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Follow-up to the special session of the General
Assembly on the world drug problem held in 2016, including the seven thematic areas of the outcome document of the special session

Contributions by the Commission to the work of the Economic and Social Council, in line with General Assembly resolution 68/1, including follow-up to and review and implementation of the 2030 Agenda for Sustainable Development

Statement submitted by the International Drug Policy Consortium (IDPC)**

The Secretary-General has received the following paper, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

^{**} The present document is reproduced in the form in which it was received.







^{*} E/CN.7/2019/1.

Identifying new indicators for the assessment of drug policy

Introduction

In 2009, the international community committed to eradicate the illegal drug market by 2019; ¹ justifying the adoption and implementation of overly repressive drug policies. Nonetheless, international drug policy has witnessed major shifts in emphasis and orientation over the past decade, with a growing focus on health, human rights and sustainable development – as enshrined in the UNGASS Outcome Document adopted in April 2016.² This shift was in response to the clear failure of policies based on repression and criminalisation, which have been both ineffective and counterproductive.³ The historic shifts in the way drug control is understood and practiced have multiple implications, one of which being the way the United Nations drug control system is currently evaluated.

The primary tool for obtaining data is presently the Annual Reports Questionnaire (ARQ), a four-part questionnaire sent out to countries by UNODC each year to collect information on: (1) countries' legislative and institutional framework; (2) countries' approach to drug demand reduction and supply; (3) the extent and patterns of drug use; and (4) the extent, patterns and trends in drug crop cultivation and drug manufacture and trafficking. The current iteration of the ARQ was adopted in 2010, reflecting the eradication goals and specific actions included in the 2009 Political Declaration on the "world drug problem".

Leveraging UNGASS and the SDGs to identify new indicators

Reconsidering the overall goals of global drug policy beyond the mere objective of achieving a drug-free society, necessitates a rethink of the indicators used to evaluate progress achieved by drug policies and strategies worldwide. Indeed, if drug control no longer has a singular focus on reducing cultivation, trafficking and use — but rather on minimising drug-related health harms, improving access to healthcare, upholding basic human rights, reducing poverty, improving citizen safety and reducing corruption — the use of indicators focusing on measuring the scale of and flows within the illegal drug market will no longer be enough.

Furthermore, the additional thematic areas covered in the UNGASS Outcome Document require the development of additional indicators to measure progress. Finally, the adoption of the Sustainable Development Goals (SDGs) in 2015 adds an additional layer of complexity, requiring the United Nations and its member states to recalibrate their policies – including those relating to drug control – to achieve the 2030 Agenda for Sustainable Development. Making use of the SDGs also provides a means for drug control to become more integrated into the broader objectives of the United Nations, and to achieve the "system-wide coherence" that the United Nations has long promoted.⁶

The SDGs – which are highlighted within the UNGASS Outcome Document itself⁷ – include detailed targets and indicators that provide an invaluable resource for every aspect of policy making at the United Nations level.⁸ Using the SDGs would also help to identify "impact" or "outcome" indicators, rather than merely focusing

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http://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_52/Political-Declaration2009 V0984963 E.pdf.

² https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf.

³ https://idpc.net/publications/2018/10/taking-stock-a-decade-of-drug-policy-a-civil-society-shadow-report.

⁴ http://www.unodc.org/arq/.

⁵ https://www.unodc.org/arq/.

⁶ http://www.un.org/en/events/pastevents/coherence.shtml.

⁷ Preamble and paragraph 7.g of the UNGASS Outcome Document.

⁸ https://sustainabledevelopment.un.org/; https://www.unodc.org/documents/SDGs/UNODC-SDG_brochure_LORES.pdf.

on those of "process" (i.e. seizures, prosecutions, etc) as is overwhelmingly the case in the current ARQ.

Some of the new measures would inevitably fall well outside the "traditional" areas for which the ARQ currently provides data, and IDPC appreciates the many challenges associated with tracking progress against them. However, adopting new parameters to measure drug control is urgently needed to ensure that the complexity of the "world drug problem" is adequately documented, measured and evaluated for the years to come. With this aim in mind, re-organising the four-part ARQ into seven shorter and more targeted sections that follow the UNGASS Outcome Document structure would provide a more comprehensive global picture, while avoiding unnecessary repetitions and overlap. Each section would then cover, in turn: (1) demand reduction and related measures; (2) access to controlled drugs for medical and scientific research purposes; (3) supply reduction and related measures; (4) human rights, youth, children, women and communities; (5) evolving realities, trends and existing circumstances; (6) strengthening international cooperation; and (7) alternative development, development-oriented balanced drug policies.

