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IDPC Magazine

International Drug Policy Consortium

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Drug control and development: Making a positive choice

Drug control and development: Making a positive choice

Attempts at drug control can be expensive and counterproductive, the 'unintended consequences' of poor drug policies have disrupted efforts to improve living standards, security situations, anti-corruption drives – this is an endless list.

Governments can make positive choices about drug policy that don't have the same negative impacts. In today's global economic crisis, countries that face the challenge of meeting the Millennium Development Goals can scarcely afford to spend their limited resources unwisely. Instead, governments can take positive decisions about drug control that take into account a number of developmental issues.

'I want [UNODC] to make a significant contribution to economic and social progress. Illicit drugs, crime and corruption cut lives short and retard prosperity, whereas justice and health spur development. We can play our part in the global fight against poverty and to achieving the UN Millennium Development Goals. As ever, the poor and vulnerable suffer most. Whether we talk of the victims of human trafficking, communities oppressed by corrupt leaders, unfair criminal justice systems or drug users marginalised by society, we are committed to making a positive difference'.[1]

Yury Fedotov – UNODC Executive Director

The primary producers and consumers of illicit drugs – drug users and farmers of opium, coca and cannabis – are often some of the most marginalised groups in our societies. This is true in both high and low income countries, although the alleviation of poverty is at the heart of what the Millennium Development Goals were set out to achieve.

Crop eradication affects some of the poorest rural communities in Asia and Latin America and reinforces cycles of poverty and violence. This damages the relationships between farmers' communities and the government, making interventions to support their economic and social development more difficult.

The criminalisation of people who use drugs limits access to harm reduction and treatment and ties up resources that could be better directed at health and social services and education and law enforcement activities aimed at the more powerful actors in the drug trade. The criminalisation of drug using mothers during pregnancy is particularly pernicious and impacts negatively on their health and that of their children, who can face limited access to education, good nutrition and a stable family life.

This new edition of the IDPC Magazine, produced in collaboration with Talking Drugs, focuses on each Millennium Development Goal to illustrate, through testimonies and lived experiences, the severe negative consequences of drug control on development efforts both in developing and developed countries. In this Magazine, we conclude that drug policy choices can make a significant difference on the development agenda at the national, regional and international level.

Rupert George – TalkingDrugs www.talkingdrugs.org

1 http://www.unodc.org/unodc/en/press/releases/2010/September/new-un-drugs-and-crime-chief-to-focus-on-public-health-and-rights-based-approach.html

MDG 1 – Eradicate extreme poverty and hunger

Illicit drug production is often the only source of income and subsistence for entire families. Illicit drugs are also generally produced in hostile environments, sometimes scattered by armed conflicts, or in areas where peasants have no access to adequate land tenure or credit arrangements, little access to markets, and where there is a lack of infrastructure. Farmers involved in drug production are usually poor and remain so – they only receive 1% of the overall income from the global illicit drug trade. It is often desperate economic circumstances that force them into the drug trade, rather than the lure of fantastic profits.

Drug control in producing areas has mainly consisted of crop eradication campaigns, including aerial or manual fumigation, and the criminalisation of producers. These policies have left subsistence farmers with no income, hence exacerbating their level of poverty. As a result, many farmers have no choice but to relocate in isolated areas where access to education and healthcare services is limited.

'This year, the "Control and Reduction of Coca Leaf in Upper Huallaga" (CORAH) eradicated 12,333.43 hectares of coca, without implementing any alternative development programmes, and the farmers targeted by these forced and violent eradication campaigns (representing thousands of families) have seen a decline in their family economies, their health and education, and have suffered an important psychosocial trauma, with thousands of children being forced to leave school, an increase in levels of malnutrition, and fathers leaving their families to emigrate in other zones in the forest to start cultivating larger quantities of coca. This, in turn, encourages organised crime activities.'

Moisés Arista Estacio – Peru former director of the CENACOOP, former permanent secretary of Peru at the Andean Council, former regional advisor of the GRH, and producer of organic coca in Peru.

