



# Commission on Narcotic Drugs (CND)

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## Purview:

The Commission on Narcotic Drugs (CND) is the central policy making body of the United Nations on drug-related matters. As a functional Commission of the Economic and Social Council, CND monitors the implementation of the three international drug control conventions and is empowered to consider all matters pertaining to the aim of the conventions, including the scheduling of substances to be brought under international control. It also advises on all matters pertaining to the control of narcotic drugs, psychotropic substances and their precursors. CND submits reports to the Economic and Social Council on its proposals to strengthen the international drug control system.

Website: [www.unodc.org](http://www.unodc.org)

## Topics:

### Promoting alternative development as a development-oriented drug control strategy

For nearly forty years, the international community has made many efforts to address the international drug trade. Globally, the illicit drug industry accounts for [an estimated \\$320 billion USD annually](#) and is the primary source of revenue for organized crime. Additionally, the drug trade has a large economic impact in developing nations that cultivate illicit crops. The United Nations International Drug Control Program estimates that this impact accounts for [3 to 4 billion USD annually](#). Traditional efforts to curb the illegal drug trade have often been stymied by the sheer economics of the issue, and even where efforts have been successful in curbing the drug trade, in many cases a “balloon effect” sees the production of drugs simply [shifted to another country](#). From cultivation to distribution, illegal drugs provide a livelihood for many people. This greatly complicates enforcement of laws concerning illicit drugs, as communities have an incentive to work against law enforcement to preserve their source of income. In order to mitigate these economic pressures, modern drug control strategies incorporate alternative development strategies that attempt to guide populations involved in the drug trade to non-drug related livelihoods.

The illicit drug trade has had greater affects outside of its economic impact. [In 2015, over 450,000 people died as the result of drug use](#), including both those deaths directly associated with drug use, such as overdoses, and those indirectly attributable to drug use, such as those related to HIV and hepatitis C acquired through unsafe injecting practices. Additionally, people who inject drugs, which numbered some 10.6 million people in 2016, are particularly at risk of serious medical complications and health risks. This can exacerbate limited medical resources in developing regions and those lacking access to needed medical treatments. Drug cultivation also [results in environmental issues](#), including toxification of the environment, habitat destruction, watershed depletion and carbon emissions. These impacts not only affect the health of the environment in many regions, it can alter the overall health of the society there. When addressing the illicit drug trade, it is imperative that solutions consider how widespread the problem actually is.

The United Nations first addressed the concerns surrounding the illicit drug trade

in 1961 through the [Single Convention on Narcotic Drugs](#). This document set the stance for international efforts to address drugs through targeted legislation to eliminate the production of opium and coca ultimately for their complete elimination around the globe. Despite these efforts, the target goals of 15 years for opium and 25 years for coca were not met. In 1998, the United Nations General Assembly Special Session on Drugs (UNGASS) introduced the alternative development as a way forward to address the shortcomings of the Single Convention on Narcotic Drugs. The General Assembly adopted the [Action Plan on International Cooperation on the Eradication of Illicit Drug Crops and on Alternative Development](#), which introduced alternative development as a process to prevent and eliminate the cultivation of plants associated with illicit drugs by targeting regions producing these plants and providing alternative means to provide for their economic needs. Alternative development initiatives [have mainly focused on cultivation aspects, particularly opium, cannabis and coca](#), as the rural communities where many plant-based drugs originate are often particularly isolated and lacking in other economic opportunities. The Action Plan also recognized that alternative development needs to be combined with law enforcement and eradication efforts to be most effective. The UNGASS extended the initial target to 2008 to eliminate the illicit cultivation of cocoa, cannabis and opium.

[Pushback to this approach came from the international community](#) at the [Feldafing conference](#) in 2002, where critics called the balance between alternative development and enforcement of the elimination of illicit drugs an ineffective use of the carrot and the stick method. It was argued that this balance only aided in alienating growers, creating mistrust toward any effort from governments to address drug production. The Commission on Narcotic Drugs (CND) [built upon these findings in 2002](#), by calling all partner agencies and governments to “respect the balance and necessary effective coordination of law enforcement and interdiction measures, eradication efforts and alternative development.” Instead of the ‘carrot and the stick’ method of the past, CND stressed the need that programs should complement development with repressive measures. Repressive measures are often punitive and can include laws that implement physical and financial punishments. A balance was needed in order to combat mistrust among the populous where these programs were to be implemented.