Below are some examples of new indicators focusing on the first four chapters of the UNGASS Outcome Document, and linked to relevant SDGs:

- 1. The current ARQ already covers levels of **drug use and dependence**, as well as some drug use-related health issues. However, various SDG targets and indicators may be helpful to consider, in particular to track progress in removing the political, legislative and practical barriers (including stigma and discrimination, cases of abuse, lack of adequate services, etc.) hampering access to healthcare settings. For instance, SDG 1 dealing with poverty implies inclusion in the ARQ of an indicator of the numbers and proportion of people who use drugs living below the international poverty line. For Goal 3, dealing with health and wellbeing, the ARQ should assess the coverage of drug treatment interventions, including for women (also linked to SDG 5). For Goal 10 focusing on reducing inequalities, the ARQ could collect data on the numbers/proportion of people who use drugs who were victims of discrimination in the reporting year, as discrimination and marginalization, aside from being harmful in and of themselves, mitigate against social inclusion.
- 2. A further key area where the impact of policies must be better understood is that of access to controlled medicines. The importance of this issue has recently become widely recognised, ¹⁰ including in the UNGASS Outcome Document. ¹¹ This question has a special relevance to people who use drugs when scientifically-validated treatments such as opioid substitution therapy remain prohibited in parts of the world. ¹² Furthermore, 75 per cent of the world's population remains with limited to no access to controlled medicines for pain relief or palliative care. ¹³ The ARQ currently does not collect any data on this critical issue. A revised ARQ should track progress in ensuring access to controlled medicines, in line with SDG Target 3.8.
- 3. Progress in **supply reduction** has traditionally been measured using process indicators, such as areas of crop eradicated and prosecutions of those working in illicit supply. Alternative indicators could provide data on the prevalence of poverty in areas of illicit drug cultivation and trafficking, of violence, displacement and homicides associated with the drugs market, of corruption and bribery in drug control, among others.
- 4. An essential addition to the array of indicators includes those related to the enjoyment of **human rights**, including for people in prisons and detention, as

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 $^{^9~}https://www.swansea.ac.uk/media/GDPO\%20Working\%20Paper\%20No3\%20012018.pdf.$

¹⁰ See CND resolutions 57/10 (2014), 54/6 (2011), 54/3 (2011) and 53/4 (2010).

http://www.incb.org/incb/en/news/press-releases/2018/incb-president-urges-governments-to-prioritize-access-to-controlled-medicines-and-drug-abuse-prevention-and-treatment--addressing-general-assembly-high-level-meeting-on-non-communicable-diseases.html.

¹² https://www.bmj.com/content/348/bmj.g3118.

¹³ https://www.incb.org/documents/Publications/AnnualReports/AR2015/English/Supplement-AR15_availability_English.pdf.

included in the 2016 UNGASS Outcome Document and which inform the SDGs. Of particular relevance to the protection of human rights within drug control and enforcement systems are Goal 3 on health and wellbeing, Goal 5 on gender equality, Goal 10 on reducing inequalities and discrimination and Goal 16 on peaceful and inclusive societies. The revised ARQ should include indicators on reported cases of sexual violence against women and girls who use drugs, and on female drug offenders in prisons; the availability and coverage of gender-sensitive harm reduction and treatment interventions in the community and in prisons; legal or policy frameworks in place to monitor and redress cases of discrimination against people who use drugs and drug offenders; and the incidence and prevalence of physical and psychological abuse, including by law enforcement officials, against suspected drug offenders, disaggregated by age, sex and ethnicity.

Conclusion

A thorough analysis of the interactions between the UNGASS Outcome Document, the SDGs, as well as the identification of a list of possible indicators is made in IDPC's landmark report "Taking stock: A decade of drug policy – A civil society shadow report". ¹⁴ It is IDPC's hope that this analysis will contribute to the ARQ review discussions going forward, both in Vienna under the leadership of the UNODC, and in New York, with the involvement of the United Nations Statistical Commission ¹⁵ and at the High Level Political Forum. ¹⁶

In those efforts, it is critical that all relevant United Nations agencies including OHCHR, UNDP, UNAIDS, WHO, UN-Women, UNICEF and others are involved, firstly to avoid duplication of efforts, and secondly to benefit from their wide array of expertise and experience in data gathering on new topics for the ARQ.

The ARQ review process should also meaningfully involve civil society, as many NGO experts have worked for decades on the issue of drug-related targets and indicators and would bring a critical voice to the discussion.¹⁷

Supporting the statement: Global Drug Policy Observatory

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https://idpc.net/publications/2018/10/taking-stock-a-decade-of-drug-policy-a-civil-society-shadow-report.

United Nations Statistical Commission (2019) Agenda item 3q. Drug Use Statistics.
 https://unstats.un.org/unsd/statcom/50th-session/documents/2019-20-DrugStats-E.pdf.

¹⁶ https://sustainabledevelopment.un.org/hlpf/2019/.

¹⁷ See, for instance: https://www.ipinst.org/wpcontent/uploads/2018/02/1802_Aligning-Agendas.pdf; http://fileserver.idpc.net/library/IDPC_Contribution_UN_Statistical_Commission.pdf.