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International Drug Policy Consortium

IDPC ANALYSIS OF THE UNODC WORLD DRUG REPORT 2015

Executive summary

As per usual, the World Drug Report of the United Nations Office on Drugs and Crime (UNODC or Office) for 2015 contains a great deal of useful data on the global drug situation. In keeping with a trend that has been apparent for some years, the tone is moderate and there is relatively little political content. This is especially valuable and important in the approach to the 2016 United Nations General Assembly Special Session (UNGASS) on drugs. In addition, the Report acknowledges to a greater extent than ever before the depth, uncertainty and complexity of the 'world drug problem', as well as the ongoing provisionality of its own analyses. Moreover, it is impressively transparent regarding the construction of the data sets utilised in reporting and analysing its domain of inquiry.

The Executive Director's Preface, for example, does not attempt to situate the Report within an overarching narrative suitable to the drug control orthodoxy, as was certainly the case in the past. The Preface introduces issues such as health and alternative development, two themes that are given prominence in this year's text. These provide useful information to the growing number of states orientating their policies toward health, treatment and development.

Chapter 1 analyses the present situation and trends in illicit drug markets. In this analysis, one of the UNODC's familiar themes, that of stability, has survived the changes to the style of the Report. Overall, it argues, global drug use has remained stable. At the same time, however, it acknowledges the contingency of its own data. The Report recognises that cannabis use is increasing in most regions, and 'demand' for both cannabis and amphetamine-type stimulants (ATS) treatment is likewise growing on a global basis. Space is also devoted to drug consumption in prison settings, which, owing to the risk-laden character of the prison environment, feature high levels of HIV and other blood-borne infections. This is a consequence of a wider shortfall in treatment and harm reduction services, demand for which constantly outstrips provision. In particular, there is a lack of services specifically tailored to women.

In terms of supply-side analysis, as usual the Report provides detailed examinations of the markets for heroin, cocaine, cannabis, ATS, and new psychoactive substances (NPS). The cultivation of opium poppy is said to have reached its highest levels since the 1930s, and organised criminal trafficking groups have developed greater versatility and sophistication. Latin America, meanwhile, continues to cultivate virtually all of the world's coca bush, in contrast to cannabis, which is grown all over the world. Regulated markets are discussed alongside illicit cannabis crops, without moral and political comments constantly intruding. Owing to the simplicity of the process, ATS production is even more difficult to quantify, though the Report estimates that there is a rapid expansion of the ATS market. The proliferation of NPS in recent years makes it difficult to assess, says the Report, the degree to which these drugs are displacing traditional drugs, or being used alongside.

Meanwhile, a thematic chapter provides an account of alternative development, its historical and conceptual trajectory, successes and failures. It argues that while the early application of the principles of alternative development failed as it was too focused on simple crop substitution, the practices have been refined and become much more familiar now. We discuss alternative development by analysing chapter 2 using the arguments developed by those writers and practitioners who have previously addressed this concept.

Introduction

Continuing an apparent trend that has been developing over the last few years, one that is perhaps not coincidental to Mr. Yury Fedotov's appointment to the post of Executive Director of the UNODC, the World Drug Report 2015 is surprisingly moderate in tone and almost devoid of politicised comment. This is a commendable approach considering the more polemical tone pursued in previous years, and mindful of the tensions currently characterising the international drug control system in the final months before the UNGASS on the world drug problem in April 2016.

Indeed, the Report stays more or less true to its self-proclaimed goal of presenting a 'comprehensive annual overview of the latest developments in the world's illicit drug markets by focusing on the production of, trafficking in and consumption of the main illicit drug types and their related health consequences'. In so doing, it largely avoids engaging in comment or discussion on particular policy choices, including within its analysis of legally regulated cannabis markets in some parts of the world. Moreover, as in recent years, the UNODC's flagship publication includes welcome and increasingly in-depth and nuanced discussions of the 'health consequences of illicit drug use', with chapter 1 of the 2015 Report including reviews of the scientific evidence on approaches to drug use prevention and a discussion of general principles for effective responses to treatment for drug dependence. Such emphasis no doubt reflects the decision of many states to embrace a health and human rights approach to the issue at the expense of the law enforcement-dominated approach traditionally privileged within interpretations of the international drug control treaties.

This approach is critical in any attempts to improve understanding and ultimately better manage the 'world drug problem'. To be sure, while analysis of many facets of what appears to be an increasingly complex and fluid global market is accompanied by the general conclusion that there has been 'little change in the overall global situation regarding the production, use and health consequences of illicit drugs' (p. xi), the Report demonstrates that demand for treatment and harm reduction services far exceeds those available and that health consequences of the illicit market remain an issue of 'global concern'. It is one that includes high levels of drug-related deaths, unacceptable rates of HIV among people who inject drugs and alarming new patterns of drug use involving NPS. Moreover, as we shall see, while the concept of stability retains a prominent place within the Report, it is also clear that levels of uncertainty remain high. As the authors demonstrate, this ongoing uncertainty pertains to deficiencies in the data in many parts of the world. However, the welcome discussion of problematic data and the related methodological challenges within the Report once again bring into question what aspects of the market are currently measured by nation states and collated and analysed by the UNODC. This is a point of particular concern when, as is noted, law enforcement agencies are faced with significant challenges from increasingly sophisticated and versatile organised criminal groups.

With all this in mind, within the following pages we aim to provide an overview of the data and topics presented in, as well as the key themes emerging from, the World Drug Report 2015. As is the norm, where appropriate we will offer critical analysis of and comment on all three, including a full discussion of thematic chapter two that this year focuses on alternative development.

The Preface to the World Drug Report 2015: Functional, but apolitical

As usual, the Preface to the World Drug Report is written by the Executive Director of the UNODC. It is notable that this year the Preface does not attempt to insinuate the data contained in the Report into some rhetorical narrative that suits the agenda of the Office and the wider structures of the drug control regime. Some of Mr. Fedotov's predecessors – and perhaps Mr. Maria Costa stands out in this regard – were only too willing to press the Report into the service of a favoured political narrative in this way.

The Executive Director instead directs the information contained in the Report toward providing knowledge and expertise for the approaching UNGASS on the world drug problem. He also notes the post-2015 development agenda, observing that: 'Risk factors and circumstances that can render people more vulnerable to illicit drugs, as well as facilitate the establishment and expansion of illegal markets, are often related to issues of development, rule of law and governance'. Mr. Fedotov then goes on to emphasise the central role of health in drug control; in ensuring access to drugs for medical and scientific purposes, and in evidence and health-based prevention and treatments. Their importance is 'more evident than ever' he notes; a stance, as we

shall see, that is reflected in the space devoted to them within the Report itself.

The place of alternative development is also prominent in the present World Drug Report, with the thematic chapter 2 being devoted to its discussion. Accordingly, the Preface also gives a considerable part of its focus to the issue. The Executive Director clearly believes that alternative development can work. 'Approached holistically', he writes, 'alternative development has the potential to break the vicious cycle trapping poor farmers and to act as a catalyst for viable livelihoods that do not depend on illicit cultivation'. While this potential is celebrated by Mr. Fedotov, he acknowledges that 'unfortunately, the Report also shows that widespread political support for alternative development has not been matched by funding'. This is, presumably, a tacit call to those many member states who have yet to put their donations where their rhetoric is. Overall gross disbursements of alternative development funds from Organisation for Economic Cooperation and Development (OECD) countries composed a mere 0.1 per cent of global development assistance in 2013. Nonetheless, the post-2015 agenda and the 2016 UNGASS 'can provide an important impetus for alternative development efforts'.

The substantive argument of the Preface concludes with a passage lamenting the problems caused by drugs. 'Illicit drugs hurt so many people, in so many places, and they need our help'. This is perhaps the sole major issue upon which IDPC finds itself in disagreement with the author of the Preface. Of course, we recognise and acknowledge that the illicit use of drugs does generate harm for individuals and societies; however, the majority of these stem from the control systems within which drug consumption, production and trafficking are bound up, and from the social, cultural, and economic impoverishment that captures so many of those whose drug use takes problematic forms. It must not be forgotten how often 'illicit drugs' are used as a convenient scapegoat for the vicissitudes of the contemporary world in which wealth and power are so unevenly distributed.

Drug use and health consequences: Relationships between harm, uncertainty and stability

In terms of the health dimension of drug use, the Report also flags up indications that the number of people requiring treatment for cannabis use is increasing in most regions. 'Evidence suggests', readers are informed, that more people who use drugs are suffering from 'cannabis use disorders' and that there is growing evidence that cannabis may be becoming more harmful (p. x), an issue that is explored further below. Such a situation is reflected in the high proportion of persons entering treatment for the first time for 'cannabis use disorders' in Europe, North America and Oceania, although there is no recognition that this may in some instances be a function of increasing police or court referrals as an alternative to legal sanctions among individuals who would not otherwise be classified as problematic users. Moreover, and once again within the context of the 'limited information available', cannabis is said to rank first among the drug types for which people in Africa enter 'treatment for drug use'. In relation to ATS, the Report notes that the number of people requiring treatment for ATS is also increasing globally, a trend 'probably attributable to the sheer weight of numbers', as the prevalence of ATS use is relatively high in Asia (p. x). Meanwhile, we are informed that cocaine remains the primary 'drug of concern' in Latin America and the Caribbean, whereas the use of opiates remains the most problematic 'form of drug use' globally. 'This', the Report explains, 'is attributed to a number of factors: the relationship between the use of opiates and injecting drug use, HIV/AIDS and overdose deaths', (an issue given notable attention, see Box 5) and to the fact that the use of opiates accounts for the majority of treatment admissions for drug dependence in Asia and Europe (p. xi).

