

# Recommendations by the Civil Society Forum on Drugs to the Horizontal Drugs Group on the 2019 High Level Ministerial Meeting

January 2018

In November 2017, the Civil Society Forum on Drugs (CSFD) produced a position statement on the 2019 High Level Ministerial Segment on drugs.<sup>1</sup> This new contribution aims to complement our position statement and to respond to the various questions raised during the joint CSFD/HDG meeting held on 29<sup>th</sup> November 2017.

## Evaluating the goals and targets included in the 2009 Political Declaration

2019 constitutes a critical opportunity for a long-overdue evaluation of progress made since the adoption of the 2009 Political Declaration. This review is particularly urgent as the UNODC is in the process of updating the Annual Report Questionnaire (ARQ) to reflect the new priority areas included within the UNGASS Outcome Document.

The United Nations have a long tradition of evaluating progress made and impact – and the UNODC is not an exception. Indeed, the UNODC Independent Evaluation Unit (IEU) is mandated to evaluate the ‘implementation, performance and impact’ of UNODC’s programmes.<sup>2</sup> The UNODC could task the IEU to contribute to an evaluation of progress made in global drug control since 2009<sup>3</sup> via a cross-UN working group under the leadership of the UNODC Executive Director. The objective being to measure what has and has not been achieved within the goals set forth in the 2009 Political Declaration and Plan of Action, while also taking into consideration the additional aspects covered in the UNGASS Outcome Document, especially in the areas of human rights, health and development.

To ensure a transparent and participatory process, the cross-UN working group should call for inputs from member states, UN agencies and civil society – using a model similar to the pre-UNGASS call for contributions. These submissions should be considered seriously and, to the extent possible, be incorporated in the review. The final report should form the basis of discussions on the review of the 2009 Political Declaration at the 2019 High Level Ministerial Segment.

## Establishing new metrics and indicators for global drug control

It is now widely acknowledged that many of the goals and targets set out in the 2009 Political Declaration and Plan of Action on drug control were unrealistic and often harmful. As the 2009 goals and targets will expire in 2019, the High Level Ministerial Segment presents a key opportunity to consider new indicators to evaluate progress in global drug control for the next decade. This issue is becoming all the more relevant with the ARQ review by UNODC. The identification of new indicators should be led by the following key principles:

- Consider both *process* indicators (i.e. activities to achieve the stated objectives) and *outcome* indicators (i.e. impacts of these activities) – in 2009, the outcome indicators were mostly focused on the unrealistic objective of reducing the scale of the illicit market, with little attention given to the diverse and complex consequences of drug markets and drug policies on health, human rights,

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<sup>1</sup> Available here: [https://www.dropbox.com/s/fv5iutzaeqb2pm2/2017-11%20CSFD%20recommendations%20on%202019%20review\\_FINAL.pdf?dl=0](https://www.dropbox.com/s/fv5iutzaeqb2pm2/2017-11%20CSFD%20recommendations%20on%202019%20review_FINAL.pdf?dl=0)

<sup>2</sup> For more information, see: <http://www.unodc.org/unodc/en/evaluation/the-independent-evaluation-unit.html>

<sup>3</sup> United Nations Office on Drugs and Crime (2015), *UNODC evaluation policy: Independent Evaluation Unit*, [http://www.unodc.org/documents/evaluation/IEUwebsite/Evaluation\\_Policy/UNODC\\_Evaluation\\_Policy.pdf](http://www.unodc.org/documents/evaluation/IEUwebsite/Evaluation_Policy/UNODC_Evaluation_Policy.pdf)

development and security. More relevant indicators could be identified to ensure that these aspects are measured accordingly.

- Incorporate the *new aspects* of global drug control enshrined in the UNGASS Outcome Document, in particular in the areas of human rights, availability of controlled medicines, improved access to health services and better impacts on health, and the implementation of development programmes in areas affected by supply-side activities to reduce the risk factors of engagement in illicit economies.
- Embed these new metrics and indicators in the broader framework of the *Sustainable Development Goals* (SDGs), especially SDG 1 (No poverty), 3 (Good health and well-being), 5 (Gender equality), 8 (Decent work and economic growth) and 16 (Peace, justice and strong institutions).

