



**The Global  
Drug Policy  
Index**

# **The Global Drug Policy Index**

## **2021**

*November 2021*



This first edition of the Global Drug Policy Index is dedicated in loving memory of **Wanjiku Kamau Shelmerdine** - 11th May 1969 - 7th May 2021. A fearless and powerful advocate, who inspired and touched the lives of so many. She had a deep sense of justice and the clarity of vision to know what needed to change. For more than two decades, she dedicated her sharp intellect and exuberant energy towards the fight to end HIV – with a strong focus on HIV prevention for young women. In recent years, she became more involved in advocacy for harm reduction and drug policy reform - notably laying the ground in her home country of Kenya. At the global level, Wanjiku was deeply supportive of the work of the International Drug Policy Consortium and our partners. She contributed directly to this Index by facilitating the “Co-Creation” Focus Group Discussions in September 2020. With this dedication we honour and remember her. Wanjiku – your extraordinary light shines on.  
**Rest in power.**



# Foreword

For decades, tracking how well - or badly - governments are doing in drug policy has been an elusive endeavour. In no small part, this is because data collection efforts by both governments and the UN have been driven by the outdated and harmful goal of achieving a 'drug-free society'. The success of drug policies has not been measured against health, development and human rights outcomes, but instead has tended to prioritise indicators such as the numbers of people arrested or imprisoned for drug offences, the amount of drugs seized, or the number of hectares of drug crops eradicated.

This wrong-headed focus of drug policy and, as a result, data collection has prevented a genuine analysis of whether drug policies have contributed to overarching policy goals such as achieving gender equality, reducing stigma and discrimination, protecting the rights of Indigenous peoples, or alleviating poverty. Marginalised communities who are disproportionately targeted by drug policies have remained largely invisible, while in many countries punitive drug control measures continue to operate unabated. The net result is that there is a severe dearth of accountability when it comes to the repressive approaches to drug control that most governments continue to employ.

In this context, it is my absolute pleasure to welcome the first edition of the Global Drug Policy Index, a new tool which offers the first-ever data-driven global analysis of drug policies and their implementation in a systematic, comprehensive and transparent manner. The Index has been developed by civil society and community organisations, in partnership with academia. The voice and experience of civil society and affected communities is critical for ensuring that policies respond to the needs and realities of people on the ground. In the worrying current context of shrinking civil society space, this civil society-led initiative is to be applauded.

The power of the Global Drug Policy Index lies in its key objective: to score and rank how countries are faring in different areas of drug policy as identified in the UN report 'What we have learned over the last ten years: A summary of knowledge acquired and produced by the UN system on drug-related matters',<sup>1</sup> and derived from the landmark UN System Common Position on Drugs.<sup>2</sup> Using 75 indicators, the Index covers five dimensions ranging from criminal justice and extreme responses, to health and harm reduction, access to medicines, and development.

<sup>1</sup> UN system coordination Task Team on the Implementation of the UN System Common Position on drug-related matters (March 2019), *What we have learned over the last ten years: A summary of knowledge acquired and produced by the UN system on drug-related matters*, [https://www.unodc.org/documents/commissions/CND/2019/Contributions/UN\\_Entities/What\\_we\\_have\\_learned\\_over\\_the\\_last\\_ten\\_years\\_-\\_14\\_March\\_2019\\_-\\_w\\_signature.pdf](https://www.unodc.org/documents/commissions/CND/2019/Contributions/UN_Entities/What_we_have_learned_over_the_last_ten_years_-_14_March_2019_-_w_signature.pdf)

<sup>2</sup> United Nations Chief Executives Board (November 2018), *United Nations system common position supporting the implementation of the international drug control policy through effective inter-agency collaboration*, CEB/2018/2, <https://unsceb.org/sites/default/files/2021-01/2018%20Nov%20-%20UN%20system%20common%20position%20on%20drug%20policy.pdf>

Importantly, the Index seeks to capture drug policies in their implementation, rather than looking only at what is on paper. Throughout this report, you will hear stories from communities who have been directly affected by drug policies, often with serious and long-lasting effects on their lives and the lives of their loved ones. These powerful testimonies provide the Index with the nuance and real-life experiences that are generally lacking in exclusively data-driven research.