Indeed, as an important corrective to some earlier World Drug Reports – particularly those leading up to 2009 and the High Level Review on drug policy where market stability seemed to be presented as *the* headline message – this year's publication continues where last year's left off by embracing an emphasis on health and highlighting the continuing health-related challenges faced by the international drug control system; perhaps an expected approach within the context of the current health-oriented discourse at the Commission on Narcotic Drugs (CND). As such, rather than fixating on the notion of a stable, if geographically variable, global market, the Report highlights how the '[M]agnitude of the world drug problem becomes more apparent when considering that more than 1 out of 10 drug users is a problem drug user, suffering from drug use disorders or drug dependence'. In total this equates to 27 million people (range 15.7-39 million) or, as the UNODC explains, 'almost the

Box 1 Understanding drug use trends: working around data deficiencies

As a part of the UNODC's on-going and welcome efforts to add clarity to the methodological approaches deployed in constructing, and the consequent limitations within, its annual reports, this year's publication includes a highly informative section on drug use trends; a contribution that is notably given prominence within the main text rather than hidden away in the methodology section on the UNODC's website.

In explaining the approach and related caveats, the Report highlights how regional trends in drug use are estimated from nationally representative surveys that include questions on drug use, as well as information gathered through studies that use indirect methods to estimate the number of regular or 'high-risk' users. It is noted that these are expensive and are not conducted regularly, at best every 3 to 5 years. Consequently, we are told, many countries do not conduct surveys on a regular basis and many others (particularly those in Asia and Africa) do not conduct them at all. 'In these cases', the Report notes, 'estimates from the limited number of countries where data are available are used to compute regional and global estimates'. Moreover, the authors explain, 'Rather than real-time trend at the global and regional levels' year-on-year changes in drug use estimates thus reflect updated information from countries where new data were made available. Consequently, 'these changes may be especially misleading if updated information is available only in countries with large populations'. Indeed, the Report goes on to elucidate how 'global and regional estimates of drug use, including by substance, are heavily shaped by countries with large populations because of the use of national drug use data weighted by population size in the calculation of the estimates'. The stable trend that can be calculated with existing data may subsequently mask variations happening in large countries for which data are not available. In addition, the Report notes, the estimated number of people who use drugs is further influenced by changes in estimates of global population aged 15-64.

Having openly laid out the problems associated with calculating drug use figures, the UNODC then adds what is in effect a health warning – a sensible precaution whenever adding a large pitch of salt – to its own data. 'The global and regional estimates of the extent of drug use offered in the present report' we are told 'should be viewed as best estimates' that reflect the 'best available information at the time of analysis'. 'From a global policy perspective', it goes on to stress, 'it would be more prudent to look at long term trends rather than year-on-year changes, which may be merely a reflection of changes in a few countries'. 'Furthermore', readers are warned, 'particular caution is required when considering trends in problem drug use estimates at the global level'. The Report explains that this is due to the fact that the extent of problem drug use is difficult to capture in both general population surveys (which are used to estimate drug use); and indirect methods, which are often complex, are often used to obtain these estimates. The Report also notes that, in the absence of data on 'problem drug use', treatment presentation is taken as a proxy (p. 2). Although not explored, this process is in itself problematic since, as noted elsewhere in the Report, most people who use drugs do not need or seek treatment and, for various reasons, not all of those in need of treatment are in contact with services. These are all important issues to consider when interpreting the data, particularly when attempting to assess the impact of policy choices. Unfortunately, however, they are often glossed over when material from the Report is condensed into media-friendly sound bites or used to justify particular policy choices.

entire population of a country the size of Malaysia' (p. 1). Significantly, we are told almost half (12.19 million) of those 'problem drug users' inject drugs, with an estimated 1.65 million of those who inject drugs living with HIV in 2013. Again , however, even here and despite the acknowledgement of some uncertainty, the UNODC remains keen to stress stability, despite the absence of clear trend data on this subject, noting that 'problem drug use *seems* to have remained *somewhat* stable over this three-year period' (i.e. the past three years, p. 1) (emphasis added).

Nonetheless, and even if we are to take at face value claims on stability of 'problem drug use', the Report stresses how the current situation 'places a heavy burden on public health systems in terms of the prevention, treatment and care of drug use disorders and their health consequences'. Indeed, we are informed at a number of points within the Report that '[O]nly 1 out of 6 problem drug users in the world has access to treatment' since many countries have a shortfall in provision of services. (p. ix & p. 30). It is noteworthy that the Report for 2015 devotes considerable attention to both prevention and treatment.

A welcome emphasis on treatment and prevention

It is interesting that in introducing its discussion of drug treatment and prevention, the Report notes that, 'Public perceptions about the rehabilitation of drug dependent persons tend to oversimplify the magnitude of drug dependence'; a point that is reiterated within the conclusions to chapter 1 (p. 76). In what might be taken as a welcome effort to move mainstream discussion beyond a moralistic and pharmacologically deterministic approach – that is to say a perspective that takes no account of complex and varied environmental conditions – the authors of this section take care to explain that '[T]here is no quick and simple remedy for drug dependence' and stress that it is 'a chronic health condition', and that 'as with other chronic conditions, the affected persons remain vulnerable for a lifetime and require long-term and continued treatment'. Furthermore, the Report notes the existence of growing research showing that many interventions aimed at preventing the initiation of drug use or the potential transition to 'drug use disorders' can be effective if 'they address the different personal and environmental vulnerabilities of children and young people – factors that are largely beyond a person's control' (p. xi). This is an important issue area where IDPC encourages not only further research, including that focusing beyond young people, but also a more prominent place within drug policy debates.

Within the context of a discussion of advances in scientific understanding, the Report frames its focus on the prevention of 'drug abuse' as 'one of the key provisions of international drug control systems', which aim to 'protect the health of people from harm caused by the non-medical use of controlled substances while ensuring the availability of those substances for medical and scientific purposes'. Noting that 'drug use prevention encompasses any activity focused on preventing or delaying the initiation of drug use and the potential transition to problem drug use' we learn, however, that compared to other aspects of the issue area, treatment for drug dependence for example, the science behind drug use prevention started to develop relatively recently. Indeed, the Report notes that it was only in 2013 that UNODC published the International Standards to Drug Use Prevention.[2] The International Standards summarise the scientific evidence on the effectiveness of drug use prevention methods. Again acknowledging

Box 2 Drug use in prisons

As was the case for the World Drug Report 2014, this year's publication also devotes space to drug use in prisons. We are told that cannabis is 'by far the most frequently used drug in prisons'; although data sets are limited, there are indications that one third of prisoners have used the drug at least once while incarcerated. The Report also points out that lifetime and recent (i.e. past month) use of heroin in prisons is much higher than that of cocaine, amphetamines or 'ecstasy'. The overall conclusion on this issue is that prison is a 'high-risk controlled environment where drug use, including injecting drug use, often takes place in particularly unsafe conditions'. 'This', the UNODC notes, 'may explain why the prison environment can be characterised by high levels of infectious diseases, particularly HIV but also hepatitis C and tuberculosis, and by limited access to prevention and treatment, which increases the risk of contracting blood-borne viruses' (p. x & p. 3). These are all important points and it is welcome that the UNODC continues to make a case – directly and indirectly – that, as part of an integral public health approach, prison populations should receive equivalent access to treatment as the general population (p. 76); inadequate though that may still often be. That said, in light of reassessments of – and in the case of cannabis policy significant shifts away from – prohibition-oriented drug control policies, it is difficult to avoid the irony surrounding the existence of thriving cannabis markets within 'secure' prison settings.

an information deficit, in this case 'some notable gaps in the base of evidence', the UNODC explains how it was able to identify a series of interventions and policies that are 'effective' in 'preventing drug use, substance abuse and other risky behaviours'. Building on the International Standards, including recent reviews of the evidence and relevant single studies, this substantial section of the World Drug Report 2015 consequently goes on to outline the possibilities and opportunities for success in preventing drug use that 'reside in the implementation of evidence based interventions' (p. 18).

In this endeavour, and in an inadvertent – and increasingly unavoidable – demonstration of the growing disconnect between scientific analysis of drug harms and drugs currently under international control as highlighted by the Report,[3] the UNODC conflates research relating to not just drugs prohibited for non-medical and non-scientific purposes, but also alcohol and tobacco, to provide an overview of the basics of prevention. The discussion subsequently includes 'settings for drug prevention and specific approaches that work', multi-sectoral interventions for vulnerable populations, alcohol and tobacco policies, leisure, sports and entertainment venues, health sector inventions and the role of the media. Interestingly, particularly in light of discussions around regulated cannabis markets and the increasingly blurred boundaries between the use of controlled and legal substances for non-medical and non-scientific use, alcohol and tobacco are presented as 'gateway drugs' to cannabis (p. 28). Although it might be argued that such an overview fails to adequately address the shortcoming of some drug prevention programmes,[4] it is important to note that overall analysis of the available research reveals that what are referred to as 'appropriate interventions' are more effective than what is referred to as 'control'. Within this context it is noteworthy that the Report not only highlights the gaps in the evidence base, noting the need for more evaluation of the impact of prevention programmes, but also flags up that '[M]any activities labelled as drug prevention are not evidence based' and that their 'coverage [is] limited and their quality unknown at best'. Moreover, highlighting the research being conducted by both the UNODC itself and the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA), the Report recommends that 'countries need to move away from a model in which prevention of drug use is delivered by isolated but well-intentioned individuals who improvise in delivering interventions' (p. 30).