## Key issues to consider when reviewing the ARQ

The UNGASS Outcome Document directly mandates the UNODC to collect data on a variety of issues, which should be incorporated in the revised ARQ. These include:

- Collection and analysis of... age- and gender-related data (preamble)
- Reliable and comparable data on drug use and epidemiology, including on social, economic and other risks factors encouraging drug use (para 1.h)
- Prevention and countering of drug-related crime and drug supply reduction measures (para 3.c)
- Links between drug trafficking, corruption and other forms of organised crime (para 3.k)
- Money-laundering and illicit financial flows (para 3.r)
- The promotion of human rights and the health, safety and welfare of all individuals, communities and society (para 4.h)
- Trends in the composition, production, prevalence and distribution of NPS, as well as patterns of use and adverse consequences (para 5.d)
- Drug-related criminal activities using the Internet (para 5.p)
- Factors contributing to illicit crop cultivation... with a view to increasing the effectiveness of these programmes, including through the use of relevant human development indicators (para 7.g).

The UNGASS Outcome Document also includes a number of new issues on which member states should consider reporting on a voluntary basis – in particular on ensuring access to controlled medicines. To do so, the ARQ could consider expanding its ‘Additional Comments’ sections and/or indicating optional sections for member states to complete.

Gaps in data collection on these optional topics will require the UNODC to turn to additional data sources – including information being collected by other UN agencies such as WHO,<sup>4</sup> UNAIDS,<sup>5</sup> UNICEF,<sup>6</sup> the INCB,<sup>7</sup> the World Bank,<sup>8</sup> the OHCHR,<sup>9</sup> UNICRI,<sup>10</sup> the Committee on the Prevention of Discriminations Against Women,<sup>11</sup> the United Development Programme via the Human Development Index,<sup>12</sup> and on progress towards the Sustainable Development Goals.<sup>13</sup> For particularly controversial issues (e.g. reporting on human rights

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<sup>4</sup> <http://www.who.int/whosis/en/>

<sup>5</sup> [www.unaids.org/en/dataanalysis](http://www.unaids.org/en/dataanalysis)

<sup>6</sup> [www.unicef.org/statistics](http://www.unicef.org/statistics)

<sup>7</sup> <http://www.incb.org/incb/en/publications/annual-reports/annual-report.html>

<sup>8</sup> <http://data.worldbank.org>

<sup>9</sup> <http://www.ohchr.org/EN/PublicationsResources/Pages/databases.aspx>

<sup>10</sup> <http://www.unicri.it>

<sup>11</sup> <http://www.un.org/womenwatch/daw/cedaw/reports.htm>

<sup>12</sup> [www.undp.org](http://www.undp.org) and <http://hdr.undp.org/en/content/human-development-index-hdi>

<sup>13</sup> <https://sustainabledevelopment.un.org/sdgs>, and in particular the voluntary reporting provided to member states via the High Level Political Forums: <https://sustainabledevelopment.un.org/hlpf>

obligations), this may also require the consideration of civil society sources. Such an approach would help reduce the additional burden on member states for data collection, while promoting more system-wide coherence and cooperation across the UN system.

We present below a proposal for a more focused ARQ framework, better able to capture the impact of global drug policies, and aligned both with the UNGASS Outcome Document and the SDGs. The Matrix that follows proposes a new set of indicators to populate this framework – with cross-references to the UNGASS Outcome Document, the SDGs and the EU Action Plan on Drugs 2017-2020.

For each of these targets and indicators, the revised ARQ should clearly specify which areas are mandatory, which are voluntary, and which could benefit from additional data sources, to support member states in filling in the questionnaire and improve the response rate.

## **A revised framework for the ARQ**

### **PART I: Legislative and institutional framework**

Short section in which member states are able to report back on any new drug legislation, regulation or administrative measure adopted or revised during the reporting period.