'We fled because of the fumigations, displacement and violence. When we got fumigated, it left us without our cassava, coca, anything. You know that with the coca you're not going to get rich, but at least you could harvest two kilos, and from that you could live. And now without our land, what are we going to do?'

Peasant interviewed in San Jose Guaviare, Colombia[2]

'In my municipality, San Jose de Guaviare, [the Colombian and US governments] have fumigated since 1994… They said these fumigations would only destroy the coca, but multiple complaints from the campesino community have shown that they have also destroyed food crops. During this time, the fumigations, besides destroying the rural economy, have also inhibited people's access to food. As a consequence, we have been left with hundreds, maybe thousands, of displaced people who sometimes to go Bogota, Villavicencio, or in many cases to San Jose de Guaviare. Right now, half the population of our city is displaced […].

Colombian people and our campesinos, do not want to live a criminal life. Often, they are forced to resort to these illegal activities due to physical necessity, in many cases due to hunger… We must pursue criminal organisations, but we have to separate campesinos from this criminal supply chain, and look at them as human beings that deserve basic human rights. This is why it is important to work with the campesinos to figure out alternatives for their development.'

Pedro Arenas – Mayor de San Jose de Guaviare, Colombia[3]

2 This quote was retrieved from the documentary "Shovelling water: war on drugs, war on people" by Witness for Peace. http://vimeo.com/3869895

3 This quote was retrieved from the documentary "Shovelling water: war on drugs, war on people" by Witness for Peace. http://vimeo.com/3869895

MDG 2 – Achieve universal primary education

Many illicit crop farmers have a low educational background. Eradication campaigns have often resulted in producers, and sometimes entire families, being deprived from their only means of subsistence. This has led to fathers being forced to relocate in more remote areas to produce illicit crops away from law enforcement activities, and children leaving school to work and bring an additional source of income for their family. When entire families are forced to move to isolated locations, children are also less able to go to school.

The criminalisation and incarceration of drug users and producers lead to families being broken apart, forcing children to start working early on to support their families. The current drug control strategy also diverts vast sums of money which could be spent more effectively on the care and education of children at risk of falling into the hands of drug traffickers. In regions affected by armed conflict, the prospects for primary education are further hindered.

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Children are neither coerced nor forced to join drug factions. They enter voluntarily and will even have to show a sustainable desire in order to be accepted for full-time employment. However, before we can identify why some children make such a choice, it is important to understand a number of related pre-existing factors that are common to all children that have grown up in Rio de Janeiro's favelas since the 1980s. Once these pre-existing factors are understood, it is then possible to see that a combination of the attraction of drug trafficking as well as other influences common to those children that enter drug trafficking, make options for many children in favelas extremely limited. What originally appears to be a 'voluntary choice' may be redefined as "the best alternative amongst limited options". As one fifteen-year-old vapor commented, "This is what I want. I don't like it, but this is what I chose for me." […]

The poverty encountered in Rio de Janeiro's favelas stands in stark contrast to the wealth of the cities upper and middle classes. Such poverty has made child labour a reality and within a favela it is considered normal for children to work after school in order to contribute to the family income. Many children also abandon school at an early age in order to work full time.'

Luke Dowdney – Founder and director of the NGO Fight for peace[4]

4 This excerpt was retrieved from *Children of the drug trade: a case study of children in organised armed violence in Rio de Janeiro*, by Luke Dowdney. http://www.coav.org.br/publique/media/livroluke_eng.pdf

MDG 3 – Promote gender equality and empower women

Women are particularly affected by the drugs trade and underdevelopment. In many regions of the world, family labour is essential in drug production and women play an active role in cultivation. Many women are also recruited as drug couriers, often motivated by their poverty. They take huge risks (imprisonment, or even death) and gain very little, especially when compared with the vast profits of those who control the trade.

