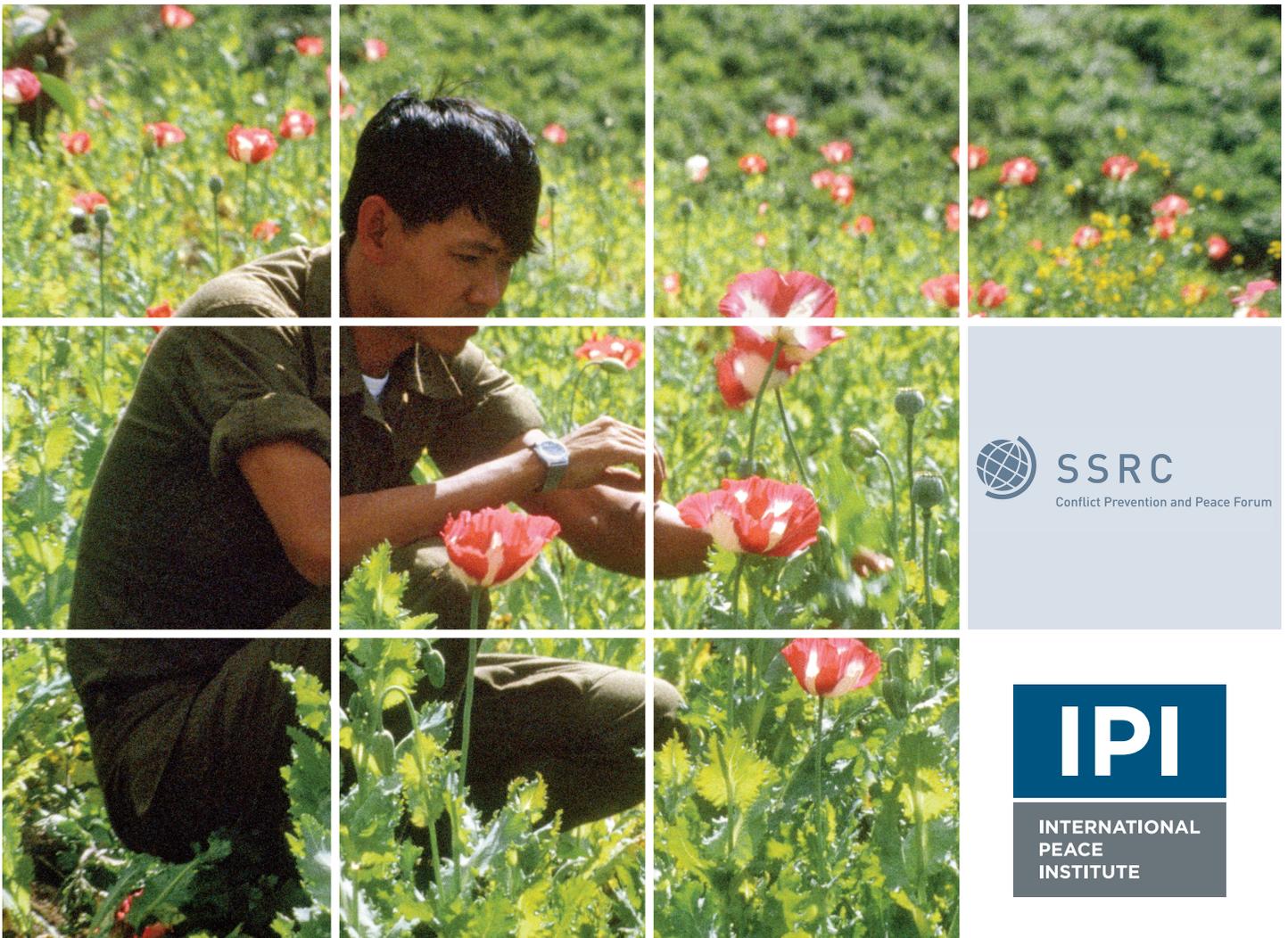


Aligning Agendas: Drugs, Sustainable Development, and the Drive for Policy Coherence

INTERNATIONAL EXPERT GROUP ON DRUG POLICY METRICS



 **SSRC**
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Cover Photo: A soldier from the Royal Thai 3rd Army eradicating opium poppies from an area where projects supported by the UN Drug Control Programme are reducing farmers' reliance on illicit drug crops, Northern Thailand, January 1, 1991. UN Photo/J Sailas.

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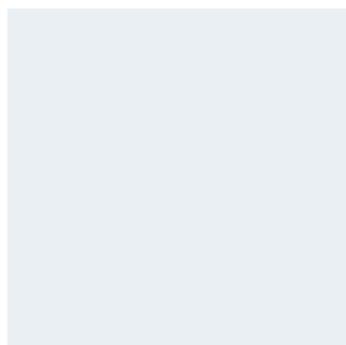
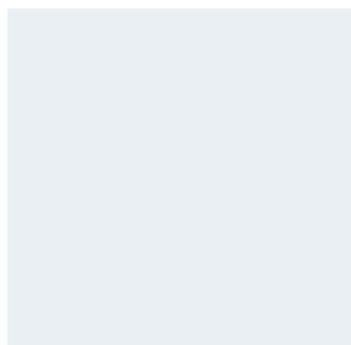
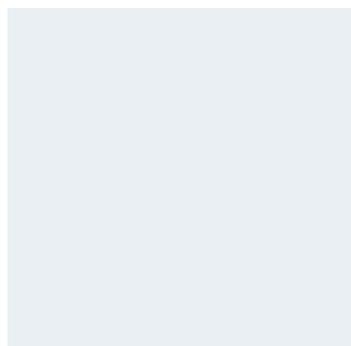
This report is the result of over a year of work by the International Expert Group on Drug Policy Metrics, convened by the Conflict Prevention and Peace Forum (CPPF) and the International Peace Institute (IPI). This project reflects the growing chorus of voices calling for a better system for measuring the impact of drug policy.

A first informal meeting took place at IPI in New York on the margins of the UN General Assembly special session on the world drug problem in April 2016. After securing funding, the group met for a two-day-long meeting at CPPF in January 2017. The group then had a third meeting at IPI's office in Vienna in March 2017, on the margins of the annual meeting of the UN Commission on Narcotic Drugs.

This report was written by David Bewley-Taylor, Natasha Horsfield, Nazlee Maghsoudi, Oliver Meza, Cleia Noia, Luciana Pol, Steve Rolles, Javier Sagredo, Sabrina Stein, and Daniel Werb, and coordinated by Adam Lupel and Renata Segura.

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Executive Summary

In April 2016 the UN General Assembly convened a special session on the world drug problem in order to review and evaluate existing drug control policies and strategies. More specifically, the special session (UNGASS) set out to “review the progress made in the implementation of the Political Declaration and Plan of Action, including an assessment of the achievements and challenges in countering the world drug problem, within the framework of the three international drug control conventions and other relevant United Nations instruments.” The UNGASS 2016 outcome document represents the most recent global consensus on drug policy and signals a shift toward placing public health, development, and human rights at its center.

In the months preceding UNGASS, several civil society organizations and some member states were vocal about the importance of using the special session to reconsider how the success of drug policy is measured. An important part of the reasoning behind this call was that current drug policy too often has a negative impact on communities and runs counter to efforts to ameliorate poverty through sustainable development.

Although the UNGASS 2016 outcome document does not heed this call directly, the preamble does “promote research by States...to better understand factors contributing to illicit crop cultivation..., including through the use of relevant human development indicators, criteria related to environmental sustainability and other measurements in line with the Sustainable Development Goals.” This paper looks to further this debate, arguing that aligning the way we measure and evaluate drug policies with the 2030 Agenda for Sustainable Development will have two clear benefits:

1. It will help overcome many of the limitations of effective drug policies resulting from suboptimal metrics for measuring their impact; and
2. It will help make sure that drug policies enhance, rather than hinder, efforts to achieve the SDGs.

Drug policies therefore need to be designed in coordination with other relevant policy agendas to guarantee that achievements in one agenda do not hinder those in another. In fact, achieving the SDGs will address many of the factors driving vulnerable populations to engage in the illicit drug trade.

As countries design plans of action for implementation of the 2030 Agenda, policymakers should therefore be conscious of the relationship between drug policies and the SDGs to make sure drug policy goals and objectives are not undermining the SDGs. This would go a long way in helping to make drug policy metrics more precise, more complete, and better conceived. This paper therefore puts forward the following recommendations for policy-makers:

1. **Develop a framework for policy coherence:** Drug policies and the SDGs need to be coherent with each other if the SDG targets are to be met by 2030. Toward this end, the Office of the UN Deputy Secretary-General should establish a process for developing adequate indicators for Target 17.14 (“enhance policy coherence for sustainable development”). With the support of UNODC and other key agencies, it should also develop a framework for coherence between drug policy and sustainable development, inspired by similar processes such as the Organisation for Economic Co-operation and Development’s (OECD) Framework for Policy Coherence for Sustainable Development.
2. **Create an external advisory committee:** To help the UN system monitor the effects of drug policies on progress toward the SDGs, the Office of the UN Deputy Secretary-General should create an external advisory committee bringing together experts on drug policy and sustainable development. This committee could work with governments to assist in the development and application of coherent and appropriate indicators.
3. **Add SDG indicators related to drug policy:** In the fourth quarter of 2018, the Inter-Agency and Expert Group on SDG Indicators (IAEG) will initiate a comprehensive review of the current indicators. The results will be submitted to the UN Statistical Commission to consider and decide on at its 2020 session. The process will be repeated beginning in the fourth quarter of 2023 in advance of the commission’s 2025 session. The guidelines for these reviews specify that indicators could be “added, deleted, refined or adjusted” if, among other reasons, additional indicators are needed to cover all aspects of the target or if existing indicators are not effectively

measuring progress. The commission should consider adding indicators that are specifically related to drug policy or that contribute to more accurately measuring the impact of drug policy on progress toward the SDGs.

4. **Put in place mechanisms to gather data on the effects of drug policies:** In the second half of 2017, the UN Statistical Commission requested the IAEG “to develop detailed guidelines of how custodian agencies [for the SDGs] and countries can work together to contribute to the data flows necessary to have harmonized statistics” for global reporting of SDG data. In developing these guidelines, the IAEG, as well as the custodian agencies beyond UNODC, could consider putting in place mechanisms for collecting data on the effects of drug policies.
5. **Use the SDG indicators as a model for improving drug policy indicators:** Independent of the 2030 Agenda, the drug policy community should examine how the SDG indicator framework can serve as a model for similarly ambitious drug policy metrics. A first step would be to improve data collection standards for the indicators used in the annual report questionnaire, which could help these questionnaires evolve to more comprehensively identify whether drug policies are attaining their goals.
6. **Prioritize outcome-oriented metrics:** When evaluating the impact of drug policies, UN member states should broaden their focus beyond process-oriented metrics that concentrate predominantly on supply and demand. To do this, member states should take advantage of the process of developing SDG indicators to collect and utilize data that allows them to

holistically evaluate drug policies, particularly in relation to policy outcomes.

Introduction

In April 2016 the UN General Assembly convened a special session on the world drug problem in order to review and evaluate existing drug control policies and strategies. More specifically, the special session (UNGASS) set out to “review the progress in the implementation of the Political Declaration and Plan of Action..., including an assessment of the achievements and challenges in countering the world drug problem, within the framework of the three international drug control conventions and other relevant United Nations instruments.”¹ The UNGASS 2016 outcome document represents the most recent global consensus on drug policy and signals a shift toward placing public health, development, and human rights at its center.²

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1 UN General Assembly Resolution 67/193 (April 23, 2013), UN Doc. A/RES/67/193.

