4.1 Controlled drugs and development

There is clear evidence of the nexus between controlled drugs and development, but insufficient effort has been made to identify and implement approaches that address these issues in a cohesive manner. Bridging the current gap between controlled drugs and development programmes will mitigate the negative consequences associated with narrow drug control policies and support the realisation of broader development goals.

Why is it important to link controlled drugs and development?

The UN Millennium Development Goals (MDGs, see Box 1), adopted by 189 world leaders at the UN Millennium Summit in 2000, are the development ‘blueprint’ agreed to by all the world’s countries and leading development institutions intended to drive this century’s international development efforts. Although aiming to capture the key development areas where concerted efforts are essential, the eight MDGs and targets do not make a single reference to the issue of controlled drugs. Further, the UN agency responsible for controlled drugs, UNODC, is not included in the 27 UN agencies that are partners to the MDGs.

The absence of references to controlled drugs in the core development aspirations for the 21st century is indicative of a lack of attention to the link between drugs and development. This is particularly striking with regard to the first MDG, which addresses poverty, since drug problems are most often both a cause and consequence of poverty. Development constraints, in particular a lack of realistic economic alternatives, often foster drug cultivation, supply and consumption. In turn, drug use often results in a range of other development problems, including loss of productivity, poor health and negative impacts on community cohesion.

Despite clear evidence of the nexus between controlled drugs and development, little effort has been made by the development community to identify approaches that address these issues together in a cohesive manner. Yet the integration of drug components into programmes in the fields of rural development, poverty reduction, gender, HIV/AIDS, environmental protection and good governance, can bring results that are more sustainable and more likely to produce a long-term positive and wider development impact than projects with a narrow focus on drugs.
Understanding the nexus between controlled drugs and development

There are clear links between controlled drugs and development. For example, drug dependence can contribute to diminished health, leading to higher healthcare costs and decreased earning at the population level. This is most noticeable in the area of HIV/AIDS, where sharing contaminated needles increases the risk of HIV infection among people who inject drugs and fuels the broader spread of the epidemic. In addition, involvement in the illicit drug market absorbs people and resources that would otherwise be employed in licit economic activities, and the huge profits associated with the drug market foster organised crime and corruption, which in turn inhibit the development of good governance. Environmental degradation resulting from the cultivation and refinement of naturally derived drugs is also widely documented.  

Drug policy itself has a direct impact on development objectives. Many communities that grow opium or coca, for example, do so because of lack of realistic economic alternatives. Short-term crop-eradication campaigns have been extremely costly and have often destroyed drug-producing communities’ only form of economic survival, without providing alternatives to those affected. In addition, drug law enforcement results in significant numbers of people being incarcerated for minor possession charges, resulting in prison overcrowding, further depriving families and workforces of economic providers. Such policies also divert resources from other priority areas, such as investments in public health and education. This relates not only to the huge costs of finding and destroying drugs but also to the economic, human, health and social costs to societies across the world, resulting from the marginalisation, discrimination against, and repression of people who grow and use drugs.

Exerting pressure on drug control projects to deliver immediate, tangible ‘drug-centred’ results is socially and economically counter-productive, and bears evident short- and long-term negative consequences on broader development objectives. The idea of ‘rapid success’ can rarely be applied to drug control. In the same vein, development cannot happen overnight.
Tackling controlled drugs through the Millennium Development Goals

To address the disconnect between drugs and development strategies, it may be useful to start by recognising that drug policies are linked to the MDGs.

Drug policy and the eradication of poverty

*MDG 1 aims to reduce by half the proportion of people living on less than a dollar a day.*

Addressing poverty in drug-producing areas

Drug crops often represent a key element of smallholder families’ survival strategy. Drug production is mainly concentrated in developing countries and undertaken by the poorest and most vulnerable groups. They often inhabit hostile environments, and are subject to inequitable land tenure and credit arrangements. They usually only receive a share of the final crop or may be forced to sell their share in advance at prices well below the harvest time rate. The farmers usually benefit very little in terms of revenue. In Afghanistan, for example, less than 20% of the US$3 billion in opium profits goes to impoverished farmers, while more than 80% goes into the pockets of Afghan’s opium traffickers and their political connections. Even heftier profits are generated outside of Afghanistan by international drug traffickers. This reality is being played out in many other countries, including opium-producing countries such as Burma/Myanmar, or coca-producing countries such as Colombia or Peru.

