The UN Coca Leaf Review and Indigenous Peoples' Rights: Can the WHO Meet the Moment?

October 2025

Martin Jelsma (TNI) and John Walsh (WOLA)

Updated abridged version for submission to the WHO-ECDD meeting 20-22 October.
For the original version (June 2025) see: TNI's special website on the coca review

The WHO bears significant institutional responsibility for the historical injustice of classifying the coca leaf as a Schedule I narcotic drug under the 1961 Single Convention on Narcotic Drugs. In 1950, the UN Commission of Enquiry on the Coca Leaf released a racially prejudiced report intent on demonstrating the harms purportedly inflicted by coca chewing. While the 1950 report ultimately refrained from concluding that coca chewing was a form of addiction, it nonetheless called for the gradual reduction of coca chewing '*until complete suppression is achieved within fifteen years*.' But in 1952 and again in 1954, the WHO deliberately disregarded the 1950 report's finding that coca chewing '*does not constitute an addiction (toxicomania), but a habit*,' and instead asserted that coca chewing was a form of '*addiction*' and '*cocainism*'. Based on the deeply biased 1952 and 1954 WHO rulings, the 1961 Single Convention listed coca leaf alongside cocaine in Schedule I and called for the abolition of coca chewing within 25 years.

Across millennia, coca has been central to the spiritual lives and cultural and traditional medicinal practices of many Indigenous Peoples in the Andean-Amazonian region. These communities continue to be especially stigmatized and harmed by coca's ongoing unwarranted status as a Schedule I narcotic drug under international law. At Bolivia's initiative, supported by Colombia, the WHO's Expert Committee on Drug Dependence (ECDD) is now conducting the first ever 'critical review' of the coca leaf's status in the UN drug treaty system. Based on its findings, the WHO may recommend changes in coca's classification, with options ranging from: (a) keeping the coca leaf in Schedule I of the Single Convention; (b) transferring it to Schedule II (less stringent administrative controls but still classified as a 'narcotic drug' limited to 'medical and scientific purposes'); or (c) removing the coca leaf from the treaty schedules altogether.

The classification of the coca leaf as a Schedule I narcotic has been the subject of controversy from the very start, so the WHO review now underway is not simply another scheduling procedure. Beyond the important scientific assessment that will be entailed, the coca review will also be a test case for the ability of the UN drug control regime to evolve beyond its colonialist legacies, to address scheduling inconsistencies embedded in the drug treaty regime, and to align with basic human rights principles, including Indigenous rights.

Whether the WHO proves capable of taking advantage of the opportunity that the critical review now affords will depend, in part, on how the WHO interprets its role and responsibilities within the UN drug treaty system, its broader institutional mandate, and its mission within the

wider purview of the UN system and international law. The overall UN system has evolved considerably since the negotiation of the 1961 Single Convention, so the WHO should have ample room to accommodate understandings of its own mandate in ways broad enough to encompass the challenges posed by the coca review, particularly with respect to Indigenous rights.

Rising to the challenges posed by the coca review would also help position the WHO as it embarks on new initiatives such as the 2022 establishment of WHO's Global Traditional Medicine Centre, which includes a unit on Biodiversity and Indigenous Knowledges, the Global Traditional Medicine Strategy 2025-2034, which was approved at the 78th World Health Assembly in Geneva in May 2025, and the WHO Global Traditional Medicine Summit, to be held in New Delhi from December 2-4, 2025. The updated traditional medicine strategy highlights as one of its nine guiding principles Indigenous Peoples' rights. In addition, WHO's Gender, Rights and Equity Department is taking the lead on developing a Global Plan of Action on the Health of Indigenous Peoples, pursuant to World Health Assembly Resolution 76.16.