The reality that emerges is sobering. Unsurprisingly, no country has reached the perfect score. In fact, the highest score in this year's Index - allocated to Norway - only reached 74/100. This is because despite countries' commitments to better align drug policies with human rights, health and development, the destructive power of punitive and stigmatising drug laws continues to impoverish communities growing plants for illegal drug production, prevent people who use drugs from accessing life-saving harm reduction services, and drive countless acts of police brutality, arbitrary deprivation of liberty, torture and killings.

The Global Drug Policy Index is nothing short of a radical innovation. For decision-makers wishing to understand the consequences of drug control, as well as for those who seek to hold governments accountable, the Index sheds light on critical aspects of drug policies that have been historically neglected, such as the intersection of drug policy and development, or the differentiated impacts of drug law enforcement on ethnic groups, Indigenous peoples, women and the poorest members of society. The end goal of the Index is to initiate constructive discussions about what needs to change, emphasise the importance of evidence- and rights-based drug policies, and guide policy making priorities and reforms for the years to come.

I strongly encourage you to take the time to explore the data and stories behind the Index. In the meantime, this report will give you a snapshot of the key trends, commonalities and discrepancies in drug policies and their implementation in the 30 countries evaluated by the Index for the year 2020.

The report ends with a series of recommendations for policy makers, which align closely with the evidence and recommendations promoted by the UN. Among other things, the report urges governments to end violence, arbitrary detention, forced eradication, extreme sentencing and disproportionate penalties, and instead promote access to health, medicines and harm reduction services, as well as a long-term development approach for marginalised communities worldwide.

It is my hope that, in the coming years, the Global Drug Policy Index will become a critical accountability and evaluation tool for civil society, advocates and policy makers alike. The Index will encourage governments worldwide to urgently reform outdated and ineffective drug policies in order to protect the health and human rights of everyone in society.



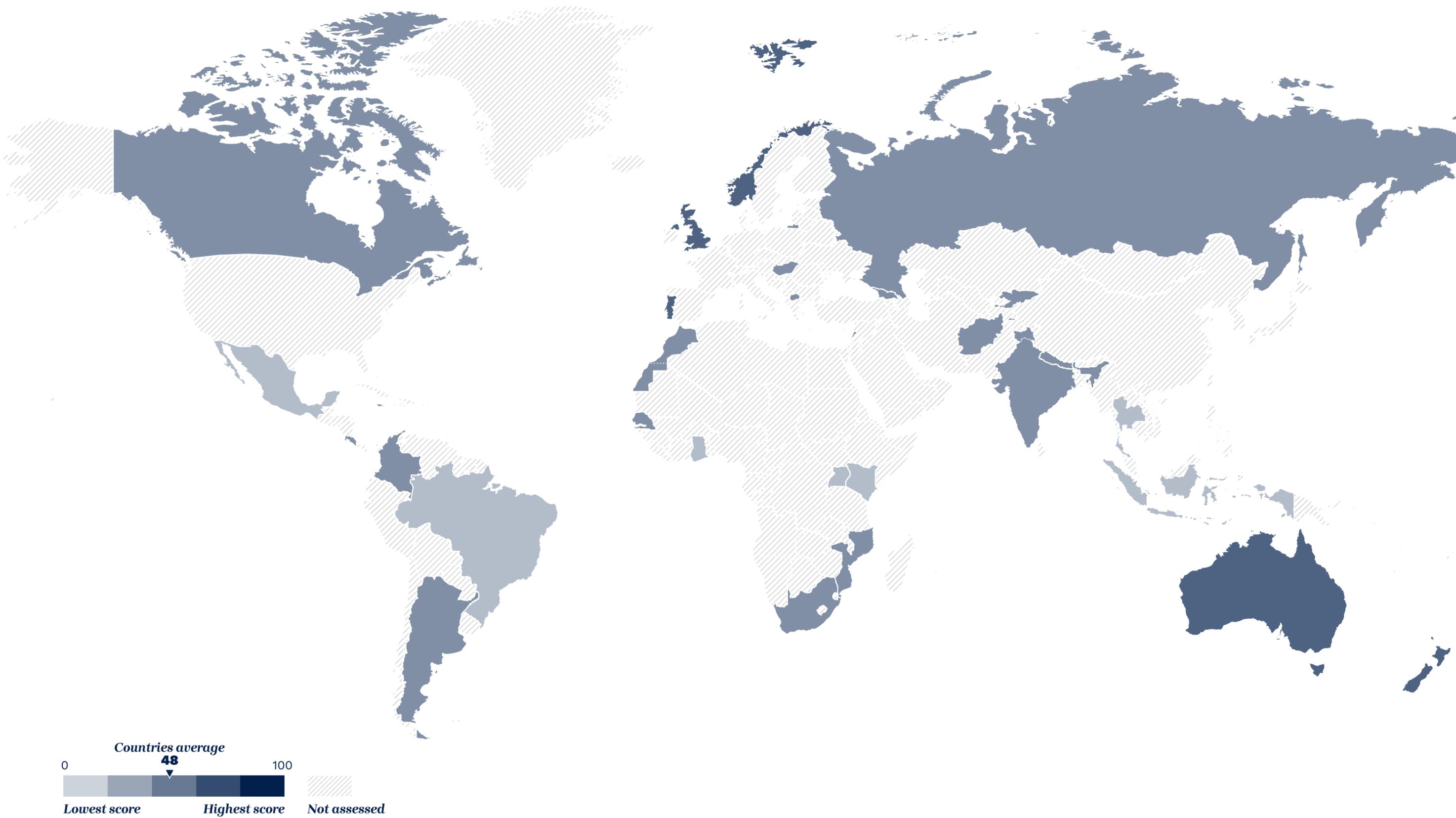
Credit: Global Commission on Drug Policy