Drug control responses in drug-producing areas have traditionally taken the form of standardised ‘one-size-fits-all’ opium/coca bans, crop eradication and the criminalisation of producers. Even where there have been attempts to promote alternative livelihoods, these have often been unrealistic in terms of the alternatives pursued (e.g. production of goods without market access or inadequate to the local geographical contexts), or too short term to enable communities to make the necessary adjustments. The effects of drug control measures in terms of sustainable reductions in poverty have been mainly negative: many communities that used to cultivate drugs now face food shortages, reduced access to health and education due to diminished incomes, growing indebtedness, displacement and/or forced migration. The vacuum left by the sudden disappearance of their primary source of economic survival can sometimes force these communities to engage in survival alternatives involving sex work or increased participation in the drug trade.

Repressive measures against consumers and producers demonstrably reduce neither the consumption nor the cultivation of crops destined for the illicit drug market in the long term. Yet, their impacts can push further the spiral of violence (see Section 4.2: Reducing drug market violence), poverty and migration, and raise prices on the illicit market, which in turn makes cultivation and trafficking attractive.

Some positive alternatives exist – in some Latin American and South East Asian drug-producing areas, promising approaches have recently been developed. These programmes focus on long-term strategies that address the indirect causes of the drug problem, going beyond the immediate objectives of drug control (see Section 4.3: Promoting alternative livelihoods). A number of lessons have been learned from such approaches and are discussed below.

• Programmes must go beyond the immediate objective of crop eradication and aim instead at breaking those cycles that hinder human development and stability. Crop eradication should happen only within the context of broader rural development and programmes for poverty reduction, to ameliorate drug-producing communities’ living conditions and break their dependence on the drug economy.

Long-term strategies should be developed to address the indirect causes of the drug problem, going beyond the immediate objectives of drug control.
Programmes need to prioritise increasing food production, strengthening and diversifying income-generating opportunities and markets, and improving access to education and health services.

Efforts should be undertaken to improve opportunities for participation by marginalised groups – such as ethnic minorities, indigenous people, women and young people – in the design and implementation of these programmes, to reduce their vulnerability to drug production, couriering and use.

Areas where cultivation of crops destined for the drug market takes place are heterogeneous in terms of the nature and size of cultivation zones, and socio-cultural, ethnic, economic, legal and political structures. Policies must incorporate local culture and the knowledge and skills of local communities.

Long-term efforts to improve institutional frameworks should be an overarching objective of any drugs and development programmes (e.g. promote dialogue between government agencies and marginalised groups, increase the efficiency and transparency of public institutions, and address human rights violations).

In societies that experience socio-economic transition, development efforts should address social and economic inequality, particularly among young people.10

**Addressing poverty in drug-using communities**

Attempts to reduce consumption by imposing legal sanctions have failed to curb drug use. The deterrence principle has often exacerbated the social marginalisation of such groups. Overall, the recourse to criminal justice measures to respond to what are primarily health and socio-economic issues has been inappropriate. There is ample room for addressing drug use, its causes and its consequences within social protection strategies. Social protection nets within development programmes need to be remodelled in order to reach vulnerable people who are, or may become, involved in the drug market.

**Drug policy and gender issues**

*MDG 3 calls for the promotion of gender equality and the empowerment of women.*

Over the last decade, gender issues have become a core area of development practitioners’ discussions and have been given a prominent role within the MDGs. However, gender considerations have been largely absent from drug policies. The predominant discourse about women who use drugs is in the context of vulnerability to HIV and STIs.11 Other factors have received little attention in the context of drug policy and overall development strategies, including women’s social status and often low autonomy, social stigma, abuses from the police or courts and fear of punishment or loss of child custody, and the lack of women-centred health care and treatment services for harm reduction and drug dependence.12

Programmes and policies have also taken little notice of the particular role played by women in drug cultivation and trafficking. Women are involved in most stages of opium poppy cultivation, and in areas of conflict are often required to fill the labour gap left by men involved in the conflict. Furthermore, women are often used as drug couriers for drug trafficking (see Box 2).
From 2006 to 2009, the number of foreign women detained for drug-trafficking offences in Brazil rose by 253%. Similarly, in the last decade, the female UK prison population has doubled and is still rising. Official UK statistics show a 60% increase in the number of foreign national female prisoners who have committed drug offences, mainly drug trafficking. These are almost always first-time offenders from the poorest countries in the world, with the majority coming from Jamaica and Nigeria. These ‘international drug traffickers’ are in fact drug couriers. Despite the extreme dangers they face, the reason women become drug couriers is a relatively simple one – it is almost always due to situations of extreme poverty.