Digging beneath the headline figure of an 'estimated global average of' only 'one in six people who suffer from drug-use disorders or drug dependence receiving treatment each year' the Report also devotes considerable space to what is termed 'treatment of drug use' (pp. 31-36). Noting that 'it is clear that accessibility and availability of services for such conditions are limited in most countries' (p. 30), the authors of this section stress regional variations by highlighting that the figures differ between approximately 1 in 18 in Africa compared with 1 in 5 in Western and Central Europe. Moreover, it is stressed that '[N]ot included in these figures is the large proportion of drug users that may not be dependant but may still require interventions to prevent an escalation in their disability and comorbidity related to drug use'. Reflecting the complexity of the global treatment picture, we are also informed that 'regional disparities are matched by availability relative to different drug types as well as different types of treatment'. Moreover, where there is an idea of the coverage of provision, the UNODC acknowledges that it is 'difficult to determine the quality of different types of interventions available at the global level' (p. 31). This is a key point and, mindful of the worrying situation in parts of both Latin America and Asia regarding the use of compulsory treatment, it is surprising that the Report does not make more of international standards for treatments as discussed by and agreed to by a range of actors across the UN system. These include the UNODC/WHO *Principles of drug dependence treatment* discussion paper, the WHO/UNODC/UNAIDS *Position Paper on substitution treatment* and most recently the UN *Joint Statement on compulsory drug detention and rehabilitation centres*.[5]

Although this might be regarded as a major oversight, the Report does provide useful information regarding the philosophy of chronic care versus acute care and the effectiveness of treatment, particularly in relation to cost-benefit (p. 34). It is worth recalling, as the UNODC points out, that at the 'least, the ratio of saving to investment is 3:1': that is to say that 'for every dollar invested three are saved'. Further, 'when a broader calculation of costs associated with crime, health and social productivity is taken into account the rate of savings to investment can rise to 13:1' a ratio that is, we are reminded, less expensive than incarceration or a complete lack of treatment (p. 34). That said, in a similar vein to reflections upon assessment of prevention programmes, the Report highlights the need to improve outcome evaluations, particularly post treatment (p. 34), and includes timely discussion regarding the measurement of 'success'. A

key message on this topic is that despite the availability of effective treatments in some countries, most individuals with drug use disorders have never been treated and that a 'big gap exists between the number of people who want or could benefit from treatment for drug abuse disorders and the number of people who actually receive services' (p. 35). Multiple explanations are given for this state of affairs, key amongst them being ineffective screening by primary care physicians (p. 36).

Demonstrating an additional layer of complexity regarding the provision of and access to 'treatment for drug use', the Report once again highlights the extent of gender disparities and an ongoing lack of specifically tailored services for women who use drugs. In so doing it notes that a 'number of barriers' – including systemic, structural, social, cultural and personal – 'clearly continue to hinder the access of women to treatment for drug use' (p. xii & pp. 13-18). Indeed, according to available data, globally only one out of five people dependent on drugs undergoing treatment are women even though women represent one out of three dependent users. With these stark figures in mind, the UNODC notes how a 'large body of evidence has shown that social and biological factors relating to the initiation of substance use and the development of problems related to substance use vary considerably between men and women' (p. xi). In practical terms, men are three times more likely than women to use cannabis, cocaine and amphetamines, whereas women are more likely than men to misuse prescription opioids and tranquilisers. Significantly, since the likelihood that initiation of the misuse of the latter may lead to regular or current use is relatively high compared to other drugs, this remains a particular point of concern for women. Moreover, in terms of problematic use we are informed that, while there are cross-national variations, '[A]vailable data on HIV prevalence among people who inject drugs show that, in many countries, women who inject drugs are more vulnerable to HIV infection than their male counterparts and that the prevalence of HIV is higher among women who inject drugs than among their male counterparts' (p. xii and p.13). Such a picture is but one disturbing component of the current relationship between HIV and injecting drug use; an issue that the Report quite rightly devotes considerable attention.

HIV and people who inject drugs

Discussion on HIV and people who inject drugs within the most recent Report is appropriately framed within the context of the 2011 Political Declaration on HIV and AIDS, specifically its target of reducing by 50 per cent HIV transmission among people who inject drugs by 2015. In this regard, we are informed that '[S]ome progress has been made'. However, with considerable understatement, it is acknowledged that while the number of newly diagnosed cases of HIV among people who inject drugs declined by roughly 10 per cent, from an estimated 110,000 in 2010 to 98,000 in 2013, 'this target is unlikely to be met' (p. xi) The reality is, however, that the international community has failed to make any meaningful progress in this aspect of the fight against AIDS, and one of the factors for this lack of progress is the implementation of harsh drug control policies.

In outlining why this is the case relative to the current global state of injecting drug use, the Report explains that the joint UNODC/WHO/UNAIDS/World Bank estimate for the number of people who inject drugs worldwide for 2013 is 12.19 million (range 8.48-21.46 million). This corresponds to 0.26 per cent (range 0.18-0.46 per cent) of the adult population aged 15-64, with the estimate, we are told, based on the reporting of information from 93 countries covering 84 per cent of the global population aged 15-64 (p. 4). According to the Report, the updated global total number is slightly different from the 12.69 million (for 2012) published in the World Drug Report 2014. 'Although new or more recent information on PWID from 22 countries are included', reflecting an improvement in the communication of trend data as discussed in Box 1, it is explained how 'the revision primarily reflects new estimates for the numbers of PWIDs in Brazil and Viet Nam'. As such, and perhaps mindful of the Political Declaration's definitive target, with less enthusiasm for the stability narrative than in other domains, we are informed that the 'global prevalence of PWID among the population aged 15-64 is essentially unchanged from the World Drug Report 2014' (p. 5).

Drilling down beneath this top-line figure, the Report provides further texture in noting that by 'far highest PWID prevalence continues to be found in East and South East Europe'. Here 1.27 per cent of the general population aged 15-64 is estimated to be injecting drugs, a figure representing nearly 5 times the global average. As has been the case for a number of years, the UNODC highlights that the 'estimate for this subregion is heavily influenced by the high prevalence of injecting drug use experienced in the Russian Federation (2.29 per cent of population aged 15-64)'. That said, in terms of actual numbers it is important to note that the largest pro-

portion continues to reside in East and South East Asia, a sub-region that is home to an estimated 3.15 million people who inject drugs, or approximately 1 in 4 people who inject drugs worldwide. The Report also notes that large numbers of people who inject drugs reside in not only East and South East Europe but also North America with three countries – the Russian Federation, China and the USA – combining to account for nearly half (48 per cent) of the global number of people who inject drugs (p. 5).

Specifically in relation to the burden of HIV among people who inject drugs, the Report states that this continues to be high in many regions, with people who inject drugs accounting for an estimated 30 per cent of new HIV infections outside Sub-Saharan Africa. About 1.65 million (range 0.92-4.42 million) people who inject drugs were estimated to be living with HIV worldwide in 2013; a figure corresponding to 13.5 per cent of people who inject drugs being HIV positive. This Joint UNODC/WHO/UNAIDS/World Bank estimate is based on information from 114 countries covering 93 per cent of the estimated global number of people who inject drugs (p. 6). Representing some ongoing improvements concerning transparency of data and methodology, the UNODC notes within the text – rather than in the separate methodology section on its World Drug Report webpage – that prevalence data of HIV among people who inject drugs was updated for 52 countries, although these did not include any with large numbers of people who inject drugs with HIV. Within this context, the Report explains, the global number of people who inject drugs living with HIV remains essentially unchanged from information provided in the World Drug Report 2014. That said, we are also informed that the small downward revision to the total number of people who inject drugs globally has resulted in the global prevalence being revised upwards to 13.5 per cent (from 13.1 per cent presented in the World Drug Report 2014) (p. 6). In terms of the regional picture, 'two subregions stand out as having particularly high rates of HIV among PWID' – South West Asia (estimated at 29 per cent) and East and South East Europe (23 per cent). Once again, uncertainty about the situation in Africa is noted, with a figure of 11 per cent accompanied with the caveat that 'this estimate may not be reliable as monitoring systems may not be adequate' (p. 6). In relation to regional concentrations, the Report notes that approximately 40 per cent of the estimated global total number of people who inject drugs living with HIV reside in East and South East Europe, mostly within the Russian Federation and Ukraine. In a similar fashion to the total of people who inject drugs in general, four countries (the Russian Federation, China, Pakistan and the USA – in descending order) when combined account for nearly two-thirds (63 per cent) of the total global estimated number of people who inject drugs living with HIV (p. 6).

While, as noted above, such an overview includes an increase in clarity surrounding methodology, problems remain. Indeed, as the UNODC's greatly welcome process of stakeholder engagement during the drafting of the Report reveals, there remains room for improvement in relation to lucidity of sources and data sets used and the related issue of differences across data sets. For example, although there has been a reduction in attribution to the UNODC's Annual Report Questionnaires (ARQs) – a mechanism that itself remains problematic (see Box 3) – for the provision of data on people who inject drugs, they are still too often cited rather than the original data collection tool. This makes assessing the accuracy and age of the resultant figures difficult. Additionally, in some instances within the 2015 Report, old data on people who inject drugs are used while at other points there is no explanation of why some data sets were used over others, for example the UNAIDS Global AIDS Response Progress Reporting (GARPR) and EMCDDA data. In some instances, the variance is significant. For example, this year the UNODC figure for Vietnam is 217,432. This was taken from GARPR 2011, although the more recent GARPR figure from 2014 was 271,000. Moreover, and astonishingly considering its status as a country performing badly with the health consequences of injection drug use, while including 2011 figures concerning the prevalence of HIV among people who inject drugs (24.6 per cent according to the Federal AIDS Centre), the data sets did not include a figure for people who inject drugs in the Russian Federation.[6]

All that said, just how far the World Drug Report – and hence the UNODC – has come in recent years in relation to the issue of injection drug use can be seen in its position on harm reduction. As with last year's Report, the UNODC's explicit support for, including calls for the scaling up of, a range of harm reduction interventions relating to people who inject drugs would have been unthinkable only a few years ago. In this regard it is important to note the 2015 Report's position on the issue as presented in the conclusions for chapter 1: 'there is…an urgent need to scale up evidence based comprehensive harm reduction services to reach the global goal of ending AIDS by 2030' (p. 76).

Box 3 The World Drug Report 2015 and the Annual Reports Questionnaire (ARQ)

The ARQ is sent out to member states each year by the UNODC to be completed by government authorities. Member States are obligated under the international drug control conventions to complete the questionnaire, which provides the data on drug use, cultivation, manufacture and trafficking from which the World Drug Report is compiled.