Women's drug use often occurs in situations of extreme poverty and is usually structured along the lines of social classes and gender inequalities. Due to the high social stigma associated with female drug use, many women who already have a low social status and little autonomy, are further disempowered in their everyday life. For example, women who use drugs are more likely to provide sex in exchange for housing, sustenance and protection; suffer violence from sexual partners; and have difficulty insisting that their sexual partners use condoms. Women who use drugs may also rely on men to inject them with drugs and acquire drugs and injection equipment, a behaviour that increases the likelihood of injection with contaminated equipment.[5] Finally, women often feel unable to access general healthcare, harm reduction and treatment services due to stigma and discrimination or lack of services adapted to their particular needs.

> In the red light area of Lodhran Punjab, in Pakistan, most female sex workers are involved in injecting drug use. They do so in an attempt to avoid physical pain and be able to earn enough to support themselves and their families. One of the interviewed sex workers declared: *'if we have 10 to 20 customers per day, we can earn 500 to 1,000 Pakistani rupees (between USD 5.00 to USD 10.00). Some sex workers can have up to 45 clients per day. New sex workers usually start using drugs in order to make as much money as the older ones... If we didn't use drugs, we would suffer acute pain and we would not be able to bear such a heavy burden every day. Now, injecting drugs has become a habit and we would not even be able to eat if we stopped injecting'*.
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> Interview conducted by **Naeem Toor,** social worker,
> Rafique Research and Educational Society Lohran, in Lodhran Punjab, Pakistan[6]

> Analia Silva started dealing drugs out of poverty. She explains that she did not even know the type of drugs she was selling. Not knowing how to read or write, she says she considered two options: 'becoming a prostitute or selling drugs'. She was caught in 2003 and sentenced to 8 years imprisonment.
>
> *'Because of my economic position, I once dealt small packets of drugs. I was selling because at the time I didn't have work, I had to provide school things for my daughter, I had to pay the rent, I had to eat. I had to clothe my daughter and I couldn't make ends meet. […] I had no clue about the judicial process really, because the reality is that when you are poor and haven't had the chance to study, you can't talk because you're ignorant about such things... My court case was long, […] The lawyer didn't defend me, there was no debate as they call it... as I would have liked. If there had been a debate, a good defence, they wouldn't have given me such a heavy sentence. […]*

5 For more information, see: International Harm Reduction Development Program (September 2007), *Women, harm reduction and HIV*, http://idpc.net/sites/default/files/library/IHRD_WomenHRHIV_EN.pdf

6 Watch the full article at: http://www.youtube.com/watch?v=jkKZzDbARuw

Eight years sentence, and suddenly thanks to the famous pardon [pronounced by the government][7], I still had three years and two months of my sentence left. But the pardon hasn't actually changed my life. I am still poor. Because in prison you are only a prisoner – it's not like they give you work, or provide rehabilitation. What was I given? What could I get? They kicked me out of a small prison into a big prison: the city. What is there when you leave? Again, the same system and the same society that push you to go back to doing the same thing. You start to ask for a place to stay, you start to say "look, I'm broke, I have nothing, I have nothing to eat, my children are in care and I want to get them back but I can't afford a place. Where do I put them? I left prison, my CV is soiled, I'm not 15 anymore, or 24 or 30. At my age, I'm only recently finishing school, though they say it's never too late… But I would have preferred it to have been sooner rather than now so late... Perhaps I would have had another way of life, I don't know, no one knows...'

Analia Silva – Ecuador[8]

Photograph by Romesh Bhattacharji

7 In 2006, the Ecuadorean government analysed the problems created by the drugs law. It concluded that the sentences were disproportionate to the crimes committed and that wrongs needed to be corrected. In 2008, Ecuador pardoned around 2,000 people imprisoned for drug related offences.

8 This excerpt was retrieved from *Drug laws and prison in Ecuador,* a video produced by the Transnational Institute, the Washington Office on Latin America and Open Society Foundations. http://www.druglawreform.info/index.php?option=com_flexicontent&view=items&cid=98%3Athe-human-face&id=384%3Adrug-laws-and-prison-in-ecuador&Itemid=35&lang=en

MDG 4: Reduce child mortality rates

Maternal drug use does not necessarily result in increased child mortality or ill health – poverty is a far bigger risk to the child. However, often enough, poverty does come hand in hand with drug use.