By contrast, if the WHO ends up adhering to an unduly narrow and outmoded interpretation of its mandate in conducting the coca review, it would risk throwing into question the validity of the review process and its resulting report and recommendations. Moreover, failure by the WHO to ensure that the coca review process is appropriately inclusive and multi-disciplinary would raise concerns over the readiness of the WHO to advance its other initiatives connecting health to human rights in general and to Indigenous Peoples' rights in particular. The level of meaningful participation of Indigenous Peoples' representatives and inclusion of UN expert mechanisms in the review process will therefore influence views of the legitimacy under international law of the WHO's process and conclusions, as well as the legitimacy of decisions to be taken subsequently by the CND or by the UN's Economic and Social Council (ECOSOC) based on the WHO's review.

Bolivia's letter of notification to the UN Secretary General (excerpt)

The Expert Committee will have to reassess and rectify its original biased position and utter a clear and updated view in the light of the scientific evidence and procedures concerning the medicinal and nutritional properties of coca leaf and its beneficial effects on health. Likewise, the Committee must evaluate the unlikely negative effects and addictive properties of coca leaf and the coherent application of the human rights obligations to which our indigenous peoples are entitled, with special consideration to their cultural rights and the use of native medicine and identity, which are guaranteed under current international law. Resolving the incoherence in the current classification would put an end to the violation of legitimate rights and to the criminalization of indigenous, cultural and Andean-Amazonian medicinal practices, and would allow the international community to benefit from the coca leaf in its natural state.

Request for a critical examination of the classification of Coca Leaf, June 2023.

The UN Drug Policy Debate: Major Advances Since the 1961 Single Convention

In the six decades since the coca leaf's classification as a Schedule I narcotic, the UN drug policy debate has evolved considerably, moving from a nearly complete focus on controlling illicit drug production and supply to a far broader consideration of not only drug supply and demand, but also human rights, gender, harm reduction, sustainable development and the environment. In the context of UN drug policy discussions centered in Vienna at the CND, raising human rights concerns was once virtually taboo. But that taboo has been swept away in the 21st Century, and by the time of the 2016 UN General Assembly Special Session (UNGASS) on drugs, human rights concerns had become a fixture on the global drug policy agenda.

At the same time, the UN's human rights bodies are increasingly active in the drug policy arena, both through their participation in the CND's Vienna sessions and through monitoring and reporting on the many ways in which drug policies affect human rights around the globe. Perhaps most notably, in 2023 the Office of the High Commissioner for Human Rights issued a report on drug-related human rights challenges, identifying concerns such as the militarization of drug control, overincarceration, and unequal access to treatment and harm reduction. The High Commissioner for Human Rights, Volker Türk, has specifically highlighted the potential of the coca review to '*revise drug policies for the better, with corresponding impact on the lives, livelihoods, and ancestral traditions of Indigenous Peoples the world over*.' Speaking at a 2024 CND side event about the coca review, Türk emphasized the '*critical need to secure and support the meaningful participation of Indigenous Peoples throughout all stages*' of the review process.

Of particular relevance for the coca review, the UN system has also evolved considerably with respect to Indigenous Peoples, notably through the UN Human Rights Council's 2001 appointment of a Special Rapporteur on the Rights of Indigenous Peoples, the 2002 launch of the Permanent Forum on Indigenous Issues (UNPFII) and the UN General Assembly's 2007 adoption of the UN Declaration on the Rights of Indigenous Peoples (UNDRIP). Following adoption of the UNDRIP, in 2007 the Human Rights Council created an Expert Mechanism on the Rights of Indigenous Peoples (EMRIP), and in 2014 the General Assembly requested that the Secretary-General develop a System-Wide Action Plan (SWAP) on the Rights of Indigenous Peoples to support implementation of the UNDRIP. The plan was elaborated by the Inter-Agency Support Group (IASG) on Indigenous Issues and finalized by the end of 2015.