### **PART II: Demand reduction and related measures, including prevention and treatment, as well as other health-related issues**

**Target 1:** Achieve a measurable reduction in drug use, problematic drug use and drug dependence

**Target 2:** Achieve a measurable reduction in HIV/AIDS, viral hepatitis and other blood-borne infectious diseases among people who use drugs

### **PART III: Ensuring the availability of and access to controlled substances exclusively for medical and scientific purposes, while preventing their diversion**

**Target 3:** Achieve a measurable improvement in availability of, and access to, controlled substances for medical and scientific purposes

### **PART IV: Supply reduction and related measures; effective law enforcement; responses to drug-related crime; and countering money-laundering and promoting judicial cooperation**

**Target 4:** Achieve a measurable reduction in drug-related crime

**Target 5:** Achieve a measurable reduction in organised crime, including money-laundering, corruption and other criminal activities

### **PART V: Cross-cutting issues: Drugs and human rights, youth, children, women and communities**

**Target 6:** Apply a human rights-based approach in the design and implementation of drug control policies and programmes aiming to contribute to the protection of human rights of youth, women, children, vulnerable members of society, and communities

**Target 7:** Achieve more proportionate policies and responses for drug offences; and ensure the protection of legal guarantees and safeguards pertaining to criminal justice proceedings

### **PART VI: Cross-cutting issues: Evolving reality, trends and existing circumstances, emerging and persistent challenges and threats, including new psychoactive substances**

**Target 8:** Achieve a measurable reduction in the threat and harms posed by NPS, ATS, including methamphetamine, and the diversion of precursors and pre-precursors, including adverse health consequences

**Target 9:** Improve research, data collection, analysis, technical assistance and capacity building to tackle the use of the internet, and monitor evolving realities, trends and emerging and persistent challenges and threats

**PART VII: Strengthening international cooperation based on the principle of common and shared responsibility**

**Target 10:** Increase technical assistance and cooperation through relevant UN agencies and international and regional organizations to effectively address the health, socioeconomic, human rights, justice and law enforcement aspects of the world drug problem

**Target 11:** Improve international cooperation, exchange of information and lessons learned between member states, and with all relevant United Nations entities, in tackling the world drug problem

**PART VIII: Alternative development; regional, interregional and international cooperation on development-oriented balanced drug control policy; addressing socioeconomic issues**

**Target 12:** Measurably improve the socioeconomic condition of communities in areas affected by illicit drug cultivation, manufacture, production and trafficking

**Target 13:** Increased technical and financial cooperation for the implementation of development-oriented drug policies and viable economic alternatives

Process/outcome indicator	Relevant section in the UNGASS outcome Document	Para. in UNGASS Outcome Document	Ref. in EU Action Plan on Drugs	Ref. in the SDGs	Additional data sources
<b>PART II: Demand reduction and related measures, including prevention and treatment, as well as other health-related issues</b>					
<b>Target 1: Achieve a measurable reduction in drug use, problematic drug use and drug dependence</b>					
Process indicator	Adoption of minimum quality standards for drug prevention, modelled on those developed by UNODC <sup>14</sup>	Para 1.h	Action 10	Target 3.5	EMCDDA
	Adoption of measures to address the social, economic and other risk factors of drug use and dependence	Para 1.h	Action 1	Target 1.1	
	Legislation, regulation or administrative measure adopted or reviewed to promote voluntary access to evidence-based treatment	Para 1.i Para 1.j	Action 10.d	Target 3.5	
	Training of healthcare staff on evidence-based drug dependence treatment	Para 1.p	Action 6.a		
Outcome indicator	Delay in the age of first use of drugs among youth	Para 1.a	Action 2	Indicator 1.1.1	
	Number of people who use drugs having access to healthcare information and services	Para 1.h	Action 1	Indicator 3.8.1	UNAIDS WHO
	Number of people arrested by the police for drug use or simple possession <sup>15</sup>	Para 1.h	Action 22		CCPCJ
	Number of people processed through the criminal justice system for drug use or simple possession <sup>16</sup>	Para 1.h	Action 22		CCPCJ
	Number of people incarcerated for drug use or simple possession <sup>17</sup>	Para 1.h	Action 22		CCPCJ
	Number of people dependent on drugs accessing voluntary drug treatment, number of those who completed their treatment programme, and retention rate for drug treatment programmes (disaggregated by age, gender)	Para 1.j	Action 10	Indicator 3.5.1	WHO
	Number of people accessing drug dependence treatment in prison (disaggregated by age, gender)	Para 4.m	Action 9	Indicator 3.5.1	