**Helen Clark**  
Chair of the Global Commission on Drug Policy

# Executive summary



## Overall scores



## Ranking

#	COUNTRY	OVERALL INDEX	ABSENCE OF EXTREME RESPONSES	PROPORTIONALITY & CRIMINAL JUSTICE	HARM REDUCTION	ACCESS TO MEDICINES	DEVELOPMENT
#1	Norway	74	91	49	74	81	N/A
#2	New Zealand	71	88	58	58	78	N/A
#3	Portugal	70	86	64	61	68	N/A
#4	UK	69	92	50	64	69	N/A
#5	Australia	65	85	54	60	60	N/A
#6	Canada	56	78	34	54	56	N/A
#7	Georgia	55	89	25	51	55	N/A
#7	North Macedonia	55	74	38	46	61	N/A
#9	Costa Rica	54	82	51	24	59	N/A
#10	Senegal	53	91	31	45	43	N/A
#11	Morocco	51	91	31	43	36	N/A
#12	Kyrgyzstan	50	82	37	42	39	N/A
#12	Hungary	50	79	41	29	48	N/A
#14	Afghanistan	49	62	32	50	55	47
#15	Jamaica	48	76	65	19	35	39
#15	Lebanon	48	58	37	50	45	N/A
#17	South Africa	47	80	39	37	29	N/A
#18	India	46	63	38	49	33	N/A
#19	Argentina	44	76	24	26	48	N/A
#20	Russia	41	67	34	33	28	N/A
#21	Colombia	40	62	36	36	43	23
#21	Mozambique	40	86	23	21	29	N/A
#21	Nepal	40	68	30	36	25	N/A
#24	Ghana	36	71	28	12	32	N/A
#24	Thailand	36	38	28	31	34	48
#26	Mexico	35	47	32	36	26	N/A
#27	Kenya	34	54	13	46	23	N/A
#28	Indonesia	29	35	27	23	31	N/A
#29	Uganda	28	59	17	13	21	N/A
#30	Brazil	26	45	20	9	31	N/A

## What is the Global Drug Policy Index?

The Global Drug Policy Index is a unique tool that documents, measures and compares national-level drug policies, providing each country with a score and ranking that shows how much their drug policies and their implementation align with the UN principles of human rights, health and development. As such, the Index provides an essential accountability and evaluation mechanism in the field of drug policy. It is composed of 75 indicators running across 5 broad dimensions of drug policy. This first iteration evaluates the performance of 30 countries covering all regions of the world.