At first, [this approach toward alternative development was limited in scope](#) and aimed at addressing the cultivation of opium and poppy only, locking its implementation to Southeast Asia and South America. Additionally, the approach was regularly questioned and plagued by misinterpretation, and with the failure to meet the 2008 deadline to eradicate opium and poppy, the approach lacked the endorsement needed to be effective. The CND saw the need to change strategies, and in 2009 passed the [Political Declaration and Plan of Action on](#)

[International Cooperation Towards an Integrated and Balanced Strategy to Counter the World Drug Problem](#) which introduced the concept of development-oriented drug control. This concept broadened alternative development to include a wider range of socio-economic interventions that address larger drug-related problems outside of the scope focusing on drug crops. By UNGASS 2016, this evolved to emphasizing [development-oriented thinking of international drug policy](#), which called for a prominent role for alternative development and broadened the scope of the sustainable development model for addressing the global drug trade. Through these shifts, alternative development more naturally fits within the framework of the [2030 Agenda for Sustainable Development](#).

While alternative development projects have [reduced cultivation of narcotic drugs in many regions](#), drug cultivation remains endemic elsewhere and [represents a threat to health, the environment and the rule of law](#). The Global Commission on Drug Policy identifies [four main areas to better expand the efforts set out in the alternative development efforts](#): ending poverty among the vulnerable within the drug trade, reforming punitive policies to promote accountability and fair access to justice, addressing the health needs of those who use drugs, and improving global partnerships for drug policy reform. Over the past few decades, alternative development has evolved to broaden its scope and attempt to overcome its limitations and failings, and yet challenges remain. Regions where croplands are ill-suited for the production of non-drug crops, where poor infrastructure limits alternative economic activities or where active conflict supports the drug trade and inhibits the rule of law remain challenging. Creativity and sensitivity to local conditions are both essential for alternative development in these regions.

### Questions to Consider:

- What balance should be struck between having a common set of principles for alternative development and tailoring alternative development projects to regional conditions?
- How should alternative development projects be conducted where conflict, corruption, or distrust of authorities hamper anti-drug efforts?
- How can alternative development mitigate the effects of the illegal drug trade beyond its cultivation?

## Bibliography

- Brombacher, Daniel, and Jan Westerbarkei (14 January 2019). [From Alternative Development to Sustainable Development: the Role of Development Within the Global Drug Control Regime](#). *Journal of Illicit Economies and Development*.
- Burns-Edel, Tristan (2016). [Environmental Impacts of Illicit Drug](#)

- [Production](#). *Global Societies Journal*.
- Drug Policy Alliance (2020). [The International Drug War](#).
  - European Drug Policy Network (2015). [Alternative Development: Providing Viable Alternatives to Illicit Drug Cultivation](#).
  - Global Commission on Drug Policy (September 2018). [Drug Policy and the Sustainable Development Agenda](#).
  - International Drug Policy Consortium (2016). [IDPC Drug Policy Guide, 3rd Edition](#).
  - International Narcotics Control Board (2003). [Report of the International Narcotics Control Board for 2002: Illicit Drugs and Economic Development](#).
  - [Single Convention on Narcotic Drugs](#) (1961).
  - Transnational Institute (25 January 2006). [Alternative Development Overview](#).
  - United Nations Department of Economic and Social Affairs (2020). [The 17 Goals](#).
  - United Nations Office on Drugs and Crime (2020). [Alternative Development](#).
  - United Nations Office on Drugs and Crime (June 2018). [World Drug Report 2018](#).
  - United Nations Office on Drugs and Crime (2013). [World Drug Report 2013](#).
  - United Nations Office on Drugs and Crime (2011). [Thai Alternative Development Projects Showcased at International Workshop](#).
  - United Nations Office on Drugs and Crime (2009). [Political Declaration and Plan of Action on International Cooperation Towards and Integrated and Balanced Strategy to Counter the World Drug Problem](#).
  - USAID (2019). [Alternative Development](#).

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## United Nations Documents

- United Nations, Commission on Narcotic Drugs (2019). [Promoting alternative development as a development-oriented drug control strategy](#). Resolution 62/3.
- United Nations, Commission on Narcotic Drugs (2018). [Promoting the implementation of the United Nations Guiding Principles on Alternative Development and related commitments on alternative development and regional, interregional and international cooperation on development-oriented, balanced drug control policy addressing socioeconomic issues](#). Resolution 61/6.
- United Nations, Commission on Narcotic Drugs (2013). [Outcome of the high-level International Conference on Alternative Development](#).

E/CN.7/2013/8.