2 Juan F. Ochoa and Marie Nougier, “How to Capitalise on Progress Made in the UNGASS Outcome Document,” International Drug Policy Consortium, February 2017, available at http://fileservr.idpc.net/library/IDPC-briefing-paper_How-to-capitalise-on-UNGASS-O-D.pdf.

3 For the purposes of this paper, we define metrics as the standardized system of measurement and an indicator as the specific tool used by that system to assess outcomes. See International Centre for Science in Drug Policy, Open Letter: A Call for a Reprioritization of Metrics to Evaluate Illicit Drug Policy, January 21, 2016, available at www.unodc.org/documents/ungass2016/Contributions/Civil/ICSIDP/ICSIDP_Open_Letter_EN_Web.pdf; United Nations University, “Identifying Common Ground for UNHASS 2016: Rethinking Metrics to Evaluate Drug Policy,” International Drug Policy Consortium, January 21, 2016, available at <http://idpc.net/events/2016/01/identifying-common-ground-for-ungass-2016-rethinking-metrics-to-evaluate-drug-policy>; Dan Werb et al., “A Call to Reprioritise Metrics to Evaluate Illicit Drug Policy,” *The Lancet* 387, no. 10026, p. 1,371, April 2, 2016, available at [www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)30074-5/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30074-5/abstract). On specific countries requesting a metrics review, see International Drug Policy Consortium, “The 2016 Commission on Narcotic Drugs and Its Special Segment on Preparations for the UNGASS on the World Drug Problem,” July 1, 2016, p. 6, available at <http://idpc.net/publications/2016/07/the-2016-commission-on-narcotic-drugs-and-its-special-segment-on-preparations-for-the-ungass-on-the-world-drug-problem>; International Drug Policy Consortium, “The 2015 Commission on Narcotic Drugs and Its Special Segment on Preparations for the UNGASS on the World Drug Problem: Report of the Proceedings,” June 30, 2015 (particularly p. 35), available at <http://idpc.net/publications/2015/06/the-2015-commission-on-narcotic-drugs-and-its-special-segment-on-preparations-for-the-ungass-on-the-world-drug-problem-report-of-proceedings>; and International Drug Policy Consortium, “The UNGASS on the World Drug Problem: Report of Proceedings,” September 1, 2016, p. 8., available at <http://idpc.net/publications/2016/09/the-ungass-on-the-world-drug-problem-report-of-proceedings>.

4 UNODC, *Outcome Document of the 2016 United Nations General Assembly Special Session on the World Drug Problem*, 2016, available at www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf.

paper looks to further this debate. It is the result of a year of work by a group of researchers and policy-makers—convened by the Conflict Prevention and Peace Forum and the International Peace Institute—to examine how the drug policy agenda overlaps with the UN Sustainable Development Goals (SDGs).

The paper argues that aligning the way we measure and evaluate drug policies with the 2030 Agenda for Sustainable Development will have two clear benefits:

1. It will help overcome many of the limitations of effective drug policies resulting from suboptimal metrics for measuring their impact; and
2. It will help make sure that drug policies enhance, rather than hinder, efforts to achieve the SDGs.

The seventeen SDGs build on the successes of the UN Millennium Development Goals, while incorporating new areas of focus such as economic inequality, peace and justice, and climate change. Importantly, the goals are understood as an interconnected whole; it is not uncommon to come across references to the goals as “indivisible.” They have been designed so that success on one goal will often require tackling issues more commonly associated with another. The SDGs are thus a synergistic framework that invites crosscutting analysis in the pursuit of greater policy coherence. Additionally, because they constitute a universal agenda, the SDGs are as relevant for the industrialized North as they are for the developing South. They also acknowledge the preeminence of national perspectives by providing clear guidelines and targets for all countries to adopt in accordance with their own priorities.

The unanimous adoption of the 2030 Agenda by UN member states creates a crucial opportunity for national authorities and the international community to rethink how we measure and evaluate drug policies, raising a critical question: By what metrics do we determine the effectiveness of drug policy? While the debate on current metrics is multifaceted and complex, we can summarize the relevant critiques in three categories, based on the

diagnosis developed by David Bewley-Taylor.⁵

First, the current metrics used to evaluate drug policy are largely process-oriented: Many of the most commonly used indicators—such as the number of hectares of illicit crops that have been eradicated or the tonnage of drugs that have been seized in a given year—measure government activities or their outputs rather than outcomes, such as the effect on drug markets or on communities affected by drug use and production. As such, these metrics do not measure an end point but assess an intermediary policy action. This “reduces the ability [of current drug policy metrics] to explain causation and, by focusing on aggregate data, obscures the distribution of costs and benefits as well as who incurs the burden of policies and intervention.”⁶ The Igarapé Institute has stated that traditional drug metrics appear to be measuring the wrong variables. Traditional indicators were established to assess progress toward the goals of reducing production and supply. They explain “how tough we are being, but do not tell us how successful we are in achieving the overall goals of a progressive humane outcome.”⁷

Second, metrics are misconceived: Some of the most widely used metrics, such as the number of people who consume drugs, are employed in a way that makes them unhelpful to the goal of optimizing drug policy. As Bewley-Taylor writes,

The figure, which is reported annually by UNODC [the UN Office on Drugs and Crime] in the World Drug Report, includes a variety of different drug consumption behaviors (from the one-time user to dependent daily users) and does not make a distinction between the substances consumed (including those with characteristics as different as cannabis, MDMA, amphetamine, methamphetamine, cocaine or heroin) nor does it make a distinction between problematic and non-problematic use. Furthermore, the ambiguity of the international measures has inspired a wide range of uninformed and problematic practices at [the] country level of data collection and reporting which had hindered the capacity to produce evidence based policy-making. In that sense, having a number of past year drug users at a global level is not an especially helpful metric for the problems often

5 See David Bewley-Taylor, “Refocusing Metrics: Can the Sustainable Development Goals Help Break the ‘Metrics Trap’ and Modernize International Drug Control Policy?” *Drugs and Alcohol Today* 17, no. 2.

6 *Ibid.*, p. 4.

7 Robert Muggah, Katherine Aguirre, and Ilona Szabó de Carvalho, “Measurement Matters: Designing New Metrics for a Drug Policy That Works,” Igarapé Institute, January 2015, p. 4, available at https://igarape.org.br/wp-content/uploads/2015/05/AE-12-Measurement-mattes-07h-jan_.pdf.

surrounding drug consumption, including the health and societal harms emerging from it.⁸

In short, collecting crude data on the prevalence of drug use generates little meaningful guidance for policymakers.⁹

Finally, the current set of metrics that policymakers have prioritized are incomplete: They focus almost solely on evaluating the capacity of drug policies to reduce the supply and demand of illicit drugs, while largely failing to capture data on the positive or negative consequences of drug policies for communities. For example, neither national governments nor UNODC systematically collect data that could help us understand and assess how drug policy has harmed individuals and societies. To ensure that drug policies contribute to the 2030 Agenda rather than hinder it, we need not only better data but also different data.¹⁰

If current drug policy metrics are misconceived and incomplete, how can they be improved? One strategy is to align them with the 2030 Agenda. Drug policy can have a positive or a negative impact on achieving a number of the SDGs, including those related to poverty, health, gender equality, and justice. To understand how, it is necessary to look beyond the objective of eliminating drug markets, which would be an incomplete approach. This means that drug policy would have to be designed and evaluated to ensure that the universal objectives laid out in the SDGs are not subordinated to the narrow goals of drug control regimes. Similarly, the pursuit of drug control objectives should not undermine the achievement of the SDGs.

Effective drug policy and sustainable development are both international priorities. They should work in tandem, not at cross-purposes. For example, if current drug policies are found to increase poverty, exacerbate gender inequality, or undermine peace and justice, they must be reexamined. Thus, it is important that policymakers better understand the broad effects of current drug policy on a range of areas of critical concern. This will in

turn increase crosscutting interest and involvement of UN and government agencies traditionally not concerned with drug policy, thereby facilitating policy coherence.

The window of opportunity for aligning the metrics used to evaluate drug policy and those used to evaluate progress toward the SDGs is rapidly narrowing; 2019 is a critical year. The end date set out in the 2009 UN Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem is 2019. That year, existing targets for significantly reducing or eliminating the demand and supply of drugs will be reviewed and updated. Simultaneously, September 2019 is the date for the summit-level meeting at the UN General Assembly in New York where heads of state will for the first time evaluate the 2030 Agenda as a whole. This timing presents a unique opportunity to synchronize these two policy areas and to work toward coherent and complementary approaches for evaluating both drug policy and the attainment of the SDGs.

In order to better understand this window of opportunity, we explore how these two agendas overlap. First, we examine how developing indicators to measure the SDGs can improve how national governments evaluate the impact of drug policies on individuals, households, and communities. Second, we analyze how more precise, more complete, and better conceived metrics can help us to understand the impact of drug policy on sustainable development and the prospects of achieving the SDGs.

Mapping Research on Drug Metrics to Date

Recognition of the inadequacies of the current process-oriented drug policy metrics is not entirely new. Various nongovernmental organizations (NGOs) and academic research units have raised

⁸ Bewley-Taylor, "Refocusing Metrics," p. 6.

⁹ It should be acknowledged that recent years have seen UNODC give increased attention to the "harm caused by drug use" and what is referred to as "drug use disorders." For example, see UNODC, *World Drug Report 2017*, Executive Summary, p. 1, available at www.unodc.org/wdr2017/en/exsum.html.

¹⁰ This argument has been made by David Bewley-Taylor and by collaborative civil society efforts such as the Count the Costs Initiative. See, for example, Steve Rolles et al., *The Alternative World Drug Report*, 2nd ed. Count the Costs Initiative (Bristol: Transform Drug Policy Foundation, 2016), available at www.countthecosts.org/alternative-world-drug-report-2nd-edition.

the issue for some time, though they have not fully explored it.¹¹ The past few years have also seen the growth of research that, among other things, specifically explores the intersection between drug policy indicators and the SDGs.¹² The next two sections describe how metrics have been used within the UN's drug control regime and how they are conceived in the 2030 Agenda

DISCUSSIONS ON METRICS WITHIN THE UN

As is to be expected, discussion of data related to drug markets has been a constant feature of official policy documents emanating from the UN drug control system. That said, analysis of activities of the Commission on Narcotic Drugs (CND) since 2009 reveals that recent years have witnessed a slight, but significant, change in focus. Discussion and, at times, language in official UN documents have begun to move away from being concerned simply with data relating to the scale of drug markets to also mention indicators that would better capture the results of a more holistic approach to the “world drug problem.” While this is a welcome development, progress remains slow, and a disconnect between high-order pronouncements and specific guidance remains.