<sup>14</sup> ARQ Part II Question 9(f)(i) requests governments to report back on 'written and approved standards' for treatment, but does not request similar information on prevention (also in line with paras 1.i, 1.p and 4c of the UNGASS Outcome Document. A similar request should be made with regards to prevention, especially to track progress made in the implementation of UNODC's own International standards on drug use prevention: [https://www.unodc.org/documents/prevention/UNODC\\_2013\\_2015\\_international\\_standards\\_on\\_drug\\_use\\_prevention\\_E.pdf](https://www.unodc.org/documents/prevention/UNODC_2013_2015_international_standards_on_drug_use_prevention_E.pdf)

<sup>15</sup> To complement data already being collected in ARQ Part IV, questions 25-26

<sup>16</sup> Ibid

<sup>17</sup> Ibid

	Reported cases of acts of cruel, inhuman or degrading treatment or punishment in rehabilitation facilities (disaggregated by age, gender)	Para 4.c	Action 51.h	Indicator 11.7.2	WHO OHCHR
	Reported cases of discrimination in accessing drug dependence treatment (disaggregated by age, gender)	Para 1.j	Target 10.3 Target 16.a Indicator 10.3.1	Target 16.B Indicator 10.3.1 Indicator 16.B.1	WHO
<b>Target 2: Achieve a measurable reduction in HIV/AIDS, viral hepatitis and other blood-borne infectious diseases among people who use drugs<sup>18</sup></b>					
Process indicator	Drug legislation, regulations or administrative measures adopted or revised to remove barriers in accessing healthcare services for people who use drugs (including prevention, treatment and care of blood-borne infections and overdose prevention)	Para 1.o	Action 8.c	Target 3.3	UNAIDS
	Availability & coverage of needle and syringe exchange programmes among people who use drugs, disaggregated by age and gender	Para 1.o	Action 8.a		WHO UNAIDS
	Availability & coverage of substitution therapy among people dependent on opioids, disaggregated by age and gender	Para 1.k Para 1.o	Action 8.a	Target 3.5	WHO UNAIDS
	Coverage of treatment for viral hepatitis among people who use drugs, disaggregated by age and gender	Para 1.o	Action 8.a		WHO UNAIDS
	Availability of naloxone (among peers, in hospitals, in healthcare facilities, etc.) <sup>19</sup>	Para 1.m	Action 8.b		WHO UNAIDS
	Availability of other measures aimed at reducing the risks and harms related to drug use, disaggregated by age and gender	Para 1.o	Action 8.a and 8.b		WHO UNAIDS
Outcome indicator	HIV incidence, treatment rate, and mortality among people who use drugs, disaggregated by age and gender <sup>20</sup>	Para 1.o	Action 8.a	Indicator 3.3.1	WHO UNAIDS SDGs
	Hepatitis incidence, treatment rate, and mortality among people who use drugs. disaggregated by age and gender <sup>21</sup>	Para 1.o	Action 8.a	Indicator 3.3.4	WHO UNAIDS

<sup>18</sup> ARQ Part II already tracks availability and coverage – in the community and in prison – of the nine interventions promoted by the UNODC, UNAIDS, WHO Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users – including needle and syringe programmes, ART, hepatitis treatment, etc., but data is not disaggregated by age or gender

<sup>19</sup> While ARQ Part III questions 45-47 and 55 are related to overdoses, the questionnaire currently does not track the distribution of naloxone

<sup>20</sup> Questions on HIV are included in ARQ Part III, questions 38-44. This new wording is an attempt at improving data collection and aligning it with the SDGs

