Penington Institute submission to the CND Expert Panel

November, 2026

PENINGTON INSTITUTE

About Penington Institute

Penington Institute helps people make better decisions about drugs. We are Australia's independent authority on drugs and preventing drug harms. We connect. We convene. We generate evidence. We influence. We empower communities to minimise harms. We ask hard questions, challenge assumptions and turn knowledge into action. We make evidence count.

For more information, contact:
Penington Institute
99 Elgin Street
Carlton Vic 3053

+61 3 9650 0699
info@penington.org.au
penington.org.au

Copyright © Penington Institute

Every effort has been made to present all information accurately. Penington Institute accepts no liability for and does not indemnify against any loss or damage that may result from any actions taken based on the information contained in this report.

Suggested citation:
Penington Institute. 2026. *Submission to the CND Expert Panel*. Melbourne: Penington Institute.

Introduction

We thank the Commission on Narcotic Drugs and the Expert Panel for the opportunity to contribute to this review. The Panel's work comes at a crucial moment, as drug harms continue to mutate across the globe and national policies increasingly diverge.

Penington Institute is Australia's independent authority on drugs and preventing serious drug harms. Within Australia, we have spent decades mobilising government and community support for approaches to drug harm minimisation that prioritise innovation, evidence, and increased human dignity. Our impact extends globally through the leadership of International Overdose Awareness Day (IOAD), the world's largest campaign to end overdose, held every year on 31 August. In 2026, IOAD partners held events in 51 countries, providing a unique breadth of contact with community organisations around the globe.

The verdict from our 30 years of engagement and observation is clear: the international drug control conventions' overwhelming focus on law enforcement is profoundly ineffective in minimising individual and community harms from drugs. A rebalancing of implementation to emphasise health-led approaches is urgently needed.

Counterproductive approaches

The punitive model of international drug control has failed on its own terms. The objective of the conventions was to improve the health and welfare of mankind, but the premise that problems caused by drug use could be resolved by focusing almost exclusively on supply restrictions proved untenable.

Instead, illicit drugs have generally become more diverse, potent, widely manufactured and affordable. To highlight a few examples from the 2025 and 2026 editions of the UN World Drug Report:

- In 2009, a total of 64 unique novel psychoactive substances had been detected worldwide, but by 2025 the cumulative number had increased to 1,462
- Potent synthetic opioids (PSOs) are getting more potent and harmful, with the number of reported unique PSO analogues growing from 5 in 2013 to 121 in 2024 and deaths attributable to nitazenes increasing worldwide, including in Australia, Eastern Europe, the UK, and North America
- Global seizures of methamphetamine increased from 19.5 tons in 2007 to 486.6 tons in 2024, with production spiking in Southeast Asia and spreading rapidly into the Middle East and Southwest Asia.
- Long-term global trends towards increasing purity and decreasing prices for illicit drugs including cocaine and methamphetamine.

The booming and increasingly unpredictable illicit market has coincided with rising drug harms. From 1990 to 2021, worldwide fatal drug-related overdoses more than doubled. Some of these increases are at least partially attributable to incentives associated with punitive prohibition, especially the replacement of heroin production and distribution by Mexican suppliers with far more potent fentanyl that can be clandestinely produced and smuggled in smaller quantities.

Direct harms from these easily accessible, potent substances are exacerbated by harms caused by criminalization, which in turn perpetuates stigma surrounding drug use. Penington Institute's IOAD partners continuously remind us of the range of harms caused by the punitive approach. In the USA, exclusion from work and educational opportunities following convictions for minor drug offenses makes it harder to stabilize people's lives and address problematic drug use. In Sierra Leone and Liberia, extreme stigma prevents people who use drugs from accessing basic health services. In South Asia, the inadequacy of needle and syringe programs means persistent transmission of Hepatitis C and HIV.

The current international drug control regime does little to mitigate either enduring or emerging harms. There is adequate scope in the conventions to reduce reliance on a one-size-fits-all supply reduction strategy and encourage responses suitable for the diverse contexts of member states. However, enforcement remains the default setting, while promoting a health-based approach requires constant mobilisation by a small set of signatory states. Evidence-based policies to minimise harms are treated as

concessions rather than part of the policy baseline, while innovative policy approaches generate resistance, even if they eventually gain grudging acceptance.

A truly balanced strategy does not amount to total abandonment of supply-side drug control efforts. Cross-national coordination to target large-scale traffickers exploiting people who use drugs and actively undermining rule of law is appropriate. What has not worked and never will is indulging the fantasy of an enduring "victory" in the war on drugs that will diminish the urgency of health-based approaches.

Fortunately, there are numerous examples of effective, evidence-based alternatives to the punitive approach that can be implemented at low or modest cost. Many States Parties to the conventions still offer limited or no access to basic measures that protect the health of both people who use drugs and the broader community. Such basics include information on overdose prevention, needle and syringe programs, access to naloxone and opioid substitution therapy, and stigma-free access to primary care for people who use drugs. The Expert Panel is advised to focus on ways treaty bodies can facilitate the integration of these and additional harm-minimising health responses into the basic texture of their analysis and guidance mechanisms.

The Expert Panel is also advised to forthrightly acknowledge the range of possible national responses to drug harms. Portugal has achieved health gains by instituting a form of decriminalisation that replaces punitive measures with health interventions. Canada has drastically reduced the illicit cannabis market while providing cannabis consumers with quality assurance about the products they purchase, with little sign of accelerating cannabis use following the establishment of the regulated market. Several European countries, including Norway and Switzerland, have successfully stabilized highly vulnerable people by providing heroin-assisted treatment. These approaches will not be viable in all member states, but they highlight the value of alternative approaches that create new tools to minimise both individual harms from drug use and social harms from toxic, unpredictable illicit drug markets.

Recommendations

We recommend that the Expert Panel explicitly recognise the limits of a strategy centred on supply reduction and the urgent need to improve health outcomes for people who use drugs. To do this, the Panel should:

1. Acknowledge the emerging consensus across the UN system that health and human rights are as fundamental as enforcement efforts in creating drug policy that improves the health and welfare of humankind.
2. Provide a clear path toward consistent UNODC, CND and INCB endorsement of evidence-based, non-punitive criminal justice and health-led policies.
3. Evaluate reporting of metrics and trends involving harm reduction and drug treatment in the World Drug Report, with the objective of expanding coverage of these areas through a dedicated chapter on health responses to drugs in each edition.
4. Recommend a mechanism for more proactive UN system engagement with the health impact of emerging drug trends, especially the increasing diversity and geographic spread of synthetic drugs and stimulants.
5. Directly address the tensions related to emerging legal regulated markets in cannabis and other substances and provide options for treaty interpretation or reforms that enhance member states' flexibility to implement alternative approaches.