For instance, the 2009 Political Declaration and Plan of Action agreed by the international community at the high-level segment of the CND included numerous references to the need to improve data collection and assessment tools in general. Specifically, it recognized the “need for indicators and instruments for the collection and analysis of accurate, reliable and comparable data on all relevant aspects of the world drug problem and, where appropriate, *the enhancement or development of new indicators and instruments*” (emphasis added).¹³ This was complemented by a constructive resolution at the formal session of the CND that included a request to initiate a review process. This process would include a revision of the annual report questionnaire (ARQ) on drug-related outcomes submitted by UN member states to UNODC.¹⁴

However, the political declaration did little to encourage states to move beyond traditional process-oriented indicators.¹⁵ While the commission subsequently produced resolutions in both 2011 and 2013 that were data-oriented and incorporated language from the political declaration, these predominantly focused on improving the collection of data relating to the scale of drug

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- 11 In 2011, the Global Commission on Drug Policy noted that “the current system of measuring success in the drug policy field is flawed... A new set of indicators is needed to truly show the outcomes of drug policies, according to their harms or benefits for individuals and communities.” See Recommendation 4 in *War on Drugs: Report of the Global Commission on Drug Policy*, June 2011, p. 13, available at www.globalcommissionondrugs.org/wp-content/themes/gcdp_v1/pdf/Global_Commission_Report_English.pdf. The issue also receives attention in the commission's report, *Taking Control: Pathways to Drug Policies That Work*, September 2014, p. 36. Other work on this issue includes Markus Shultze-Kraft and Barbara Befani, “Getting High on Impact: The Challenge of Evaluating Drug Policy,” Policy Brief no. 3, Global Drug Policy Observatory, June 2014; Muggah, Aguirre, and de Carvalho, “Measurement Matters”; and David Bewley-Taylor, “Towards Metrics That Measure Outcomes That Matter,” Policy Brief no. 10, Global Drug Policy Observatory, April 2016, p. 6, available at www.swansea.ac.uk/media/GDPO%20Metrics%20WEB_FINAL.pdf. For a brief early discussion of political issues surrounding data at the UN level, see Christopher Hallam and David Bewley-Taylor, “Mapping the World Drug Problem: Science and Politics in the United Nations Drug Control System,” *International Journal of Drug Policy* 21, no. 1 (2010); and Oliver D. Meza and Edgar Guerra, “Drug Policy in the Americas: A Redefinition of the Problem and the State's Role,” Working Document no. 1, 2017, available at www.politicadedrogas.org/PPD/documentos/20171204_124334_drug_policy_in_the_americas_v0.4_eng_isbn.pdf. Also see Werb et al., “A Call to Reprioritise Metrics to Evaluate Illicit Drug Policy” and Werb et al., “A Call for a Reprioritization of Metrics to Evaluate Illicit Drug Policy,” *International Centre for Science in Drug Policy*, January 2016, available at https://d3n8a8pro7vhmx.cloudfront.net/michaela/pages/61/attachments/original/1456513705/Werb_Metrics_16-01-21.pdf?1456513705.
- 12 On this issue, see International Drug Policy Consortium, *IDPC Drug Policy Guide*, 3rd ed., Chapter 4.1, which includes suggested indicators, available at http://fileservr.idpc.net/library/IDPC-drug-policy-guide_3-edition_FINAL.pdf; David R Bewley-Taylor, “Refocusing Metrics”; and Health Poverty Action, “Drug Policy and the Sustainable Development Goals: Why Drug Policy Reform Is Essential to Achieving the Sustainable Development Goals,” November 2015, available at www.healthpovertyaction.org/wp-content/uploads/2015/11/HPA-SDGs-drugs-policy-briefing-WEB.pdf.
- 13 See UNODC, *Political Declaration and Plan of Action on International Cooperation Towards an Integrated and Balanced Strategy to Counter the World Drug Problem*, March 11–12, 2009, para. 15, p. 40, available at www.unodc.org/documents/ungass2016/V0984963-English.pdf.
- 14 The ARQs are the key source of data for the *World Drug Report* (UNODC's flagship document). They are submitted by member states to UNODC, which “collects, analyzes, and reports data on extent, patterns, and trends in drug use and its health consequences.” For more information, see www.unodc.org/unodc/en/data-and-analysis/statistics/drug-use.html. One of the biggest issues is the major data gaps and uneven quality of information across countries. For more information on this, see the methodology section of the *World Drug Report 2017*, available at www.unodc.org/wdr2017/field/WDR_2017_Methodology.pdf. For a recent version of the ARQ, see UN Commission on Narcotic Drugs, *Report on the Fifty-Third Session (2 December 2009 and 8-12 March 2010)*, UN Doc. E/2010/28-E/CN.7/2010/18, 2010, p. 43, available at www.unodc.org/documents/commissions/CND/CND_Sessions/CND_53/E-2010-28_V1052082_E.pdf; and UN Commission on Narcotic Drugs, *Report on the Reopened Fifty-Third Session (2 December 2010)*, UN Doc. E/2010/28/Add.1-E/CN.7/2010/18/Add.1, pp. 3–4, available at <https://undocs.org/E/2010/28/Add.1>.
- 15 UN Commission on Narcotic Drugs Resolution 52/12, “Improving the Collection, Reporting and Analysis of Data to Monitor the Implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem,” in *Report of the Fifty-Second Session*, UN Doc. E/2009/28-E/CN.7/2009/12, 2009, pp. 29–31, available at <https://documents-dds-ny.un.org/doc/UNDOC/GEN/V09/825/56/PDF/V0982556.pdf?OpenElement>.

markets.¹⁶ A small exception to this trend could be seen in the 2011 resolution, which included language encouraging system-wide coherence and the involvement of other agencies, including the World Health Organization (WHO) and UNAIDS, to enhance the quality of data and prevent overlap and duplication of efforts.¹⁷

Predictably, debates within the CND have largely mirrored what is ultimately reported in official documents. Statements and presentations from member states and UN agencies, including UNODC, have focused on the need for better data collection and collaboration. Things began to change around 2014, however, as NGOs and member states organized side events at the annual CND discussing the need for new indicators focusing on policy *outcomes*.¹⁸ Since then, NGOs and, significantly, member states and the UN Development Programme (UNDP) have increasingly mentioned the need for new metrics in their CND plenary statements.¹⁹

Although these discussions have failed to penetrate the consensual CND resolutions, the idea of producing new drug policy metrics made its way to New York at the April 2016 UNGASS on the world drug problem. Beyond side events and NGO statements, it is noteworthy that the UNGASS outcome document itself flags the importance of “relevant human development indicators” to assess alternative development, reflecting the increasingly

pressing context of the 2030 Agenda.²⁰

Indeed, the link between the SDGs and the need to refocus drug policy indicators could also be seen at the 2017 CND. Here, building upon the views the Swiss delegate put forward in the 2016 inter-session meeting, discussions also indicated renewed interest in a review of the member state annual report questionnaire on drug policy.²¹ This situation was no doubt prompted by the fast-approaching high-level meeting in 2019 and the accompanying requirement to revise drug policy targets. Integration of the work of the UN Statistical Commission at the 2017 CND further demonstrates an overdue, if still gradual and fractured, move to improve system-wide coherence on the measurement of drug policy outcomes.²²

THE SDG INDICATOR FRAMEWORK

By adopting the 2030 Agenda in 2015, member states also committed themselves to the development of a global indicator framework.²³ This, in turn, led to the establishment of the Inter-Agency and Expert Group on SDG Indicators, which had the task of developing and implementing this framework to monitor progress toward achieving the SDGs. After initial refinement, the global indicator framework for the SDGs came to comprise 244 indicators across the 169 targets. These were adopted by the UN Statistical Commission in March 2017 and the General Assembly in July 2017.²⁴

16 See UN Commission on Narcotic Drugs Resolution 54/9, “Improving Quality and Building Monitoring Capacity for the Collection, Reporting and Analysis of Data on the World Drug Problem and Policy Responses to It,” in *Report on the Fifty-Fourth Session* (2 December 2010 and 21–25 March 2011), UN Doc. E/2011/28E/CN.7/2011/15, 2011, pp. 22–25, available at <https://documents-dds-ny.un.org/doc/UNDOC/GEN/V11/819/03/PDF/V1181903.pdf?OpenElement>; and UN Commission on Narcotic Drugs Resolution 56/10, “Tools to Improve Data Collection to Monitor and Evaluate the Implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem,” in *Report on the Fifty-Sixth Session* (7 December 2012 and 11–15 March 2013), UN Doc. E/2013/28 E/CN.7/2013/14, pp. 38–41, 2013, available at <https://documents-dds-ny.un.org/doc/UNDOC/GEN/V13/823/66/PDF/V1382366.pdf?OpenElement>.

17 *Ibid.*, para. 6.

18 Since 2014 the Commission on Narcotic Drugs (CND) has held side-events focusing on metrics and indicators. See International Drug Policy Consortium reports on the CND, available at <http://idpc.net/publications/2016/07/the-2016-commission-on-narcotic-drugs-and-its-special-segment-on-preparations-for-the-ungass-on-the-world-drug-problem>.

19 See, for example, statements from Colombia and Ecuador in 2015 and from Brazil, Ghana, Canada, and UNDP in 2016. See also Bewley-Taylor, “Towards Metrics That Measure Outcomes That Matter,” p. 6; International Drug Policy Consortium, *The 2015 Commission on Narcotic Drugs and Its Special Session on Preparations for the UNGASS on the World Drug Problem—Report on Proceedings*, June 2015, p. 35, available at <http://idpc.net/publications/2015/06/the-2015-commission-on-narcotic-drugs-and-its-special-segment-on-preparations-for-the-ungass-on-the-world-drug-problem-report-of-proceedings>; and International Drug Policy Consortium, *The 2016 Commission on Narcotic Drugs and Its Special Segment on Preparations for the UNGASS on the World Drug Problem—Report of Proceedings*, July 2016, p. 6, available at <http://idpc.net/publications/2016/07/the-2016-commission-on-narcotic-drugs-and-its-special-segment-on-preparations-for-the-ungass-on-the-world-drug-problem>.

20 UN General Assembly Resolution S-30/1 (May 4, 2016), UN Doc. A/RES/S-30/1. See also Bewley-Taylor, “Refocusing Metrics.” For a more comprehensive examination of alternative development, see Annex 2.

21 For a more detailed description of the ARQs see www.unodc.org/arq/en/index.html. This includes references to “strengthen and streamline” UNODC’s “existing data-collection and analysis tools.” See UNODC, Draft Decision I, *Preparations for the Sixty-Second Session of the Commission on Narcotic Drugs in 2019*, Annex, para. 7, available at www.unodc.org/documents/commissions/CND/CND_Sessions/CND_60/ECOSOC_2017/Draft_dec_I_ECOSOC_60CND.pdf.

22 ECOSOC Statistical Commission, *Report of the National Institute of Statistics and Geography of Mexico (INEGI) and the United Nations Office on Drugs and Crime on an International Road Map to Improve Drug Statistics*, UN Doc. E/CN.3/2017/12, December 15, 2016, available at <https://unstats.un.org/unsd/statcom/48th-session/documents/2017-12-DrugStats-E.pdf>.

23 UN General Assembly Resolution 70/1, “Transforming Our World: The 2030 Agenda for Sustainable Development” (October 21, 2015), UN Doc. A/RES/70/1.

24 UN General Assembly Resolution 71/313 (July 10, 2017), UN Doc. A/RES/71/313.

International reporting against the SDG indicator framework is voluntary and country-led and will be complemented by national and regional indicators to be developed by member states.²⁵ Under a plan currently in development, indicators will also be disaggregated as relevant by income, sex, age, race, ethnicity, migratory status, disability, geographic location, and other characteristics, which will be essential to ensuring no one is left behind.²⁶

In order to facilitate their implementation, the SDG indicators are divided into three tiers based on clarity of concept, established methodology, and availability of data: Tier 1 indicators meet all three criteria; Tier 2 indicators have conceptual clarity and an established methodology, but countries do not regularly gather the required data; and Tier 3 indicators have either no established methodology or the methodology is currently being developed. Approximately 35 percent of the indicators are currently classified as Tier 3.²⁷

Countries will initially report against Tier 1 and 2 indicators, with data disaggregated by the groups listed in Tier 1 indicators. Each indicator has also been assigned an international custodian agency to collect data from countries, compile internationally comparable data, strengthen national statistical capacity, and, in the case of Tier 3 indicators, lead the development of a methodology.²⁸ To ensure they measure progress effectively, the indicators will undergo two comprehensive reviews, in 2020 and 2025, when indicators may be added, deleted, refined, or adjusted, and minor refinements may be made annually.²⁹

There are challenges with measuring progress against such a large set of indicators, not least the lack of data and methodologies and the limited capacity of many developing countries to collect

the necessary data. Member states have committed to strengthening these weaknesses, but doing so will require a strong international effort. However, in seeking to develop a truly comprehensive set of indicators to measure progress toward all the SDGs, this framework has the capacity to revolutionize the national, regional, and global availability of data on all aspects of sustainable development. It sets a strong example and serves as a starting point for adapting and developing similarly ambitious metrics to measure the impact of drug policies and markets on communities.