Incarcerating these women for lengthy sentences (in most cases between 6 and 8 years in the UK) has had little impact on the large global trafficking networks, which can rely on an endless, easily replaceable pool of desperate couriers. Rather, poverty-reduction approaches, income-generating programmes and women-empowerment strategies in the countries of origin would surely be more effective measures. This would prevent these women from falling prey to the exploitation of criminal groups, and deprive the large drug-trafficking organisations of this cheap and expendable manpower resource, upon whose desperation traffickers build their money and power.

A few programmes do incorporate strategies that place a genuine focus on the needs and particular characteristics of women affected by controlled drugs, with special attention to their cultural and social contexts. Where they exist, such strategies:

- ensure that gender assessments are part of the situation analysis for all drugs and development projects, and that programmes are designed to ensure women and men’s equitable participation and access to services
- identify and address legal, political, socio-economic and cultural barriers that keep women vulnerable to drug traffickers
- promote awareness and education campaigns to reduce stigma and empower communities to address women’s drug-use problems
- promote gender-responsive drug programmes through advocacy and networking at the international, national and community levels and within multi-sector programmes; women’s needs should be included in guidelines, targets and drug strategies (see Box 3)
- link treatment programmes for drug dependence and facilities such as prenatal and obstetric/gynaecological services, child welfare/protection services, crisis services including women’s shelters or sexual assault services and mental health services, to provide the array of support that women require
- ensure that women who use drugs can benefit from the protection of the law in full respect of their rights
- address linkages between drug use and sex work by, for example, reaching sex workers through harm reduction services or partnering with programmes targeted at sex workers, to provide harm reduction services.
The HIV/AIDS Asia Regional Programme (HAARP) supports gender-sensitive harm reduction programmes in South East Asia. The HAARP gender integration strategy, developed in 2008, includes a ‘gender checklist’. The HAARP Technical Support Unit first used this checklist to guide a consultation process with country programmes to help them reflect on their progress, challenges and opportunities in relation to gender-responsive programming. The checklist includes various statements that describe different aspects of a good-quality gender-responsive programme. These components are listed under the following headings:

- partnerships and engagement
- capacity building
- programmes and services
- monitoring and evaluation.

Country programmes can use this checklist to assess their progress towards comprehensive, gender-sensitive programming for both men and women who inject drugs, as well as their partners and spouses.

Drug policy, HIV prevention, and public health

MDG 6 calls for the halting and reversing of the spread of HIV/AIDS and the achievement of universal access to treatment for HIV/AIDS.

In many parts of the world, the HIV epidemic is driven by the sharing of contaminated equipment for injecting drug use. Efforts in most countries to develop and implement pragmatic health-driven and harm reduction responses to drug use have sometimes been limited or undermined by drug policies based primarily on punitive approaches. The criminalisation of drug use and possession can hinder attempts by people who inject drugs to engage with available HIV prevention, treatment and care services. According to non-governmental sources reporting to UNAIDS, only 16% of countries have laws or regulations protecting people who use drugs from discrimination. It is further estimated that 40% of countries have laws that interfere with the ability of service providers to reach people who inject drugs. In particular, restrictions on access to OST for people dependent on opioids constitute an important barrier to HIV prevention and other public health efforts.

Evidence-based harm reduction strategies are effective in reducing HIV transmission among people who use drugs.

There are a number of evidence-based harm reduction services that can be offered to people who use drugs. These include, for example, OST and NSPs (for more information, see Section 3.2: Harm reduction).
Drug policy and the protection of the environment

MDG 7 seeks to integrate sustainable development into country policies and reverse the loss of environmental resources.

There are numerous opportunities and ways to link environmental protection strategies with programmes to reduce supply within such a framework.

Crop eradication is a major cause of deforestation as farmers move cultivation to remote areas after their fields have been destroyed. In the Andean-Amazon region, this often involves burning down plots in national parks and the tropical forest, resulting in great damage to rich but fragile eco-systems.

