



THE WORLD DRUG REPORT 2019: **PERSPECTIVES ON PROTECTING PUBLIC HEALTH**

November 2019



Key points

- Incorporating new data sets, the World Drug Report 2019 does much to 'shed further light on the world drug problem' and, while unavoidably acknowledging enduring uncertainty and increasing complexity regarding numerous aspects of the illicit market, continues in many instances to integrate discussion of market interventions with the pursuit of the Sustainable Development Goals.
- Within the context of new data from India and Nigeria, the Report shows that the number of people who are thought to suffer from 'drug use disorders' is now estimated to be 35.5 million, with 585,000 people estimated to have died as a result of drug use in 2017, more than half of which were the result of untreated hepatitis C.
- The Report acknowledges once again a 'treatment gap' in relation to hepatitis C, HIV, and active tuberculosis as well as an alarming ongoing shortfall in a range of harm reduction services and concludes that public health responses continue to fall short.
- While only mentioned in passing within largely balanced discussion of regulated markets for non-medical adult cannabis use, reference to commercial companies rapidly replacing artisanal producers of cannabis and associated public health considerations raises increasingly pressing questions concerning social justice and fair(er) trade approaches to the fast emerging cannabis industry in different parts of the world.
- The Report's analysis of the 'other opioid crisis', the 'non-medical' use of tramadol in Africa, uses emerging data to provide a useful picture of the illicit market in some countries and helps highlight systemic tensions between medical access and drug control. Nonetheless, it avoids discussion of alternative approaches to protecting public health, including treating the issue as a 'medicrime' rather than a straightforward drug control issue.
- The Report's ongoing acknowledgment of not only the need for better data, but also its brief recognition of a need to reconsider how to measure the success of law enforcement activities, is positive. Yet, in accentuating the integral place of law enforcement within drug, the Report arguably overlooks the risks associated with policy displacement.
- Mindful of the Report's considerable capacity to influence policy debates and determine the narrative for inter-state as well as inter-agency discussion, perhaps the UNODC could do more to deploy its synthesised data and in-house expertise to help member states re-frame conceptions of public health and how it might be achieved.

Introduction

With the Ministerial Declaration of March 2019 having ostensibly set the direction of international drug policy for the next decade or so,¹ the launch of the *2019 World Drug Report* only three months later was arguably surrounded by less expectation than the year before. Then, while missing the opportunity to provide a review of progress made in the 10 years since the Political Declaration,² its contents still had the potential to feed directly into the deliberations surrounding the UN's latest soft law instrument pertaining to drugs. Nonetheless, as is the case regardless of the UN's own review cycle, the *World Drug Report* remains significant. Not only does it provide much needed information to member states about the global drug situation, generally referred to simply as the 'world drug problem', but its contents also do much to set the 'mood music' for debates within the Commission on Narcotic Drugs (CND or Commission), the UN's central policy making body on the issue, as well as signpost key points for discussion beyond the rarefied conference rooms of the United Nations Office in Vienna. And so it was that this year's edition of the United Nations Office on Drugs and Crime (UNODC or Office) flagship publication was launched in the Austrian capital on – as is traditional – 26 June; the United Nations International Day against Drug Abuse and Illicit Trafficking.

While retaining the separate 'reader-friendly' booklet format introduced in 2017, for the first time in the publication's history this year's *Report* groups drugs by their psychopharmacological effect. As such, following on from the summary and overview of latest estimates of, and trends in, supply, use and 'health consequences' contained within booklets 1 and 2 respectively, the three subsequent booklets look more specifically at recent trends in the markets for depressants (including opioids, sedatives, tranquilisers and hypnotics), stimulants (including cocaine, amphetamine-type stimulants and new psychoactive substances) and cannabis and hallucinogens.³ The substantial section on cannabis in booklet 5 also includes a full and largely unpoliticised review of the latest developments in the increasing number of jurisdictions that have adopted measures permitting non-medical use of the substance. Despite this relatively substantial re-ordering of data and related analysis, the central themes remain familiar, if more nuanced.

As one has come to expect from the UNODC, the 2019 *Report* – to borrow Mr. Fedotov's words in the

Preface – certainly does a great deal to 'shed further light on the world drug problem' (1, p. 2) across the broad spectrum of what is a multi-faceted issue area. In line with the now usual high standards, when read together, the set of booklets provide full and detailed sets of data and analysis about, among other things, fluctuations in drug crop cultivation, shifting and increasingly complex trafficking patterns (including in relation to the darknet) and the worrying and ongoing boom in the synthetic opioid market, particularly in North America. Following previous years' practice, the Office also offers quite detailed 'Conclusions and Policy Implications' (1, pp. 23-29) and, acknowledging enduring uncertainty concerning many aspects of the illicit market, continues in many instances to integrate discussion of market interventions with the pursuit of the Sustainable Development Goals (SDGs). Our focus here, however, relates to several specific issues raised at various points and to varying extents within the *Report*. Rather than exclusively critiquing the publication itself and in its entirety, this analysis uses selectively the *Report's* contents as entry points to not only highlight ongoing issues of concern but also to help initiate discussion about aspects of dynamic drug markets and associated policy responses that receive less attention. As such, using the issue of public health as a unifying theme, analysis here begins with the familiar issue of the adverse health consequences associated with the use of drugs. It then moves on to more in-depth discussion of emerging legal frameworks around regulated cannabis markets, the non-medical use of tramadol in Africa and some related discussion of data, metrics and law enforcement.

Better data reveals increasing complexity and ongoing concerns for 'adverse health consequences'

The global state of drug use

Continuing a central theme of recent editions of the publication, the 2019 *Report* once again acknowledges the unavoidable fact that the global situation is becoming ever more complicated and consequently generating 'increasingly complex challenges' for the international community (1, p. 23).⁴ As the Office noted on the *Report's* launch, the 'Severity and complexity of the World Drug Situation [is] increasing'.⁵ Moreover, the Executive Director highlights in his Preface how 'The findings of this year's *World Drug Report* fill in and further complicate the

global picture of challenges' and in so doing points to improved research and, significantly, what is referred to at various points within the publication as 'more precise data' from India and Nigeria. These are both states, it is stressed, that are 'amongst the most populous countries in the world' (1, p. 1). Consequent inclusion of this new data has a noticeable and recognised impact upon the picture presented. Although not explicitly discussed, what should certainly be regarded as progress in terms of the scope of data capture also does much to further emphasize the high levels of uncertainty that continue to surround any understanding of the global illicit drug market. Despite information from the new surveys, with a paucity of information still characterising the state of play in large parts of Africa and Asia, it is natural to wonder what impact the inclusion of other previously hidden populations may have on the information contained within and conclusions of future *Reports*. Judging from the information contained within this year's publication, it seems fair to conclude that current upward trends in drug use and cases of 'drug use disorders' – defined by the UNODC as 'people whose drug use is harmful to the point that they may experience drug dependence and/or require treatment' – as well as drug market complexity in general are likely to continue.