- United Nations, Commission on Narcotic Drugs (2005). [Strengthening alternative development as an important drug control strategy and establishing alternative development as a cross-cutting issue](#). Resolution 48/9.
- United Nations, Commission on Narcotic Drugs (2002). [The role of alternative development in drug control and development cooperation](#). Resolution 45/14.
- United Nations, Economic and Social Council (2006). [Using alternative development programmes to reduce the cultivation of cannabis plants](#). Resolution 2006/31.
- United Nations, General Assembly (2018). [International cooperation to address and counter the world drug problem](#). A/RES/73/192.
- United Nations, General Assembly (2017). [Promoting the implementation of the United Nations Guiding Principles on Alternative Development and related commitments on alternative development and regional, interregional and international cooperation on development-oriented, balanced drug control policy addressing socioeconomic issues](#). A/RES/72/197.
- United Nations, General Assembly (2013). [United Nations Guiding Principles on Alternative Development](#). A/RES/68/196.
- United Nations, General Assembly (1998). [Measures to enhance international cooperation to counter the world drug problem](#). A/RES/S-20/4.
- United Nations, General Assembly (1998). [S-20/2. Political Declaration](#). A/RES/S-20/2

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## Promoting measures to prevent transmission of HIV attributable to drug use among women and for women who are exposed to risk factors associated with drug use, including by improving access to post-exposure prophylaxis

Since the start of the human immunodeficiency virus (HIV) epidemic in 1981 [an estimated 75 million people have been infected](#) with HIV and 32 million have died of subsequent acquired immunodeficiency syndrome (AIDS). This makes HIV/AIDS [the sixth most deadliest diseases globally](#). HIV disproportionately

affects certain key populations as described by the [Joint United Nations Programme on HIV/AIDS \(UNAIDS\)](#). Among these include people who inject drugs (PWID) and sex workers, both of which have risks of infection more than 20 times higher than the general population and are particularly dangerous for women. Focusing on preventing HIV infections among women also pays dividends in reducing mother-to-child transmission. As HIV is a bloodborne pathogen, injection using contaminated needles is another vector: there are an estimated 3 million injecting drug users worldwide living with HIV. HIV can spread rapidly when introduced to a drug injecting population from the use of needles and unsafe sexual practices.

Women are particularly at risk of acquiring HIV through drug use; in 2013 women who inject drugs had an HIV prevalence [about 50 percent higher](#) than the rate among men who inject drugs, even though women only make up a [slim majority](#) of people living with HIV globally. Moreover, in 2019, UNAIDS estimates provided that young women between the [age of 15 to 24 accounted for 5,500](#) new infections each week. While progress has been made to reduce the number of new infections among adolescent girls and young women by 25 percent between 2010 and 2018, this still leaves [6,000 new HIV infections every week worldwide](#). The sexual and reproductive health rights of women are still often denied, exacerbating this issue. Women are more susceptible to HIV infection because of gender based violence (GBV). They are also more likely to conceal drug use because of [societal discrimination](#) and the potential of losing custody of children. Due to stigma against people who inject drugs or people with HIV, women in particular face [violence in obtaining treatment](#), whether it is from members of wider society or from families and intimate partners. Fear of discrimination also reduces the likelihood of women accessing needed medical care including access to post-exposure prophylaxis and other HIV treatments. It is also important to consider the potential transmission of HIV from mother to child. [It is transmissible during pregnancy, labor, delivery and breastfeeding](#). In the absence of any intervention, transmission rates range from 15 percent to 45 percent. This rate can be reduced to below 5 percent with effective interventions.

The global response to the HIV/AIDS epidemic was initially led by Western health organizations, particularly the [United States Center for Disease Control \(CDC\)](#), which first discovered the virus. In 1985, the World Health Organization (WHO) and the CDC organized the [first International Conference on AIDS](#), United Nations work, first centered within the WHO, evolved over the following decade and eventually became established as the Joint United Nations Programme on HIV/AIDS (UNAIDS). Unfortunately, national and international action to combat HIV early on was slow, both due to [administrative failings](#) and due to [prejudice against the peoples and regions](#) most heavily afflicted with the virus. As science and politics progressed over the following decades, the prospect of managing the HIV/AIDS epidemic has become more realistic; the Sustainable Development

Goals include a target of ending the AIDS epidemic by 2030, although as of 2020 the world is not on track to meet this target.