A number of environmental and health consequences are also associated with crop eradication. In Colombia, the glyphosate sprayed over coca fields by US planes has caused gastrointestinal problems, fevers, headaches, nausea, colds and vomiting in people, and similar effects have been detected in animals. The spraying has sometimes forced whole villages to be abandoned.

Management of natural resources in drug-cultivating regions is often inappropriate and results in increasing clearance of forests and drug cultivation in conjunction with drug trafficking. To counter these problems, a number of measures have been locally considered and/or implemented (see Box 4), including:

- development of new approaches for the cultivation and processing of agricultural products; these can include supporting small producers’ associations in sectors such as fish farming, fruit growing and product enhancement (e.g. fruit juices) and in the marketing of these products
- promotion of agricultural and forestry measures, with particular emphasis on environmental compatibility, as well as off-farm measures
- transformation of indigenous populations’ extensive knowledge on the cultivation of medicinal plants into income-generating opportunities for their communities
- support to small and medium-sized livestock farmers to promote economically sustainable, and socially self-reliant, livestock farming, by making production and marketing both more profitable and more ecologically sound.

Box 4. Promoting legal sources of income in drug-cultivation zones in Peru

The Selva Central Region of Peru is prone to drug cultivation because it attracts migrants from the uplands and offers limited licit income-generating opportunities. Management of natural resources in the region is usually inappropriate. One result of this is increasing clearance of the tropical forest; another is the possible expansion of coca cultivation in conjunction with drug trafficking and all the negative effects on the ecology, economy and social infrastructure that that entails.

The ‘Promoting the Production of Niche Products in Two Coca Cultivation Regions of Peru’ project was launched in 1997 to support selected indigenous producer groups in diversifying and marketing their medicinal plants and non-timber forest products. The aim was not only to transform the indigenous population’s extensive knowledge on medicinal plants into income-generating opportunities for their communities, but also to help counteract the marginalisation of drug policies should seek to protect the environment.
these groups. Since they did not own any coca fields, they were usually not included in alternative development projects. Yet, these communities, which comprise around 5–10% of the population in the cultivation zones, were continuously subject to cultural and socio-economic pressures and the threat of displacement. Building on the indigenous groups’ existing knowledge, it proved possible to both increase and assure the quality of products, and contacts were established with distributors to market the exportable products.

For the indigenous population, the cultivation and marketing of native medicinal plants is an economic option that is socially and ecologically compatible, is rooted in their traditional knowledge, and at the same time permits integration into modern markets. These types of projects aim to ensure that natural resources and traditional knowledge are valued and protected, while legal economic and social structures are strengthened and made more sustainable, in order to undermine the foundations of illicit activities.

A wider partnership for development

At the 2010 UN Summit, world leaders reiterated that ‘all the Millennium Development Goals are interconnected and mutually reinforcing’ and underlined the need to pursue the MDGs through a holistic and comprehensive approach. Regrettably, they have so far failed to address the interconnection between drugs and development, which has inevitably severed any holistic and comprehensive approach to the pursuit of the MDGs, and hindered the achievement of lasting success in those areas.

Over the years, partners in co-operation have adopted differing positions and disjointed approaches to drugs and development. This is despite collective endorsement of the MDGs and other guiding principles, such as those articulated in the UN drug conventions and the 1998 United Nations General Assembly Special Session on Drugs, which include the principle of human development based on shared responsibility for drug consumption, trafficking and cultivation. The collective endorsement of the MDGs has had little impact on the practice of disjointed drugs and development approaches.

The USA, for example, has put huge efforts into eradicating drug crops as a means to reduce supply, whereas the EU prioritises the establishment of sustainable licit livelihood systems before crop eradication and operates on the basis that development co-operation should not be conditional on particular drug control targets. Overall, very few international donors have sought to reduce drug-related problems by promoting broader development processes. Even fewer have seen drug control as an instrument of human development or understood that supply reduction is more likely to result from long-term integrated development processes than from short-term interventions that bear severe consequences for the communities concerned.

Regardless of the approach, it is now clear that drugs and development projects implemented in isolation from one another have not been able to reduce the harms associated with the global drug market, nor have they enhanced socio-economic development. Conversely, some have created new vulnerabilities and/or exacerbated existing ones.

