersal-naloxone-wafers-to-be-developed-in-12m-government-scheme>.

132 Colin Davidson, "A New Fentanyl Vaccine Looks Promising – but Treating Drug Addiction Needs a More Complex Approach," *The Conversation*, September 11, 2024, <http://theconversation.com/a-new-fentanyl-vaccine-looks-promising-but-treating-drug-addiction-needs-a-more-complex-approach-238350>.

133 Laurie Fickman, "Fentanyl Vaccine Potential 'Game Changer' for Opioid Epidemic," University of Houston, November 2, 2023, <https://www.uh.edu/news-events/stories/2022-news-articles/november-2022/11142022-fentanyl-vaccine-haile-kosten.php>.

134 "Virtual Reality and Wearable Technology Pilot to Cut Drug Deaths," *Department of Health and Social Care*, *Department for Science, Innovation and Technology*, and Lord Vallance, GOV.UK, October 18, 2024, <https://www.gov.uk/government/news/virtual-reality-and-wearable-technology-pilot-to-cut-drug-deaths>.

135 Basak Tas et al., "JMIR Research Protocols - Overdose Detection Among High-Risk Opioid Users Via a Wearable Chest Sensor in a Supervised Injecting Facility: Protocol for an Observational Study," 2024, <https://www.researchprotocols.org/2024/1/e57367>.

136 GOV.UK, "Virtual Reality and Wearable Technology Pilot to Cut Drug Deaths."

137 Lucy Lan et al., "A Systematic Review of Using Virtual and Augmented Reality for the Diagnosis and Treatment of Psychotic Disorders | Current Treatment Options in Psychiatry", *Current Treatment Options in Psychiatry*, 10 (June 2023): 1-21, 10.1007/s40501-023-00287-5

138 Mohit Suva and Gayatri Bhatia, "Artificial Intelligence in Addiction: Challenges and Opportunities," *Indian Journal of Psychological Medicine*, August 31, 2024, 10.1177/02537176241274148

139 "How AI Is Transforming Drug Prevention and Healthcare Worldwide," *Dianova*, May 25, 2025, <https://www.dianova.org/news/how-ai-is-transforming-drug-prevention-and-healthcare-worldwide/>.

the EU implemented the European Artificial Intelligence Act in August 2024. The policy increases transparency and manages AI usage. As AI usage becomes more prominent in various fields, such as medicine, this policy is a necessary measure.¹⁴⁰ AI has made drug recovery services more efficient. This development is crucial. Many countries, such as the United States, have been experiencing a worker shortage in drug treatment and healthcare.¹⁴¹

Furthermore, AI is being used to develop new medicine for patients with drug use disorders. Researchers use AI to run predictions when creating anti-addiction treatments. They enter large sets of data and information that the AI analyzes. This allows for research to be more efficient and for testing to be much safer. The use of generative AI has increased quickly. As AI becomes more advanced, some have suggested developing AI to act as a counselor for patients. This would increase accessibility to mental health services for those who are unable to access treatment services.¹⁴² These developments are still relatively new. AI counselors

would require more testing and research before patients can use it.

Sustainable Development Goals (SDGs)

As a body of the United Nations, the Commission on Narcotic Drugs aims to achieve the Sustainable Development Goals (SDGs). The SDGs are 17 goals set by the United Nations to preserve and protect the world. Each goal addresses a specific global issue that member states should aim to resolve by 2030.¹⁴³ By working to improve drug recovery services, the CND is helping achieve SDG 3: Good Health and Well-Being, and SDG 5: Gender Equality.¹⁴⁴

SDG 3: Good Health and Well-Being focuses on ensuring that all individuals have access to quality health services. People living in impoverished or rural areas and those a part of marginalized communities struggle with obtaining healthcare.¹⁴⁵ The CND is committed to reaching Target 3.5, “Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and

harmful use of alcohol.” This target aims for countries to increase the availability of treatments for those with substance use disorders.¹⁴⁶ This mainly refers to the financial cost for receiving drug treatments. According to the UN, about two billion people struggle with affording care.¹⁴⁷ The second goal of Target 3.5 is for the global rate of substance consumption per year to decrease. Target 3.5.2 encourages member states to focus on developing harm reduction strategies to decrease the rate of substance use among populations. Member states must discourage them from engaging in activities that actively harm their health, such as consuming narcotic drugs.