THE RELATIONSHIP BETWEEN DRUG POLICY AND THE SDGS

The SDGs and drug policy are strongly interlinked, as increasingly recognized by civil society and in UNODC's 2016 World Drug Report.³⁰ Issues of sustainable development that the SDG framework is designed to address, such as poverty, inequality, and vulnerability, are at the root of many drug-related activities such as illicit crop cultivation, small-scale trafficking, and problematic drug use.³¹ There is also clear evidence that a punitive approach to drug policy—the so-called “war on drugs”, which focuses on eliminating the supply side of drug markets and prohibiting drug use rather than addressing the socioeconomic, cultural, and environmental determinants of engagement in the drug trade and reducing associated harms—is undermining progress toward the SDGs.³² These negative impacts were clearly acknowledged and described by the UNODC in the 2008 World Drug Report, which details the multifaceted negative “unintended consequences” of the global drug control framework.³³ Such policies have been particularly harmful to specific vulnerable groups and in certain territories that have not frequently benefited from traditional development interven-

25 Ibid.

26 Ibid. See also ECOSOC Statistical Commission, *Report of the Inter-agency and Expert Group on Sustainable Development Goal Indicators*, UN Doc. E/CN.3/2017/2, December 15, 2016, available at <https://unstats.un.org/sdgs/files/meetings/iaeg-sdgs-meeting-05/2017-2-IAEG-SDGs-E.pdf>.

27 ECOSOC Statistical Commission, *Work Plans for Tier III Indicators*, March 3, 2017, agenda item 3a, available at https://unstats.un.org/sdgs/files/meetings/iaeg-sdgs-meeting-05/TierIII_Work_Plans_03_03_2017.pdf.

28 ECOSOC Statistical Commission, *Report of the Inter-agency and Expert Group on Sustainable Development Goal Indicators*, UN Doc. E/CN.3/2017/2, December 15, 2016.

29 Ibid.

30 UNODC, *World Drug Report 2016*, available at www.unodc.org/doc/wdr2016/WORLD_DRUG_REPORT_2016_web.pdf.

31 The UNDP document “Addressing the Development Dimensions of Drug Policy” offers a general account of harms produced by drug policy and specific issues related to the SDGs. See www.undp.org/content/dam/undp/library/HIV-AIDS/Discussion-Paper--Addressing-the-Development-Dimensions-of-Drug-Policy.pdf.

32 Health Poverty Action, “Drug Policy and the Sustainable Development Goals: Why Drug Policy Reform Is Essential to Achieving the Sustainable Development Goals,” 2015, available at www.healthpovertyaction.org/wp-content/uploads/2015/11/HPA-SDGs-drugs-policy-briefing-WEB.pdf.

33 UNODC, *World Drug Report 2008*, available at http://www.unodc.org/documents/wdr/WDR_2008/.

tions. Addressing these negative impacts, therefore, will be particularly important to meeting the 2030 Agenda's commitment to "leave no one behind."³⁴

As explored in detail in the next section of this paper, making drug policy and the sustainable development agenda coherent with each other will be essential to tackling issues as diverse as poverty,³⁵ security of land tenure, food security and sustainable agriculture,³⁶ HIV/AIDS epidemics,³⁷ access to essential medicines,³⁸ gender equality,³⁹ creation of decent jobs,⁴⁰ sustainable management of forests,⁴¹ reduction of violence,⁴² and corruption⁴³—all identified in the SDGs and their targets and all, to varying extents, impacted by drug policies and markets. This paper looks at some of these relationships in detail further on, but a couple examples illustrate our point.

Take, for instance, the relationship between drug policies and the sustainable management of forests, which is part of SDG 15. Current drug policies can

have a negative effect on forest management, for example through indiscriminate crop-eradication programs. But the relationship between these two areas is not systemically understood, because current programs do not measure it. Similarly, efforts to reduce violence under Goal 16 can be undermined by efforts to enforce drug laws that focus on the use of force. Such a militarized approach to countering "drug cartels" in Mexico, for example, has been seen to increase violence.⁴⁴

Policy coherence is a fundamental requirement of the 2030 Agenda. Drug policy objectives must, therefore, be brought in line with the SDGs. However, without metrics or data to specifically measure the impact of drug markets and drug policies on achieving the SDGs, it is impossible to fully evaluate the extent of these intersections and their impact, whether positive or negative. It is also impossible to develop policies that appropriately address the impact of these intersections on the

34 ECOSOC Statistical Commission, *The Sustainable Development Goals Report: Leaving No One Behind*, 2016, available at <https://unstats.un.org/sdgs/report/2016/leaving-no-one-behind>.

35 See William Byrd, *Afghanistan—State Building, Sustaining Growth, and Reducing Poverty* (Washington DC: World Bank, 2005); Eloise Dunlap et al., "Macro-Level Social Forces and Micro-Level Consequences: Poverty, Alternate Occupations, and Drug Dealing," *Journal of Ethnicity in Substance Abuse* 9, no. 2; David Mansfield, "Pariah or Poverty? The Opium Ban in the Province of Nangarhar in the 2004/05 Growing Season and Its Impact on Rural Livelihood Strategies," Project for Alternative Livelihoods in Eastern Afghanistan, Working Paper no. 11, June 2005, available at www.akha.org/upload/documents/gtzreportopiumban.pdf; Magüi Moreno Torres and Michael Anderson, "Fragile States: Defining Different Environments for Poverty Reduction," Poverty Reduction Division in Difficult Environments Team, UK Department for International Development, Working Paper no. 1, August 2004, available at <https://ageconsearch.umn.edu/bitstream/12822/1/pr040001.pdf>.

36 See Dan Werb et al., "Methamphetamine Use and Malnutrition among Street-Involved Youth," *Harm Reduction Journal* 7, no. 5 (2010); Sue Booth, "Eating Rough: Food Sources and Acquisition Practices of Homeless Young People in Adelaide, South Australia," *Public Health Nutrition* 9, no. 2; Naomi Dachner and Valerie Tarasuk, "Homeless 'Squeegee Kids': Food Insecurity and Daily Survival," *Social Science & Medicine* 54, no. 7 (2002); Maida P. Galvez, "Race and Food Store Availability in an Inner-city Neighbourhood," *Public Health Nutrition* 11, no. 6 (2008); Elaine M. Power, "Economic Abuse and Intra-household Inequities in Food Security," *Canadian Journal of Public Health* 97, no. 3 (2006); and Marc J. Dourojeanni, "Environmental Impact of Coca Cultivation and Cocaine Production in the Amazon Region of Peru," *Bulletin of Narcotics* 44, no. 2 (1992).

37 Evan Wood et al., "Vienna Declaration: A Call for Evidence-Based Drug Policies," *The Lancet* 10, no. 2 (2010).

38 WHO, UNODC, and UNAIDS, "Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users," 2012 revision; Dan Werb, "Heroin Prescription, HIV, and Drug Policy: Emerging Regulatory Frameworks," *University of Oregon Law Review*, 2013; WHO "WHO Model List of Essential Medicines: 20th Edition," 2017.

39 M.C. Doherty, et al., "Gender Differences in the Initiation of Injection Drug Use among Young Adults," *Journal of Urban Health* 77, no. 3 (2000); Vera Frajzyngier et al., "Gender Differences in Injection Risk Behaviors at the First Injection Episode," *Drug and Alcohol Dependence* 89, nos. 2-3 (2007); Cheryl Gore-Felton, "The Influence of Gender on Factors Associated with HIV Transmission Risk among Young Russian Injection Drug Users," *American Journal of Drug and Alcohol Abuse* 29, no. 4 (2003), p. 881; Brandon D.L. Marshall et al., "Physical Violence among a Prospective Cohort of Injection Drug Users: A Gender-Focused Approach," *Drug and Alcohol Dependence* 97, no. 3 (2008).

40 Anthony Defulio et al., "Employment-Based Abstinence Reinforcement as a Maintenance Intervention for the Treatment of Cocaine Dependence: A Randomized Controlled Trial," *Addiction* 104, no. 9 (2009); D.A. Zanis, D.S. Metzger, A.T. McLellan, "Factors Associated with Employment among Methadone Patients," *Journal of Substance Abuse Treatment* 11, no. 5 (1994), p. 443; S.R. Friedman, D. Rossi, and N. Braine, "Theorizing 'Big Events' as a Potential Risk Environment for Drug Use, Drug-Related Harm and HIV Epidemic Outbreaks," *International Journal of Drug Policy* 20, no. 3 (2009).

41 Ricardo Vargas, "The Anti-Drug Policy, Aerial Spraying of Illicit Crops and Their Social, Environmental and Political Impacts in Colombia," *Journal of Drug Issues* (2002), p. 11.

42 Alfred Blumstein, "Youth Violence, Guns, and the Illicit Drug Industry," *Journal of Criminal Law & Criminology* 86, no. 1 (1995); Patricia G. Erickson, *Drugs, Violence, and Public Health: What Does the Harm Reduction Approach Have to Offer* (Vancouver: Fraser Institute: 2001); Paul J. Goldstein, "The Drugs/Violence Nexus: A Tripartite Conceptual Framework," *Journal of Social Issues* 15, no. 4 (1985); Jeffrey A. Miron, "Violence and the US Prohibitions of Drugs and Alcohol," *American Law and Economics Review* 1, no. 1 (1999), p. 78; Jeffrey A. Miron, "Violence, Guns, and Drugs: A Cross-country Analysis," *Journal of Law and Economics* 44, no. 2 (2001); Peter Reuter, "Systemic Violence in Drug Markets," *Crime, Law and Social Change* 52, no. 3 (2009); Tim Newburn, "Understanding and Preventing Police Corruption: Lessons from the Literature," Policy Research Series Paper no. 110, Policing and Reducing Crime Unit, 2009, available at <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.431.1012&rep=rep1&type=pdf>.

43 Dan Werb et al., "Police Bribery and Access to Methadone Maintenance Therapy within the Context of Drug Policy Reform in Tijuana, Mexico," *Drug and Alcohol Dependence* 148 (2015); Laurie Freeman, "State of Siege: Drug-Related Violence and Corruption in Mexico," Washington Office on Latin America, June 2006, available at www.wola.org/sites/default/files/downloadable/Mexico/past/state_of_siege_06.06.pdf; Newburn, "Understanding and Preventing Police Corruption."

44 Most recently, "Mexico: Murders of Women Rise Sharply as Drug War Intensifies," *The Guardian*, December 14, 2017, available at www.theguardian.com/world/2017/dec/14/mexico-murders-women-rise-sharply-drug-war-intensifies.

most vulnerable individuals, communities, and countries.

The comprehensive SDG indicator framework offers a dual opportunity. First, it offers a means for governments to more effectively measure the impact of drug markets and policies on affected communities and specific populations. Second, these indicators could be tailored at the national level to measure the positive and negative impact of drug policies and drug markets on the achievement of the SDGs. Developing metrics in this way will be the first step to ensuring that drug policies do not inadvertently harm communities and thereby undermine progress toward the full achievement of the SDGs by 2030.

The Nexus between the SDGs and Drug Policy

In the following sections, we offer some examples of the kinds of indicators that could be explored to better illuminate how specific policy approaches relate to outcomes for key populations of concern within the SDG framework. These indicators are designed to be illustrative of the kind of thinking we are hoping to encourage with this paper, rather than an exhaustive or comprehensive list. Where possible, and as discussed further below, it is important to disaggregate any population-based data by demographics, including ethnicity, gender, geography, and socioeconomic status to allow for particular questions and concerns about differential impacts to be interrogated.

