Written Submission to the Multidisciplinary Expert Panel on Strengthening the International Drug Control System

Role and expertise

The Open Society Foundations (OSF) are the world's largest private funder of independent groups working for justice, democratic governance, and human rights. This submission draws on thirty years of supporting drug policy organizations worldwide.

Challenges, barriers and opportunities

We believe that societies can only flourish when they allow for democratic governance, freedom of expression, and respect for human rights. Drug prohibition is antithetical to this worldview: it is an inflexible and dogmatic approach that criminalizes affected populations, relies on heavy-handed law enforcement interventions, and stigmatizes psychoactive substances, people who use them, and farmers that depend on these economies. Drug policy should, instead, be built around evidence-based policies, engagement, empowerment and de-stigmatization of affected communities, and respect for human rights.

OSF has supported this field since the 1990s, funding efforts to end overincarceration of predominantly people of color for cannabis use. We have funded harm reduction since the height of the AIDS epidemic when HIV spread rapidly among people who inject drugs and had little access to health and social services because they were driven underground. Over the decades, we have seen repeatedly how drug prohibition goes hand-in-hand with authoritarian tendencies, disproportionately affects or targets minority populations, and involves the unaccountable expenditure of huge amounts of public funds on mostly ineffective drug control measures.

We recognize that the Panel's mandate is to make recommendations aimed "at enhancing the implementation of the three international drug control conventions, other relevant international instruments, and all international drug policy commitments." However, the Panel cannot contribute meaningfully if it limits itself to the existing conventions. It should recommend what would be effective drug policy today—not in the 1960s—from the perspectives of public health, sustainable development and human rights.

The following key observations underscore the need to fundamentally rethink the international drug policy architecture:

> **Prohibition has proven ineffective as a policy tool.** The drug conventions seek to establish a so-called "drug-free" world. Yet, after more than 60 years, substances like heroin, cocaine and methamphetamines are more widely available and cheaper

in major markets and more people use drugs than arguably at any time over the last six decades. Prohibition has also fueled cycles of criminal and state violence across the Americas without reducing the scale of drug markets and has slowed medical progress by impeding research on medical uses of substances like cannabis and psychedelics. These facts warrant a fundamental reassessment from a public health perspective of existing policy, not a continuation with minor modifications.

- **Drug policy should not be exempted from evidence-based policy making standards.** The drug control regime has long operated in an evidence-insensitive policy space, where conceptual coherence—prohibition as the default solution—outweighs empirical assessment of impact. In a type of circular logic, prohibition is often treated as both hypothesis and conclusion. Reductions in drug supplies or use confirm it; increases justify doubling down. Prohibition thus functions less as a testable policy hypothesis than as a governing paradigm, insulated from falsification regardless of outcomes.

- **The drug control conventions are not public health tools.** References to health are largely confined to the preambles whereas operative provisions overwhelmingly focus on control measures like drug schedules, licensing and penal obligations. The few provisions that do address health fail to establish meaningful legal obligations to ensure access to harm reduction, treatment, and controlled medicines, or to reduce public health harms from control measures. The frequently invoked "convention flexibilities" are insufficient to remake these treaties into effective public health tools.

Specific examples of policies, practices or approaches

- **Mass incarceration for use and petty dealing and smuggling of drugs.** Millions of people are imprisoned solely for using drugs or for petty dealing or smuggling as a means of economic survival, which disproportionally affects women. The drug conventions require the criminalization of possession (and by extension use), smuggling and dealing of drugs. Despite limited flexibilities, the conventions are major drivers of incarceration globally. In 2021, the UN Working Group on Arbitrary Detention estimated that 21.6% of incarcerated people worldwide are imprisoned for drug-related offenses; in some countries, it is more than 50%.

- **The death penalty for drug offenses.** Although it violates international human rights law, at least 36 countries retain the death penalty for drug offences. In 2025,

at least 1,212 people were executed for such offenses, almost double the previous year's total, and more than 46% of all known executions worldwide.

- **Investment in harm reduction and treatment services.** While interdiction efforts receive billions of dollars annually, investments in essential services for people who use drugs remain grossly inadequate in much of the world. In 2022, Harm Reduction International estimated that just 6% of harm reduction resource needs were covered in low-and-middle income countries, exposing millions of people to the risk of contracting HIV, hepatitis C, or accidental overdose.