SDG 5: Gender Equality aims to reduce gender-based violence and secure equal opportunities for women and girls. The CND works towards achieving SDG 5 through its initiatives to ensure that women and children have access to drug treatment. This is a challenge, as treatment plans can change depending on the gender and age of the patient. In some facilities, gender-specific care is difficult to access.¹⁴⁸

140 Directorate-General for Communication, “AI Act Enters into Force - European Commission,” European Commission, August 1, 2023, https://commission.europa.eu/news-and-media/news/ai-act-enters-force-2024-08-01_en.

141 *State of the Behavioral Health Workforce November 2024* (National Center for Health Workforce Analysis, 2024), <https://bhwh.hrsa.gov/sites/default/files/bureau-health-workforce/state-of-the-behavioral-health-workforce-report-2024.pdf>

142 Dong Chen et al., “Artificial Intelligence Approaches for Anti-Addiction Drug Discovery,” *Royal Society of Chemistry*, no. 6 (June, 2025), <https://doi.org/10.1039/D5DD00032G>.

143 United Nations, “THE 17 GOALS,” United Nations Department of Economic and Social Affairs, accessed July 24, 2025, <https://sdgs.un.org/goals>.

144 “Commissions,” United Nations Office on Drugs and Crime, accessed July 23, 2025, <http://www.unodc.org/unodc/en/commissions/SDG/commissions-2030.html>

145 “Universal Health Coverage (UHC),” World Health Organization, March 26, 2025, [https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc)).

146 “Goal 3,” United Nations Department of Economic and Social Affairs, accessed July 23, 2025, https://sdgs.un.org/goals/goal3#targets_and_indicators.

147 World Health Organization, “Universal Health Coverage (UHC).”

148 Valeria Abreu Minero et al., “Differences in Addiction and Recovery Gains According to Gender – Gender Barriers and Specific Differences in Overall Strengths Growth,” *Substance Abuse Treatment, Prevention, and Policy* 17, no. 1 (March 2022): 21, <https://doi.org/10.1186/s13009-022-00000-0>.

BLOC ANALYSIS

Point of Division

Each country has their own circumstances and obstacles, which influence its drug laws and recovery services. As a result, countries often have different opinions on drug laws, making it difficult to establish global drug policy. These challenges keep drug treatments from improving. When creating strategies to address the global drug issue, countries must debate many topics.

The Service Capacity Index was created by the WHO in 2019. The index analyzes if countries can provide treatment for people with substance use disorders. It contains data from 145 countries, collected through surveys originally designed to measure progress for Sustainable Development Goal 3.5: “Substance abuse: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.”¹⁴⁹ The index represents the proportion of service elements available compared to a theoretical maximum.¹⁵⁰ The

scores range from 0 to 1 (0 percent to 100 percent). The index does have some limitations due to human error and the varying quality of data that countries submitted.¹⁵¹

States with High Service Capacity

This bloc has already implemented some of the UN’s suggestions on drug policy and treatment. These countries should focus on improving healthcare and treatments. Countries that have recently relaxed restrictions on marijuana could also be in this bloc. For instance, they would have voted for the UN to reclassify marijuana.¹⁵² These countries would continue to improve treatment, decriminalize drug use, and educate the public on drug use/treatment. Generally, they should have scored closer to between 0.5 and 1 in the Service Capacity Index.¹⁵³

The Service Capacity Index gave Norway a score of 0.479.¹⁵⁴ Norway began transitioning to health-based policies in the 2010s. It started with

their National Overdose Strategy for 2014 to 2017. The new policy more strictly enforced drug laws and increased data collection at the local level. The government used this information to identify areas that lacked resources to help drug users. The government worked with local authorities to create plans to lower the drug use and overdose rates.¹⁵⁵ Norway also worked to improve their drug recovery services. The government invested in research to create more accessible medicine for drug users. They also gave programs that helped patients find housing more funding.¹⁵⁶ The National Overdose Strategy for 2019 to 2022 continued to add more health-based policies.¹⁵⁷ According to the Norwegian Human Rights Institution, the number of casualties caused by drug overdose decreased from 324 in 2020 to 241 by 2021. Norway has also leaned away from punitive policies. In 2022, the Norwegian Supreme Court ruled that those caught with the possession or use of drugs would not face criminal

org/10.1186/s13011-022-00444-8.