Because regular opiate use can disrupt menstruation or alter experience of morning sickness, women who use drugs frequently do not realise they are pregnant until the pregnancy is far advanced. In addition, many drug-using women fear stigma and discrimination by health providers both because of their status as drug users and the potential that a routine test will reveal them to be HIV positive. As a result, some women avoid contact with health care providers, giving birth outside hospitals or not seeing a doctor until they go into labour. This creates higher risks of complications during birth both for the mother and the child.

Coming into contact with law enforcement authorities also puts women who use drugs at risk of losing both their freedom and custody of their children, deterring them even more from accessing the healthcare and social services they need for fear of being arrested.[9] Imprisonment can have serious consequences on the health of mother and child. In the United States for example, women in prison are at high risk of being infected by HIV, hepatitis C or being affected by mental illnesses, and yet can be denied even basic medical services, including prenatal care.[10] On the other hand, studies have shown that mothers enrolled in drug treatment programmes have much better birth outcomes than other female dependent users.

> *'The social conditions of the impoverished play a crucial role in explaining the high American infant mortality rate. Other causes are also important, to be sure, but my sense is that the primary drivers of the high American infant mortality rate are the very high infant mortality rates of marginalised populations – especially African Americans, individuals with low levels of educational attainment, and individuals living in areas of concentrated disadvantage […].*[11]
>
> *Assessing whether incarceration is a cause of anything at the individual level or the population level is incredibly difficult, so it is hard to be certain that changes in the American incarceration rate over the last 40 years or so are responsible for any of the other changes that have happened in that time span. Nonetheless, my analyses, which do as much as the data allow to rule out alternative explanations do suggest that decreasing incarceration might be one way to improve the health and wellbeing of American children – possibly even decreasing the infant mortality rate. My analyses suggest that had the American imprisonment rate not increased from the 1990 level, the total American infant mortality rate might have been nearly 4% lower in 2003'*
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> **Christopher Wilderman, Ph.D**
> Associate Professor of Sociology at Yale University, United States[12]

9 International Harm Reduction Development Program, Open Society Institute Public Health Program (October 2009), *Women, harm reduction and HIV: Key findings from Azerbaijan, Georgia, Kyrgyzstan, Russia and Ukraine*, http://idpc.net/sites/default/files/library/wmhreng_20091001.pdf

10 International Harm Reduction Development Program (September 2007), *Women, harm reduction and HIV*, http://idpc.net/sites/default/files/library/IHRD_WomenHRHIV_EN.pdf

11 Today, the United States has the highest infant mortality rate of the 33 countries that the International Monetary Fund describes as "advanced economies" according to data from the World Bank (http://data.worldbank.org/indicator/SH.DYN.MORT). Poor infant health is usually concentrated in economically vulnerable communities, where drug use, and the arrest and imprisonment of drug using parents, resultant illicit trade are most concentrated. Poverty is exacerbated by the endemic drug trade, and the threat of criminalisation creates huge barriers to good child health in these communities.

12 This quote was retrieved from an interview by Talking Drugs with Christopher Wildeman, Ph.D., Associate Professor of Sociology at Yale University and leading researcher on the effects of parental incarceration and infant mortality. http://www.talkingdrugs.org/an-interview-with-christopher-wildeman

MDG 5: Improve maternal health

When women who use drugs are pregnant, effective services are critical to the health of both mother and child. Harsh legal sanctions have the capacity to discourage women seeking medical support at this critical time, limiting the number of drug dependent women who will seek anti-natal services generally provided to pregnant women. HIV transmission between mother and child has much greater chance of being halted if appropriate medical support is provided at this time.