- **Restricted medical use of controlled substances.** The conventions and national drug legislation are major access barriers for controlled medicines. Millions of people lack access to essential medicines like morphine and methadone because of burdensome regulatory requirements and health providers' fears of legal sanction. Drug laws also complicate and delay research on important new medical uses of controlled substances, including for conditions like treatment-resistant depression, post-traumatic stress disorder, and substance dependence.

- **Impact on traditional, cultural and economic uses.** Scheduling limits traditional, cultural and economic uses of various substances for Indigenous and other communities, infringing on their cultural rights. The 2025 coca leaf review process is emblematic: Although WHO's scientific review found no evidence that coca leaf causes health harm, it recommended that the substance remain scheduled, limiting impoverished Andean communities' opportunities to commercialize a plant that is sacred to them, has documented benefits and legal uses.

Actionable recommendations

International drug policy needs to let go of the illusion of a drug-free world and focus on creating one where the health risks associated with drug use are mitigated; people who use drugs are not stigmatized and have access to services that keep them healthy; jails and prisons are not filled with drug users and people who grow, smuggle or sell drugs as a survival strategy; and public funds are used for health and social programs rather than militarized drug enforcement. We encourage the Panel to recommend the following:

1. **To limit the harms of the current drug policy approach:**

- **Decriminalize use and possession for personal use.** The common United Nations system position on drug policy already recommends that laws that criminalize drug use or possession be amended to remove criminal sanctions. Jurisdictions that

have decriminalized drug use and possession of some or all drugs show reductions in drug arrests, transmission of HIV and hepatitis C, and accidental overdoses with drug use remaining stable.

- **Invest in and enable evidence-based harm reduction, treatment, and social support programs,** including innovations such as overdose prevention centers and community-based naloxone distribution, giving them at least equal priority to interdiction efforts. Harm reduction should be recognized as an essential service for people who use drugs.
- **Decriminalize small scale production, smuggling and dealing.** Criminalization of small scale, non-violent drug production, smuggling and dealing is a form of criminalizing poverty as many small players in the drug pipeline get involved to survive. Societies should invest instead in supporting human development policies- as highlighted in the UNDP report Development Dimensions of Drug Policy: Assessing New Challenges, Uncovering Opportunities, and Addressing Emerging Issues.
- **Ban the death penalty for drug offenses.**
- **Adopt a public health approach to drug regulation.** Criminalizing drug supplies has militarized the response to drugs, fueled powerful criminal organizations, and destabilized entire countries. Governments should begin a gradual, evidence-based, and participatory transition to legal regulation, starting with lower-potency substances such as cannabis, adapting proven regulatory models for tobacco and alcohol and evaluate them before any expansion to other substances.

2. **To introduce standards for evidence-based policy making into drug policy:**

- Standards from the public health field for evidence-based policy making should be systematically introduced into the drug policy field. Traditional drug control indicators such as crop eradication, incarceration, high level targets should be replaced with public health, rights and development indicators including morbidity, mortality, and poverty reduction. Drug policy outcomes, including unintended consequences, should be regularly and rigorously evaluated to inform policy adjustments.
- The role of WHO in scheduling substances should be broadened beyond just assessing abuse liability of substances to include examining the public health impacts and effectiveness of scheduling. The role of the Commission on Narcotic Drugs (CND) should be eliminated or significantly circumscribed.

3. **To enhance drug policy decision-making powers of health, human rights and development agencies.**

- Drug policy has long been dominated by agencies with a focus on law enforcement rather than public health, human rights and development mandates. While WHO has a narrow formal role, other agencies and civil society are excluded or marginalized at the CND and decision-making power is concentrated exclusively in drug control agencies. To treat drugs and drug use as a public health and social issue, drug policy needs to be aligned with other international agendas, drug policy institutions, including INCB, should be subject to the same rules of transparency as other agencies, and agencies with other mandates should have an official role in drug policy decision making. Drug policy decision-making at the United Nations should be inclusive, forward looking, and evidence driven.