149 Dzmity Krupchanka et al., “International Monitoring of Capacity of Treatment Systems for Alcohol and Drug Use Disorders: Methodology of the Service Capacity Index for Substance Use Disorders,” *International Journal of Methods in Psychiatric Research* 32, no. 3 (2023): e1950, <https://doi.org/10.1002/mp.1950>.

150 World Health Organization, “Substance Use Disorders (SCI-SUD): Service Capacity Index,” World Health Organization, 2024, [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/service-capacity-index-for-substance-use-disorders-\(sci-sud\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/service-capacity-index-for-substance-use-disorders-(sci-sud)).

151 Krupchanka, “International Monitoring of Capacity of Treatment Systems for Alcohol and Drug Use Disorders.”

152 Commission on Narcotic Drugs, Report on the reconvened sixty-third session (2–4 December 2020), E/CN.7/2020/15/Add.1, (Dec. 2, 2020), <https://docs.un.org/en/E/2020/28/Add.1>.

153 World Health Organization, “Substance Use Disorders (SCI-SUD).”

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155 “Norway’s National Overdose Strategy 2014-2017 | Www.Euda.Europa.Eu,” Norwegian Directorate of Health, accessed July 31, 2025, https://www.euda.europa.eu/drugs-library/norways-national-overdose-strategy-2014-2017_en.

156 Norwegian Directorate of Health, “Norway’s National Overdose Strategy 2014-2017 | Www.Euda.Europa.Eu.”

157 Marianne Storm, “Norway Announces New National Overdose Strategy,” The Commonwealth Fund, September 6, 2019, <https://www.commonwealthfund.org/publications/newsletter-article/2019/sep/norway-announces-new-national-overdose-strategy>.

charges.¹⁵⁸ These measures increase accessibility to drug treatment and adhere to the UN human rights policies.

Other countries in this bloc could include Australia, Germany, Canada, Sweden, and the Netherlands. These countries often integrate substance abuse treatment into their healthcare. They provide harm reduction programs and invest in research and innovation.¹⁵⁹ Countries from this bloc should advocate for health-based policies during debate and share successful strategies while cooperating with nations that are still struggling.

States with Medium Service Capacity

Countries in this bloc provide some form of drug treatment service. However, the quality and accessibility of treatments are not yet up to standard. This bloc should try to improve their current drug recovery services. Countries should continue or start to implement health-based policies. On the Service Capacity Index, these countries would have scores around

0.25 to 0.5.¹⁶⁰ Countries in this bloc likely still have punitive drug policies. They should aim to begin to transition away from punitive laws to health-based policies and programs.

The Service Capacity Index gave Brazil a score of 0.282.¹⁶¹ Brazil's justice system can order people to receive drug recovery. However, compulsory drug treatment is not always effective. The justice system and law enforcement often do not consider the role of mental health in drug treatment. The lack of mental health support reduces the effectiveness of drug treatments. Many court orders for drug recovery also do not adjust recovery treatments for each patient. This means that a person's qualities that could impact the effectiveness of treatment, such as gender, are not considered.¹⁶² The results for the Survey of Experts in States' Drug Policy also state there is a large gap in the accessibility and quality of recovery services between different socioeconomic classes in Brazil.¹⁶³ Although Brazil does rely on some punitive measures to reduce drug use rates, there have been recent

efforts to move away from them. In 2024, Brazil decriminalized the use and possession of cannabis for non-medical uses. Advocates for health-based drug policies in Brazil stated this action was a large success. They predicted this would reduce overpopulation in prisons and violence in drug trafficking.¹⁶⁴

Other examples include India, South Africa, Mexico, Argentina, and Thailand. India and South Africa have made progress in integrating substance abuse treatment into their healthcare, but resources are limited and stigma continues to be an obstacle.¹⁶⁵ These countries should focus on expanding resources for health and drug recovery services. They should aim to close the accessibility gap between different groups. This bloc is encouraged to discuss with other countries and blocs. Discussions should center on how they can use their current resources and improve conditions for people with substance use disorders.