Good prenatal care, a healthy diet, drug treatment, and other forms of support allow women drug users to give birth to healthy babies. Medication assisted treatment with methadone or buprenorphine, which are safe for use during pregnancy, is essential in helping opiate users to avoid withdrawal, overdose, HIV transmitted through unsafe injection, and other drug-related risks that endanger the health of a woman and her fetus.[13]

> *'[Pregnant women who use drugs] are so afraid to go to the maternity hospital. They scream, "I'll give birth anywhere else, on the street, at home, in a doorway…just not at the maternity hospital"'.*
>
> **Olga Belyaeva** – Executive Director, of Virtus, Ukraine[14]

Pam[15] is 32 year old, a drug user living with HIV, and a mother of an 18 month old girl. She lives in Chiang Mai, Northern Thailand. Pam used Methadone (orally and injecting), along with methamphetamine- 'Yah Bah' (smoked), and domicum (Benzodiazepine) (injected) before, during and after her pregnancy.

She visited a public hospital for pregnancy checking when she was about two months pregnant. The first question the doctor asked her was to see if she wanted to have an abortion or to keep the baby. She described that the doctor was rude and blamed her and her husband for not using any contraception. She said the blame and criticism went on every time she visited the doctor. Pam said that she had to request for an ultrasound when it was provided to other pregnant women and was part of the care package.[16]

However, the doctors and nurses where she received treatment for HIV/AIDS were friendly and took good care of her. The nurses at the methadone clinic were also friendly and she did not experience any discrimination.

Interview conducted by **Baralee Meesukh**,
Clearinghouse Coordinator, Asian Harm Reduction Network (Thailand).

13 International Harm Reduction Development Program (September 2007), *Women, harm reduction and HIV*, http://idpc.net/sites/default/files/library/IHRD_WomenHRHIV_EN.pdf

14 Virtus is a Ukrainian NGO providing support for women who use drugs. This excerpt was retrieved from *Making harm reduction work for women: the Ukrainian experience*, from the International Harm Reduction Development Program. http://idpc.net/sites/default/files/library/harm-reduction-women-ukraine_20100429.pdf

15 For security reasons, this person preferred to remain anonymous, she is named here as Pam.

16 Note from the interviewer: In Thailand, and particularly in a large city like Chiang Mai, you will probably not find a hospital that refuses to treat patients because the patients are aware of their right and the doctors could get in trouble. But as we can see from Pam's case, discrimination is obvious, especially when the mother is a drug user as well as living with HIV. From my observation, it is clear that she was not given appropriate advice on how to tackle her drug use issue during pregnancy.

MDG 6 – Combat HIV/AIDS, malaria and other diseases

People who inject drugs are highly marginalised and often considered as the group most at risk of HIV infection – one in five of those who inject drugs globally may be infected with HIV through unsafe injecting practices.

The criminalisation of drug possession and use can hinder attempts to tackle the HIV epidemic among this vulnerable group. 40% of countries around the world have laws that interfere with services' ability to reach people who inject drugs. In some countries, for example, efforts to stop HIV injections with needle and syringe exchange programmes are hindered by the fact that the police arrests drug users trying to access these life-saving services.

Millions of dependent drug users have no access to HIV treatment and care. Many also have limited access to drug dependence treatment, despite evidence that availability of opioid substitution therapy could prevent up to 130,000 new HIV injections annually. In South-East Asia, for example, only 3% of people who inject drugs have access to harm reduction programs. In East Asia, this figure goes up to 8%.[17]

Because of the balloon effect and intense pressure put on the trafficking routes from Latin America to Europe via the Caribbean, drugs are now being increasingly trafficked via West Africa. As a result, drug use and injection have increased significantly in Sub-Saharan Africa, and the HIV epidemic, which had mainly been transmitted through unprotected sex for decades, is now spreading quickly among people who inject drugs.