<sup>21</sup> Same as for HIV

					SDGs
	Tuberculosis incidence, prevalence, and death rates among people who use drugs, disaggregated by age, gender <sup>22</sup>	Para 1.o	Action 8.a	Indicator 3.3.2	WHO UNAIDS SDGs
<b>PART III: Ensuring the availability of and access to controlled substances exclusively for medical and scientific purposes, while preventing their diversion<sup>23</sup></b>					
<b>Target 3: Achieve a measurable improvement in availability of, and access to, controlled substances for medical and scientific purposes</b>					
Process indicator	Legislation, regulations or administrative measures adopted/reviewed during the reporting year to improve access to controlled substances for medical and scientific purposes (e.g. substances available, easier requirements to prescribe; requirements for patients to obtain prior permission or register to be eligible, for physicians to receive special licences, for pharmacies to obtain prior licences to dispense medicines, etc.)	Para 2 Para 2.a		Target 3.8	INCB
	Coverage of training for healthcare professionals on palliative care and the treatment of moderate to severe or chronic pain with controlled medicines	Para 2.e	Action 5		INCB SDGs
Outcome indicator	A range of opioids are available and affordable for people with severe pain	Para 2.d Para 2.g			INCB
	% of people suffering from moderate to severe or chronic pain receiving controlled medicines (disaggregated by age and gender)	Para 2			INCB SDGs
	% of people dependent on opioids receiving substitution therapy with methadone, buprenorphine or morphine (disaggregated by age and gender)	Para 2.a Para 1.k Para 1.o		Target 3.5	
	Number of pharmaceutical establishments that can dispense opioids for pain management per 100,000 inhabitants	Para 2.a Para 2.d			INCB
	% of medical and nursing schools providing palliative care and pain management training in their curriculum	Para 2.e	Action 5		INCB

<sup>22</sup> Same as for HIV

<sup>23</sup> So far, the ARQ does not include any section for member states to report back on progress made in accessing internationally controlled substances for medical and scientific purposes

<b>PART IV: Supply reduction and related measures; effective law enforcement; responses to drug-related crime; and countering money-laundering and promoting judicial cooperation<sup>24</sup></b>					
<b>Target 4: Achieve a measurable reduction in drug-related crime</b>					
Process indicator	Legislation, regulations or administrative measures adopted/reviewed during the reporting year to improve socioeconomic conditions in marginalised communities and prevent involvement in drug-related crime	Para 3.b	Action 35.b	Target 1.1	
	Legislation, regulations or administrative measures adopted/reviewed during the reporting year to improve criminal intelligence, judicial cooperation and border management strategies at national, regional and international level	Para 3.f Para 3.g	Action 11, 18		
Outcome indicator	Extent of high impact intelligence led and targeted activities, of joint operations, joint investigation teams and cross border cooperation initiatives focusing on criminal organisations engaged in illicit drug activity	Para 3.f	Action 11		CCPCJ
	Number of victims of intentional homicide per 100,000 population, by sex and age	Para 3.a		Target 16.1 Indicator 16.1.1	World Bank SDGs
	Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months	Para 3.a			World Bank SDGs
<b>Target 5: Achieve a measurable reduction in organized crime, including money-laundering, corruption and other criminal activities</b>					
Process indicator	Number of countries having ratified the United Nations Convention against Transnational Organized Crime and the United Nations Convention against Corruption	Para 3.n		Target 16.4	
Outcome indicator	Increased number of financial investigations and confiscations in relation to the proceeds of drug-related organised crime	Para 3.q Para 3.r	Action 18		
	Perception of public sector corruption	Para 3.a		Target 16.5	World Bank
<b>PART V: Cross-cutting issues: Drugs and human rights, youth, children, women and communities</b>					

<sup>24</sup> Much of Part IV of the ARQ focuses on assessing the scale of the illicit cultivation, production, manufacture and trafficking in internationally controlled substances. Although this may be considered as an important indicator of success, even more important is the impact that drug control strategies can have on addressing violence, corruption and organised crime. It is in this light that we propose the following indicators here