As described in previous IDPC analyses of the World Drug Report, the completion and return of ARQs has once again proven problematic this year. Some member states are irregular in returning their questionnaires, which leaves gaps in the data and can give a misleading picture of drug trends. In addition, returned ARQs are often incomplete and subjec t to limitations and biases. As the Report notes in its methodology section, 'These issues affect the reliability, quality and comparability of the information received'.[7] And, as a consequence, the published Report is subject to these same distortions.

The World Drug Report 2015 is based upon ARQ data received by the Office prior to 31st December 2014, and reflects the situation in 2013. The UNODC sent out ARQs to 192 Member States and 15 territories. By the end of 2014, it had received 98 replies to ARQ part iii ('Extent and patterns of and trends in drug use'), and 100 replies to part iv (Extent and patterns in drug crop cultivation, manufacturing and trafficking'). The geographical distribution of ARQs was as follows: in Europe, 87 per cent of countries responded; Asia, 61 per cent responded; the Americas, 36 per cent responded; Africa, 22 per cent responded, and from Oceania, only 3 countries responded out of the 14 that received ARQs from the Office.

Generally, data on supply are of better quality than those on demand. Of part vi of the ARQs, which deal with supply, 78 per cent were returned 'substantially completed' (this means that over half of the form was answered), while of part iii, 61 per cent were substantially completed. Often, ARQs do not provide sufficient data for the Report to represent an accurate and comprehensive picture of the world drug situation. In this case, questionnaires are supplemented by other data sources, such as governments, law enforcement and customs organisations, and monitoring centres.

Arguably, the resulting representation is deeply flawed and offers only a tentative and partial snapshot of illicit drug production, distribution and consumption around the world. This is largely because it is reporting on a social phenomenon that is hidden from outsiders due to its illegality and its stigmatised character. Moreover, and in light of growing discussions around the issue of drug policy metrics and indicators, a case can be made for a revision of the ARQs to attempt to capture additional data pertaining to drug markets and related policy interventions.

On this issue in general, the Report once again notes that the availability of harm reduction services remains poor and has a negative effect on control of the spread of both HIV and hepatitis C (p. 11). Specifically, it highlights that Needle Syringe Programmes (NSPs), Opioid Substitution Therapy (OST) and Antiretroviral Therapy (ART) remain low against targets set by the *WHO, UNODC and UNAIDS Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users: 2012 revision* (p. 9). Indeed, it is worth highlighting that in reference to the likely missed targets of the 2011 Political Declaration on HIV, the Report openly highlights the fact that despite 'accumulated evidence collected over the past 30 years' pointing 'to the effectiveness of harm reduction measures, the implementation of such programmes remains at very low levels of coverage in many regions of the world' (p. 10). Mindful of increasing calls for UN system-wide coherence on the issue of drug policy in the lead up to UNGASS 2016, IDPC hopes that the International Narcotics Control Board (INCB or Board) will take note of this situation. As we have noted elsewhere, while progress has been made, the Board appears to remain conflicted and isolated on the issue of harm reduction, failing in its recent Annual Reports to even acknowledge the existence of NSPs and cognisant of its place within the UN system, baulking at its arguably treaty mandated responsibility to encourage nation states to engage with scientifically proven health-oriented interventions.[8]

The dynamics of drug supply and drug markets by type

Prefacing its discussion of drug markets, the UNODC notes that while there may have been no major change in the regions in which illicit crop cultivation and drug manufacture take place, the illicit markets and routes 'continue to be in a state of flux' (p. xii). Indeed, as noted throughout this analysis, one of the reoccurring themes of the 2015 Report is the increasingly, or at least constant, fluidity and growing complexity and interconnectedness of global drug markets. Recognising – although not developing upon the brief discussion in the Report for 2014 – the existence of the 'dark net' as 'a prime example of the constantly changing situation' that has 'profound implications for both law enforcement and drug trafficking' (p. xii), the Report is replete with examples of shifting patterns in more traditional trafficking, particularly in relation to heroin and cocaine. That said, the UNODC also highlights the emergence of new hubs for cannabis (for example Albania and Argentina), which is taken as proof that 'that cannabis cultivation and production are widespread and dynamic, and that trafficking routes may be in constant change' (p. 39). Moreover, the Report flags up evidence suggesting that organised crime groups are changing their activities, making use of many routes, and as a consequence trafficking hubs, which are no longer dominated by one type of drug. Much of the evidence rests on interpretation of seizure data; a point to which the UNODC gives welcome attention (see Box 4).

The opiate market

As with the markets for most of the drug types under consideration, discussion of the opiate market can overall be characterised by three notable themes: the stability narrative, ongoing uncertainty around data and, cognisant of that ambiguity, apparent constant flux.

With this in mind, we are told that 'according to the *limited information available*' (emphasis added) global prevalence of the use of opioids (0.7 per cent of the world's adult population, or 32.4 million users) and the use of opiates (0.4 percent or 16.5 million users worldwide) has 'remained stable' (p. xiii, also see pp. 42-43). This is contrasted with global opium poppy cultivation in 2014 reaching its highest level since the late 1930s; although it is unclear how this argument is derived. While South West Asia and South East Asia (mainly the

Box 4 Interpreting drug seizure data: Usefulness and limitations

In the course of its discussion of markets, the Report highlights the fact that while nautical trafficking is the least common mode of transportation, maritime seizures represent by far the largest in terms of average weight and account for disproportionately large quantities drugs seized by law enforcement agencies. As such, we are told, while most seizures occur on road and rail, maritime interdiction has the potential to have the greatest impact against trafficking (p. xii & p. 39).

That said, as with the issue of drug use trends, the UNODC is also keen to provide some important context for interpretation of drug seizures. Indeed, it notes that a 'direct indicator of counter-narcotics law enforcement activity, drug seizures are the result of those successful operations that end in drug interceptions, and are thus influenced by law enforcement resources and priorities' (emphasis added). In so doing, the UNODC adds – albeit obliquely – a degree of caution to the use of seizures as a definitive metric of drug policy success by acknowledging it as a process rather than an outcome indicator.

The Report is correct to highlight that seizure data is important to help establish the size of markets, availability and trafficking patterns and trends 'particularly if broad geographical entities are considered and long periods are analysed'. It is also true that 'Seizure information can serve as a powerful market indicator, particularly if triangulated with other data such as drug prices and purity'. It should be noted, however, how the UNODC also warns that 'reported seizures relate to events that took place in the past and in specific locations'. Consequently, in an 'environment where drug traffickers adapt quickly to changing risks and opportunities, drug trafficking patterns and flows derived from seizure data do not necessarily reflect the current modus operandi of traffickers in every detail'. Moreover, it is noted with some resignation, '[A]t the same time, experience has shown that some of the main trafficking routes, once established, can prove rather resilient to change' (p. 37).

Lao People's Democratic Republic and Myanmar) continue to account for the vast majority of opium poppy cultivation, this increase, the Report explains, was mainly attributable to the fact that cultivation reached historically high levels in the main country where it is cultivated, Afghanistan. (Although not mentioned, a strange omission bearing in mind the focus of chapter 2, this has been driven to a large extent by an increase in the area under agricultural production, including opium, especially in former desert areas[9]). Here potential production of opium also continued to increase. In fact, according to the UNODC, global opium production reached 7,554 tons in 2014. The report claims that this figure represents the second highest level since the late 1930s; again a temporal comparator that is cited without clear explanation. While total production is reported as increasing, global seizures of opium, heroin and illicit morphine decreased by 6.4 per cent from 2012 to 2013 (p. xiii). Moreover, the Report explains, 'The increase in estimated opium and heroin production has not yet been reflected in an increase in heroin supply in most regions'. Rather, we are told, 'the destination of the additional quantities of heroin is unclear but there are signs of increases in the availability of heroin and in heroin related indicators such as mortality and medical emergencies in some countries'. In addition, the Report suggests that evidence of the potential impact of events in Afghanistan can be seen in the USA and the UK where there are indications of increased purity and lower prices. Within the regions of South and South and East Asia and West and East Africa, we are also informed that there are indications of increasing trafficking, but again, 'the paucity of data makes it difficult to determine whether these subregions are expanding markets for heroin' (p. xiii & p. 43).

On this point, it is interesting to note that while offering possible explanations, the UNODC does not venture too far into the realms of conjecture regarding what might be regarded as the case of the missing opiates. Rather the Report not unreasonably states that 'The apparent stabilization in trafficking and demand for opiates can be explained by the fact that opiates may take a few years to reach destination countries, *or that changes in the demand for opiates are going undetected*' (emphasis added) (p. 76). Although somewhat hidden within the publication, the latter point is key for any understanding of all contemporary drug markets, not just opiates, and the associated concept of stability. Indeed, in going on to note that 'For example, Africa is being increasingly targeted by traffickers as a transit hub for heroin from Afghanistan and *may* be developing into a *non-negligible consumption market'* (emphasis added) (p. 76), the UNODC acknowledges the fact that, while we cannot be sure due to data deficiencies, countries within the region might be in the process of becoming significant markets. This is a point given additional salience when we consider the rates of urbanisation within the region; a process that is often linked to increasing levels of drug use, particularly the problematic variety. According to a recent report, the UN predicts that by 2050, two-thirds of the world will live in cities, with 90 per cent of growth taking place in the 'global south'.[10] This will pose enormous challenges in terms of a range of social issues – likely including drug use – for not only African states, but also those in Asia, another region where data on drug use is scarce. All this said, it is important to note that the approach taken in 2015 is in marked contrast to the line taken by the UNODC under the leadership of Antonio Maria Costa in 2008. Then, as keen readers of IDPC analysis of the 2008 World Drug Report will recall, for political reasons the Executive Director engaged in proactive speculation around the notion that the Taliban was stockpiling opium in order to keep prices high and maximise profit.[11]

In terms of trafficking routes, the concepts of fluidity and uncertainly are also prominent. For example, the Report observes that as opiates originating in Myanmar may be unable to meet the demand in South East Asia 'the so-called "southern route" could be increasing in importance as a conduit for smuggling Afghan heroin through Pakistan or the Islamic Republic of Iran'. We are also told that trafficking networks using the 'Balkan route to smuggle Afghan heroin into Europe may be experimenting with a new route' leading through the Caucasus, and there are 'indications' of heroin being trafficked from Iraq rather than from the Islamic Republic of Iran (p. xiii). There is, we are informed, no evidence of a decline in the demand for heroin in the Russian Federation, yet heroin seizures along the northern route have 'actually decreased' (p. 44). Moreover, despite a temporary reduction from 2011to 2013, it is noted that 'the fact that heroin seizures in Afghanistan itself have increased in the past decade may show that an increasing amount of opiates are being intercepted before reaching markets outside Afghanistan'. That said, and indicating the dynamic nature of trafficking, the Report cautions that seizures increased on the southern route (p. 44).