To be sure, readers are informed that, with 'Improved data' sharpening 'understanding of drug use globally', the number of people using drugs is higher than in 2009; the year it should be recalled that the international community agreed a Political Declaration and Plan of Action that set 2019 as a target date for 'States to eliminate or reduce significantly' key aspects of the world illicit drug market.⁶ More precisely, it is revealed that 'In 2017, an estimated 271 million people', or 5.5% of the global population aged 16-64, had used drugs in the previous year. 'While that figure is similar to the 2016 estimate, a longer-term view reveals that the number of people who use drugs is now 30 per cent higher than it was in 2009, when 210 million had used drugs in the previous year' (1, p. 7). In examining this increase – and implicitly acknowledging that for a variety of complex reasons, human beings are inclined to use a range of psychoactive substances – as in previous years the *Report* goes on to explain that the increase is 'in part' due to the 10 per cent growth in global population aged 15-64. Nonetheless, we are informed how 'data now show a higher prevalence of the use of opioids in Africa, Asia, Europe and North America and the use of cannabis in North America, South America and Asia' (1, p. 7). Indeed, the most recent information shows that 'The

most widely used drug continues to be cannabis, with an estimated 188 million people having used the drug in the previous year' although 'the prevalence of cannabis use has remained broadly stable at the global level for a decade, even with rising trend in the Americas and Asia (1, p. 7). Explanation for the higher estimates of people who use opioids (53.4 million past year users in 2017 equating to 56 per cent higher than the estimate for 2016) rests on the 'improved knowledge of the extent of drug use from new surveys' conducted in India and Nigeria (1, p. 7). With this new information, the *Report* shows that the number of people who are thought to suffer from 'drug use disorders' is now estimated to be 35.5 million; 15 per cent higher than the previous estimate of 30.5 million (1, p. 8).

Assessing the health harms associated with drug consumption

Within this context, as suggested above, the *Report* continues the welcome practice of devoting considerable attention to 'health consequences' and, in so doing, reprises some unfortunately recognisable themes. Readers are informed, for instance, that the 'adverse health consequences associated with the use of drugs remains considerable', especially regarding people who inject drugs in relation to HIV and hepatitis C. Applying the 'Deaths and years of "healthy" life lost (DALYs)' to the issue (2, p. 20), the UNODC stresses that DALYs 'attributed to the use of drugs remain unacceptably high'. A striking figure in this regard, and one that receives prominence in Mr. Fedotov's Preface as well as other parts of the main text, is that 'Some 585,000 people are estimated to have died as a result of drug use in 2017', more than half of which were the result of untreated hepatitis C. It is noted how 'almost one third were attributed to drug use disorders' with 'Most (two thirds) of the deaths attributed to drug use disorders' relating to opioid use. As discussed in previous IDPC analyses of the *World Drug Report*, it can be argued that the deployment of DALYs can be problematic. This includes the omission of any consideration of the negative impacts of some policy choices on drug-related harms; a wide ranging set of interconnecting factors including not only drug-related deaths and directly attributable morbidity but also the health consequences of criminalisation, stigma and related discrimination.⁷ Nonetheless, it is alarming to note that the 2019 *Report* estimates that 42 million years of 'healthy' life are lost (through premature death and years lived with a disability) as a result of drug use.

Moreover, and mindful of the availability of new direct-acting-antivirals for hepatitis C,⁸ it remains unacceptable that, as the publication states, ‘progress in scaling up-prevention and treatment services among PWID has been slow’ (1, p. 19). Broadening out what is referred to at various points as the treatment ‘gap’ to include HIV, active tuberculosis and the shortfall in a range of harm reduction services, the *Report* recaps many of the same issues as last year, and as explored in detail in the IDPC’s corresponding analysis.⁹ In stressing that only one in seven people dependent on drugs receive treatment each year, while the authors once again mention the gender dimension, they pay particular attention to the inadequate level of provision in prison settings and concludes in general terms that ‘Public health responses continue to fall short’. Consequently, it is stressed, ‘Effective treatment interventions based on scientific evidence and in line with international human rights obligations are not as available or accessible as they need to be’ (1, p. 23) with the Executive Director using his Preface to highlight that ‘This gap represents a major impediment to achieving the Sustainable Development Goals and fulfilling the international communities pledge to leave no one behind’ (1, p. 1). On this point, it is once again welcome to see the UNODC urge national governments and the international community more broadly ‘step up interventions to address this gap’ (1, p. 23), increase ‘commitments and resources’ (1, p. 23) and ensure system-wide coherence around the SDGs; all points the IDPC has also stressed on a number of occasions in recent years.

The evolution of non-medical cannabis markets: A passing comment raising significant issues

Mindful of both its ongoing status as the most widely used drug for non-medical and non-scientific purposes and its role in initiating substantial policy shifts in some parts of the world, it is no surprise that cannabis retains a prominent position within the 2019 *Report*, particularly in booklet 5. Here, acknowledging increasingly blurred boundaries, the UNODC examines various aspects of the supply and demand sides of the cannabis market, including in a largely matter-of-fact manner the different regulatory frameworks currently in operation in the United States (especially California and Colorado), Canada and Uruguay and ‘the extent of the non-medical use of cannabis and other public health, safety and criminal justice outcomes’ (5, p. 25).

Among various issues explored, the *Report* notes that cannabis seizures remained stable in 2017, although it is stressed how ‘The smaller quantities of cannabis seized and reported in 2016 and 2017 may have been the result of less reporting in some countries, coupled with possible shifts in the priorities of law enforcement authorities, notably in the Americas, where the largest quantities seized had previously been reported’ (emphasis added) (5, p. 12); a point that once again raises questions concerning the use of process oriented seizure data as a measure of law enforcement oriented policy success. The authors are also keen to draw attention to the fact that seizures of cannabis herb ‘continue to decline markedly’ in North America following major transformations of the cannabis market (5, p. 13) and that the ‘decline in the amounts of cannabis herb reported seized in North America has gone hand in hand with significant increases in the use of cannabis herb in the subregion over the past decade’ (emphasis added) (5, p. 13). The latter is an important point that perhaps could have been explored further, particularly in relation to causal relationships. Moreover, it can be argued that additional discussion might have been useful in relation to an issue raised at various places, namely that despite the fact that ‘one stated aim of legalization was to prevent organized crime groups from generating profits from cannabis... thriving illicit cannabis markets still exist in many of the states in the United States that allow the non-medical use of cannabis’ (1, p. 25). Both are certainly valid points. Nonetheless, a relative lack of analysis concerning both the relationships between seizures and use, as well as the complex dynamics of market transition and restructuring, hints at some ongoing institutional disapproval of the regulated market approach.