<b>Target 6: Apply a human rights-based approach in the design and implementation of drug control policies and programmes aiming to contribute to the protection of human rights of youth, women, children, vulnerable members of society, and communities<sup>25</sup></b>					
Process indicator	Legislation, regulation or measure passed/reviewed to ensure a gender-sensitive approach to drug policies and programmes, including in the implementation of the Bangkok Rules	Para 4.n		Target 5.c Indicator 5.1.1	CCPCJ CSW
	Legislation, regulation or measure passed/reviewed to ensure the involvement of women in all stages of the development, implementation, monitoring and evaluation of drug policies and programmes	Para 4.g		Target 16.7	UN Women
Outcome indicator	Extent of increase in the number of youth- and gender-specific drug dependence and rehabilitation programmes	Para 4.b	Action 7.b		WHO UNAIDS
	Reported cases of gender-based discrimination in accessing health-care, including those directly associated with stigma	Para 4.b	Action 7.d Action 16.a	Target 5.1 Target 10.3 Target 16.A Indicator 10.3.1	UN Women OHCHR <sup>26</sup>
	Percentage of referred cases of sexual and gender-based violence against women and children that are investigated and sentenced for a drug offence	Para 4.d	Action 51.h	Target 5.2 Target 16.1 Indicator 11.7.2 Indicator 16.1.3	UN Women OHCHR CSW
<b>Target 7: Achieve more proportionate policies and responses for drug offences; and ensure the protection of legal guarantees and safeguards pertaining to criminal justice proceedings</b>					
Process indicator	Legislation, regulation or measure passed/reviewed to ensure more proportionate penalties for drug offences	Para 4.l		Target 16.3	CCPCJ
	Legislation, regulation or measure passed to provide alternatives to coercion or punishment (type of alternative, for which type of offences) for drug offenders	Para 4.j	Action 22		CCPCJ
	Number of drug offenders who benefited from an alternative to incarceration (disaggregated by age and gender)	Para 4.j	Action 22		CCPCJ

<sup>25</sup> Only gender-specific indicators were included here. However, we have identified elsewhere in this Matrix indicators for which data should be disaggregated by age and gender. We also call for gender-disaggregated data for the current ARQ Part II, questions 9, 11, 15; and in Part II questions 12, 18-22, 25-27, 30-33, 48-51 and 54-60

<sup>26</sup> The OHCHR has a Working Group focusing on the prevention of discriminations against women in practice and the law. The data collected by the Working Group constitutes a useful source of information for UNODC

	Legislation, regulation or measure passed to eliminate arbitrary arrest and detention against drug offenders	Para 4.o	Action 37.f		OHCHR
	Legislation, regulation or measure passed to eliminate acts of torture and other inhuman, degrading treatment or punishment, including corporal punishment, against drug offenders	Para 4.c Para 4.o	Action 51.h	Target 16.2 Indicator 11.7.2	OHCHR
	Legislation, regulation or measure passed to eliminate impunity	Para 4.o	Action 37.f	Target 16.3	OHCHR
	Training to law enforcement officials on the health and human rights aspects of drug control		Action 50	Target 16.A	OHCHR
Outcome indicator	% of drug offenders incarcerated, compared to the rest of the prison population (disaggregated by age, gender, and type of offence: drug use & simple possession, low-level, mid-level, high-level trafficking or production, manufacture, cultivation)	Para 4.j Para 4.l	Action 22		CCPCJ
	Number of drug offenders incarcerated (disaggregated by age and gender)	Para 4.j Para 4.l	Action 22		CCPCJ Civil society
	Proportion of drug offenders held in pre-trial detention (disaggregated by age and gender)	Para 4.j	Action 22	Indicator 16.3.2	CCPCJ Civil society
	Number of drug offenders condemned to the death penalty (disaggregated by age and gender)	Para 4.l	Action 37.f		OHCHR Civil society
	Reported cases of extrajudicial killings of (suspected) drug offenders (disaggregated by age and gender)	Para 4.o	Action 37.f Action 51.h	Target 16.1 Indicator 16.1.1	OHCHR Civil society
	Reported cases of arbitrary detention during the reporting period (disaggregated by age and gender)	Para 4.o	Action 37.f	Target 16.3	OHCHR Civil society
	Incidence and prevalence of physical and psychological abuse (including sexual violence), including by law enforcement officials, against (suspected) drug offenders (disaggregated by age and gender)	Para 4.o	Action 51.h	Target 16.1 Indicator 11.7.2 Indicator 16.1.3	OHCHR UN Women CSW Civil society
	% of law enforcement officials formally investigated for physical and psychological violence against (suspected) drug offenders, including arbitrary arrest and detention – of which, proportion of formal investigations resulting in disciplinary action or prosecution	Para 4.o	Action 37.f	Target 16.3	OHCHR Civil society
	Number of people who use drugs held in compulsory drug detention centres (disaggregated by age and gender)	Para 1.j Para 4.o	Action 51.h		OHCHR Civil society