We are aware that creating a whole set of new indicators will add greater complexity to the monitoring and evaluation process. Consequently, a clear “marginal advantage” criterion is needed regarding the selection and combination of supplementary indicators. This might be achieved by posing the following questions: (1) Are there any other indicators needed to describe the phenomenon under consideration? (2) What marginal advantage does an additional indicator bring to understanding the phenomenon under consideration? It might also be appropriate to consider the

development of a tiered framework approach, like that used for the SDGs.

An additional challenge is that, even assuming the data is available, different policy approaches can deliver positively, or negatively, on different indicators—which may sometimes be in conflict or have trade-offs with each other. This, in turn, raises the question of how different stakeholders may prioritize different outcomes and how such prioritization may then impact policy development. Even when policymakers are proactively attempting to be objective about how policy may impact different areas of concern, the intrinsic complexity of thinking about effects on multiple, sometimes conflicting sets of indicators and attempting to balance their relative importance, combined within intrinsic cognitive biases of individuals or groups, means rational decision making can be challenging. While addressing this challenge is beyond the scope of this paper, a new approach to indicators can operate in parallel with more structured policymaking processes for using those indicators, such as the use of multi-criteria decision analysis (MCDA).⁴⁵

We also acknowledge that data on some of the example indicators is already, in some form, collected within the ARQ mechanism under the auspices of UNODC. However, it is clear, and indeed openly acknowledged by UNODC, that both the quality of data and the reporting rates are, in many cases, poor. We hope that by synchronizing the discussion around the needed revision of the ARQs taking place in the lead up to, and beyond, the 2019 review of the 2009 Political Declaration with the 2030 Agenda, this paper can provide an incentive to address technical shortcomings and refocus priorities on key outcome indicators.⁴⁶

SDG 1: END POVERTY IN ALL ITS FORMS EVERYWHERE

Goal 1 calls for “an end to poverty in all its manifestations by 2030” by guaranteeing social protections for the poor and vulnerable, providing access to basic services, and supporting those affected by or at risk of economic, social, and environmental

45 For example, see Ole Rogeberg et al., “A New Approach to Formulating and Appraising Drug Policy: A Multi-criterion Decision Analysis Applied to Alcohol and Cannabis Regulation,” *International Journal of Drug Policy*, February 2018, available at [www.ijdp.org/article/S0955-3959\(18\)30026-4/fulltext](http://www.ijdp.org/article/S0955-3959(18)30026-4/fulltext).

46 David Bewley-Taylor and Marie Nougier, “Measuring the ‘World Drug Problem’: ARQ Revision. Beyond Traditional Indicators?,” *Global Drug Policy Observatory*, 2008, available at www.swansea.ac.uk/media/GDPO%20Working%20Paper%20No3%20012018.pdf.

shocks. Target 1.1 is to eradicate extreme poverty everywhere by 2030. Progress will be assessed by Indicator 1.1.1: “proportion of population below the international poverty line, by sex, age, employment status and geographical location.” This same indicator was used to monitor Millennium Development Goal Target 1.1 (halving extreme poverty by 2015) and is based on comprehensive monetary welfare measures of either income or consumption collected at the national level through household surveys. The World Bank is charged with collecting and producing data on this indicator.

Poverty is an important risk factor for the cultivation of illicit crops and production and trafficking of illicit drugs by vulnerable populations in rural and urban areas.⁴⁷ There is abundant literature identifying poverty as one of the key reasons for involvement in the illicit drug trade at different levels.⁴⁸ However, many national drug policies, particularly those focused on eradication and criminalization of petty trafficking, do not aim to address the poverty that has facilitated the involvement of individuals in the trafficking of drugs; on the contrary, they often perpetuate poverty.⁴⁹

Thus, examining how drug policies affect the level of poverty in communities, including when

considered as a multidimensional phenomenon, will help countries design better policies that allow them to reach Goal 1. Having disaggregated data on sex, age, employment status, and geographic location will help better understand the impact of drug policies on poverty reduction by group. Further disaggregating this data to consider poverty levels for particularly vulnerable groups, including indigenous communities and subsistence farmers, can provide an even more comprehensive understanding of the impact of drug policies on Target 1.1.

Many people participate in the drug market to mitigate hunger and food insecurity in the absence of viable licit livelihood opportunities. Goal 1 will only be achieved if the most marginalized communities, which include those involved in cultivating illicit crops and producing and trafficking illicit drugs, are given viable, sustainable alternatives. Drug policies that do not take broader sustainable development efforts and poverty reduction measures into account will likely reduce UN member states’ capacity to reach Goal 1 by 2030.

Some example indicators that would be useful to achieving Goal 1 are identified in Figure 1, below.

Figure 1. Examples of drug policy indicators for SDG 1

SDG	Examples of Drug Policy Indicators
	Poverty levels in families where illegal drug crop production is the primary source of income
	Poverty levels among young people (and/or their families) prosecuted/incarcerated for drug supply/trafficking offenses, including in urban areas
	Changes in levels of poverty before and two years after sustainable livelihood diversification
	Percentage of population (in a given region) living below the international poverty line actively deriving income from illegal drug-related economies (disaggregated by nature of involvement—cultivation, production, trafficking)

47 UNDP, “Addressing the Development Dimensions of Drug Policy,” p. 6.

48 Ibid., p. 13.

49 Ibid., p. 11.

SDG 3: ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL

Goal 3 of the 2030 Agenda is to “ensure healthy lives and well-being for all at all ages.” This goal includes the only explicit target related to substance use: to “strengthen the prevention and treatment of substance abuse” (Target 3.5). This target highlights the importance of addressing problematic drug use, which has reached critical levels in some countries. However, by limiting its references to drug policy to this one target, Goal 3 takes an incomplete approach to understanding the intersection between drugs and health. We thus focus on Target 3.3—to “end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases”—as another important example of the linkages between Goal 3 and drug policies. Reducing disease transmission among people who inject drugs is integral to meeting Target 3.3 and Goal 3 more broadly.

Limited access to sterile syringes and medical care places people who inject drugs at much greater risk of blood-borne diseases than the general population, with recent studies finding that they are twenty-four times more likely to acquire HIV.⁵⁰ Despite a global trend of declining new HIV infections, outbreaks of HIV among people who inject drugs continue across the globe.⁵¹ As a result, reducing HIV transmission among people who inject drugs would contribute substantially to the global response to AIDS. The importance of focusing on vulnerable populations is reflected in Target 3.3’s first indicator: “the number of new HIV infections per 1,000 uninfected population, by sex, age and key populations.” With respect to the hepatitis C virus (HCV), over 50 percent of the global population of people who inject drugs is estimated to be HCV-antibody positive. Since

2011, the number of countries in sub-Saharan Africa that have identified HCV infections among people who inject drugs has more than doubled, while globally it has increased by 27 percent.⁵²

Metrics that prioritize outcomes such as blood-borne disease transmission among people who inject drugs are needed to better delineate the relationship between drug policies and disease acquisition. Beyond prioritizing indicators capturing the prevalence and incidence of HIV and HCV among people who inject drugs, national drug policies should also include process or structural indicators assessing the scale and coverage of evidence-based harm reduction services, including sterile needle and syringe distribution, opioid substitution treatment, and supervised injection facilities. These would help assess progress toward Target 3.3. Moreover, effective monitoring of infections among people who inject drugs can provide evidence on the impact of changes in drug policy (e.g., global funding cuts for these and other effective disease prevention services) on the attainment of Goal 3.⁵³

A large body of scientific evidence shows that drug criminalization negatively impacts disease prevention and treatment efforts, suggesting further linkages between drug policies and health among people who inject drugs.⁵⁴ In fact, a recent study states that “coverage of HIV and HCV prevention interventions for [people who inject drugs] remains poor and is likely to be insufficient to effectively prevent HIV and HCV transmission. Scaling up of interventions for [people who inject drugs] remains a crucial priority for halting the HIV and HCV epidemics.”⁵⁵

The last internationally agreed target to reduce HIV transmission among people who inject drugs, which came out of the UN General Assembly High-Level Meeting on AIDS in 2011 and aimed to reduce transmission among this key population by

50 Avert, “People Who Inject Drugs, HIV and AIDS,” July 27, 2017, available at www.avert.org/professionals/hiv-social-issues/key-affected-populations/people-inject-drugs.

51 UNAIDS, “Do No Harm: Health, Human Rights, and People Who Use Drugs,” 2016, available at www.unaids.org/sites/default/files/media_asset/donoharm_en.pdf.

52 L. Degenhardt et al., “Global Prevalence of Injecting Drug Use and Sociodemographic Characteristics and Prevalence of HIV, HBV, and HCV in People Who Inject Drugs: A Multistage Systematic Review,” *The Lancet Global Health* 5, no. 12 (2017), p. 16.

53 UNAIDS, “Do No Harm: Health, Human Rights, and People Who Use Drugs.”

54 Kora DeBeck et al., “HIV and the Criminalisation of Drug Use among People Who Inject Drugs: A Systematic Review,” *The Lancet HIV* 4, no. 8 (2017).

55 Sarah Larney et al., “Global, Regional, and Country-Level Coverage of Interventions to Prevent and Manage HIV and Hepatitis C among People Who Inject Drugs: A Systematic Review,” *The Lancet Global Health* 5, no. 12 (2017), available at [www.thelancet.com/journals/langlo/article/PIIS2214-109X\(17\)30373-X/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30373-X/fulltext).

50 percent by 2015, was missed. Not only was there no observed global decline in HIV infections within this group between 2010 and 2014, but a 33 percent increase in new infections between 2011 and 2015 was recorded.⁵⁶ Avoiding a similar fate for Goal 3 will require both a sustained commitment to comprehensively monitoring the impact of drug policies on reaching Target 3.3 and the identification of policy approaches that are most effective in reducing the risk of disease transmission among people who inject drugs.

Some example indicators that would be useful to achieving Goal 3 are identified in Figure 2, below.

SDG 5: ACHIEVE GENDER EQUALITY AND EMPOWER ALL WOMEN AND GIRLS

Goal 5, which is to “achieve gender equality and empower all women and girls,” seeks to reverse gender inequality and gender-based discrimination. Women who produce, trade, or consume drugs are affected by the illegality of the market,

state responses, the dynamics of violence, and the lack of adequate healthcare services in different ways than men.⁵⁷ Poor and marginalized women are disproportionately affected.⁵⁸ The imprisonment of mothers and caregivers can have devastating consequences for their families and communities.⁵⁹ Lack of data on these differential impacts on women is a hurdle to efforts to design drug policies that support gender equality.

One of the most salient aspects of this inequality is the incarceration of women, whose prison population is increasing faster than that of men across the world.⁶⁰ According to the UN special rapporteur on violence against women, the main factor that explains this global trend is the implementation of punitive drug policies.⁶¹ Evidence from Latin America shows that most of these women have no previous criminal records,⁶² and that the main driving factors for their involvement in criminal networks were economic and social vulnerability.⁶³ This reflects the discrimina-

Figure 2. Examples of drug policy indicators for SDG 3

SDG	Examples of Drug Policy Indicators
3 GOOD HEALTH AND WELL-BEING 	Prevalence of substance use disorders
	Proportion of individuals with substance use disorders who have access to voluntary, evidence-based treatment/harm reduction/HIV care continuum (i.e., testing and treatment) in general population/in prisons
	Incidence of HIV, hepatitis C, and tuberculosis among people who use/inject drugs
	Prevalence of drug overdose mortality
	Proportion of total drug policy funds dedicated to treatment/harm reduction, by region/jurisdiction

56 UNAIDS, “Do No Harm: Health, Human Rights, and People Who Use Drugs.” See also www.unaids.org/en/resources/documents/2016/get-on-the-fast-track.