In addition, it is noteworthy that the 2015 Report reveals signs of change in the supply of heroin in different regions. This is particularly the case in North America where, while 90 per cent of the heroin in Canada originates in Afghanistan, the USA continues to be supplied from Central and South America; although seizure data suggest that this may be changing. Meanwhile in Oceania, the UNODC notes fluctuations in the Australian market between the supply of Afghan heroin and that originating from Lao People's Democratic Republic or Myanmar. This situation, the Report points out, 'underlines the fact that the reach of organized criminal networks continues to be global and that organized criminal groups are becoming increasingly sophisticated and versatile' (p. xiv & pp. 45-46).

With regard to North America, another example of market dynamism relates to opioid use. Within the region, the prevalence of use remains high (3.8 per cent) in relation to global average. However, within the USA the Report observes indications of a partial shift in the use of opioids – including a significant decline in the illicit use of prescription opioids (p. 46) – towards heroin. In a classic example of substance displacement resulting from policy shifts, this is seen to be attributable in parts to the changes in the formulation of OxyContin, one of the main prescription opioids that are used illegally, as well as an increase in the availability of heroin and a decrease in price in some parts of the country. On this point it is noted that the number of heroin-related deaths within the USA have increased 'considerably' (from 5,925 in 2012 to 8,257 in 2013) – the highest level in a decade – with the number of drug-related deaths overall within the country continuing to rise (p. xiii & p. 46) (See Box 5).

Within Europe, the heroin market is also marked by variations, albeit at a sub-regional level. We are informed of indications of a stable downward trend in the use of heroin in Western and Central Europe, while heroin seizures have recently increased in Eastern and South Eastern Europe. Here, however, 'the absence of new data prevents the assessment of recent trends in the prevalence of drug use' (p. xiv). Paucity of data also affects the UNODC's ability to comment with any great certainty on the use of opioids in most parts of Asia. Although the Report goes as far as to note that use is 'generally considered to be stable' (p. xiv), with the UNODC relying on 'experts perceptions of trends' for its conclusions regarding stability in the East and South East Asia sub-region (p. 48). Such a perspective, however, must be considered within the context of Asia re-

Box 5 Drug-related deaths

Within the context of a continuing and welcome focus on the health consequences of the illicit market, the Report devotes some attention to drug-related deaths. In so doing it highlights that the annual number of drug-related deaths, which is estimated at 187,100 in 2013, has remained 'relatively unchanged'. However, this information is accompanied by the conclusion that 'An unacceptable number of drug users continue to lose their lives prematurely, often as a result of overdose, even though overdose-related deaths are preventable' (p. ix), and that premature deaths remain unacceptably high among people who inject drugs (p. 76). In terms of specifics, the Report explains that drug-related deaths are predominantly due to opioid overdoses (heroin and non-medical use of prescription opioids).

Contributing to an estimated 23 per cent of the global number of drug-related deaths, North America experiences the highest drug-related mortality rate by far. Within the region, the USA reports the highest incidence worldwide with figures at 4.6 times the global average. A staggering 40,239 drug-related deaths were recorded in the USA in 2013, a figure equating to approximately 1 in 5 globally (p. 11). The Report notes that this in part reflects better monitoring and reporting, but chooses not to discuss the significant problems that sometimes surround the classification of a drug-related death and issues with cross-national comparisons, including the fact that most countries do not possess systems for classifying drug-related deaths.

As well as noting – despite data deficiencies – an increase in NPS-related deaths in the UK, the authors make a point of stressing that non-fatal overdoses are common (p. 12), that overdose is preventable and that more research is required: 'Despite the high prevalence of non-fatal overdoses and the associated morbidity, scant attention has been given internationally to overdose reduction interventions'. In this regard the UNODC uses the Report to recommend that 'As many overdoses occur in the presence of the drug users' family members or peers, empowering these people with the skills to administer naloxone can be a life saving intervention' (p. xii & p. 13); a position that IDPC fully endorses.

maining the world's largest market for opiates'. It accounts for an estimated two thirds of all users of opiates, with the total number of registered heroin users in China increasing.

It should also come as little surprise that discussion and analysis of the opiate market within Africa is greatly hampered by the fact that data for the region 'remain limited'. While this is the case, the Report notes with necessary realism that 'it is likely that the increasing importance of the region as a transit area for Afghan heroin bound for markets in other regions has had an impact on the use of opiates in Africa' (p. xiv & p. 49). Specifically, we are told that there is a possible increase in heroin use and that '[A]lthough information on the extent of drug use in Africa is limited', the prevalence of use of opiates is estimated to 0.3 per cent of the population aged 15-64 (and estimated 1.88 million users) (p. 49).

The cocaine market

Data within the World Drug Report 2015 demonstrate how Latin America continues to account for practically all global cultivation of coca bush. That said, the UNODC are keen to point out, 'Not only did coca bush cultivation continue to decline in 2013, reaching the lowest level since 1990 when estimates first became available', but the 'annual prevalence of cocaine use (0.4 percent of the adult population) also continued to decline in Western and Central Europe and North America' (p. xv). It is important to note, however, that while these subregions experienced a decline in the prevalence of cocaine use, along with South America, they continue to have the world's largest cocaine markets and the highest prevalence. Indeed, the Report notes an increase in cocaine use in South America. This is now three times the global average, up from 0.7 per cent (1.84 million users) in 2012 to 1.2 per cent (3.34 million users) in 2013, with, it is noted, increasing use in Brazil responsible for this upward movement (pp. 53-54). Reflecting the complex and layered dynamics of cocaine markets, data also show that in Australia use is increasing, although frequency of use is declining, while in Europe decreasing trends in some countries (for example Denmark, Italy and Spain) must be taken within the regional context of an upward trend in the UK (pp. 54-55). Again, 'information for most of Africa and Asia remains sporadic', (p. 51) although the UNODC feels confident enough to note that within Asia prevalence remains 'comparatively low' and stable (p. 56). This is, however, accompanied by the caveat that some big seizures suggest it has a role as a transit area and 'that pockets of use may be emerging in parts' of the region (p. 56). In terms of transhipment destinations, Central America and the Caribbean are seen to remain 'relatively stable' (p.55) with Africa remaining an important transit hub for cocaine trafficked to Europe. Repeating a familiar line with regard to the region, the Report notes that 'Information about the extent of cocaine use and trafficking in Africa is limited' but presents high estimates of cocaine use and prevalence in Southern Africa and West and Central Africa (p. 55). Although no direct link is made, it seems plausible to suggest that patterns of use within the region may be related to some states' positions as cocaine transit zones.

Elsewhere within the Report's discussion of cocaine, the UNODC is more open to suggesting causal relationships. Indeed, in relation to cultivation, the Report shows that this was driven mainly by decreases in Peru and Bolivia (18 per cent and 9 per cent respectively – from 60, 400 to 49,800 ha – and 25,300 to 23,000 ha), while coca bush cultivation in Colombia remained stable, although at 'historically' low levels (p. 50). Although not within the remit of the Report due to its date of publication, it is interesting to note that according to recent analysis of data by the Washington Office on Latin America and the Andean Information Network, the decline in coca cultivation in Bolivia was a result of the country's coca policy, which relies on 'cooperative coca reduction' rather than, as elsewhere, forced eradication.[12] In this regard, it is suggested that 'supply reduction measures *may* have contributed to the decline in coca bush cultivation in coca-producing countries, leading to a reduction in the availability of cocaine and the shrinking of some of the principal cocaine markets' (emphasis added) (p. xv). This is a point that, with similar qualifiers, is noted elsewhere within the publication. At one point the UNODC notes not only that such measures 'may partially explain the shrinking of some cocaine markets and the reduction in the availability of cocaine, in for example, the United States and, more recently, Canada' but also that 'Successful law enforcement efforts and conflicts between transnational criminal groups have also had an impact on the availability of cocaine' (p. 1 & p. 51, also see p. 53). Putting aside the fact that on the issue of criminal groups the UNODC only cites for evidence the US Drug Enforcement Administration, such potential associations are worthy of attention.

As the preceding discussion on the market impacts of Afghan poppy cultivation and opium produc-

tion reveals, illicit drug markets are fiendishly complex and puzzling domains of enquiry. As such, law enforcement-oriented supply control efforts may indeed have had an effect on coca cultivation, cocaine production and ultimately cocaine use and prevalence in some parts of the world. That said, as we have noted elsewhere, other factors such as fashion and cycles within drug choices may be at work and consequently the UNODC's use of qualifying verbs and phraseology is wise. In this respect, however, the Report misses the opportunity to call for more research into the impact of law enforcement interventions. This is an aspect of drug policy that, despite the now advanced state of drug policy analysis, remains under investigated and apparently exposed to less scrutiny than health interventions, particularly those relating to harm reduction.[13] Moreover, in this instance the lacuna is in sharp contrast to the UNODC's legitimate and timely calls for more research and improved data collection into health-related aspects of policy and markets. The topic also raises once again the important issue of metrics and indicators. For instance, if law enforcement indicators were to move away from the long established practice of predominantly measuring processes (e.g. hectares of coca eradicated and cocaine laboratories destroyed, see p. 52 and seizures, see Box 4) towards outcomes of counter drug policy, particularly law enforcement activity, then the nature of discussion might be very different. Where the cocaine market is concerned, this would be especially so in relation to drug market-related violence and human rights abuses within some producing and transit states.