### Key takeaways from the Global Drug Policy Index

1. The global dominance of drug policies based on repression and punishment has led to low scores overall, with a median score of just 48/100, and the top-ranking country (Norway) only reaching 74/100.
2. Standards and expectations from civil society experts on drug policy implementation vary from country to country.
3. Inequality is deeply seated in global drug policies, with the top-ranking 5 countries scoring 3 times as much as the lowest-ranking 5 countries. This is in part due to the colonial legacy of the 'war on drugs' approach.
4. Drug policies are inherently complex: a country's performance in the Index can only be fully understood by looking across and within each of the dimensions.
5. Drug policies disproportionately affect people marginalised on the basis of their gender, ethnicity, sexual orientation and socio-economic status.
6. There are wide disparities between state policies and how they are implemented on the ground.
7. With a few exceptions, the meaningful participation of civil society and affected communities in drug policy processes remains severely limited.

## Absence of extreme sentencing and responses

The use of extreme and rights-violating forms of state power constitutes an integral part of many states' responses to drugs. This includes the imposition of the death penalty for drug offences (reported in 3 countries: India, Indonesia and Thailand), extrajudicial killings (perceived as occurring regularly in 6 countries, being 'widespread' in Mexico, and 'endemic' in Brazil), and militarised drug law enforcement (reported as prevalent in at least 14 countries). In almost half of the countries covered in the Index, drug laws and policies allow for life imprisonment for drug-related offences, while the involuntary confinement of people who use drugs as a form of 'treatment' is a widespread phenomenon (reported to varying degrees in 25 of the 30 countries studied here).

## Proportionality of the criminal justice response

The Index emphasises the extensive human rights abuses within the criminal justice apparatus committed in the name of drug control, including acts of violence and torture by the police (considered as rare occurrences in only 6 out of the 30 countries), and cases of arbitrary arrests and detention (considered as rare in only 3 countries). Fair trial rights are reported as severely restricted in 13 countries. The criminal justice response to drugs was perceived as disproportionately impacting specific ethnic and gender groups in various countries, and as particularly affecting low-income groups across all 30 countries. Finally, despite efforts made by 8 countries to decriminalise drug use and possession and by 29 countries to provide alternatives to prison and punishment, most people targeted by the criminal justice system are involved in non-violent offences. In parallel, while none of the 30 countries have mandatory pretrial detention, 24 of them impose mandatory minimum penalties for drug offences, most of which can be applied for first-time offences.

## Health and harm reduction

Positively, most countries' policy and strategy documents explicitly support harm reduction. However, implementation is a cause for concern. Funding for harm reduction services is considered to be adequate in only 5 out of the 30 countries included in the Index; alarmingly, in 15 countries the current levels of funding are projected to decrease in the next 3 to 5 years. The Index also reveals a shocking lack of availability and coverage of harm reduction interventions, with widespread access to needle and syringe programmes (NSPs) only reported in 5 countries covered by the Index, opioid agonist treatment (OAT) in 4 countries, peer distribution of naloxone in 3, and no country reporting wide coverage of drug checking services. Access to harm reduction services is considered to be particularly restricted in an overwhelming majority of countries for people discriminated against on the basis of ethnicity, gender identity and sexual orientation.

## Access to controlled medicines

Although all but 2 countries (Kenya and Morocco) explicitly recognise the obligation to ensure access to controlled medicines within their national legislation or policy documents, states' performance in ensuring actual availability on the ground remains very poor for two thirds of the countries studied in the Index. Availability and access for those in need remain particularly concentrated in Global North countries. The Index also underscores differences in access within each country, with geographical location and socio-economic status – and to a lesser extent gender and ethnicity – playing a major role in people's ability to access controlled medication.

## Development

Four of the 30 countries were evaluated under this dimension – Afghanistan, Colombia, Jamaica and Thailand – all of which achieved relatively poor results. The data show that alternative

development remains entrenched in a security and crop eradication approach. This is despite the efforts made by some countries to embed their alternative development programmes into a broader development strategy, or to take into account considerations like environmental protection. Ensuring adequate sequencing within alternative development programmes remains an elusive endeavour for most countries, with the exception of Afghanistan which was reported as taking this factor into consideration more seriously. Similarly, the level of involvement of affected communities in alternative development programmes remains disappointing, except in Thailand where efforts are being made in that regard. Overall, the benefits of alternative development policies and programmes for women, young people and low-income groups were reported as being limited in Colombia, Jamaica and Thailand, and moderate in Afghanistan.