57 Rebecca Scheifler and Luciana Pol, “International Guidelines on Human Rights and Drug Control: A Tool for Securing Women’s Rights in Drug Control Policy,” *Health and Human Rights Journal* 19, no. 1 (2017).

58 UNDP, “Addressing the Development Dimensions of Drug Policy,” p. 26, available at <http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/addressing-the-development-dimensions-of-drug-policy.html>.

59 *Ibid.*, p. 26.

60 Thailand Institute of Justice and Penal Reform International, “Global Prison Trends 2017,” May 2017.

61 Rashida Manjoo, *UN Special Rapporteur on Violence against Women: Pathways to, Conditions and Consequences of Incarceration for Women*, UN Doc. A/68/340, August 21, 2013, para. 23.

62 Organization of American States and Inter-American Commission of Women, *Women and Drugs in the Americas: A Policy Working Paper*, January 2014; Organization of American States, *Scenarios for the Drug Problem in the Americas 2013–2025*, 2013.

63 Corporación Humanas Chile, Corporación Humanas Colombia, and Equis Justicia para las Mujeres de México, *Política de drogas y derechos humanos: El impacto en las mujeres* (Santiago de Chile: Corporación Humanas, 2015).

tion and inequality faced by women, who typically occupy low-level places in trafficking chains and are often used as drug couriers, making them easy targets for police.⁶⁴

Target 5.1 is to “end all forms of discrimination against all women and girls everywhere.” It will be measured by Indicator 5.1.1: “whether or not legal frameworks are in place to promote, enforce and monitor equality and non-discrimination on the basis of sex.” Drug policies discriminate against women in multiple ways. The availability of health-care and social services is usually limited for people who use drugs, and the specific needs of female drug users are particularly ignored.⁶⁵ Sexual and reproductive healthcare, child care, and gender-specific health information are rarely included as part of harm reduction services, which are generally developed with male drug users in mind.⁶⁶ In fact, the UN special rapporteur on health has found that criminalization of activities such as drug use during pregnancy impedes access to healthcare, infringing on pregnant women’s right to healthcare by deterring them from seeking it.⁶⁷ Considering the impact of drug policies on women when reforming them would help reach Goal 5.

Target 5.2 is to “eliminate all forms of violence against women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.” It will be monitored with Indicators 5.2.1 and 5.2.2. The first is the “proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age.” The second is the “proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence.”

The relationships between both forms of violence, drug consumption, and drug markets have been documented, and these relationships should be further investigated.⁶⁸ Monitoring Indicators 5.2.1 and 5.2.2 can provide a better understanding of the impact drug policies and illicit drug markets can have on violence against women. Additionally, connecting metrics of gender-based violence to metrics of drug market participation or drug use would help to highlight how drug policies have had an impact on increases or decreases in violence against women.

Similarly, the production of statistics to evaluate progress toward Goal 5 will help better evaluate the impact of current drug policies on women by revealing the specific conditions they face. Data such as the number of pregnant women in jails, the number of children incarcerated with their mothers, and the healthcare services available for both is usually absent. The differential impact of the drug problem and drug policies on women makes such data particularly pertinent when developing and implementing a framework to promote, enforce, and monitor gender equality and nondiscrimination.⁶⁹

Some example indicators that would be useful to achieving Goal 5 are identified in Figure 3, below.

SDG 16: PROMOTE PEACEFUL AND INCLUSIVE SOCIETIES

Goal 16 commits the international community to “promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.” Goal 16 is pivotal, as it recognizes that, for development to be inclusive and sustainable, it will require peace, stability, and good governance based on the rule of law. Goal 16’s targets focus on diverse issues

64 Organization of American States and Inter-American Commission of Women, *Women and Drugs in the Americas*.

65 UNODC, UN Women, World Health Organization, and International Network of People Who Use Drugs, *Women Who Inject Drugs and HIV: Addressing Specific Needs*, 2000.

66 Sophie Pinkham, Claudia Stoicescu, and Bronwyn Myers, “Developing Effective Health Interventions for Women Who Inject Drugs: Key Areas and Recommendations for Program Development and Policy,” *Advances in Preventive Medicine* 2012 (2012).

67 See OHCHR, *Report of the Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health*, UN Doc. A/66/254, August 3, 2011, paras. 38 and 65.

68 Task Force on Transnational Organized Crime and Drug Trafficking as Threats to Security and Stability, “A Gender Perspective on the Impact of Drug Use, the Drug Trade, and Drug Control Regimes,” UN Women, July 2014, available at www.unodc.org/documents/ungass2016/Contributions/UN/Gender_and_Drugs_-_UN_Women_Policy_Brief.pdf; Council on Hemispheric Americas, “The Rise of Femicide and Women in Drug Trafficking,” October 28, 2011; Drug Policy Alliance, “Women and Gender in the Drug War,” February 19, 2014. See also the reports of the special rapporteur on violence against women, its causes and consequences, available at www.ohchr.org/EN/Issues/Women/SRWomen/Pages/SRWomenIndex.aspx.

69 UNDP, “Addressing the Development Dimensions of Drug Policy,” pp. 26–27.

Figure 3. Examples of drug policy indicators for SDG 5

SDG	Examples of Drug Policy Indicators
	Number of women incarcerated and/or receiving a criminal record for first time nonviolent drug-related offences
	Availability/coverage of gender-focused treatment and harm-reduction services in general population/in prisons
	Number of pregnant women incarcerated for drug-related offenses, and number of children living in prison settings with their mothers incarcerated for drug-related offenses
	Number of women incarcerated for drug-related offenses who are heads of household with one or more dependent children/relatives
	Number of female victims of drug-market-related violence (involving criminal or governmental actors)

necessary for “peaceful and inclusive societies,” including reducing violence, tackling corruption, and strengthening the rule of law.

Goal 16 overlaps extensively with drug policy. Target 16.1, for example, is to “significantly reduce all forms of violence and related death rates everywhere.” As is widely known, a side effect of the war on drugs has been a rise in violence.⁷⁰ The 2030 Agenda includes Indicator 16.1.2: “conflict-related deaths per 100,000 population, by sex, age and cause.” A more focused indicator (or set of indicators) to describe violence related to drug markets could help us better understand how these policies feed into existing armed conflicts and the impact of drug production, trafficking, or consumption on the intensity of conflicts.

Target 16.1 will also be evaluated by Indicator 16.1.3: “proportion of population subjected to physical, psychological or sexual violence in the previous 12 months.” Drug-related violence is not limited to homicides. Countries where the drug trade has been met with a militarized and securitized drug policy have often experienced a rise in other crimes, including extortion and kidnapping, which criminal organizations use as additional sources of income.⁷¹ This indicator can help us understand the broader impact of certain drug

policy interventions on violence beyond homicide. Monitoring this indicator can reveal changes in levels of violence following certain interventions. If the drug market or the drug control policies in place contribute to an increase in physical, psychological, or sexual violence, states will be hard-pressed to meet this target. Drug policies that purposefully try to reduce levels of violence, on the other hand, will be coherent with this SDG.

Several other targets under Goal 16 also address issues that overlap with drug policy. For example, Targets 16.3 and 16.4 refer to the rule of law. In the context of the war on drugs, vulnerable groups such as women, youth, the poor, and racial and ethnic minorities are frequently subject to lengthy pre-trial detention (and denied due process), often for minor drug offenses.⁷² According to UN statistics, in 2014 an average of 43.7 percent of the incarcerated population in the American continent consisted of detainees who had not been sentenced.

Judicial inefficiency exacerbates the negative impact of incarceration on vulnerable populations. When governments choose incarceration as the main tool to handle people with drug dependencies in impoverished communities, they limit the possibility of medical treatment through public health programs. As a result, incarceration tends to

70 Vanda Felbab-Brown, “Organized Criminals Won’t Go Away,” Brookings Institution, August 2, 2012, available at www.brookings.edu/articles/organized-criminals-wont-fade-away/.

71 Dan Werb et al., “Effect of Drug Law Enforcement on Drug Market Violence: A Systematic Review,” *International Journal on Drug Policy* 22, no. 2.

72 UNDP, “Addressing the Development Dimensions of Drug Policy.”

have ripple effects. Families often share the burden of incarceration with the imprisoned—through neglect, lost wages, psychological trauma, or resources spent to remain connected with those inside—which can push them further into a “poverty trap.” In a 2013 study in two major Mexican cities, 75 percent of jail visitors were women, 93 percent of whom reported being heads of families. These women had to bring food and other supplies for their relative in prison while at the same time working in flexible jobs such as domestic work, which usually do not provide health insurance and other benefits.⁷³ These negative consequences of the war on drugs need to be addressed if there is any hope of meeting the targets of the 2030 Agenda.

Similarly, Targets 16.5 and 16.6 are related to reducing corruption. Corruption, together with intimidation, is the dominant tool organized crime networks use to infiltrate public life.⁷⁴ Unfortunately, the indicators defined in the 2030 Agenda are insufficient to measure the impact of corruption from drug trafficking on local and national authorities. Both indicators are geared to

measure governmental capacity when addressing the negative impact of corruption; however, there is still a lack of understanding on the many ways corruption interacts with drug trafficking. For instance, Indicator 16.5 pushes countries to tackle corruption and bribery, and although bribery may be seen as a subtype of corruption, the many ways in which criminal organizations incapacitate or colonize governmental institutions go beyond mere administrative procedures. Corrupting the electoral and political processes such as financing campaigns, imputing personnel in certain types of agencies, financing mass media outlets, or forcing governmental institutions to cede their mandates to other organizations are all mechanisms that corrupt the system and incapacitate governments. These other mechanisms of corruption are either not well defined or overlooked in the list of indicators for Goal 16.

Besides those already described, additional indicators that would be useful for evaluating how drug policy affects the likelihood of achieving Goal 16 are identified in Figure 4, below.

Figure 4. Examples of drug policy indicators for SDG 16

SDG	Examples of Drug Policy Indicators
<div style="display: flex; flex-direction: column; align-items: center; justify-content: center;"> <div style="display: flex; align-items: center;"> 16 <div style="text-align: left;"> <p style="margin: 0;">PEACE, JUSTICE AND STRONG INSTITUTIONS</p>  </div> </div> </div>	Number of lethal outcomes of drug-related police and military interventions ⁷⁵
	Displaced populations due to drug-related violence
	Proportion of post-arrest decisions for minor nonviolent drug offenses that resulted in criminal/non-criminal/prison-based/pre-trial detention sanctions
	Proportion of law enforcement officials formally investigated for physical and psychological violence against (suspected) drug offenders, including arbitrary arrest and detention, and proportion of investigations leading to disciplinary action or prosecution ⁷⁶
	Number of investigations/prosecutions for drug-related corruption/money laundering cases involving governmental officials

73 <https://www.nexos.com.mx/?p=26995> .

74 UNDP, “Addressing the Development Dimensions of Drug Policy.”

75 For background, see Alejandro M. Lajous, Jorge J.R. Vadillo, and Rebeca C. Olvera, “Los combates: La ‘guerra contra las drogas’ de Felipe Calderón,” *Nexos*, April 1, 2017, available at www.nexos.com.mx/?p=31818 .

76 This example is adapted from one of the suggested new ARQs proposed by the International Drug Policy Consortium in its submission to the UNODC expert consultation to review the ARQs held in January 2018. See Marie Nougier, “Evaluating Global Drug Control: Reviewing Our Goals and How We Measure Progress against Them,” International Drug Policy Consortium, January 25, 2018, available at <http://idpc.net/blog/2018/01/evaluating-global-drug-control-reviewing-our-goals-and-how-we-measure-progress-against-them> .