	Other cases of torture or cruel, inhuman or degrading treatment or punishment perpetrated by an agent of the state or any person acting under its authority or with its complicity, against (suspected) drug offenders (disaggregated by age and gender)	Para 4.c Para 4.o	Action 51.h	Target 16.1 Indicator 16.1.3	OHCHR Civil society
	Proportion of victims of torture or cruel, inhuman or degrading treatment or punishment accused of drug offences who have received compensation and rehabilitation (disaggregated by age and gender)	Para 4.c Para 4.o	Action 51.h	Target 16.3 Indicator 16.1.3	OHCHR Civil society
	% of people accused of drug offences who received legal aid during trial (disaggregated by age and gender)	Para 4.o		Target 16.5	OHCHR
<b>PART VI: Cross-cutting issues: Evolving reality, trends and existing circumstances, emerging and persistent challenges and threats, including new psychoactive substances</b>					
<b>Target 8: Achieve a measurable reduction in the threat and harms posed by new psychoactive substances, amphetamine-type stimulants, including methamphetamine and the diversion of precursors and pre-precursors, including adverse health consequences</b>					
Process indicator	Strengthened cooperation to tackle the rising trend of NPS and ATS use and dependence, focusing on creating and sharing best practices in preventing the spread from local epidemics and sharing information on the prevention of misuse of medicinal products for methamphetamine production		Action 29.b		EMCDDA WHO UNAIDS Civil society
	Availability of innovative, accessible interventions to address the adverse health consequences of new psychoactive substances and amphetamine-type stimulants	Para 5.d	Action 29.b		WHO
Outcome indicator	% of people dependent on NPS and ATS accessing evidence-based treatment (disaggregated by age and gender)	Para 5.d	Action 29.b	Target 3.5	WHO UNAIDS
	% of people using NPS and ATS suffering from health harms (including HIV, hepatitis C, tuberculosis, overdoses and others) (disaggregated by age and gender)	Para 5.d	Action 29.b	Target 3.3	WHO UNAIDS
<b>Target 9: Improve research, data collection, analysis, technical assistance and capacity building to tackle the use of the internet, and monitor evolving realities, trends and emerging and persistent challenges and threats</b>					
Process indicator	Trainings for law enforcement officers to address the use of new communication technologies in illicit drug production and trafficking	Para 5.b	Action 13.a		

	Enhanced data collection, research, analysis and reporting on emerging trends that pose risks to health and safety	Para 5.x	Action 51.c		EMCDDA WHO UNAIDS
<b>PART VII: Strengthening international cooperation based on the principle of common and shared responsibility</b>					
<b>Target 10: Increase technical assistance and cooperation through relevant UN agencies and international and regional organizations to effectively address the health, socioeconomic, human rights, justice and law enforcement aspects of the world drug problem</b>					
Process indicator	Strengthened technical assistance to effectively address the health, socioeconomic, human rights, justice and law-enforcement aspects of the world drug problem	Para 6.a	Action 41		
Outcome indicator	Number of people having benefited from socioeconomic measures as part of drug control strategies (disaggregated by age, gender)	Para 6.a			
<b>Target 11: Improve international cooperation, exchange of information and lessons learned between member states, and with all relevant United Nations entities, in tackling the world drug problem</b>					
Process indicator	Formal and informal mechanisms established to enhance North-South, South-South and triangular cooperation among Member States	Para 6.b	Action 38, 39, 40	Target 16.a Target 17.6	
	Formal and informal mechanisms established to enhance the participation of all relevant UN entities and international financial institutions, within their respective mandates in drug control policies and programmes, including in the achievement of the Sustainable Development Goals	Para 6.e	Action 42		
Outcome indicator	Level of information sharing through effective coordination mechanisms at national, regional, subregional and international levels	Para 6.c	Action 14	Target 16.a	
	Visibility of drug policy issues in official discussions, reports and high-level documents produced as part of the achievement of the Sustainable Development Goals	Para 6.d	Action 42		HLPF SDGs
<b>PART VIII: Alternative development; regional, interregional and international cooperation on development-oriented balanced drug control policy; addressing socioeconomic issues</b>					
<b>Target 12: Measurably improve the socioeconomic condition of communities in areas affected by cultivation, manufacture, production and trafficking in drugs</b>					
Process indicator	Proportion of total government spending on essential services (education, health and social protection)			Indicator 1.A.2	UNDP SDGs

