Evaluating drug policies against evidence, health and human rights

Contribution from the French Civil Society to the Multidisciplinary Expert Panel on Strengthening the International Drug Control System – November 2026

This joint contribution is submitted by organisations active within French civil society on drug policy, health and human rights:

- AIDES, a community-based organisation fighting HIV and viral hepatitis, working on prevention, harm reduction, access to healthcare and rights, and against discrimination;
- Cannabis Sans Frontières, an organisation advocating reform of cannabis and drug policies;
- Fédération Addiction, France's leading network of addiction professionals and services;
- the International Drug Policy Consortium (IDPC), a global network promoting drug policies grounded in human rights, public health and social justice;
- Ligue des droits de l'homme, a non-governmental organisation founded in 1898 whose mission is to defend and promote human rights
- Médecins du Monde, an international medical humanitarian organisation working to improve access to healthcare and defend the rights of people facing exclusion and vulnerability;
- NORML France, a group of citizens advocating for fairer laws regarding cannabis and drug use in general;
- SAFE, a harm reduction organisation working with people who use drugs.

International drug control policy forms part of the broader framework of United Nations policies and values. The 1961 Single Convention identifies the "*health and welfare of mankind*" as its primary concern.[1] CND Resolution 68/6 likewise calls for "*concrete, comprehensive, balanced, integrated, multidisciplinary and scientific evidence-based policies and initiatives*", placing "*health and well-being, human rights, public security and safety*" at the centre of drug policy. The UN system common position on international drug control similarly calls for policies grounded in evidence, human rights and public health.[2]

The Panel should therefore examine not only implementation of the conventions, but also how the international drug control system shapes national policies, outcomes

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[1] https://www.unodc.org/pdf/convention_1961_en.pdf

[2] https://unsceb.org/products/united-nations-system-common-position-supporting-implementation-international-drug-control-policy/

and rights, and whether it is consistent with other UN obligations. Strategies that fail to achieve their objectives, or produce contrary consequences, must be changed.

Our central recommendation is that both national drug policies and the international drug control system itself should be subject to regular, independent and outcome-based review.

The signatories use France as a case study of the gap between international objectives and actual outcomes, and of tensions between defending the conventions, punitive responses and health and human rights commitments.

1. A prohibition-centred policy that does not achieve its objectives

France presents its international drug policy as "balanced and comprehensive".[3] In practice, recurring governmental positions focus on defending the integrity of the prohibition-based framework, even where this restricts exploration of policies that might better reconcile drug-control obligations with international human rights standards.

France has considered the legalisation of non-medical cannabis contrary to international law[4] and has put pressure on neighbouring countries pursuing such reforms. In 2011, it opposed Bolivia's proposal to remove the obligation to abolish traditional coca-leaf chewing, invoking the "integrity" of the 1961 Convention.[5] In October 2025, France also opposed removing coca leaf from its current international control status before the WHO critical review had been completed.

These positions reflect domestic priorities. Since 1970, France has criminalised drug use although the conventions do not require States to do so. The French Monitoring Centre for Drugs and Addiction (OFDT) describes the punitive framework in France as among the strictest in Europe.[6]

Resources attached to the repressive component of drug policy have risen sharply. Between expenditure in 2022 and the State's draft budget for 2027, allocations rise from about €739 million to €898 million for the National Police, €225 million to €319 million for the Gendarmerie, and €113 million to €140 million for the judicial system[7]: around 26% in five years, compared with a projected 7% increase in overall State expenditure.

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[3] https://www.diplomatie.gouv.fr/fr/le-ministere-en-action/agir-pour-la-paix-et-le-respect-des-droits-de-l-homme/agir-pour-la-securite-le-desarmement-et-la-non-proliferation/lutter-contre-la-criminalite-organisee/lutter-contre-la-drogue

[4] Ibid.

[5] https://treaties.un.org/doc/Publication/CN/2011/CN.36.2011-Frn.pdf

[6] https://www.ofdt.fr/publication/2021/cinquante-ans-de-reponse-penale-l-usage-de-stupefiants-1970-2020-596

[7] https://www.budget.gouv.fr/documentation/file-download/34495

In 2020, France generalised the fixed criminal fine for drug use (*amende forfaitaire délictuelle*, AFD). Police may impose it for drug use; it remains a criminal offence recorded on the criminal record but is imposed without judicial review.[8] Designed to simplify and systematise punishment, the AFD has become the main sanctioning tool: in 2024 it accounted for 76% of enforcement responses to drug use and almost 98% concerned cannabis; 218,269 AFDs were issued in 2025[9]. Yet the French Defender of Rights has recommended ending the scheme because of concerns over defence rights and equality before the justice system.[10]

Public communication reinforces this orientation. In 2025, the campaign "*Every day, people pay the price for the drugs you buy*" was explicitly presented as seeking to "*make the consumer feel guilty rather than simply raise awareness*".[11] This runs counter to UNODC-WHO prevention standards, which note that evidence for the effectiveness of mass-media campaigns remains very limited.[12]

Drug-use figures do not show that intensified enforcement has reduced consumption. In 2023, 10.8% of adults had used cannabis in the previous year, a level stable over ten years. Annual cocaine use rose from 1.6% in 2017 to 2.7% in 2023, while MDMA use rose from 1% to 1.8%.[13] Illegal markets have not contracted either: the OFDT estimates their value at €6.8 billion in 2023, against €2.3 billion in 2010.[14]

This policy also raises fundamental-rights concerns. The UN Committee on the Elimination of Racial Discrimination has expressed concern about persistent racial profiling and discriminatory policing practices in France.[15]

Taken together, these figures show that France's repressive priority has not demonstrated that it achieves the health and welfare objectives set by the international system, while creating documented tensions with the public-health and human-rights requirements placed at the centre of Resolution 68/6.