> *'Every day, we get many new cases of drug-related HIV infection, we hear new cases of arrest and incarceration of drug traffickers who are mostly young people, and the number of young people who need psychiatrist attention is rising every day.*
>
> *This situation was not common before about four years ago. We were used to tackling HIV/AIDS from a sexual and reproductive rights approach here in Badagry, the international land border town [located along the border between Nigeria and the Republic of Benin], but we now have to divert our focus to a drug-related harm reduction approach to tackling HIV/AIDS because findings show that most new HIV infections here are highest among drug users and alcohol dependent people.*
>
> *Drugs are now everywhere, and they are cheap, since not all drugs that are trafficked through Nigeria leave the country. Some are stolen by the petty touts that help transfer it across the border and these drugs are sold at an outrageously cheaper price, thus making it easily available for many already vulnerable people in Badagry. It is clear that the present drug control strategy is not working, as it has put us at greater risk and has made our work overwhelming as social workers specialised on HIV/AIDS'.*
>
> **Femi Aina Fasinu**
> harm reduction & HIV/AIDS specialist working in Badagry, Nigeria

17 Human Rights Watch, Open Society Institute Public Health Program, Canadian HIV/AIDS Legal Network and Harm Reduction International (2010), *Human rights and drug policy briefing 1 - Harm reduction*, http://www.ihra.net/files/2010/11/01/IHRA_Briefing_1.pdf

MDG 7 – Ensure environmental sustainability

Clean energies and environmental preservation are usually the top priorities in today's political agendas. With regards to illicit drugs, however, governments have rarely taken into account the impact of their drug control strategies on environment stability.

A number of environmental consequences have been caused by efforts to destroy illicit crops. The chemicals used for aerial spraying sometimes contaminate water sources and, as a result, entire areas become unfit for cultivation (both for licit and illicit crops).

In Latin America, this is often accompanied with the burning down of plots in national parks or the tropical forest, resulting in even greater damage to rich and fragile ecosystems.

In other countries where governments did develop alternative development programmes, these programmes were not adequately sequenced and did not sufficiently take into account local geographical specificities. Although taken with the best intentions, these measures have also impacted negatively on local populations and the environment. In Burma, for example, the Chinese government has implemented an alternative development programme based on rubber mono-plantations. Instead of putting an end to environmental damage, these huge mono-plantations have exacerbated the problem by causing vast deforestation, soil erosion and a decrease of water resources.

> *'Colombia has the second largest bio-diversity in the world and that's a real shame, beyond the human impact of course. We are fumigating one of the most delicate, one of the most beautiful eco-systems, and one of the most important ecosystems since the beginning of the Amazon basin – since the lungs of the earth. And while it is true that processing coca by farmers does cause environmental damage, by fumigating this with spray plants, we are basically chasing these farmers into the heart of the Amazon, scorching the lungs of the earth, and for what? There is as much coca today in Colombia as we first began fumigating".*
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> **Sanho Tree** – Institute for Policy Studies, United States[18]

18 This quote was retrieved from the documentary "*Shovelling water: war on drugs, war on people*" by Witness for Peace. http://vimeo.com/3869895

MDG 8 – Develop a global partnership for development

Drug markets and use, and the strategies used to tackle them, are closely linked with under-development. Drugs also have a much greater negative impact on the poorest and most vulnerable.

For both drug policy and developmental programmes to attain sustainable, positive and lasting results, there needs to be a recognition that drug control and development efforts should go hand in hand. Approaches to reduce drug production and use need to include measures that improve the social and economic opportunities of those most vulnerable groups. Strategies seeking to develop human capital, advance social protection and inclusion, improve public health, foster good governance and economic growth and alleviate poverty need to include actions that address the production, trafficking and use of illicit drugs.

On the one hand, the development field must take steps to engage in the drug policy debate and promote joint policies that effectively tackle the stigmatisation and marginalisation of affected communities. On the other hand, the drug control agencies must promote a development and human rights oriented strategy, and seek to develop a shared understanding of existing challenges, in order to provide shared leadership on promoting effective development responses.