While the severity of the drug crisis has triggered some important calls for a critical review of current drug control strategies (see Section 2.1: Drug law reform), it is also time to broaden the scope of the analysis and action and adopt more comprehensive policies. Policies and strategies must jointly
address the causes of the problem (especially those directly resulting from narrow drug control policies) rather than simply its symptoms. Hence, drug use needs to be addressed in conjunction with issues of unemployment, social exclusion, discrimination and poor housing and health care, especially among marginalised communities; drug production and drug-couriering must be linked to rural development and poverty reduction; and drug trafficking must be tackled by targeting the real beneficiaries of drug profits and must thus be linked to strategies that tackle money laundering and organised crime.

Alternative political strategies should also seriously consider options in relation to the depenalisation, decriminalisation or legal regulation of drug consumption and/or production (see Section 2.1: Drug policy reform).

Recommendations

1) Considerations of short- and long-term impact on social and economic development, with particular attention to the MDGs’ objectives and targets, should be the foundations upon which to build comprehensive development approaches to controlled drugs.

2) Drugs and development programmes must be bridged, and involve all relevant stakeholders in the design and implementation of integrated policies.

3) A common language and understanding of the overall objectives of drug policy and development must be agreed upon by all stakeholders working on drug policy and development, prior to the design of drugs and development programmes.

4) Integrated drugs and development programmes should promote positive change in the lives of people involved in drug production, couriering, trafficking and consumption, in order to provide them with viable alternatives to the illicit drug market. These programmes should address specific gender-related issues.

5) Drug policies should no longer aim to reduce the scale of the drug market but should aspire to reduce the harms associated with these markets through a development-oriented approach (see Section 4.2: Reducing drug market violence).

6) Alternative livelihoods should be promoted as the only viable option for reducing the production of crops used in the illicit drug market (see Section 4.3: Promoting alternative livelihoods).

7) Drug policies enshrined in development programmes should seek to promote the economic, social and cultural rights of indigenous people and use their knowledge, experience and participation to develop policies and programmes that affect them (see Section 4.4: Protecting the rights of indigenous people).

Key resources

Drugs and Development Programme & Deutsche Gesellschaft für Technische Zusammenarbeit GTZ (2001), Drugs and development in Latin America (German Federal Ministry for Economic Cooperation and Development (BMZ) and the Deutsche)


Endnotes


This is particularly the case of East Asian countries. Higher-than-average levels of social and economic development seem to favour methamphetamine use by younger populations, particularly school-age youngsters and university students in Thailand, Macao and Hong Kong. Rapid socio-economic changes in this region also mean that the poorest and most vulnerable groups in society (such as for example truck drivers, fishermen, farmers, migrant workers) are often forced to accept bad working conditions with low pay and long work hours. These factors encourage the use of drugs, particularly amphetamine-type-stimulants, Chouvy P.A., & Meissonnier J. (2005), Yaa Baa: production, traffic, and consumption of methamphetamine in mainland Southeast Asia (Singapore: Singapore University Press).

Female sex workers who inject drugs receive attention because of their elevated HIV risk and potential to act as a so-called ‘bridge’ by which HIV can be transmitted to sex worker clients and then to their non-sex-worker partners. Research on sex workers who inject drugs is often narrowly focused, concentrating on the containment of sex workers who inject drugs as a ‘vector of disease’, rather than on the health, safety, and human rights of people who use drugs or sex workers themselves. See Pinkham S, Malinowska-Sempruch K (2007), Women, harm reduction, and HIV (New York: International Harm Reduction Development Program of the Open Society Institute)


HIV/AIDS Asia Regional Programme (HAARP) (2008), Gender integration strategy, http://www.haarp-online.org/Link-Click.aspx?fileticket=Us_k4jMTM_o%3D&tabid=2171


EU presidency paper (4 July 2008), Key points identified by EU experts to be included in the conclusion of the open-ended intergovernmental expert working group on international cooperation on the eradication of illicit drug crops and on alternative development (Vienna: United Nations Office on Drugs and Crime), http://www.idpc.net/sites/default/files/library/UNODCEND2008WG33.pdf

A notable exception is Germany, which pursues drug control objectives within wider development strategies under the concept of “development-oriented drug control”. See http://idpc.net/sites/default/files/library/development-oriented-drug-policy.pdf