158 *Drug Use and Human Rights* (Norwegian Human Rights Institution, 2023), <https://www.nhri.no/en/2023/drug-use-and-human-rights/>.

159 *National Drug Strategy* (Canberra: Commonwealth of Australia, 2017), <https://www.health.gov.au/sites/default/files/national-drug-strategy-2017-2026.pdf>; Daniel Bahr, Mechtchild Dyckmans, *National Strategy on Drug and Addiction Policy* (Drug Commissioner of the Federal Government, 2012), https://www.bundesdrogenbeauftragter.de/assets/EN/Drug_Commissioner_of_the_Federal_Government_Germany_2012_National_Strategy_on_Drug_and_Addiction_Policy.pdf

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163 "Country Profile," The Global Drugs Policy Index, accessed July 20, 2025, <https://globaldrugpolicyindex.net/country-profile/>.

164 Isabela Carvalho, "What Changes Will Arise from the Brazilian Supreme Court's Ruling on Personal Marijuana Use," *Global Voices*, November 14, 2024, <https://globalvoices.org/2024/11/14/what-will-the-brazilian-supreme-courts-ruling-on-personal-use-of-marijuana-change/>.

165 "2-3% Indians addicted to drugs, 90% of them remain untreated: AIIMS director," *The Times of India*, June 27, 2025, <https://timesofindia.indiatimes.com/city/nagpur/23-indians-addicted-to-drugs-90-of-them-remain-untreated-aiims-director/articleshow/122098679>; Tichaenzana Nyashanu, and Maretha Visser, "Treatment barriers among young adults living with a substance use disorder in Tshwane, South Africa," *Substance Abuse Treatment Prevention Policy* 17 no. 1 (November 2022): 75, 10.1186/s13011-022-00501-2

States with Low Service Capacity

These states have continued policies that criminalize drug use and possession. During the CND's meeting in 2020, these countries likely voted against reclassifying marijuana.¹⁶⁶ They continue to establish strict restrictions and harsh punishments for drug-related crimes. Their focus is not on improving or expanding drug treatment, so treatment options for those with substance abuse disorders may be lacking. This bloc may be more involved in the international drug trade, as areas of drug production tend to have higher drug use rates. The countries in this bloc should have scored low on the Service Capacity Index. Their scores should be between 0 and 0.25.¹⁶⁷ Though there are exceptions where the scores can be high, their policies and treatments

do not align with the UN goals of including accessible treatment to healthcare and reducing stigma around users.

The Service Capacity Index gave Iran a score of 0.528.¹⁶⁸ Despite this, Iran continues to stigmatize people with substance abuse disorders. People caught with the possession of over 30 grams of heroin, cocaine, and other drugs receive the death penalty.¹⁶⁹ Of the 615 drug-related executions that took place during 2025 known to Harm Reduction International, 607 executions were from Iran. Countries such as Saudi Arabia and possibly China are suspected to be responsible for the remaining deaths.¹⁷⁰ These strict laws make it difficult for health services to improve the quality of treatment. Current laws and healthcare do not acknowledge that treatments cannot expect complete sobriety from patients. This is because relapsing

is part of the recovery process for drug treatment. This perspective keeps drug treatment from being effective.¹⁷¹

Other countries in this bloc include Pakistan, Nigeria, Yemen, and Sudan. In these countries, healthcare systems face a lack of resources, trained professionals, and infrastructure issues, making programs scarce or inaccessible. Conflict, political instability, and economic difficulties further limit care.¹⁷² This bloc should focus on improving drug treatment and finding a compromise with the UN. Factors of strict drug policies are varied, so solutions will likely be specific to each country's environment. Countries may need to consider reallocating resources from law enforcement to healthcare or research to improve their drug recovery services.

COMMITTEE MISSION

Ensuring countries have reliable and prepared drug recovery services is important. Long-term drug use can have serious impacts on

users' health and quality of life. It can also lead to users developing substance use disorder. The CND does not directly handle drug

recovery services, but its mission is to encourage countries to adopt policies that will improve them. Although the United Nations has

¹⁶⁶ "CND Votes on Recommendations for Cannabis and Cannabis-Related Substances," United Nations Office on Drugs and Crime, December 3, 2020, [//www.unodc.org/unodc/en/frontpage/2020/December/cnd-votes-on-recommendations-for-cannabis-and-cannabis-related-substances.html](https://www.unodc.org/unodc/en/frontpage/2020/December/cnd-votes-on-recommendations-for-cannabis-and-cannabis-related-substances.html).