In a similar vein, it is also legitimate to critique the Report's discussion of the environmental burden of cocaine. This sometimes ignored aspect of the cocaine market is given some welcome attention within this year's Report. Consequently, we are told that 'coca bush cultivation and the transformation of coca into cocaine continue to cause serious environmental damage even though coca bush cultivation has decreased'. 'In Colombia alone', the authors continue as they comment on deforestation, 'roughly 290,000 hectares of forest were lost as a direct result of coca crop cultivation between 2001 and 2013, while the slash and burn method used to clear new plots has led to increased erosion'. The Report also notes that within coca growing regions undeveloped areas and additional land are cleared for subsistence crops and that 'further environmental damage has been caused by the herbicides and fertilizers used in coca bush cultivation and the chemicals employed in the transformation of coca to cocaine' (p. xv & p. 56). These are of course all valid points and represent the growing concern and accompanying research literature on the topic. At no point, however, does the Report comment upon the environmental impacts of eradication efforts, particularly via aerial spraying. This omission is all the more glaring since elsewhere in the publication it is noted that 'In Colombia, supply reduction activities in 2013 included the aerial spraying of over 47,000 ha of coca bush' (p. 52). The environmental, and more specifically health and human rights, consequences of aerial spraying in Colombia have also taken on more significance because of the recent identification of glyphosate as a probable human carcinogen. The release of WHO research in March 2015 pointing to this resulted in the Colombian government's announcement two months later that it would stop using the chemical in its aerial eradication activities. The UNODC can perhaps be forgiven for omitting this aspect of the issue due to the relative proximity of the release of the WHO research and the publication of the Report for 2015. While this is the case, and in another example of an internal disconnect within the publication, considering the focus of chapter 2 of the Report it is surprising however that there is no reference at all within the discussion of the environmental burden to the drivers behind coca growing.

The cannabis market

The Report's discussion of the cannabis market confirms that, as has long been the case, cannabis plants are grown almost everywhere in the world (p. 57). More specifically, while cannabis herb is produced in most countries, the production of resin continues to be confined to a few countries in North Africa, the Middle East and South West Asia. Regarding the latter region, it is noted that Afghanistan is one of the largest producers of resin, with cannabis cultivation linked to that of opium poppy (p. xii & pp. 56-57). The Report also notes an increase in cannabis herb and resin seizures worldwide, although the data reveal substantial regional differences and variations in scale (p. xv & p. 57).

In terms of consumption, cannabis use can be seen to be increasing and continuing to be high in West and Central Africa, West and Central Europe as well as North America. In fact, the Report notes how cannabis is the most widely used drug in the Americas as a whole with a prevalence of 8.4 per cent of the population aged 15-64. Within the region the increase in cannabis use, prevalence and related problems are mainly driven by the USA (p. 59), although it is noted

that there have been increases in use in Latin America, notably in Chile and Colombia (p. 59).

In relation to other regions, the UNODC notes that in Asia cannabis is the most commonly used substance, although prevalence is estimated to be below global levels; a position accompanied with the qualifier 'although reliable estimates of prevalence are available only for a few countries' (p. 61). Meanwhile in Oceania, the Report shows high levels of use, which is often supplied by domestic cultivation. Although, again reflecting data issues, such conclusions are based on information from only Australia and New Zealand. Africa is presented as experiencing increases in cannabis cultivation and production, with cannabis use prevalence estimated to be high (7.5 per cent of the population aged 15-64) even though there is limited information on cannabis use within the region.

We are also informed that while there has been an increase in cannabis market indicators within Europe, the prevalence of use remains stable. Despite this, the Report goes onto to show, the region is one of the largest consumer markets for resin. While this is the case, this is concentrated in a few countries with, as a reflection of ever-changing market structures, the use of the herb being 'more evenly spread'. Moreover, as the UNODC points out, the market in Western Europe 'may now be dominated by herbal cannabis' (p. 60 & p. xv). Despite increases in cannabis production in the region however, the Report suggests that Europe is not self-sufficient, even though criminal organisations in the region as elsewhere appear to be better at avoiding law enforcement actions against production by using smaller, and therefore less easily detectable, grow operations (p. 61).

Perhaps unsurprisingly bearing in mind both shifts towards regulated markets and developments in cannabis growing practices, the Report devotes special attention to whether cannabis is becoming more harmful (pp. 62-64). In a bid to change what are deemed to be widely held misperceptions about cannabis, it is noted that 'Amid the growing public debate on the advantages and disadvantages of the legalization of cannabis, and in the context of its actual legalization in some States, there is growing evidence that it is time to change the widespread perception of cannabis as an illicit drug without serious health consequences' (p. 76). As the Report points out, '[A]dvances in cannabis plant cultivation techniques and the use of genetically selected strains have led to an increase in the number of cannabis harvest, as well as the yield and potency of cannabis' (p. xv). According to the UNODC, potency – commonly measured in terms of concentration of THC (delta 9 Tetrahydrocannabinol, the main psychoactive ingredient in cannabis) – has been increasing in many markets in the past decade, including parts of Europe, Australia and the USA (p. 63). This we are not unreasonably told has led to 'growing concern about the potential of cannabis to cause serious health problems' (p. xv), with, for example, indications that Europe is experiencing increasing levels of cannabis users seeking treatment. In regard to related physiological problems, the Report highlights the potentially important role of CBD (cannabidiol) in counterbalancing the 'harm' caused by THC due to its anti-psychotic properties. In so doing, the UNODC points out that the levels of both THC and CBD should be taken into account when determining potency, although it admits that existing global potency data are scarce. IDPC echoes the UNODC's call that, given that there is 'growing evidence of links between cannabis use and some forms of mental illness' and that 'these developments may lead to even greater morbidity, this is an 'issue worthy of close monitoring' (p. 76). Indeed, it is clearly another area in need of research investment as, while not mentioned, is further investigation into the practice of cannabis users' ability to self-regulate doses and frequency in order to control intoxication via high potency cannabis strains. As research demonstrates a number of determinants are involved in cannabis dependency.[14] Interestingly, it is worth noting that the Report mentions but does not explore that shifts cannabis use in Western and Central Europe from resin to herb involves moves towards a form of the drug that contains higher levels of CBD.

In a similarly matter-of-fact fashion, the Report also includes a useful discussion of 'Regulated commercial cannabis markets: What can we learn from the state of Colorado' (pp. 64-66). As such, with no mention of or comment on the political debates surrounding recent policy shifts on cannabis in the USA, Uruguay, and – relative to personal possession and cultivation – Jamaica, the UNODC calmly and objectively assesses various aspects of the markets within these parts of the world. Discussion includes market demand, prevalence, treatment admissions, dosing issues relating to edibles, criminal justice implications and tax revenues. Of note, however, is the Report's position on prevalence. While noting that in Colorado this is higher than the national average and is increasing faster, it points out that there is no causal evidence to connect legislation

to prevalence of use, even though 'peaks in past-year prevalence appear to coincide with laws easing restrictions on personal use'. In a similarly scientific fashion – and antithetical to hysterical reporting and comment from some quarters[15] – the UNODC notes that, while there is some data on increases of incidents of people driving while under the influence of cannabis, 'It will, however, be several years before any change specifically attributable to retail marijuana sales and traffic deaths is evident'.

The synthetic drugs market: Amphetamine-type stimulants and new psychoactive substances

Mindful of the relatively simple production processes involved, the Report's core underlying message regarding analysis of the manufacture of ATS is that it is 'difficult to assess'. That said, the UNODC notes that there are reports of ATS manufacture in all regions worldwide (p. xii & pp. 36-37), with 'surging seizures since 2009' pointing to a 'rapid expansion in the global ATS market'. More specifically we are informed that the total quantity of ATS seized doubled to reach over 144 tons in 2011 and 2012, the highest level since the UNODC began systematic monitoring, with levels remaining 'comparatively' high in 2013 (pp. xv-xvi & p. 68). Within this context the global market for synthetics continues to be dominated by methamphetamine (pp. xv-xvi), with, in terms of geographic patterns, the Report noting that West Africa 'appears to have become' an established source of methamphetamine smuggled into East and South East Asia via Southern Africa or Europe (p. 68). Moreover, as an indication of the increasing complexity of trafficking networks, the Report also comments on the apparent emergence of new routes linking 'previously unconnected regional methamphetamine markets'. On this point, the Report notes the development of new routes linking North America and East and South East Asia as well as routes to this region from Africa and Americas (p. 68). Such complexity is also increased with seizure data suggesting that interconnected crystalline methamphetamine markets in East and South East Asia are being supplied by West Asia and the Americas, principally Mexico (p. 70). While this is so, it appears from the available data as if the established market for methamphetamine in East and South East Asia continues to grow, with the region accounting for both the largest reported seizures worldwide (p. 67) and a large share of people receiving treatment. As the Report explores in some detail, East and South East Asia possesses a 'diversified market' for methamphetamine, with the drug available in two main forms – tablets ('yaba') and crystalline (p. 69). Use of the latter, however, is not limited to that region with the UNODC also noting indications of increasing use of methamphetamine in parts of North America and Europe, (p. xiii & p. 67), including growth in the use of the crystalline variant in parts of both these regions (p. 69). At a country level, methamphetamine use is seen to present a stable trend within the USA, although the Report notes increases within certain parts of the country (p. 69); a pattern that has generated considerable attention in recent months and is linked to the UNODC's timely observation that the expertise in treating problematic ATS use is not at the same level of sophistication as the expertise in treating opiate dependence (p. x).