Mindful of the richness of the content, several other aspects of the *Report* might be explored in more depth here. However, the rest of this section is devoted to the Office’s cursory mention of an increasingly pressing concern regarding the evolving shape of regulated cannabis markets. As part of its concluding critique of the fast moving landscape, the *Report* validly points out that: ‘While it is too early to assess the ultimate impact of legislation allowing the non-medical use of cannabis in Canada, Uruguay and jurisdictions in the United States of America, some early trends are worthy of close monitoring’. Among those already mentioned, it is noted that ‘Another outcome of such legislation is that commercial companies are rapidly replacing artisanal producers of cannabis. With the market for non-medical use of cannabis expanding

rapidly, profits are more likely to dictate and control the course of the cannabis industry than are public health considerations' (emphasis added) (1, p. 25). Eliciting only a solitary mention in the 'Conclusions and Policy Implications' section – perhaps as an afterthought or as a residue of an earlier draft – this somewhat oblique reference is significant for several reasons. Not only does it tacitly acknowledge that some regulated market structures are deemed preferable to others in terms of public health outcomes, it also touches upon a critical issue within the cannabis policy debate: the potential hazards of corporate capture.

Concerns about commercialisation and public health

While there is growing support for a shift towards regulated markets for the non-medical use of cannabis in many parts of the world, there is also growing concern in some quarters regarding the commercialisation of the emerging cannabis sector and the normally accompanying quest for profit above all else. This is particularly the case within North America; the principal focus of the Report's analysis of regulated cannabis markets and consequently the focus of our attention here. As Emily Dufton writes in her 2017 study of cannabis in the USA, *Grass Roots: The Rise and Fall and Rise of Marijuana in America*, although seen positively by many in the United States, 'legalization has also raised some important questions' among other things, 'about the health and safety of those living in legalized states' and 'the effects of commercialization and business interest in a newly legal marketplace'.¹⁰ More general concerns, including those relating to advertising and public health, have been discussed within academic journals like *Addiction* since at least 2014.¹¹

It is of course reasonable to suggest that some form of income generation has always been part of a complex and often unique set of drivers underpinning cannabis cultivation.¹² Aware of the increasingly hazy boundaries between traditional producer and consumer states, this holds for those engaged in the cannabis market in what might be defined as the 'Global North' and 'Global South'. Nonetheless, it is difficult to equate such a situation with the imperatives of what is increasingly known as 'Big marijuana' or 'Big Cannabis'; a commercial phenomenon that, as the nomenclature suggests, is not unreasonably likened to 'Big Alcohol' and 'Big Tobacco'. On the latter, it is worth highlighting here a 2014 study by researchers from the University of

California, San Francisco. As Ryan Stoa recounts in his 2018 *Craft Weed: Family Farming and the Future of the Marijuana Industry*, having examined 'decades of previously confidential internal communications of tobacco company strategists and executives, researchers found evidence that, as far back as the 1970s, tobacco companies were looking into marijuana as a potential rival product'. Stoa goes on to note that, 'A few corporate documents were all they needed to conclude that "legalizing marijuana opens the market to major corporations, including tobacco companies, which have the financial resources, product design technology...marketing muscle, and political clout to transform the marijuana market." As a result, he continues, the study authors 'urged regulators to prevent big companies from taking over the marijuana market and causing a "public health epidemic"'.¹³

Such a potential 'epidemic' within the USA and beyond is clearly cause for great concern. Nonetheless, it does occasion different responses. For example, some UN member states, as with some sections of drug policy reform-oriented civil society,¹⁴ regard increasing commercialisation as a reason to roll back regulated markets and, where possible, work to prevent their uptake in the first place. This is certainly the view of the Russian Federation. Speaking at the *World Drug Report* launch event on 26 June 2019 in Vienna, a Russian diplomat advanced the view that the 'Report dispels many arguments for cannabis legalisation...commercial companies are a public health problem'.¹⁵ In contrast, IDPC is of the view that, while not without its problems, the benefits of well structured, operated and monitored regulated markets for the non-medical use of cannabis outweigh the myriad costs associated with prohibition of the drug; a policy option that, as the figures above reveal, has done little to reduce its use and as discussed elsewhere is associated with a range of negative consequences. Nevertheless, both perspectives converge to some extent in their concern over the possible negative implications of the increasing engagement by, and growing ascendancy of, large commercial companies and conglomerates. And IDPC, apparently to a similar degree as the UNODC, sees virtue in an artisanal type model which, while clearly unable to secure market dominance, could operate alongside and perhaps even temper large commercial enterprises with careful planning and related legislative checks, and most importantly, through a social justice perspective that would seek redress for the many harms of prohibition for affected communities.

Despite increased use within policy debates, the definition of artisanal cannabis remains vague and is often used inter-changeably with 'craft cannabis'. Nonetheless, as a recent edition of *Marijuana Business Magazine* outlines, there are several key characteristics that underpin the artisanal business approach. First, artisanal producers are generally majority-owned by locals, source inputs locally, produce locally and employ locals. Second, as is to be expected, they produce far less cannabis than larger commercial entities. Third, artisanal producers stress core business values that focus on the equitable treatment of employees and contributing to the community. These principles are considered 'ahead of the bottom line'. And finally, only organic or natural products and environmentally friendly cultivation and production methods are used.¹⁶ Sometimes operating as co-operative ventures, these producers are not charitable non-profit endeavours. Yet in order to be considered artisanal, other factors must come into play. Indeed, and this seems to be the point of the UNODC's observation, while economic viability clearly underpins activity, factors beyond profit, including not just the 'craft' character and quality of products but also the health of the customer, remain crucial. It might be argued that, in the USA at least, such a view is part of a wider concern regarding the potential negative health impacts of the 'industrialization' of food stuffs more generally.¹⁷ Similarly, writing about the situation in Canada, Angelique Moss notes on 'Keeping Stock', an investment tracking website, that 'In some areas of society and even business, choosing quantity over quality may be more advantageous, but the craft culture is beginning to change that'. 'Over the last decades', she continues 'there has been rising consumer demand of high quality, locally produced products. These have some health, taste or environmental benefit and are more about savouring the individual experience, as opposed to made for mass consumption.'¹⁸