¹⁶⁷ World Health Organization, "Substance Use Disorders (SCI-SUD)."

¹⁶⁸ World Health Organization, "Substance Use Disorders (SCI-SUD)."

¹⁶⁹ "Iran Must Not Squander Opportunity to End Executions for Drug-Related Offences," Amnesty International, July 28, 2017, <https://www.amnesty.org/en/latest/news/2017/07/iran-must-not-squander-opportunity-to-end-executions-for-drug-related-offences/>.

¹⁷⁰ Nina Motazedhi, "Iran, Saudi Arabia Lead the World in Use of Death Penalty for Drug Offenses," Death Penalty Information Center, June 18, 2025, <https://deathpenaltyinfo.org/iran-saudi-arabia-lead-the-world-in-use-of-death-penalty-for-drug-offenses>.

¹⁷¹ Saeid Mirzaei et al., "Unveiling the Roadblocks: Exploring Substance Use Disorder Treatment Policies in Iran through a Qualitative Lens," *Addiction Science & Clinical Practice* 19, no. 1 (November 2024): 80, <https://doi.org/10.1186/s13722-024-00511-4>.

¹⁷² Moiz Ahmed Khan, and Summaiya Zafar, "From Policy to Practice: Unraveling the Landscape of Healthcare

Challenges in Pakistan," *Journal of Liaquat National Hospital* 3, no. 2 (2025): 144-147, 10.37184/jlnh.2959-1805.3.7 ; Babiker Rahamtalla, Isameldin Medani, Abeer Salih, "The impact of ongoing armed conflict on Sudan's healthcare system: narrative review," *Discover Health Systems*, 4 (2025): 4, <https://doi.org/10.1007/s44250-025-00232-8>

worked with the CND to create a common position on drugs, delegates must consider various particular factors unique to their countries. In this committee, delegates must find solutions that aim to meet CND guidelines for global drug policy for their respective countries. The emphasis of international cooperation in the CND allows for delegates to discuss and share strategies to achieve their goals.

Delegates must take action by reimagining how recovery services can be expanded, modernized, and made accessible for all. This includes strengthening national health systems, ensuring treatments follow international standards, and addressing barriers such as stigma, inequality, and limited funding. Delegates should think critically about how drug policy and treatment can work together to reduce harm and support reintegration into society. Through collaboration, research, and shared responsibility, this committee can help create a future where recovery is both possible and sustainable for every community.

RESEARCH AND PREPARATION QUESTIONS

The following research and preparation questions are meant to help you begin your research on your country's policy. These questions should be carefully considered, as they embody some of the main critical thought and learning objectives surrounding your topic.

Topic A

1. Does your country serve as a major producer of narcotic crops, or is it significantly affected by their cultivation and trade?
2. What sustainable, region-specific alternatives exist in your country to replace the production of narcotic crops?
3. Is your country a key transit route for drug trafficking, and what challenges arise from this role?
4. What national policies or laws regulate the production of narcotic crops, and how effective have they been in reducing cultivation and trafficking?
5. How common is narcotic crop cultivation or use among Indigenous and rural populations in your country, and what measures has the government taken to support or protect these communities?
6. How does your country contribute to international efforts aimed at controlling narcotic crop production and promoting alternative development programs?

Topic B

1. What policies has your country previously implemented regarding drug treatment and recovery services? Have these policies fully supported the expansion and improvement of recovery programs?
2. How has the legality of drug testing and regulation affected your country's ability to develop and provide effective treatment options?
3. What socioeconomic factors influence your country's capacity to produce, distribute, and access drug treatments?
4. How could increased mechanization and technological innovation make drug treatments more affordable and accessible to a wider population?
5. What strategies could be used to improve the training, education, and expertise of recovery service workers to ensure high-quality care?
6. How can your country or domestic organizations use their resources to promote education and awareness about harm reduction and safe drug therapy practices?
7. What steps can be taken to reduce environmental harm and medical waste from drug therapy programs, and what roles do government and non-governmental organizations play in managing these processes?

IMPORTANT DOCUMENTS

Topic A

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