2. Evidence-based policies that work but remain under-resourced: harm reduction and prevention

France also shows that different approaches can deliver measurable results. In response to the HIV epidemic, it expanded access to sterile injecting equipment and

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[8] https://www.justice.gouv.fr/actualites/espace-presse/generalisation-du-dispositif-damende-forfaitaire-delictuelle

[9] https://www.senat.fr/rap/l25-601/l25-6014.html

[10] https://juridique.defenseurdesdroits.fr/index.php?id=47513&lvl=notice_display

[11] https://www.gendarmerie.interieur.gouv.fr/gendinfo/actualites/2025/le-ministre-de-l-interieur-lance-une-campagne-de-communication-pour-responsabiliser-les-consommateurs-de-stupefiants

[12] https://syntheticdrugs.unodc.org/uploads/syntheticdrugs/res/library/prevention_html/UNODC-WHO_International_Standards_on_Drug_Use_Prevention.pdf

[13] https://www.ofdt.fr/sites/ofdt/files/2025-07/dacc_2025.pdf

[14] https://www.ofdt.fr/publication/2025/taille-des-marches-des-drogues-illicites-en-france-2010-2023-2634

[15] https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=y6haN2rDNoyHtDUlNLUlkc%2Fl5o8i1PfUoqoPlYplynkR7%2FYSPT%2BMk6%2Fw5whZhBpSH%2Fmw1cX31OTAuhzWC47%2BRkAvTzTZ1wEuK7LH1GNrl3I%3D

opioid agonist treatment. Between 1996 and 2003, this was accompanied by less syringe sharing, a fall in HIV prevalence among the people who inject drugs studied from 40% to 20%, and a reduction in recorded overdose deaths from 465 to 89. Harm reduction therefore produced major health benefits.[16] This is consistent with UNODC guidance, which recognises harm reduction as part of a comprehensive health response and highlights the effectiveness of needle and syringe programmes, opioid agonist treatment and naloxone.[17]

Prevention offers the same lesson. UNODC standards, based on WHO recommendations, favour structured, evaluated interventions that develop social and personal skills.[18] In France, the "Unplugged" programme, which includes psychosocial skills development in secondary schools, has significantly reduced use and initiation of tobacco, alcohol and cannabis. Its economic evaluation estimates that every euro invested could save around six euros in healthcare expenditure.[19]

Yet a recent report by the General Inspectorate of Social Affairs, while recognising that the French addiction-care system has "solid foundations", describes it as "under severe pressure" and insufficiently sized to meet growing needs.[20] Civil-society organisations, which deliver much of this system, have likewise warned that funding is failing to keep pace with needs and costs, causing recruitment difficulties and weakened financial positions.[21]

Comparing the outcomes and cost-effectiveness of punitive policies with those of evidence-based prevention, treatment and harm reduction should therefore become a routine part of drug-policy evaluation, including internationally.

3. Two proposals: periodic review of national drug policies and of the international drug control system

The French case shows that formal compliance is insufficient: policies must achieve their objectives and remain consistent with wider UN commitments. Identifying what works, recognising what fails and acting on the findings should be part of the system's normal functioning. This requirement must apply both to national policies and to the conventions, institutions and practices of the international drug control system.

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[16] https://www.santepubliquefrance.fr/docs/article/harm-reduction-interventions-behaviours-and-associated-health-outcomes-france-1996-2003

[17] https://www.unodc.org/documents/dlssb/Drugpolicynotes/UNODC_Harm_reduction_policy_note_2024_1.pdf

[18] https://syntheticdrugs.unodc.org/uploads/syntheticdrugs/res/library/prevention_html/UNODC-WHO_International_Standards_on_Drug_Use_Prevention.pdf

[19] https://www.santepubliquefrance.fr/les-actualites/tabac-alcool-drogue-chez-les-collegiens-lanalyse-du-cout-benefice-du-programme-unplugged

[20] https://igas.gouv.fr/addictions-ameliorer-les-parcours-de-prise-en-charge

[21] https://www.federationaddiction.fr/actualites/positions/et-si-nous-arretions-vraiment-la-federation-addiction-se-mobilise-avec-luniopss/

French civil-society organisations therefore call on the Panel to recommend:

- **A periodic and participatory review of national drug policies**, drawing on existing UN mechanisms such as the Universal Periodic Review in the field of human rights. Such reviews should assess results against both the broader objectives of the UN and States' international obligations, and the objectives of the drug conventions themselves, including the protection of the health and welfare of humankind. They should use common indicators covering health, drug use and markets, access to care, security, human rights, non-discrimination and resources committed.
- **A periodic and independent review of the international drug control system itself**, covering the conventions, their implementation, the institutions responsible for applying them and their effects. It should assess their ability to achieve the health and welfare objectives affirmed by the conventions and their consistency with the wider objectives, principles and obligations of the UN system, including health, development and human rights.

At both levels, punitive policies should be subject to the same requirements of evidence, effectiveness, proportionality, cost-benefit assessment and evaluation of adverse effects as prevention, treatment and harm-reduction policies.

These reviews must have consequences. States should respond to recommendations and specify the measures taken to implement them. The same requirement should apply internationally: where a review finds that a convention provision, its interpretation or implementation prevents the achievement of agreed objectives or conflicts with other international obligations, mechanisms must allow for clarification, reinterpretation or, where necessary, revision.

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