Indigenous rights, moreover, have been linked explicitly to drug policy matters. Drug-related resolutions adopted recently by the Human Rights Council (52/24, April 2023; and L.31/Rev.1, October 2025) and by the General Assembly (A/RES/79/191, December 2024) have underscored the salience of the rights of Indigenous Peoples with respect to drug policy, including their right to participation in decision-making processes. The General Assembly's 2024 resolution reaffirmed '*that Indigenous Peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals, and that they also have the right of access, without any discrimination, to all social and health services and to participate in decision making processes, in accordance with the United Nations Declaration on the Rights of Indigenous Peoples*.'

UN bodies dedicated to issues affecting Indigenous Peoples have occasionally drawn attention to the status of the coca leaf. With regard to the Single Convention's ban on coca chewing, n 2009, UNPFII noted that '*those portions of the Convention regarding coca leaf chewing that are inconsistent with the rights of indigenous peoples to maintain their traditional health and cultural practices, as recognized [in the UNDRIP] be amended and/or repealed.'* In May 2025, the Permanent Forum recommended that *'Member States should acknowledge the critical role of Indigenous Peoples as guardians of their lands and territories; their traditional knowledge must be fully respected in environmental governance, including the protection and use of medicinal plants, such as the coca leaf and peyote, that hold profound religious, cultural and spiritual significance to Indigenous Peoples, and their ecosystems.'*

Special Rapporteur on the Rights of Indigenous Peoples, Francisco Cali Tzay

International drug control policies such as the 1961 Single Convention have negatively impacted the rights, culture, science and practices of Indigenous Peoples. A key example is the coca leaf, a sacred plant for many Indigenous Peoples that has been banned using its classification in Schedule I in the Single Convention. These international drug control policies contradict the rights of Indigenous Peoples to self-determination, to the use of their natural resources, to their culture, agriculture and medicines [and] also violated the right of Indigenous Peoples to consultation and free, prior and informed consent as enshrined in the UN Declaration on the Rights of Indigenous People and the ILO Convention 169. It is crucial that international drug control policies evolve to be in compliance with the international rights of Indigenous Peoples. [...] This implies prior consultation and respect for their right to use the coca leaf in accordance with their world view.

Human Rights Council, 57th session, side event, Geneva, 25 September 2024.

Interpreting WHO's Mandate: Stuck in the Past or Looking Ahead?

Under the 1961 Single Convention the WHO's basic mandate is to assess the scientific evidence on health effects, addictive properties and medicinal properties. Its assessment on those matters is considered to be 'determinative' in subsequent scheduling decisions. The critical review report *'did not reveal evidence of clinically meaningful public health harms associated with coca leaf use'*, establishing it as *'not associated with significant dependence or abuse potential'*. Preliminary evidence regarding therapeutic properties is potentially of *'great interest for future developments to establish their efficacy and safety for use in human medicine'*. The ECDD experts assessment convincingly invalidates the 1950s arguments originally leading to the Schedule I classification, constituting the necessary first step toward WHO recommending reclassification or deletion from the treaty schedules.

Beyond the assessment of health risks and benefits, however, the ECDD's scheduling conclusion will likely hinge on 'ease of convertibility' to cocaine (an issue explored in detail in Chapter 5 of Bolivia's supporting dossier), and whether Indigenous Peoples' rights be integrated into the ECDD process and analysis. As far back as 1992, when the ECDD ultimately chose not to formally review coca's classification, members '*discussed the advisability of prohibiting under the international conventions plant products containing psychoactive substances that are*

traditionally used by indigenous populations.' On balance, they felt *'that the social problems resulting from the prohibition of these products under international controls might outweigh any health benefits,'* and recommended that the WHO *'consider studying these patterns of use and their health and social implications.'* But when WHO did conduct an ambitious study (the 1992-1995 WHO/UNICRI Cocaine Project) the outcomes were too controversial to be released, under pressure, particularly from U.S. officials. Now, thirty years later, the critical review report does indeed validate the basic outcomes of the previous study, confirming that *'research reviewed for this report did not reveal evidence of clinically meaningful public health harms associated with coca leaf use, and the contemporary scientific literature on the public health impact of coca leaf remains consistent with the 1995 WHO Cocaine Report'*.