Some with knowledge of the sector, like Keith Stroup (founder of the National Organization for the Reform of Marijuana Laws), reckon that fears about 'Big Marijuana' are 'overblown'. According to Stroup, within the USA 'most people, including marijuana activists and state lawmakers, would prefer to see the marijuana industry follow the wine model. Although there are a few major players in the wine industry, most vineyards are small, family owned operations, and Stroup argues that states could easily write size limitations for growers and distributors into their laws, keeping the scale of

the market manageable and monopoly free'.¹⁹ It is true that, as Stoa points out, one of the 'unintended consequences of the federal prohibition of marijuana in the United States is that legal pot-related businesses have remained rather small' with state governments to a greater or lesser extent recognising a 'public benefit'.²⁰ In California, for example, most marijuana farming licenses are granted to farms limited to no more than one acre of marijuana.²¹

Nonetheless, as the licit market evolves, it might be argued that the 'appellation' ideal seems somewhat naive. There is much to be said for the view that 'the rapid transition from black market guerrilla grows into licensed and legal family farms of the twenty-first century has been nothing short of remarkable'²² and that the long-term survival of artisanal growers is likely to be dependent upon specialisation and geographical differentiation so central to the wine industry.²³ Yet, as Stoa stresses in relation to the USA, 'every marijuana farmer knows that the landscape is shifting underneath him or her, without any clarity on what lies ahead'.²⁴

The drivers for change are clear. By 2016, legal marijuana was the fastest-growing industry in the USA with *Forbes* putting revenue for legalized marijuana sales at US\$7.1 billion. *Bloomberg* expects that number to grow to '\$50 billion by 2026 as state-based legalization expands and a growing number of users turn to a legal supply'.²⁵ Mindful of legislative uncertainties, the provenance of such predictions, and of those from industry analysts like Prohibition Partners that 'expect' the total cannabis market within North America to be worth US\$47.3 billion by 2024,²⁶ remain questionable. Yet, within a context where investors appear to be 'buying the rumour and selling the story', it is hardly surprising that big companies are energetically adopting various techniques to ensure market access. These include securing patents, entering into partnerships²⁷ and, for those operating in the USA, positioning themselves for if – or perhaps when – federal prohibition is lifted. And in some instances, in both the USA and Canada, as the market develops it is getting harder for smaller artisan operators to compete due to administrative and financial start-up costs.²⁸ This is particularly so for those that have been growing illegally and are attempting to transition to the licit economy.²⁹

While the cannabis industry is certainly becoming increasingly dominated by big companies, some analysts believe that there might still be a place for

small craft marijuana producers.³⁰ Moreover, according to advocates of small cannabis businesses, 'if the sector evolves under the right conditions, craft will be the future of the marijuana sector. Conversely, they say, under the wrong conditions, craft will perish and leave the space to a handful of cannabis conglomerates.'³¹ In the words of Adam Smith, president of Oregon-based Craft Cannabis Alliance (CCA), 'We are in danger of rushing into implementation of this large industry so quickly and in such a way that it crushes the craft industry that does exist.'³² How the cannabis industry evolves will have a variety of serious implications. Among them are the direct public health consequences associated with commercialisation, as flagged up in the *2019 World Drug Report*. The issue of public health, however, takes on even more significance if the concept is broadened beyond its often narrow confines to include the 'organised efforts of society' to improve the 'entire spectrum of health and well-being, not only the eradication of particular diseases.'³³ When framed in this way, it is only a small step to connect the protection of public health to a related issue of increasing concern: social justice.

Cannabis, social justice and fair(er) trade

The evolution of the 'recreational' cannabis industry in North America has generated a growing awareness of the inequities pertaining to those who, for a range of complex socio-economic reasons, were previously involved in the illicit cannabis trade – and as such the long-time targets of punitive prohibition. With policy shifts, the resultant creation of a lucrative industry and increasing commercialisation has come increasingly vocal calls for the payment of some sort of reparation to the predominantly African-American communities disproportionately affected by previous policy approaches towards the now legal drug, within Canada and 11 states of its southern neighbour.³⁴ Central among a raft of possible reparative interventions is the expungement of criminal records relating to cannabis convictions. This is critical for engagement within the burgeoning market since, although bureaucratic and related financial requirements remain issues of concern, arguably the single biggest barrier is possession of a criminal record; a record often carried by people from 'communities of color' for 'non-violent marijuana offences.'³⁵ Within the USA, many state regulations, as well as a relatively new federal one in the 2018 Farm Bill, 'ban people with drug related felony convictions from working in the cannabis industry'. According to Jenni Avins writing in

Quartz magazine earlier this year, 'Those affected by these bans are statistically more likely to be black, because of systemic biases build into the criminal justice system.'³⁶

The issue of social justice within the rapidly-growing cannabis industry has been steadily gaining momentum within the USA in recent months. Following on from the work of organisations like Equity First, a national alliance of grassroots organisations calling for drug war reparations,³⁷ impassioned statements from high profile politicians like Alexandra Ocasio-Cortez³⁸ have done much to help move it to the mainstream political debate. Evidence of this can be seen in acknowledgment of inherent injustices and support for expungement by a number of Democratic Party Presidential candidates, including Senators Cory Booker and Bernie Sanders and the former Vice President – and ironically 1980s 'drug war champion' – Joseph R Biden.³⁹ In some cases, influential supporters of regulated markets positioned the issue as a key rationale for policy change. For example, in June 2016, prior to the successful November vote in California, lieutenant governor Gavin Newsom told the Cannabis Business Summit that he supported 'legalization' because 'our purpose is social justice, to right the wrong of abject failure which is our war on drugs in the United States of America.'⁴⁰ Even some of the major industry actors that have entered the marijuana market – the estate of Bob Marley and Willie Nelson, for example – have pledged to ensure both the quality of their product and their commitment to sustainability and social justice.⁴¹ Nonetheless, as with more general commitments concerning voluntary ethical standards,⁴² how this will actually play out remains uncertain.

