

Reforming international drug policy

“Drugs have destroyed many people, but wrong policies have destroyed many more”, said Kofi Annan, the former UN Secretary-General. Indeed, international drug policy has been fraught with inconsistency and controversy. Global drug control started when the first international drug treaty—the International Opium Convention—was signed at The Hague, Netherlands, in 1912. However, a global system against narcotic drugs was not fully fledged until 1961, when the Single Convention on Narcotic Drugs was adopted. The Convention is an international treaty that seeks to prohibit production and allow supply of narcotic drugs exclusively for medical and scientific purposes, and combats drug trafficking through international cooperation. Although considered as a landmark convention in the history of the campaign against narcotic drugs and the bedrock of the current UN-based global drug control regime, the Single Convention on Narcotic Drugs was also criticised as neither reflecting the huge negative impact of pursuing drug prohibition on public health and human rights nor being scientifically grounded. For the first time in two decades, the UN General Assembly’s Special Session (UNGASS; April 19–21, 2016) will be about the world drug problem. It will be a crucial moment for revisiting and reforming international drug policy.

To inform the Session’s discussions, the Johns Hopkins–Lancet Commission on Drug Policy and Health was launched in New York, USA, on March 24, and is published in today’s issue. The Commission examines the scientific evidence of the impact of drug-control policies on public health. It concludes that drug policies intended to protect people, but based on prohibition and criminalisation, have had detrimental effects on public health in multiple ways and have undermined people’s right to health. For instance, punitive drug policies and laws drive people who use drugs away from health services and contribute to stigma or disrespectful treatment in health services. These outcomes have subsequently fuelled the epidemic of communicable diseases, particularly HIV, viral hepatitis, and tuberculosis, in people who use drugs. Additionally, overdose is a leading cause of mortality in people who inject drugs, and the Commission highlights that drug prohibition exacerbates overdose risks. Furthermore, excessive use of incarceration as a drug-control measure plays a substantial part in driving transmission of

infectious diseases in prisons, while incarceration and high risk of infection in the post-incarceration period contribute to higher rates of hepatitis C virus infection among people who inject drugs in many countries.

The Commission urges UNGASS 2016 to bring public health evidence to bear on the forthcoming debates, and help the world move away from a war on drugs that is essentially a war on people who use drugs. To facilitate this transition, the Commission proposes 11 recommendations. Specifically, it recommends to “decriminalise minor drug offences—use, possession, and petty sale—and strengthen health and social-sector alternatives to criminal sanctions”, and to scale up health services and ensure access to harm-reduction services and controlled drugs for all who need them. A call by the Commission to reprioritise metrics to measure real-world outcomes of relevance to communities (such as health and safety) instead of those narrowly focused on reducing the demand and supply of illegal drugs is also echoed by Dan Werb and colleagues in a letter in this issue.

In 1998, the last UNGASS on the world’s drug problem was convened under the theme “a drug-free world—we can do it!” However, a 10-year review progress towards a drug-free world by UN found that millions more people were using heroin, cocaine, amphetamine-type substances, and cannabis. This report showed that prohibition as a policy has failed dismally. Interestingly, UNGASS 2016 will focus on children and young people. The theme—Achieving the 2019 Goals: A Better Tomorrow for the World’s Youth—refers to goals set in the UN Political Declaration and Plan of Action for drugs agreed at the Commission on Narcotic Drugs in 2009. It will be imperative to reflect on the findings and recommendations of the John Hopkins–Lancet Commission and how it pertains to young people.

As the Commission rightly points out, it is time for UNGASS to put health at the centre of reassessing and reforming international drug policy. In addition to the main UN stakeholders and governments, health professionals too must mobilise and join the debates on drug policy. They should help build a strong evidence base to understand the health issues arising from future drug-control policies, to identify and emulate best practices for public health and safety, and to protect the health and wellbeing of future generations. [The Lancet](#)



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For the 10-year review progress towards a drug-free world by UN see https://www.unodc.org/documents/wdr/WDR_2008/WDR_2008_eng_web.pdf

For more on drug policy and substance use in young people see [Editorial Lancet Psychiatry](#) 2016; 3: 187