Meanwhile, we are informed that, according to seizure data, the global 'ecstasy' market is smaller than the global market for not just methamphetamine but also amphetamine and remains confined to a few regions. The Report notes that, as the largest markets, East and South East Asia and Oceania may be emerging as drivers of the global ecstasy market, even though seizures in both regions declined in 2013 (p. xvi). That said, in what is a familiar refrain, the UNODC acknowledges that there is insufficient data to establish the size of the market in East and South East Asia and Oceania, but suggests widespread use in certain countries, including Indonesia, Cambodia and Thailand (p. 71). While this is the case, we read that on the other side of the world the ecstasy market seems to be in decline: in the Americas, seizures of ecstasy dropped by 81 per cent between 2009 and 2012. Similarly, the market has been in decline in several European countries for some time, although reflecting the apparently increasingly interconnected nature of ATS and NPS markets, the Report notes that mephedrone and other NPS are 'perhaps serving as a substitute' to ATS (p. xvi). As an example, it is noted that while the use of both mephedrone and ecstasy have in general been declining in the UK, the former is being used as a substitute for the latter within certain groups, notably within the London club scene.

It is interesting to note the attention given by the Report to the emerging relationship between NPS and other drugs, particularly ATS. 'Regarding the large numbers of NPS which have emerged in recent years', the UNODC notes, ' it remains unclear whether they are displacing existing drugs under international control, in either the short term or long term, or whether they are diversifying the range of

synthetic drugs available on the market' (p. 67). Discussion consequently takes place within the context of not only proliferation of NPS but also, once again, limited data sets. As such, the UNODC notes that different countries report that NPS continue to 'proliferate' in the market place 'in terms of both quantity and diversity'. We are told that by December 2014, 95 countries and territories had reported to the UNODC Global Synthetics Monitoring: Analysis, Reporting and Trends (SMART) programme 541 NPS, with notable variations in the number and type of substances encountered. As a point of reference, it is worth noting that 430 and 450 NPS were reported in 2013 and 2014 respectively. The UNODC acknowledges the role that an expansion of data sources and improvements in completeness of data sets play within the construction of these figures, although significantly 69 NPS were reported for the first time. As the Report notes, 'The growing number of NPS available worldwide indicates that the market for synthetic drugs is becoming even more diversified' (p. xvii), though there is an admission that while there is better monitoring, understanding of the market – including comparison with the prevalence of other drugs (p. 71) – remains constrained by limited data, widely varying terminology for different NPS and the transient nature of the substances. That said, it is reported that synthetic cannabinoids continue to account for the majority of NPS reported in 2014 (39 per cent), followed by phenethylamines (18 per cent) and synthetic cathinones (15 per cent). The Report also notes the existence of evidence suggesting that some individuals may be using synthetic cannabinoids in an attempt to avoid positive drug test results (p. 72). A more worrying trend identified, however, relates to the injection of NPS. To be sure, while the use of mephedrone and synthetic cannabinoids may have declined in some markets in recent years, a growing number of countries have reported a wider range of emerging NPS, as well as their use via injection (p. 67). Consequently, as the Report shows, while there may be an overall decline in injecting drug use in Europe, evidence suggests increasing injection of synthetic cathinones in some countries, notably Hungary (p. 73).

On this point, the UNODC is right to note with concern, and within the context of limited data on recent developments in injecting drug use and polydrug use involving NPS (p. 75), that 'these particular forms of drug use could pose a serious challenge for the providers of treatment for drug use and health-care providers'; a situation where an integrated response is clearly required (pp. xvi-xvii & p. 75). It is difficult, therefore to disagree with the UNODC's view that 'The structural diversity and rapid development of new derivatives of synthetic cannabinoids pose serious challenges to legislative control at national and international levels'. As we have discussed elsewhere, while in agreement on calls to improve data on NPS (p. 76), IDPC is however less enthusiastic than the UNODC to commend as 'innovative' the 'legal approaches complementing the traditional control of drugs' that have 'been adopted at the national level by some countries to protect the population from health risks caused by the open sale of synthetic cannabinoids' (p. 75). Often this legislative change has been driven by a regulatory panic. A genuinely innovative system was introduced in New Zealand, where the government passed the 2013 Psychoactive Substances Act, which set up a legal framework for testing, manufacture, sale and regulation, placing the onus on the manufacturer to prove that the substance was 'low risk' prior to its sale.[16] This meant that psychoactive drugs were required to go through a regime of testing equivalent to that demanded of any medicinal substance. Unfortunately, a classic sociological 'moral panic' then ensued, driven by fears of an underground economy and mass drug consumption, which stopped the Psychoactive Substances Act in its tracks and effectively returning the market to the hands of unregulated organised criminal groups.[17]

The UNODC on alternative development

As noted above, chapter 2 of the World Drug Report 2015 consists of a thematic section on the processes, programmes and practices assembled under the title of 'alternative development'. In the following pages, and in a slight change of approach, we critically examine the chapter and situate it in the wider literature addressing the successes and failures of alternative development.

Alternative development has for several decades been a key element of supply reduction; between 2010 and 2013, twenty-three countries reported to the UNODC that they were implementing alternative development measures. They included the major coca growing countries such as Bolivia, Colombia and Peru; the largest opium producers, Afghanistan and Myanmar; as well as a number of smaller opium growing states including Egypt, Lao People's Democratic Republic, Pakistan, Thailand, and Vietnam. A few countries producing cannabis also reported the existence of alternative development initiatives, especially Morocco.[18] The United

Nations General Assembly has defined alternative development in the following way:

> **Alternative development is aimed at identifying and helping to address not only the driving factors, but also the underlying root causes of the cultivation of illicit crops – lack of development, marginalisation, poverty and, thus, overall human insecurity – and to do so in a sustainable way (p. 77).**

However, multiple definitions of the concept have been suggested, and it is in continuous flux, with no global consensus existing. The objective of alternative development always involves the eradication of crops destined for the illicit drug market, and seeks to do so in ways that engage with the context and causes of this form of cultivation.

The Report lays out a brief historical trajectory of the alternative development concept and its implementation. Originally, international and domestic authorities simply eradicated crops destined for the illicit market, such as the opium poppy, coca bush and cannabis plant. The results of such an approach were almost entirely unsuccessful. According to David Mansfield, 'Crop destruction in areas without viable alternatives to opium and coca cultivation is counterproductive. It fuels violence, insecurity and can undermine long term efforts to change the conditions that promote drug crop cultivation'.[19]

In the 1970s, crop substitution was practiced as a response to the failures of this kind of forced crop eradication (pp. 78-79). Alternative, licit crops were supplied to growers in an attempt to persuade them away from illicit cultivation. According to Julia Buxton, who adopts a highly critical perspective on the alternative development work of the UNODC, the emphasis in the 1970s remained primarily on crop eradication, with projects coordinated by the UN and national governments. These efforts, she explained, failed for four main reasons: firstly, the legal substitute crops did not produce sufficient sales and revenue to maintain farmers and their families. Secondly, the farmers lacked the skills to work with these new crops and in new sectors such as livestock. Third, the climate and terrain was often unsuited to the substitutes, and finally, there were frequently no accessible markets for the crops.[20]

The Report traces the next phase into the 1980s, when 'integrated rural development' supplemented crop substitution with a set of technical and economic measures, addressing educational and health needs alongside infrastructure and social services. According to the UNODC, integrated rural development was relatively successful, but by the late 1980s it was becoming clear that illicit crop growers were moving away from the locations of intensive alternative development projects and opening up new sites of illicit cultivation – an example of the 'balloon effect'. These often involved moving cultivation further into jungles and national parks, a process that escalated the ecological consequences of the drug trade and the eradication measures used against it (see discussions above). In the 1990s, a broader, programmatic approach was devised, which drew on the experiences of previous efforts, integrating rural development within national and regional development. In the first decade of the new millennium, alternative development was sometimes known by the moniker of 'alternative livelihoods'; according to the Report, the change of name stemmed from an attempt to shift the focus to emphasise the human dimension of alternative development (p. 80). However, there was often very little practical difference between the implementation of alternative development and alternative livelihoods. In general, what has occurred since the end of the Second World War is a progressive broadening of the concept of alternative development, which has over several decades moved from a localised intervention tightly focused on crop destruction, to a broad-based developmental approach that sets out to change and enrich entire societies. However, on the ground, and despite the progress in the principle and practice of alternative, in 2005 the CND concluded that:

> **A quarter-century on, Alternative Development donors and practitioners still underestimate the sociocultural, economic, political, and environmental milieu in which alternative development operates. This underestimation invites unrealistic expectations and projects set to fail.**[21]

As discussed below, however, this recognition of failure, constituted a signal that the UNODC was, along with its partners in government and civil society, engaged in an extended process of learning driven by trial and error.

The Report goes on to explore illicit crop cultivation and the factors that drive it. It notes that, '... not all illicit cultivation is driven by poverty, [but] most areas where illicit crops are grown are characterised by poverty' (p. 91). While this statement is rather equivocal, it is apparent that the UNODC has shifted its position considerably over the past

decade with regard to the role of poverty as a driver of illicit crop growing. Pierre-Arnaud Chouvy has recalled that former Executive Director of the UNODC, Antonio Maria Costa, wrote in 2006 that 'there is no direct relationship between poverty and opium poppy cultivation'.[22] At this juncture, the UNODC repeatedly sought the causes of opium cultivation in greed rather than need. The UNODC Afghan Opium Surveys claimed that the poorest provinces in the country were not those with the highest poppy cultivation, and deployed this evidence in an attempt to downgrade the causal role of poverty in drug crop cultivation. However, Chouvy argues that in these surveys the UNODC takes a very simplistic and outdated view, seeing poverty simply as a function of income. Such a narrow view of poverty overlooks the basic fact that farmers who resort to opium production are not poor simply because their revenues are low (or rich because their revenues are high) but also because they have meagre or non-existent resources and assets (resource-poor farmers) and must cope with food shortages and insecurity.[23]

It is striking that the moral stance taken by the Office under the leadership of Antonio Maria Costa has given way to a more pragmatic position in recent years, a shift unlikely to be linked primarily with the change of leadership, but which is instead a facet of the broader movement of the international drug control regime toward a more health and rights-based approach. The Report now identifies the drivers of illicit crop cultivation as 'lack of development, marginalisation, poverty, and thus, overall human insecurity' (p. 77).