It must be acknowledged that the picture across the USA is not uniform with some states moving to put in place more equitable structures than others. For example, the Massachusetts Cannabis Control Commission aims to include within the emerging industry 'full participation...by people from communities that have previously been disproportionately harmed by marijuana prohibition and enforcement and positively impact those communities.'⁴³ Yet, it is difficult to disagree with the view that the so-called 'Green Boom' is 'leaving many Americans behind; in particular, those with cannabis convictions on their records.'⁴⁴ 'Some critics fear that the "green rush" will do little to achieve social justice,' argues Dufton, even though it was the reason that 'many voted for legalization in the first place'. Amanda Chicago Lewis, writing for *Buzzfeed News*,

reported in March 2016 that the legal cannabis industry inherently benefits whites by excluding from employment anyone with a previous criminal record for marijuana – the bulk of whom are the same young African American men whom legalization was supposed to protect'. Underpinning this view, she also found that 'the number of black-owned dispensaries' was small.⁴⁵

While most of the attention on commercialisation, social justice and public health is devoted to the USA, similar dynamics – and hence concerns – exist within Canada. According to the authors of a 2018 article in the *Canadian Journal of Public Health*, 'Reparations should not just refer to the expungement of criminal records and non-conviction records; they should also address how we structure opportunities to participate in the emerging cannabis sector'. Considering their relevance to the discussion here, it is worth quoting some of Jenna Valleriani, Jennifer Lavalley and Ryan McNeil conclusions in full. As they note:

'Appropriate levels of government should offer tools and support to those harmed by the policing of cannabis, support that should include attention to those with past cannabis-related charges and the opportunity to participate in the legal cannabis industry. To be truly progressive and sincerely invested in public health in a post-prohibition environment, we must consider expungements for Canadians convicted of cannabis offences. So, too, should we ensure equal access to participate in the cannabis industry, as both employees and entrepreneurs, while also offering clear commitments to invest directly in the communities that have been disproportionately affected by cannabis prohibition. Cannabis legalization in Canada, as it currently stands, addresses none of these crucial areas; and as such, many Canadians will not be better off under legalization than they have been under prohibition.'⁴⁶

The paradox highlighted in the final sentence also has a worrying resonance in traditional cannabis producing countries within the Global South. Here serious concerns are growing about the unfolding market dynamics, particularly the activities of many for-profit cannabis companies from the Global North and the threatened exclusion from the market of small-scale and marginalised cannabis farmers. Despite some efforts to assist individuals and communities to transition out of illegality to cultivation for the licit medical market, many

barriers, including those relating to licences and production standards, still exist to entering the licit market. Moreover, even though regulated non-medical cannabis markets in Canada, Uruguay and at the subnational level, the USA, are operating in breach of the UN drug control conventions, a combination of geopolitics and international law currently makes it almost impossible for traditional producer countries, like Jamaica for instance, to supply regulated markets.⁴⁷ Such a situation led the authors of a recent report to stress how dramatic it would be 'if the legally regulated markets that are arising from the ashes of prohibition, ultimately leads to what prohibition intended but never succeeded in achieving: the destruction of the remnants of traditional cannabis cultures that barely managed to survive, and the eradication of illicit cannabis survival economies in the Global South.'⁴⁸ As with debates around social justice and commercialisation in the USA and Canada, there is growing interest in safeguarding the interests of small-scale cannabis farmers in traditional producer countries, a topic explored in some depth in *Fair(er) Trade Options for the Cannabis Market*.⁴⁹ Here the authors conclude that 'A fair(er) trade cannabis model, built around a rights-based, inclusive and environmentally sustainable approach to market engagement, offers a promising way forward'. Moreover, they note, 'Carefully designed regulatory frameworks would not only allow small-scale farmers to work in mutually beneficial partnership or alongside large companies, but could also contribute to achieving the UN's Sustainable Development Goals in those parts of the world where ending poverty remains a pressing concern and to fulfilment of the promise to "leave no one behind"'.⁵⁰ With the relevance of the SDGs to the emerging cannabis market being highlighted by a number of civil society organisations,⁵¹ IDPC hopes that the issue will gain more attention amongst a range of international actors including member states and international agencies, the UNODC key amongst them, that are beginning to put the Sustainable Development Agenda at the core of their activities.

Non-medical tramadol use in Africa

Tramadol: The 'other opioid crisis'?

Although a topic of interest in previous *Reports*, this year's publication devotes considerable space to the non-medical use of tramadol. With, quite rightly

so, substantial expert and public attention focused on the opioid crisis in North America, the UNODC frames discussion of tramadol very much in terms of the 'other opioid crisis' (3, p. 23). Indeed, flagging up a key and reoccurring theme of the *Report*, the Executive Director notes in his Preface, 'The opioid crisis that has featured in far fewer headlines but that requires equally urgent international attention is the non-medical use of the painkiller tramadol, particularly in Africa'. As we shall see, another cross-cutting theme pertaining to tramadol is market uncertainty; something that Mr. Fedotov also mentions in his Preface.

As part of the in-depth analysis of the issue, readers are informed that 'In recent years, tramadol, a synthetic opioid not under international control, has emerged as an opioid of public health concern in many subregions, in particular West, Central and North Africa' with what is not unproblematically referred to as the 'non-medical' use of the drug also 'reported in the Middle East and in other parts of Asia as well as in Europe and North America' (3, p. 23).⁵² According to the UNODC, problems around non-medical use of tramadol occur predominantly in 'middle income and developing countries' where 'health care systems, including for the dispensing of prescription opioids are not well developed or regulated, and where *falsified* or illicitly manufactured/trafficked pharmaceutical opioids are available to meet the demand for the non-medical use of the substance' (emphasis added) (3, p. 23).

Although the *Report* stresses that West and Central Africa have a high prevalence of non-medical use of opioids 'which is dominated by the non-medical use of pharmaceutical opioids, in particular of tramadol', it is also acknowledged that the 'lack of data' of drug use in Africa makes it 'difficult to quantify its trends and level'. In Nigeria, for example, we are informed that the prevalence of pharmaceutical opioids in 2017 was 'estimated at 4.7 per cent of the population aged 15-64 (corresponding to an estimated 4.6 million past-past year users), most of which can be attributed to the non-medical use of tramadol and, to a lesser extent, the non-medical use of codeine and morphine' (3, p. 15). According to some 'early findings' from an ongoing UNODC study presented in some detail in booklet 3, tramadol appears to be one of the most consumed drugs in the country after cannabis, with the drug apparently usually bought from informal markets via illicit production rather than diversion from the legal trade (3, p. 26). It will be interesting to learn more about market dynamics as the research continues.