SDG 17: STRENGTHEN IMPLEMENTATION AND REVITALIZE GLOBAL PARTNERSHIPS

Goal 17 (“strengthen the means of implementation and revitalize the global partnership for sustainable development”) is concerned with facilitating the implementation of the preceding sixteen goals by offering specific targets and indicators related to finance, technology, capacity building, trade, and systemic issues.

Target 17.14 (“enhance policy coherence for sustainable development”) is one of the most important to implementation of the 2030 Agenda as a whole. It speaks to the need to incorporate indicators on drug policy into a truly holistic approach to sustainable development. The SDGs are part of a multi-faceted and all-encompassing agenda, and it is crucial that policymakers recognize how drug policy affects and interacts with specific goals, as well as the 2030 Agenda as a whole. It is therefore important to assess the impact of policies, drug policies included, in a comprehensive and context-specific way to make sure the SDGs positively reinforce and complement each other. This requires facilitating synergies, recognizing trade-offs, and addressing and minimizing negative spillover effects between different policies.⁷⁷

Policy coherence, therefore, is a fundamental building block of sustainable development. In fact, some believe that Target 17.14 should be more of a lens through which the other goals are seen rather than a goal in itself. This comes from both the possibilities and the challenges it presents: while policy coherence is essential for achieving the SDGs, there is a lack of clarity on how it should be measured. There is a risk that failing to establish appropriate indicators—it currently has only one attached to it—may lead to it being ignored.⁷⁸

Policy coherence focuses on processes and

means, rather than on evaluating specific outcomes for progress assessment. However, despite the inherent difficulties of such an exercise, there is an ongoing discussion among experts and practitioners on how policy coherence can be measured and evaluated.⁷⁹ Progress has been slow, but there is some agreement on the basic outline of a framework for measuring policy coherence: among other things, it should (1) take into account horizontal coherence (between different policy areas) and vertical coherence (between the local, national and international levels); (2) recognize the need for central coordination at the national level as well as the value of the “on-the-ground” knowledge brought by local governments; (3) make sure that approaches are context-specific; and (4) evaluate the participation and contribution of different actors.

Beyond identifying appropriate indicators to measure policy coherence, failing to introduce SDG indicators that recognize the multidimensional role of drug policy in this context would embed “blind spots” into the SDG framework, therefore making progress toward policy coherence ineffective. As demonstrated in this paper, the “unintended consequences” that plague so many drug-related policies can be prevented if policymakers recognize the close relationship between the SDGs and drug policy and reflect it in a holistic approach to indicators and metrics.

Conclusions and Recommendations

Drug policies need to be designed in coordination with other relevant policy agendas to guarantee that achievements in one agenda do not hinder those in another. Understanding how different policy agendas interact with each other and how their interconnectedness will impact their success or failure will be pivotal. This will be particularly

⁷⁷ Policy coherence for sustainable development (PCSD), as defined by the OECD and used throughout this section, is “an approach and policy tool for integrating the economic, social, environmental and governance dimensions of sustainable development at all stages of domestic and international policy making. It aims to increase governments’ capacities to achieve the following objectives: 1) foster synergies across economic, social and environmental policy areas; 2) identify trade-offs and reconcile domestic policy objectives with internationally agreed objectives; and 3) address the spillovers of domestic policies.” OECD, “Policy Coherence for Sustainable Development in the SDG Framework: Shaping Targets and Monitoring Progress,” 2015, available at [www.oecd.org/development/pcd/Note on Shaping Targets.pdf](http://www.oecd.org/development/pcd/Note%20on%20Shaping%20Targets.pdf).

⁷⁸ Indicator 17.14.1: Number of countries with mechanisms in place to enhance policy coherence of sustainable development. See <https://gsa.github.io/sdg-indicators/17-14-1/>.

⁷⁹ Two examples include OECD’s “Framework for Policy Coherence for Sustainable Development” and the Millennium Institute’s iSDG (an interactive tool for simulation of the effects of certain policies vis-à-vis the SDGs). On the question of how different goals and indicators interact more broadly, there is the International Council for Science’s “Framework for Understanding SDG Interactions.”

important as countries design plans of action for the implementation of the 2030 Agenda. In designing these plans, policymakers should be conscious of the relationship between drug policies and the SDGs to make sure drug policy goals and objectives are not undermining the SDGs. In fact, achieving the SDGs will address many of the factors driving vulnerable populations to engage in the illicit drug trade.

To effectively coordinate these agendas, policymakers will need to evaluate the impact of drug policies through both better and different data. When evaluating drug policies, it is imperative to go beyond supply-side metrics to account for broader social consequences. Capturing the real impact of drug policies requires assessing their outcomes, not just activities and outputs. Holistic assessments need to account for the impact of policies on the most vulnerable populations (women, children, youth, indigenous groups, people who use drugs, etc.), as well as on human rights, development, conflict, and peace. This can help avoid blind spots and make drug policies more context-specific. Evaluations should also take place over time to determine the impact on communities and vulnerable groups beyond particular interventions.

UN member states should consider how the targets and indicators already developed and being developed for the 2030 Agenda can help better evaluate the impact of drug policy interventions on communities and vulnerable groups. Member states must take advantage of the process of developing indicators for the SDGs to collect and utilize data that allows them to holistically evaluate drug policies. This would go a long way in helping to make drug policy metrics more precise, more complete, and better conceived. Toward that end, we make the following recommendations:

1. **Develop a framework for policy coherence:** Drug policies and the SDGs need to be coherent with each other if the SDG targets are to be met by 2030. Toward this end, the Office of the UN Deputy Secretary-General should establish a process for developing adequate indicators for Target 17.14 (“enhance policy coherence for sustainable development”). With the support of UNODC and other key agencies, it should also develop a framework for coherence between drug policy and sustainable development, inspired by similar processes such as the Organisation for Economic Co-operation and Development’s (OECD) Framework for Policy Coherence for Sustainable Development.
2. **Create an external advisory committee:** To help the UN system monitor the effects of drug policies on progress toward the SDGs, the Office of the UN Deputy Secretary-General should create an external advisory committee bringing together experts on drug policy and sustainable development. This committee could work with governments to assist in the development and application of coherent and appropriate indicators.
3. **Add SDG indicators related to drug policy:** In the fourth quarter of 2018, the Inter-Agency and Expert Group on SDG Indicators (IAEG) will initiate a comprehensive review of the current indicators. The results will be submitted to the UN Statistical Commission to consider and decide on at its 2020 session. The process will be repeated beginning in the fourth quarter of 2023 in advance of the commission’s 2025 session. The guidelines for these reviews specify that indicators could be “added, deleted, refined or adjusted” if, among other reasons, additional indicators are needed to cover all aspects of the target or if existing indicators are not effectively measuring progress. The commission should consider adding indicators that are specifically related to drug policy or that contribute to more accurately measuring the impact of drug policy on progress toward the SDGs.
4. **Put in place mechanisms to gather data on the effects of drug policies:** In the second half of 2017, the UN Statistical Commission requested the IAEG “to develop detailed guidelines of how custodian agencies [for the SDGs] and countries can work together to contribute to the data flows necessary to have harmonized statistics” for global reporting of SDG data.⁸⁰ In developing these guidelines, the IAEG, as well as the

80 UN Statistics Division, “Guidelines and Best Practices on Data Flows and Global Data Reporting for Sustainable Development Goals,” Working Paper, November 9, 2017, available at https://unstats.un.org/sdgs/files/meetings/iaeg-sdgs-meeting-06/20171108_Draft%20Guidelines%20and%20Best%20Practices%20for%20Global%20SDG%20Data%20Reporting.pdf.

custodian agencies beyond UNODC, could consider putting in place mechanisms for collecting data on the effects of drug policies.

5. **Use the SDG indicators as a model for improving drug policy indicators:** Independent of the 2030 Agenda, the drug policy community should examine how the SDG indicator framework can serve as a model for similarly ambitious drug policy metrics. A first step would be to improve data collection standards for the indicators used in the annual report questionnaire, which could help these question-

naires evolve to more comprehensively identify whether drug policies are attaining their goals.

6. **Prioritize outcome-oriented metrics:** When evaluating the impact of drug policies, UN member states should broaden their focus beyond process-oriented metrics that concentrate predominantly on supply and demand. To do this, member states should take advantage of the process of developing SDG indicators to collect and utilize data that allows them to holistically evaluate drug policies, particularly in relation to policy outcomes.

Annex 1: What Makes an Optimal Indicator?

Choosing the optimal indicator, or set of indicators, is a key challenge for policymakers. This challenge is usefully approached by asking the question, “What makes the optimal indicator?” and then measuring potential indicators against this “gold standard.” There is reasonably strong consensus in the literature on the criteria for optimal policy indicators:⁸¹

- Is the indicator relevant?
 - How well does the indicator describe the phenomenon under consideration?
 - How sensitive is the indicator to changes in that phenomenon?
 - What is the time lag between measurement and publication of the data?
 - To what extent can the data be broken down by demographics or geography to answer particular questions or concerns (e.g., regarding at-risk groups or inequities)?
- Is the available data for the indicator consistent?
 - Is the data collection scientifically or methodologically sound?
 - Are data collection methodologies consistent through time and across relevant jurisdictions to determine trends and allow meaningful comparisons?
 - Can data be reliably collected across all the regions being studied?
- Is data collection for the indicator feasible?
 - Is data on the indicator already being gathered and made accessible, or would new resources, infrastructure, or methodologies be required to gather it?
 - How much would it cost to establish new means of data collection, and how practical or realistic would it be?
- Is the indicator user-friendly?
 - Can it be easily understood by the target audience, and does it meet its needs?
 - Is it acceptable and credible to key audiences and stakeholders?
 - Can it be easily mapped or visualized?

Answering these questions depends on an indicator’s purpose and conceptual framework. While these have often been unclear for high-profile drug policy indicators in the past, they have come into much clearer focus in contemporary frameworks such as the SDGs. Drug seizures, for example, have historically been prominently used as an indicator of the “success” of drug enforcement, but it is unclear what it is actually measuring. Seizures reflect the scale of illicit markets or trafficking to some degree, but they can equally reflect the level of police activity and can easily be distorted by a small number of big seizures. Seizures are a classic process indicator; they say nothing about the outcomes related to health and sustainable development that should be the true goals of drug policy. This indicator, therefore, scores well on consistency and feasibility but poorly on relevance and credibility.

The number of women in prison for drug offences is an indicator that provides a contrasting example—it scores strongly on all criteria. Due to the bureaucratic nature of criminal justice systems, the data needed for this indicator is generally already available, reliable, and consistent through time (to show trends). The data is also usually disaggregated by demographic characteristics (e.g., age, ethnicity, nationality, socioeconomic status, number of dependents), as well as the nature of the offence. This allows specific questions and issues to be interrogated, such as a policy’s inequitable effects or discriminatory enforcement. The

81 For example, see Sustainable Development Solutions Network, “Indicators and a Monitoring Framework for the Sustainable Development Goals: Launching a Data Revolution for the SDGs,” May 2015, available at <http://unsdsn.org/wp-content/uploads/2015/05/FINAL-SDSN-Indicator-Report-WEB.pdf>; Yasmin von Schirnding, “Health in Sustainable Development Planning: The Role of Indicators,” WHO, 2002, available at http://apps.who.int/iris/bitstream/10665/67391/1/WHO_HDE_HID_02.11.pdf; UNAIDS, “Indicator Standards Operational Guidelines for Selecting Indicators for the HIV Response,” January 2010, available at http://files.unaids.org/en/media/unaids/contentassets/documents/document/2010/4_3_MERG_Indicator_Standards.pdf; Denise Brown, “Good Practice Guidelines for Indicator Development and Reporting,” Working Paper, Statistics New Zealand, October 2009, available at www.oecd.org/site/progresskorea/43586563.pdf.

indicator can therefore usefully and directly illuminate patterns of how a drug policy impacts key populations of concern—in this case women (and by inference, where supplementary data is available, their dependents)—in ways that are easy to understand and present.