> *'Today there is widespread recognition among Member States and United Nations entities that drugs, together with organized crime, jeopardize the achievement of the Millennium Development Goals. It is increasingly clear that drug control must become an essential element of our joint efforts to achieve peace, security and development.*
>
> *At the same time, we must reinforce our commitment to shared responsibility and the basic principles of health and human rights. Today there is widespread recognition among Member States and United Nations entities that drugs, together with organized crime, jeopardize the achievement of the Millennium Development Goals.*
>
> *It is increasingly clear that drug control must become an essential element of our joint efforts to achieve peace, security and development. At the same time, we must reinforce our commitment to shared responsibility and the basic principles of health and human rights'.*
>
> **Yury Fedotov** – UNODC Executive Director[19]

> *'The world is gradually awakening to the reality that our current drug policies have failed. They have not achieved their stated goals and perpetuate conflict, violence and poverty. We are becoming more aware of the disenfranchisement of hundreds of millions of people in less developed nations and how this has the propensity to spill out on to the streets and directly challenge state authority.*
>
> *Though we understand the system is broken, little is done to change or fix it. Development agencies frequently skirt their role in helping to change the environment in which the drug economy flourishes and drug control agencies rarely consider the development context in which their activities take place. As this year marks the 50th anniversary of the global war on drugs, the world can no longer ignore the intricate links between drugs, development and conflict.*

19 Foreword of the 2011 UNODC World Drug Report. http://www.unodc.org/documents/data-and-analysis/WDR2011/World_Drug_Report_2011_ebook.pdf

Donor agencies must become more aware of the role they can play in changing the conditions that precipitate drug trade and use, particularly if we are to meet the millennium development goals by 2015.

Drug control agencies must learn to better look beyond the simple realities of drug production, and take into account the social and economic factors that fuel cultivation and consumption.

Both must learn to live and work together – achieving common goals is often hard work, but it is work that must be done if we truly want to make development work for everyone and break the vicious cycle.'

Nick Crofts
senior research fellow at the Nossal Institute for Global Health
at the University of Melbourne[20]

Key resources

International Drug Policy Consortium (2010), *Drug policy and development: How action against illicit drugs impacts on the Millennium Development Goals*, http://idpc.net/sites/default/files/library/Drug%20policy%20and%20development%20briefing.pdf

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20 *This excerpt was retrieved from Drugs and development – caught in a vicious cycle.* http://www.guardian.co.uk/global-development/poverty-matters/2011/apr/07/drugs-development-caught-vicious-cycle-policy

The IDPC Magazine

This is the third issue of the IDPC magazine series. These magazines bring together personal stories to highlight the real, lived experiences of people affected by drug policy around the world. In this issue, we focus on each Millennium Development Goal to illustrate, through testimonies and lived experiences, the severe negative consequences of drug control on development efforts both in developed and developing countries. We conclude that drug policy choices can make a significant difference on the development agenda.

IDPC

The International Drug Policy Consortium (IDPC) is a global network of NGOs and professional networks that promotes objective and open debate on the effectiveness, direction and content of drug policies at national and international level, and support evidence-based policies that are effective in reducing drug-related harms. We produce briefing papers, disseminate reports on drug-related matters, and offer expert consultancy services to policy-makers worldwide. IDPC members have a wide range of experience and expertise in the analysis of drug problems and policies, and contribute to national and international policy debates.

TalkingDrugs

TalkingDrugs is an online space reflecting the global challenge posed by illicit drugs. It provides an opportunity to share stories and insights that will help us find better ways to control illicit drugs and prevent them causing excessive harm. Everybody is welcome to contribute and get involved. We want people to tell their stories – you can document the impact of drugs in your own community and support others telling their stories through the making of videos, taking photographs and translating content to ensure that the message gets out to as many people as possible. TalkingDrugs is managed by Release, the UK's centre of expertise on drugs, the law and human rights. If you want to support the project as a volunteer, please email volunteers@talkingdrugs.org and give us an idea of your skills, experience and what you would like to gain from becoming involved in Talking Drugs".

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