While national level prevalence estimates are not available for most nations in the Middle East and West, Central and Northern Africa, the *Report* reveals that 'different studies and surveys in a few countries point to widespread use in those subregions'. Moreover, existing research predominantly from Egypt – the state with the most active international interest in the issue⁵³ – also shows that use is the result of a number of reinforcing factors: 'easy availability in pharmacies and on the illicit ("black") market, its low price in comparison with controlled drugs and perception among users, especially young people, that since tramadol is a medication, it does not carry the same level of risk and stigma as the use of other controlled drugs' (3, p. 23).⁵⁴ Improved understanding of the attractiveness of tramadol for non-medical use is certainly enhanced with the *Report's* synthesis of studies from the Middle East and North Africa. These show that multiple drivers for use include tramadol's 'pleasurable effect', 'prolongation of the duration of sexual intercourse, to delay sensation of fatigue, perception that effects are long-lasting and' crucially 'self-medication for pain relief, relief from symptoms of depression, anxiety or other comorbid psychiatric disorders' (3, p. 24); often, although not mentioned, as the result of poor employment opportunities or conditions. Indeed, on this last point, the reality of self-medication with tramadol from non-regulated sources should not be overlooked or downplayed. This is particularly the case in relation to the poorer sections of African societies that simply cannot access pain relief via licit channels: a reality that problematises current usage and understanding of the unnuanced term 'non-medical'.⁵⁵ Research cited within the *Report* also shows how in the those subregions, use is not usually the result of 'iatrogenic addiction...when non-medical use... occurs after receiving treatment for a legitimate medical condition'. Moreover, we are told, the unusual characteristics of tramadol, specifically its dual properties and capacity to act on serotonergic and noradrenergic receptors in the brain, means that it is 'attractive to broad sections of society, including students during examinations and bus and taxi drivers in a number of developing countries, who would not otherwise be using any opioids' (3, p. 25). All of which hints at the complex challenges facing authorities within some states and the need for not only improved data, but also nuanced and balanced policy responses to accompany a better understanding of the non-medical tramadol market as it continues to evolve.

Systemic tensions: Access and control

As with other similar drugs of concern like ketamine,⁵⁶ a core challenge facing UN member states continues to relate to a fundamental aspect of the UN drug control treaties: balancing the dual obligations to prevent drug ‘abuse’ while ensuring availability of and access to controlled substances for medical and scientific purposes. As the discussion here on cannabis demonstrates, recent years have seen seismic policy shifts concerning the non-medical use of some drugs in some states. That said, and as embodied in an entire ‘chapter’ in the 2016 UNGASS Outcome Document,⁵⁷ there has also been a welcome and long overdue increase in interest in the issue of access to controlled drugs, including calls to ensure that the quest to contain and ultimately eliminate ‘illicit’ markets does not distort availability for medical and scientific purposes.⁵⁸ This is an issue that receives welcome attention within the Report’s ‘Conclusions and Policy Implications’ section. Here, under the heading, ‘The global paradox of too much and not enough’, it is noted how ‘Pharmaceutical opioids are essential medicines for the management of pain and other conditions’. ‘Yet’, it goes on to note, ‘a large proportion of the global population continues to have minimal access to such medicines because of legislative, regulatory, administrative and human resource impediments’ (1, p. 25). Moreover, although avoiding discussion surrounding the complex drivers of ‘abuse’ including impediments created by some health care systems, as the Executive Director not unreasonably points out in his Preface, ‘The response to the misuse of tramadol illustrates the difficulties faced by countries in balancing necessary access for medical purposes while curbing abuse – with limited resources and health-care systems that are already struggling to cope – and at the same time clamping down on organized crime and trafficking’ (1, p. 1).

Within this context, it is no surprise that the *Report* gives substantial attention to the trafficking of tramadol. Although once again acknowledging at various points in the discussion the paucity of reliable information, the data show that ‘global seizures of tramadol rose from less than 10 kg in 2010 to almost 9 tons in 2013 and reached a record high of 125 tons in 2017’ (1, p. 11). Further, although ‘information remains limited’ it is suggested that the emerging picture from Nigeria is generalisable and that countries in North Africa and the Near and Middle East are ‘supplied by tramadol specifically manufactured and trafficked for the illegal

market’ (3, p. 46). According to the *Report*, including the initial findings of an ongoing UNODC study in West Africa (3, p. 54) but once again cognisant of data limitations, South Asia is identified as the main source of illicit supply (1, p. 10). As the UNODC notes, ‘Some high dosage packaging found on the illicit markets in Africa suggest that there is specialized manufacturing to supply the illegal market, but more extensive research is required to improve understanding of these dynamics’. ‘Most tramadol seized worldwide over the period 2013-2017’, it continues, ‘seems to have originated in India’ with ‘only India being reported as a country of origin’ in 2017 (3, pp. 53-54).

In relation to this point, the UNODC does quite a good job at walking a tightrope between the differing views held by member states on the international scheduling of the drug. The *Report*, unavoidably, notes that ‘Tramadol is not under international control, even though it is under national control in many countries in Africa, the Middle East, Europe and North America’. And, without mentioning the lead role played by Egypt in recent years,⁵⁹ it also points out that the drug has ‘been considered for critical review by the [WHO] Expert Committee on Drug Dependence six times over the past three decades: in 1992, 2000, 2002, 2006, 2014 and 2018’ (3, p. 53). It is interesting, nonetheless, that while the authors choose to mention a WHO view that the non-medical use of tramadol ‘“has the potential to precipitate drug abuse and/or dependence in humans”’ via citation of a somewhat obscure journal,⁶⁰ there is no reference to the debates surrounding the Expert Committee’s scheduling decisions. As has been explored in detail elsewhere, despite enthusiastic calls for international control from Egypt, many states and civil society organisations – as well as the ECDD itself – regard any such move as hugely detrimental for access in parts of the developing world where for a range of complex reasons tramadol is often the only analgesic available for acute and chronic pain.⁶¹

However, unlike instances in other parts of the UN drug control system where bodies have arguably exceeded their mandate to influence calls for scheduling,⁶² within the context of balancing access and diversion of ‘prescription drugs’ the *Report* simply describes how the ‘Tightening of control of tramadol in countries where its supply originates and in designation countries helps counter the trafficking of such *falsified* medicines’ (emphasis added). Specifically, discussion highlights the introduction, in April 2018, of new

measures under India's 1985 Narcotic Drugs and Psychoactive Substances Act. Clearly considering this a major development with a likely impact on the 'overall trafficking patterns of tramadol' in 'the near future' (3, p. 57), it is noted how changes to the law give 'law enforcement authorities official powers to deal with the illicit manufacturing and smuggling of the substance', including enabling authorities to enter the premises of tramadol laboratories and prosecute those who manufacture tramadol without permission (1, p. 25 & 3, p.57). While stressing in the 'Conclusions and Policy Implications' section how 'such national efforts rely on international cooperation, based on the principle of the shared and common responsibility' (1, p. 25), in relation to tramadol as with other issues elsewhere in the *Report*, the UNODC is keen to play up the role of law enforcement.