Beyond the historical use of unhelpful process indicators, those making drug policies have long prioritized political and ideological agendas over pragmatic, evidence-based thinking. This means that evaluation of policy outcomes has historically been poor, and the infrastructure for evaluation is often poor or nonexistent—particularly in the primary producer and transit regions that suffer many of the most acute problems. These shortcomings are exacerbated by the intrinsic difficulty of assessing illicit markets and illicit behaviors (particularly high-risk behaviors among marginalized or hidden populations) and by the

hostility of many governments to submitting their policies to meaningful scrutiny.

Few, if any, indicators will tick every box, and some compromise and suboptimality is inevitable. Use of supplementary indicators, or index-based indicators (that create a numerical value from a basket of other sub-indicators) may help provide a fuller or more balanced understanding for a given research question at the national or local level—sometimes described as “rounding out” the selection of global indicators.⁸² But this involves a trade-off: a more complete understanding may come at the price of greater complexity that can, ironically, also reduce usability. Judging potential indicators against a clear set of “gold-standard” criteria remains an important exercise both for deciding which indicators to adopt and for clearly flagging an indicator’s shortcomings.

82 UNDP, “Goal 16—The Indicators We Want: Virtual Network Sourcebook on Measuring Peace, Justice and Effective Institutions,” 2015, available at <https://reliefweb.int/sites/reliefweb.int/files/resources/Virtual%20Network%20on%20Goal%2016%20indicators%20-%20Indicators%20we%20want%20Report.pdf>.

Annex 2: Drug Policy and Alternative Development

Alternative Development (AD) has been at the center of attempts to connect drug policy and development.⁸³ Initially conceived as a crop-substitution strategy, AD has survived decades of controversy, even after it was broadened into more comprehensive concepts like “alternative livelihoods,” “rural development in a drugs environment,” or “sustainable alternative livelihoods development.”⁸⁴ Some successful programs developed under the AD trademark, mostly local, have effectively tackled structural factors driving communities to cultivate illicit crops.⁸⁵

However, even these have resulted in the harmful displacement of illicit crop cultivation and trafficking routes; of poverty-stricken people linked to the production or transport of illicit drugs; and of violence, repression, and other dynamics of the “war on drugs” to other regions. This is demonstrated by the persistence through time of a stable supply of plant-based drugs like cocaine and heroin in response to vigorous demand within the global drug black market. For decades, both law enforcement and local economic development strategies have failed to diminish the profits from drugs. In fact, these profits have increased and, because of the “balloon effect,”⁸⁶ there are growing incentives for producing and trafficking illicit crops in regions that did not cultivate them before. These incentives are particularly acute for families that

participate in those markets as a security survival strategy and that live in regions with limited state presence or where there is an active armed conflict. Mostly reactive rather than preventive, AD interventions exacerbated the vicious cycle of exporting the war on drugs to new frontiers, both rural and urban, including more remote and environmentally sensitive areas.⁸⁷

One of the main problems with AD is that governments and the international community have left it in the hands of drug and security agencies. Because they have focused on and prioritized the elimination or reduction of illicit crops, AD interventions have always gone hand in hand with interdiction drug control enforcement measures.⁸⁸ In many areas, “violent territorial struggles take place between traffickers, corrupt police, dishonest politicians and criminal organizations,” among other actors.⁸⁹ This has not only directly harmed the well-being of the most vulnerable and excluded but has also exacerbated their poverty, vulnerability, and dependence on the drug economy and drug cartels. Experience has shown that only those rare AD interventions centered on improving community well-being and deprioritizing drug control objectives have an initial chance of being successful by both improving human development and reducing dependence on illicit crop production.⁹⁰

83 Alternative Development (AD) is traditionally understood as a process through which specific measures for rural development are designed to eradicate the cultivation of illicit narcotic plants and prevent their further growth.

84 During the 1998 UNGASS, AD was defined as “a process to prevent and eliminate the illicit cultivation of plants containing narcotic drugs and psychotropic substances through specifically designed rural development measures in the context of sustained national economic growth and sustainable development efforts in countries taking action against drugs, recognizing the particular socio-cultural characteristics of the target communities and groups, within the framework of a comprehensive and permanent solution to the problem of illicit drugs.”

85 Such as the long-term, non-criminalizing, well-sequenced, people-focused, area-based, comprehensive, sufficiently financed, multidimensional and multiagency Royal Highlands Project in Thailand.

86 “The ‘balloon effect’ is a well-worn analogy used by drug policy analysts to illustrate the process by which drug production is displaced across...borders in order to evade eradication and interdiction efforts. Squeezing one end of the balloon forces the air to the other side—clamping down on cocaine production and trafficking in one area...simply pushes it into another region or country.” Council on Hemispheric Affairs, “The Balloon Effect, In Effect: Humala, Peru, and the Drug Dilemma,” October 11, 2013, available at www.coha.org/the-balloon-effect-and-displacement-part-2-of-2/.

87 The controversy around AD, due to its sole focus on drug enforcement and the lack of concern with community well-being (despite the broadening of the concept), has tarnished this concept within much of the development community, which still sees it essentially as drug control. However, in the process of trying to reach the SDGs, it is indispensable that the development community recognizes that this is an issue that needs to be addressed.

88 The International Guiding Principles on Alternative Development, adopted in Lima in 2012, place AD as “complementary” to “law enforcement and illicit crop elimination,” rather than as the primary means of creating conditions that allow for improved livelihoods and the reduction of coca and poppy crops. Even the recent 2016 UNGASS outcome document, under the chapter dedicated to “operational recommendations on alternative development; regional, interregional and international cooperation on development-oriented balanced drug control policy; addressing socioeconomic issues” recognizes “the need for strengthening sustainable crop control strategies that may include, inter alia, alternative development, eradication and law enforcement measures.”

89 Juan G. Tokatlián, “Drugs and the Peace Process in Colombia: A Moderate Radical Step,” Norwegian Peacebuilding Resource Centre (NOREF), June 2014, available at <https://noref.no/Publications/Regions/Colombia/Drugs-and-the-peace-process-in-Colombia-a-moderate-radical-step>.

90 Vanda Felbab-Brown, “What Colombia Can Learn from Thailand on Drug Policy,” Brookings Institution, May 4, 2017, available at <https://www.brookings.edu/blog/order-from-chaos/2017/05/04/what-colombia-can-learn-from-thailand-on-drug-policy/>.

With these elements in mind, a three-pronged approach can be used to improve the metrics used to evaluate AD interventions as they are currently conceived to provide a holistic view of their impact on people and territories. First, evaluation metrics must reveal the positive sustainable impact of the interventions on the well-being of people and communities, on their freedom “to do” and “to be,” and on their movement away from poverty, vulnerability, and basic survival toward resilience and sustainability.⁹¹ In this sense, the 2030 Agenda provides an opportunity to establish different measures of success for AD interventions that align more closely with sustainable development. These measures could also align AD interventions more closely with the focus and objectives of the SDGs.

Second, evaluation metrics have to assess the negative impact of AD programs and drug control strategies on all stakeholders, not only in the intervention area but also in other communities and territories to which negative impacts may be displaced. Analysis of economic, social, and environmental impact, expanded to account for these displacement effects, should also be part of evaluations.⁹²

Finally, these metrics should consider other aspects of AD interventions that have a direct impact on their sustainability, such as the following:

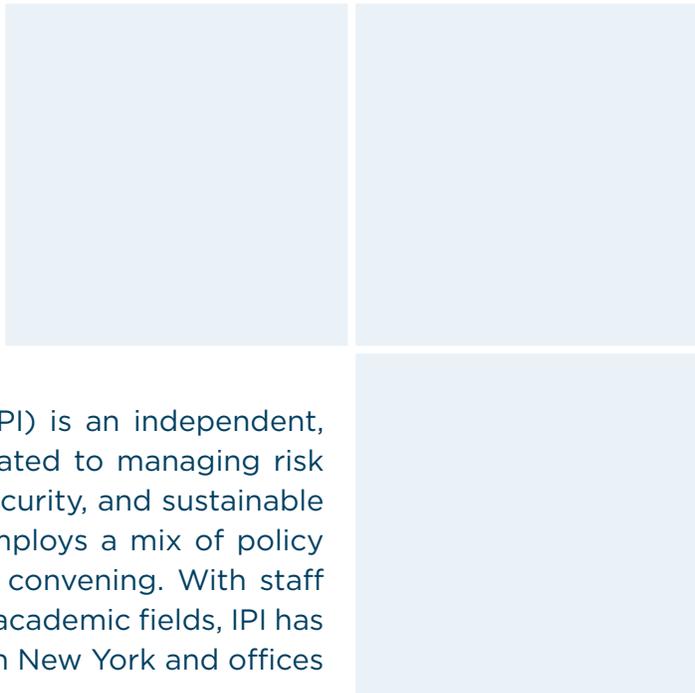
- **Focus of the intervention:** Interventions should be people-centered, pro-poor, and pro-vulnerable groups (especially women, children, the elderly, and indigenous people); respect human rights; seek to prevent conflict and build peace; address structural socioeconomic, environmental, policy, and institutional factors behind people’s poverty, their participation in the illicit economy, and other harms; avoid criminalizing the poor; and provide support without conditions.
- **Design and programming:** Interventions should be sustainable in the long term; be context-specific; consider the life cycle of development; support universal access to public goods and

services; help mainstream area-based approaches into regional and national development planning; integrate multidimensional, multi-level, and multi-stakeholder coordination; take a participatory approach with communities; ensure community ownership; undertake adequate diagnostic and baseline research; use local know-how; be designed based on proven theories of change; use flexible planning to correct errors and changes and to address complex development dilemmas, spillovers, and trade-offs; adequately sequence activities to sufficiently secure livelihoods and reduce households’ dependence on illicit economies; and have their design coordinated and managed by the institutions overseeing sustainable development rather than by security, law enforcement, or drug enforcement agencies.

- **Implementation:** Interventions should have sufficient long-term funding; be backed by political commitment reflected in their inclusion in national and regional development plans; be allocated significant human, financial, and technical resources; have strong monitoring and knowledge-management systems to detect progress on sustainable development indicators, generate research, and correct course; have strong and permanent co-management and communication channels with communities; and ensure the balanced participation of private sector stakeholders, particularly in working to reduce inequality and environmental degradation.
- **Evaluation:** Interventions should have adequate designs for evaluations to capture their performance and positive and negative impacts; evaluate displacement effects and other external impacts, eliminating blind spots; evaluate impact at all levels, including on intra-household relations (e.g., gender relations) and on specific groups or communities; have a framework holding them accountable to local communities and other stakeholders; and have sufficient funding to assess their impact.

91 “Current metrics are an inadequate basis on which to judge development-oriented counter narcotics strategies and they are a disincentive to their effective implementation. The reporting system creates pressures on countries to achieve demonstrable declines, forcing ad hoc responses to evidence of rising cultivation levels.” See Julia Buxton, “Drugs and Development: The Great Disconnect,” Policy Report no. 2, Global Drug Policy Observatory, January 2015, available at www.swansea.ac.uk/media/The%20Great%20Disconnect.pdf.

92 Independent Evaluation Group, “Analyzing the Effects of Policy Reforms on the Poor: An Evaluation of the Effectiveness of World Bank Support to Poverty and Social Impact Analyses,” World Bank, 2010, available at http://siteresources.worldbank.org/INTPSIA/Resources/IEG_psia_full.pdf.



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