The first work of the Commission on Narcotic Drugs on the issue of [gender and drug abuse was in 1995](#), followed in [2006 by its first resolution](#) on drug use and the spread of HIV. In 2012, this work was further expanded to recognize the need of [addressing women who are affected by drugs and HIV](#). Finally, in 2018 the CND [addressed the three facets of this issue](#), albeit in the context of mother-to-child transmission, and in 2019 passed a resolution on this topic specifically. This slow evolution to addressing this issue reflects the progression in how the international community as a whole approached each of its constituent parts. Drug use and abuse has historically been considered an issue of law enforcement rather than public health, hamstringing policymakers' ability to ameliorate issues concentrated among drug users. However, the United Nations Office on Drugs and Crime in 2014 changed their approach to the world drug problem to [put people first](#), representing a shift to prioritize the human rights of drug users. The tools available to fight HIV have also grown over time, to the point where contracting HIV has [stopped being a death sentence](#) in areas with appropriate access to modern medicines. The biggest contributor has been the availability of post-exposure prophylaxis (PEP)—antiviral medications that when taken shortly after HIV exposure significantly reduce the chance of infection—and other medications allow individuals infected with HIV to avoid developing AIDS. While PEP medicines for HIV have existed since 1987, it was only in 2014 that treatments were cheap, effective and understood well enough that [the WHO recommended PEP](#) for all types of exposures and for all people.

Gender-nonspecific methods to reduce HIV risk are important to support as well. Needle exchange programs and evidence-based drug dependence treatments, like opioid substitution therapy, are among the [most effective interventions](#) for reducing the spread of HIV. However, only one percent of all PWID live in States with high availability of these interventions. Moreover, as part of a broad trend of States to treat drug use as a criminal issue, rather than a public health issue, many States [criminalize possession of equipment](#) used to inject illegal drugs. This not only hinders the ability of organizations to establish needle exchange programs, but also disincentivizes drug users to seek help from social workers. These gender-nonspecific methods, however, are [largely designed by and for men](#). Female drug users, wary of harassment from male drug users, are [less likely to utilize mixed-gender treatment centers](#). Lack of access to childcare, limited economic independence and fear of losing custody of children all further limit women's ability to access treatment. Further, many women-oriented support services, such as women's shelters, exclude women who inject drugs; female sex workers who inject drugs are more likely to work on the street, where they are at a higher risk of violence. Efforts to reduce the spread of HIV among women who use drugs are also hampered by the lack of clear gender-specific

data. Where national data on HIV/AIDS or drug use is available, data is often not disaggregated for by gender, occupation, risk factors or other important facets.

The international community has [lost sight of the importance](#) of HIV/AIDS over recent years. In 2014, UNAIDS launched the ambitious [90-90-90 target](#), in which by 2020 90 percent of all people with HIV/AIDS would know their status, 90 percent of those would be on antiretroviral therapy and further 90 percent of those would have viral suppression. The Sustainable Development Goals, adopted in 2015, aimed to [end the AIDS epidemic](#) by 2030. In support of those goals, the United Nations established the [2016 United Nations Political Declaration on Ending AIDS](#) with intermediate targets for 2020. [None of these are on track to being met](#). Globally, progress has been deeply uneven, a trend exacerbated by the COVID-19 pandemic. Only a [small minority of States provide harm reduction services](#), like needle exchanges, and many regulations are in legal systems that discourage their use. Prophylactic treatments, both pre- and post-exposure, have shown great potential in reducing the spread of HIV, [however they remain underutilized by vulnerable populations](#), including women who inject drugs, due both to cost and to practical inaccessibility.

### Questions To Consider

- What can States do to combat the stigma women who inject drugs face when seeking preventative care for HIV?
- How can States increase the utilization of harm reduction services by women who inject drugs?
- How should efforts to reduce HIV infections relating to drug use fit into national drug legislation and enforcement?

### Bibliography

- amfAR (2019). [Statistics: Women and HIV/AIDS](#).
- Avert (10 October 2019). [People Who Inject Drugs, HIV and AIDS](#).
- Center for Disease Control (11 August 2006). [The Global HIV/AIDS Pandemic, 2006](#).
- Curran, James and Harold Jaffe (7 October 2011). [AIDS: the Early Years and CDC's Response](#).
- Gay Men's Health Crisis (October 2009). [Syringe Exchange Programs Around the World: the Global Context](#).
- International AIDS Society (2020). [Timeline](#).
- International AIDS Society (March 2019). [Women Who Inject Drugs: Overlooked, Yet Visible](#).
- International Partnership for Microbicides (2020). [Women & HIV/AIDS](#).
- Mandavilli, Apoorva (28 May 2019). [Half of H.I.V. Patients Are Women. Most Research Subjects Are Men](#).
- Nicol, Melanie (29 October 2018). [The Faceless epidemic: Where Are](#)