Questioning the primacy of a drug control approach

This is not an entirely unreasonable approach. As is noted, tramadol remains medically in 'high demand, yet due to its limited regulation' is a 'source of profit for criminal groups operating in Central, West and North Africa, the Near and Middle East and subregions in Asia'. Consequently, it is legitimate that under certain conditions the illicit trade should be the focus of some, ideally transnational, law enforcement activity and cooperation. Indeed, initial findings from the UNODC's West African study suggest the involvement of a relatively complex range of criminal groups, including those from West Africa based in Asia as well as those from the region (3, p. 54). Yet, as recent research demonstrates, questions remain as to whether the use of the 'criminal justice system – law enforcement efforts to disrupt markets with arrests, fines, and incarcerations – are effective for tackling a public health problem'. Moreover, international experience suggests that they do 'have a range of unintended consequences', including intervention-generated or heightened market violence, criminalisation, imprisonment and marginalisation, 'that may be far more harmful to the public good'.⁶³

It is possible to argue that the UNODC's comments on links between the drug and terrorist organisations are also problematic. Specifically, it is noted that 'The fact that tramadol has been intercepted in areas close to where the Islamic State and some of its associated groups have been active...have given rise to additional concerns that tramadol

trafficking may be used by those groups to finance terrorist activities and that it may also be used non-medically by their fighters to suppress pain caused by injury, to increase endurance and their potential for violence while altering their senses'. 'Shipments to those groups', the authors continue, 'have allegedly been sent from South Asia to countries in West Africa, North Africa and the Middle East, sometimes via Europe' (3, p. 55). As the accompanying references suggest,⁶⁴ and much like other aspects of the non-medical tramadol market, there remains relatively limited research on this topic.⁶⁵ Consequently, care should be taken not to deploy this narrative in an attempt to ramp up calls for international control.

More significant, however, is the more general framing of the issue; something alluded to above in relation to the role of law enforcement in dealing with the non-medical tramadol market. As emphasised in some of the earlier quotations, on several occasions within this year's *Report* the UNODC speak of the non-medical market for tramadol in terms of falsified drugs.⁶⁶ And, as Axel Klein argues, a convincing case can be made that issue of tramadol in Africa would in fact be better considered as a 'medicrime' rather than straightforward drug control.⁶⁷ It is true that only in the past few years have international organisations and member states turned their attention to the trade in counterfeit, falsified and substandard medical products. For instance, the Council of Europe's Medicrime Convention entered into force as recently as 1 January 2016 and currently only has 31 signatures and 16 ratifications, most of the latter by Council members rather than from states within Africa.⁶⁸

That said, according to some analysis, the impact of medicrime in the region is 'far more serious than that of drug trafficking, even though, as tramadol shows, these two categories overlap'.⁶⁹ In tempering this perspective, it is also worth highlighting a point made by Usman Kahn and colleagues in their 2012 *Falsified Medicines and the Global Public's Health* policy report. Here, and underpinning issues raised throughout this discussion, the authors highlight that 'Many more people die or are disabled as a result of not being able to obtain good health care than are harmed by counterfeit treatments. Nevertheless, providing effective protection against medicines falsification is a third global goal, the achievement of which is in the interests of individuals and communities all over the world'.⁷⁰ Moreover, within African states particularly, reframing the issue of tramadol could help focus priorities on 'human and

patient wellbeing’ by generating a much needed shift away from repressive law enforcement-oriented ‘measures against consumers, to tighter regulation in the production and distribution of medications and pharmaceutical substances’.⁷¹

By its very nature a multi-sectoral concern, any effort to ensure access and halt the flow of falsified medicines into the region ‘must involve a wide range of stakeholders, including health care practitioners, the pharmaceutical industry, pharmacists, patient associations, and the public at large’.⁷² Moreover, while the UNODC should not be excluded, from the perspective of international organisational structures it would seem logical to increase the current role of the WHO.⁷³ As with most complex issue areas, a key barrier to any shift towards medicrime will undoubtedly be institutional inertia. This appears to be a particular concern in Africa where, under the broader normative principles of the UN drug control regime and via relationships with a range of international cooperation, aid and foreign assistance programmes, law enforcement agencies seem to be ‘nurtured as the principle champions of public health objectives’. Relating directly to the concept of policy displacement highlighted by a previous Executive Director in 2008,⁷⁴ this may encourage policy makers, ‘possibly at the behest of or in consultation with the dedicated enforcement agencies, avail themselves of control at the expense of other policy options’.⁷⁵ Adding yet another level to the institutional inertia at play, Klein explains how with regard to many states in Africa the watchdog of the drug control conventions, the International Narcotics Control Board, and ‘national drug control and law enforcement agencies have been reinforcing one another in casting tramadol as a “narcotic”, impelled by the gravitational pull of the drug control system and political expedience of unleashing the repressive measures (raids, seizures, arrests) that have now become normalized in the drug control field’.⁷⁶

Data, metrics and law enforcement

With the ongoing review of the Annual Report Questionnaire (ARQ),⁷⁷ a key mechanism through which the UN collects information on various facets of the world’s illicit drug market, due to be reported on at the next main CND session in March 2020, it is fitting – if unsurprising – that the topic of data is once again a prominent and reoccurring theme within the *2019 Report*. As noted in the Report’s ‘Conclusions and Policy Implications’

section, ‘Evolving complexity highlights [the] need for further research’. Indeed, this year’s publication demonstrates a reinforcing dynamic whereby improved data capture mechanisms – in this case in Nigeria and India – reveal increased market scale and complexity, greater magnitudes of drug-related problems and associated deficiencies in government responses. Moreover, it is difficult to argue with the UNODC’s position that ‘The international data collection system needs to be brought up to date in order to reflect the dynamics of both drug use and the supply of controlled substances’ (1, p. 26). The rationale for this view is clear and indicating the perennality of the issue, one highlighted in a major non-UN review of the global illicit drug market at the end of 1998 UNGASS period. Writing in 2009, the authors of a European Commission, Trimbos Instituut, RAND Europe report stressed that ‘A major limitation for the description of problems and policies regarding the world drug problem, as well as for the assessment of the effectiveness of policies is the weakness of existing and lack of availability of relevant data’.⁷⁸