These conditions are clearly present in Myanmar, where according to Tom Kramer of the Transnational Institute (TNI) 'For many communities in Myanmar who grow opium, opium is not the problem, it is the solution'.[24] For farmers who are resource-poor and are unable to grow sufficient food to last them through the year, opium provides an essential cash crop. In addition, it is an effective painkiller and a medicine for alleviating gastro-intestinal complaints, and the money generated gives access to education, healthcare and other household goods and services. In a country with a limited transport infrastructure, it is useful that the dealers visit the growers' village, providing seeds and finance on credit. As in India, opium is a substance that is thoroughly integrated into social life, and is for example offered to guests at weddings and funerals. As will be seen, policy interventions in such a complex geographical and social setting must be handled with great sensitivity, or they will result in heightened insecurity for the inhabitants; indeed, this is something that has happened all too often in alternative development processes. Chouvy comments that 'the physical destruction of the cash crops of poor and often marginalised – if not alienated – communities is likely to lead to social and political instability'.[25]

Buxton goes further. 'The experience of Alternative Development', she claims, 'is a cogent example of why the drug control system has failed'.[26] She points out that in Colombia, Bolivia and Myanmar, coca and opium crops were eradicated before communities had established any form of access to alternative means to make a living. As a result, farming communities lost all trust in the alternative development process, and armed conflict sometimes ensued as farmers could not generate a cash crop to feed and support their families and communities.[27]

Buxton also argues that 'efforts to deepen the engagement of the UNODC in development should be discouraged'. This is because alternative development is a 'contested concept, unworkable within the broader framework of the criminalisation of the drug trade and ongoing reliance on militarised enforcement'. Without development indicators, harm reduction and human rights principles, and lacking any reform of the UNODC, alternative development programmes 'risk doing more harm than good. They're an old "solution" to drug supply, having been implemented for over thirty years without evidence of tangible success or uptake of lessons learned'.[28] Buxton calls for a 'paradigm shift', rather than the mere tinkering at the margins of prohibition that alternative development represents.[29]

Chouvy, while certainly critical of the implementation of alternative development programmes in the past, takes a somewhat different position. Like Mansfield before him, he is wary that the dismissal of alternative development would entail 'throwing the baby out with the bathwater'.[30] Chouvy contends that alternative development has failed not because it is the wrong approach, but because it was rarely attempted and because drug crop eradication has been viewed as separate from poverty reduction. Poverty, he says, is the chief cause of illicit crop cultivation. He believes that alternative development has been largely implemented in discrete, localised areas that are vulnerable to the 'balloon effect', as well as inadequately funded, and poorly designed and implemented. He lists two further ob-

stacles: traditional development organisations have rarely invested in these areas, and the UNODC has lacked the capacity and means to design and implement the approach.

Nonetheless, Chouvy argues that much has been learned in the process of these attempts,[31] a contention that is given some force by the contents of the thematic chapter of this year's World Drug Report. Martin Jelsma of TNI concurs, stating in 2009 that 'the good news is that over the last decade there has been considerable progress in developing a greater understanding of the impact of rural development in opium poppy and coca growing areas'.[32] The key elements toward which Jelsma drew attention are interrelated: proper sequencing, and conditionality.[33]

The correct sequencing of alternative development involves putting in place alternative livelihoods and development before any crop eradication takes place. The UNODC's *Global thematic evaluation on alternative development* of 2005 recommended that: 'Illicit crops should be eradicated only when viable alternatives exist for households participating in alternative development. Successful alternative development requires proper sequencing'.[34] The UN drug control system has been supportive of the principle of proper sequencing. Buxton, by contrast, contends that much of the sequencing has been ideologically driven and ineffective. By contrast, the success of alternative development in Thailand is linked to a more pragmatic attitude on the part of the Thai government, which put development and alternative livelihoods in place before eradication of illicit crops began.[35]

Meanwhile, the related concept of 'conditionality' remains still more conflicted. Conditionality refers to the granting or withholding of the benefits of development; IDPC is amongst the many civil society organisations arguing that development should not be dependent on reductions in illicit crop cultivation. It should also be recalled that, in the context of the generally repressive 1988 UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, Article 14 stipulates that measures against illicit cultivation of plants should respect human rights, take due account of traditional uses where there is historical evidence of such, and ensure the protection of the environment.[36] These obligations are often breached where sequencing is carried out wrongly and conditionality insisted upon, with indigenous groups often being the most affected by crop eradication campaigns in the Andean region.

The Report takes a 'neutral' stance on the issue, suggesting that while conditionality clauses can 'harm the relationship, sense of ownership and trust that should exist for development processes to be successful', at the same time 'Governments need to have a certain degree of reassurance from farmers that, through economic and social assistance, illicit crops will actually be reduced over time' (p. 103). The text notes that most countries do not refer to conditionality in their strategy documents. In Colombia and Peru, prior crop eradication, whether voluntary or forced, is necessary in order for communities to participate in alternative development programmes. Bolivia, on the contrary, does not require the prior eradication or reduction of illicit crops, and its strategy document states that 'public investment in infrastructure and social development come first, before alternative development programmes are started' (p. 103). This latter is the form of sequencing likely to be the most effective in terms of drug control, and to defend human rights, food security and the environment, as well as including local communities of growers in the entire process. As the thematic chapter concludes:

> **More than 40 years of alternative development experience have led to the conclusion that alternative development works when it has a long-term vision, adequate funding and the political support to integrate it into a broader development agenda. As the present chapter has shown, sustainable results reducing illicit cultivation in different communities around the world can be obtained when the socioeconomic development of communities and the livelihood of rural households are improved (p. 118).**

Conclusions

As is now consistently the case, this year's World Drug Report represents another impressive piece of synthesis and analysis by the UNODC's Research and Trend Analysis Branch, Division for Analysis and Public Affairs. It contains a great deal of valuable statistical information and related data analysis and as noted remains largely objective and scientific in its approach to a range of policy choices that have in the past, or remain, issues of ideological contestation; namely harm reduction and the legally regulated markets for the recreational use of cannabis. Indeed, while in the past critiques such as this spent much time deconstructing the approach of the reports themselves, it will be noted that here we have focused predominantly on the nature of the global

situation upon which the UNODC is reporting. In terms of presentation, in addition to the impressive referencing, clarity of exposition and – amidst the current craze for infographics – inviting graphical visualisation of data, the Report continues the practice of recent years in being more open about the construction of data sets and the subsequent cautions that need to be applied when interpreting them, particularly in terms of drug use trends and seizures. As is so often the case, it is such caveats that are often downplayed in mediated headlines and press releases, including by the UNODC itself.[37] In these instances, the leitmotifs of uncertainty – sustained by data deficiencies, especially within Africa and Asia and in terms of drug types in relation to ATS and NPS – and increasing complexity and fluidity are given little attention.

That said, the Report must be commended for its close attention to the health consequences of drug use, including the focus on prevention and treatment programmes. The UNODC is well suited to act as a 'clearing house' for research into a range of issues and, acting in this way, would do well to introduce an external peer review process for a range of data sets, particularly relating to people who inject drugs and HIV, where as things stand governments still sign off on their own figures.[38] Moreover, in terms of improving the data submitted to the UNODC for analysis, IDPC repeats its call for member states to improve processes within their borders and, where resources allow, assist in the development of capture mechanisms elsewhere, particularly in Africa and Asia.

Discussion around data generation, and within the context of treatment in particular, how to measure 'success', inevitably brings us – once again – to the issue of appropriate drug policy indicators and metrics.[39] While methodologically challenging, the shift away from process-oriented law enforcement indicators to those relating to health and what might be referred to as 'citizen security', for instance drug-related deaths, HIV prevalence among people who inject drugs and a range of indicators around security and development, should be further encouraged. Such an approach becomes more compelling when considering not only the fast approaching UNGASS, but also increasing – and overdue – linkages between drug policy and development targets recently outlined within the Sustainable Development Goals and mentioned at a number of points within the Report. Moreover, amidst calls by its authors for new thinking and revision of law enforcement approaches 'encompassing robust criminal justice action to disrupt' organised criminal networks and address the challenges posed by dark net crypto drug markets (p. 76), it becomes increasingly important to consider in more detail what such action and disruption is ultimately designed to achieve. Add to this scenario a movement towards regulated cannabis markets and we see just how much the landscape is changing. Metrics and related policy objectives need to change with it.

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Endnotes

1. In relation to terminology and shifts away from language used in previous UNODC publications, including the *World Drug Report*, it is interesting to note the following explanation within the 2015 Report: 'Since there is some scientific and legal ambiguity about the distinction between "drug use", "drug misuse" and "drug abuse", the neutral terms "drug use" and "drug consumption" are used in the present report' (p. vii).
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The UNODC World Drug Report for 2015 contains a great deal of useful data on the global drug situation. In keeping with a trend that has been apparent for some years, the tone is moderate and there is relatively little political content. This is especially valuable and important in the approach to the 2016 UNGASS on drugs. In this report, IDPC provides an overview of the data and topics presented in, as well as the key themes emerging from, the World Drug Report. As is the norm, IDPC also offers critical analysis of and comment on all three, including a full discussion of thematic chapter two that this year focuses on alternative development.

The International Drug Policy Consortium (IDPC) is a global network of NGOs that promotes 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 harms. 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. IDPC offers specialist advice through the dissemination of written materials, presentations at conferences, meetings with key policy makers and study tours. IDPC also provides capacity building and advocacy training for civil society organisations.