A reason for concern is that the ECDD secretariat has hesitated to include any consideration of Indigenous rights in the critical review process, claiming that its treaty mandate is strictly limited to making a scientific and medical assessment, and that 'other factors' such as human rights can only be taken into consideration by the CND. At a Human Rights Council side event in September 2024, Deusdedit Mubangizi, WHO Director for Health Products, Policy and Standards, maintained:

> *The role of the WHO, through the Expert Committee on Drug Dependence, is to evaluate the impact of psychoactive substances on public health by evaluating their dependence-producing properties and potential harm to health, as well as considering their potential medical benefits and therapeutic applications. The Commission on Narcotic Drugs votes on the Expert Committee on Drug Dependence recommendations and at this time the Commission may bear in mind economic, social, legal, human rights, administrative and other factors it may consider relevant and make a scheduling decision with regard to the substances.*

This interpretation risks disregarding the linkages the WHO has been making between traditional medicines and Indigenous Peoples rights. Moreover, the notion that in any case CND Member States can themselves still consider these 'other factors' as they deliberate over the ECDD findings and recommendations creates a potential Catch-22. The CND only votes on a WHO recommendation to change scheduling: either its transfer from Schedule I to Schedule II, or deleting it entirely from the schedules. If the ECDD were to conclude that the coca leaf should remain in Schedule I and that the status quo prevail, no recommendation would be issued, and the CND would therefore not vote on coca's status.

Countries could extensively debate on human rights, Indigenous Peoples' rights, and the injustices of coca remaining classified as a Schedule I drug, but the CND would not be able to bring the matter to a vote absent an ECDD recommendation. Similarly, were the Expert Committee to recommend transferring coca to Schedule II, CND Member States would be limited to voting for or against that. However much some members might emphasize the relevance of Indigenous rights to status decisions under the drug treaties, they would be unable to alter the recommendation made by the ECDD, hence foreclosing the deletion of coca leaf from the schedules of the Single Convention as an outcome of the WHO critical review.

Notably, such scenarios could give rise to an appeal to ECOSOC, empowered under Article 3(8) of the Single Convention to '*confirm, alter or reverse*' CND scheduling decisions. If a WHO recommendation to deschedule coca leaf failed to pass a CND majority vote, any treaty Party—not only CND Member States—could request that ECOSOC review the decision and take a final vote. The broader mandate of ECOSOC allows it to 'alter' a CND decision, and to decide upon a scheduling change differing from the WHO recommendation. If CND either adopts or rejects a WHO recommendation to transfer coca to Schedule II, for example, any country could bring the matter to the ECOSOC level not only for a final re-vote, but also to request a vote to delete it from the schedules altogether.

The Next Chapter: System Evolution or Treaty Fracture?

This first ever critical review of the coca leaf challenges the WHO to critically reflect on its own history and align its crucial role in international drug policy making with its commitments regarding traditional medicine, engagement with Indigenous Peoples and respect for human rights. For Member States and for the UN system as a whole, the coca review process is at once a test and an opportunity to repair historical errors, address systemic inconsistencies, and evolve towards a more evidence- and rights-based drug control system.

There are some encouraging signs that the WHO is taking the necessary steps to rise to the challenge and take advantage of the opportunity that the coca review presents. But concomitantly there are concerns that the WHO process might fall short, especially regarding the crucial questions of Indigenous Peoples' rights. If the WHO ultimately attempts to reinforce the status quo by leaving the coca leaf as a Schedule I drug or proposes the modest change of transferral to Schedule II, the debate and voting at CND is unlikely to be the end of the story. If the WHO process and CND debate prove inadequate to fully consider issues including Indigenous People's rights, an appeal to ECOSOC and ultimately unilateral or group-wise fractures with the treaty regime would be the predictable next steps.