As IDPC has discussed elsewhere, the issue of data capture, however, extends beyond bringing the international data collection system up-to-date vis-à-vis traditional market metrics and indicators. This is particularly so in relation to connecting drug market monitoring and, crucially, policy outcomes to the 2030 Sustainable Development Agenda and its associated goals, including a range of human rights obligations. This would do much to start linking high-order rhetoric in the CND, hard law commitments within a range of human rights conventions and – if somewhat vague – references to these within soft law instruments like the 2016 outcome document and the 2019 Ministerial Declaration with policy interventions on the ground. Clearly, despite the recent development of innovative policy tools,⁷⁹ in this regard there is still much work to be done and it will be interesting to see what the revised ARQ will look like at the Commission in March. That said, in reference to better understanding of ‘complexity and variability of the spectrum of drug trafficking modalities’, it is positive to see the *Report* encourage a change in approach. Acknowledging that only ‘exceedingly large’ seizures may disrupt markets, it is noted how ‘Effectively addressing the supply of drugs requires shifting the focus of law enforcement agencies from measuring success by quantities of drugs seized to dismantling drug trafficking organizations and transnational organized crime groups’

(1, p. 25). While this is the case, within the associated discussion concerning the need for ‘increased sophistication’ in understanding the dynamic nature of organised crime groups, it would be good to see attention given to not just disrupting such groups, but also targeting those that cause the most harm.⁸⁰

Such ideas concerning the better measurement of policy effectiveness lead to the Report’s emphasis on the role of law enforcement agencies; a topic that is touched upon in relation to the discussion of tramadol above. Although for the sake of relative brevity not explored in detail here, this year’s publication highlights the apparent effectiveness of law enforcement operations across almost all the substances discussed, particularly cocaine and opiates and in relation to trade on the darknet as well as traditional trafficking. Departing from last year’s format, the issue is given special attention in booklet 1 and is flagged up in the ‘Conclusions and Policy Implications’ section where it is framed in terms of ‘Law enforcement is an integral part of the solution’ (1, p. 25). Beyond problematic use of the term ‘solution’,⁸¹ it is important to highlight this facet of the 2019 Report for several reasons. First, while not entirely dismissing the role of law enforcement within a basket of policy interventions, it is vital that, as the UNODC itself notes, criminal justice responses are conducted in a manner that is balanced and comprehensive, as well as health centred and rights based. To be sure, it is worth recalling the conclusions of research suggesting that the myriad costs of some law enforcement interventions often exceed any benefits.⁸² Second, considering the Report’s frequent references to human rights obligations, the SDGs, ‘gaps’ in treatment and prevention and the need for ‘greater commitment and resources’ (emphasis added) (e.g. 1, p. 1 & 23), it is vital not to overlook the risks associated with policy displacement. Described by Mr. Antonio Maria Costa (Executive Director of UNODC 2002-2010) as an ‘unintended consequence’ of drug policy, this is a recognition of the finite resources available to authorities. As Mr. Costa explained in his Conference Room Paper for the 2008 CND, ‘The expanding criminal black market obviously demanded a commensurate law enforcement response, and more resources’. Nonetheless, he continues, ‘Public health, which is clearly the first principle of drug control, also needs a lot of resources. Yet the funds were in many cases drawn away into public security and the law enforcement that underpins it’.⁸³

Conclusions

With the Ministerial Declaration arguably providing a workable roadmap for the years ahead, the international community is currently embarking on the next decade of UN centred drug control efforts. And within this context the UNODC has once again presented an impressive and useful collection of data sets and accompanying analysis of the global drug market, including a continued emphasis on the ‘Conclusions and policy implications’ derived. Indeed, amidst candid – if unavoidable – admission of increasing complexity and uncertainty, it is positive to see the 2019 World Drug Report highlights an array of deficiencies within current policy approaches, for example in relation to the so-called ‘treatment gap’, and the need more generally for drug policy to reinforce efforts towards the attainment of the SDGs.

That said, mindful of the Report’s considerable capacity to influence policy debates and, as can be witnessed every year within the CND, determine the narrative for inter-state as well as inter-agency discussion, perhaps the UNODC could go further. This might include expansion of discussion of metrics and indicators, how they must move away from the measurement of scale and flows and the creation of concrete connections with the SDGs – a critical issue bearing in mind the ARQ review process. However, if public health is truly the core focus of the international community’s approach to the increasingly complex use of a range of psychoactive substances, serious thought must also be given to discussion of approaches that lie beyond traditional structures. As discussed above, this goes for the ‘non-medical’ use of an internationally unscheduled drug like tramadol. Mindful of the complex dynamics, a strong case can be made that a more effective and public health-oriented approach to address the issue is to reframe it in terms of medicrime; a process that wouldn’t completely remove it from the sphere of the drug control and crime regimes,⁸⁴ but that would involve more appropriate structures that would be more likely to deliver desired outcomes. Similarly, and amidst increasingly heated debate about treaty breach,⁸⁵ the non-medical use of cannabis can be seen as another issue ripe for unorthodox thinking. Indeed, in his 2014 deliberations on the dangers of the commercialisation of the non-medical cannabis market, Robin Room suggested that the issue move beyond conventional organisational boundaries. As Room notes, ‘The United Nations and the World Health Organization are in the midst of making the prevention and control of non-communicable diseases...a global

development priority. This includes public health action to control the main risk factors, three of which – tobacco, harmful use of alcohol, unhealthy diet – involve items of consumption where commercial interest and public health interest are often in conflict. ‘Policy making on the regulation of cannabis’, he continues, ‘should be set into this wider context of the need for mechanisms to give public health interests priority over commercial interests and trade considerations, particularly as legalized cannabis may otherwise be caught up in trade disputes animated by commercial interests.’⁸⁶

As we noted in last year’s IDPC’s analysis of the *World Drug Report*, ultimately it remains the responsibility of member states to engage with, and act upon, the evidence presented by the UNODC. Nonetheless, with the *World Drug Report* doing much to set the narrative for international policy discussions within and beyond Vienna,⁸⁷ perhaps the UNODC could do more to deploy its synthesised data and in-house expertise to help member states reframe conceptions of public health and how it might be achieved.

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Using the issue of public health as a unifying theme, this analysis begins with the familiar issue of the adverse health consequences associated with drug use, then moving on to in-depth discussion of emerging legal frameworks around regulated cannabis markets, the non-medical use of tramadol in Africa and some related discussion of data, metrics and law enforcement.

The International Drug Policy Consortium is a global network of non-government organisations that specialise in issues related to illegal drug production and use. The Consortium aims to promote objective and open debate on the effectiveness, direction and content of drug policies at national and international level and supports evidence-based policies that are effective in reducing drug-related harm. It produces briefing papers, disseminates the reports of its member organisations, and offers expert advice to policy makers and officials around the world.