### [the Women with HIV/AIDS?](#)

- Office on Women's Health (21 November 2018). [Women and HIV](#).
- Parker, Alice (1 December 2016). [Hiv Used to Be a Death Sentence. Here's What's Changed in 35 Years](#). *TIME*.
- Piot, Peter, et al. (November 2007). [Good Politics, Bad Politics: the Experience of Aids](#). *American Journal of Public Health*.
- Restar, Arjee, et al. (April 2017). [Perspectives on Hiv Pre- and Post-Exposure Prophylaxes \(PrEP and PEP\) Among Female and Male Sex Workers in Mombasa, Kenya: Implications for Integrating Biomedical Prevention Into Sexual Health Services](#). *AIDS Education and Prevention*.
- Terrence Higgins Trust (2018). [Women and HIV: Invisible No Longer](#).
- UNAIDS (2020). [Global HIV & AIDS Statistics — 2020 Fact Sheet](#).
- UNAIDS (2020). [Key Populations](#).
- UNAIDS (2020). [Seizing the Moment: Tackling Entrenched Inequalities to End Epidemics – Global AIDS Update 2020](#).
- UNAIDS (31 October 2019). [19.6 Million Girls and Women Living with HIV](#).
- UNAIDS (2019). [UNAIDS Data 2019](#).
- UNAIDS (1 January 2017). [90–90–90 – an Ambitious Treatment Target to Help End the AIDS Epidemic](#).
- UNAIDS (2008). [UNAIDS: the First 10 Years](#).
- United Nations Office on Drugs and Crime (2020). [Women Who Inject Drugs and HIV: Addressing Specific Needs](#).
- United Nations Office on Drug and Crime (2004). [Substance Abuse Treatment and Care for Women](#).
- UN News (19 April 2016). [World Drug problem: UN Adopts New Framework for Policies to 'put People first'](#).
- UNODC Regional Office for Southern Africa, Pretoria (2015). [Rapid Situation Assessment and Response on HIV/AIDS and drug use, especially injecting drug use, among women in Namibia](#).
- World Health Organization (2020). [Mother-to-child Transmission of HIV](#).
- World Health Organization (1 December 2014). [Post-exposure Prophylaxis to Prevent HIV Infection](#).
- World Health Organization (16 May 2012). [What Is the Deadliest Disease in the World?](#)

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## United Nations Documents

- United Nations, Commission on Narcotic Drugs (2019). [Promoting measures to prevent transmission of HIV attributable to drug use among](#)

women and for women who are exposed to risk factors associated with drug use, including by improving access to post-exposure prophylaxis. Resolution 62/6.

- United Nations, Commission on Narcotic Drugs (2019). [Strengthening international cooperation and comprehensive regulatory and institutional frameworks for the control of precursors used in the illicit manufacture of narcotic drugs and psychotropic substances](#). Resolution 62/1.
- United Nations, Commission on Narcotic Drugs (2018). [Promoting measures for the prevention of mother-to-child transmission of HIV, hepatitis B and C and syphilis among women who use drugs](#). Resolution 61/4.
- United Nations, Commission on Narcotic Drugs (2017). [Promoting measures to prevent HIV and other blood-borne diseases associated with the use of drugs, and increasing financing for the global HIV/AIDS response and for drug use prevention and other drug demand reduction measures](#). Resolution 60/8.
- United Nations, Commission on Narcotic Drugs (2016). [Mainstreaming a gender perspective in drug-related policies and programmes](#). Resolution 59/5.
- United Nations, Commission on Narcotic Drugs (2012). [Promoting strategies and measures addressing specific needs of women in the context of comprehensive and integrated drug demand reduction programmes and strategies](#) . Resolution 55/5.
- United Nations, Commission on Narcotic Drugs (2006). [Responding to the prevalence of HIV/AIDS and other blood-borne diseases among drug users](#) . Resolution 49/4.
- United Nations, Commission on Narcotic Drugs (2005). [Women and substance use](#). Resolution 48/6.
- United Nations, Commission on Narcotic Drugs (1995). [Women and drug abuse](#). Resolution 3 (XXXVIII).
- United Nations, Economic and Social Council (2005). [Commission on Narcotic Drugs](#). E/2005/28.
- United Nations, Economic and Social Council (1946). [Commission on Narcotic Drugs](#). E/20.
- United Nations, General Assembly (2011). [Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS](#). Resolution 65/277.
- United Nations, General Assembly (1998). [Political Declaration](#). A/RES/S-20/2\*