Outcome indicator	Percentage of people living above the poverty line in communities affected by the drug trade (disaggregated by gender) <sup>27</sup>	Para 5.v Para 7.b	Action 35.b and c	Indicator 1.1.1 Target 16.7	UNDP HDI SDGs
	Percentage of women, men, indigenous peoples, and local communities with secure rights to land, property, and natural resources, measured by (i) percentage with documented or recognized evidence of tenure, and (ii) percentage who perceive their rights are recognized and protected	Para 7.j		Target 1.4 Indicator 1.4.2 Indicator 5.A.1 Indicator 5.A.2	UNDP HDI SDGs
	Percentage of people having access to stable housing in communities affected by the illicit drug trade (disaggregated by gender)	Para 7.h Para 7.j		Target 11.1	UNDP HDI SDGs
	Percentage of people having access to primary, secondary and higher education in areas affected by the illicit drug trade (disaggregated by gender)	Para 7.h Para 7.j		Target 4.1 Indicator 4.3.1 Indicator 8.6.1	UNDP HDI SDGs
	Increase/reduction in the number of people displaced from their land due to crop eradication activities and other drug law enforcement efforts	Para 7.j		Target 1.4 Indicator 1.4.2 Indicator 5.A.1	UNHCR
	Increase/reduction in access to licit markets for products derived from local cultivation, production and manufacture	Para 7.b		Target 9.3	UNDP
<b>Target 13: Increased technical and financial cooperation for the implementation of development-oriented drug policies and viable economic alternatives</b>					
Process indicator	Mechanism(s) established for the participation of affected communities in policy making and implementation of drug control policies	Para 7.b	Action 35	Target 16.7 Indicator 16.7.2	UNDP Civil society

<sup>27</sup> The Gini Coefficient may also be a useful indicator to look at here

<b>Relevant SDG Targets and Indicators mentioned in the Matrix</b>	
<b>Target 1.1</b>	By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$1.25 a day
<b>Target 1.4</b>	By 2030 ensure that all men and women, particularly the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership, and control over land and other forms of property, inheritance, natural resources, appropriate new technology, and financial services including microfinance
<b>Target 3.3</b>	By 2030 end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases
<b>Target 3.4</b>	By 2030 reduce by one-third pre-mature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and wellbeing
<b>Target 3.5</b>	Strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
<b>Target 3.8</b>	Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all
<b>Target 4.1</b>	By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes
<b>Target 5.1</b>	End all forms of discrimination against all women and girls everywhere
<b>Target 5.2</b>	Eliminate all forms of violence against women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation
<b>Target 5.c</b>	Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels
<b>Target 9.3</b>	Increase the access of small-scale industrial and other enterprises, particularly in developing countries, to financial services including affordable credit and their integration into value chains and markets
<b>Target 11.1</b>	By 2030, ensure access for all to adequate, safe and affordable housing and basic services, and upgrade slums
<b>Target 16.1</b>	Significantly reduce all forms of violence and related death rates everywhere
<b>Target 16.2</b>	End abuse, exploitation, trafficking and all forms of violence and torture against children
<b>Target 16.3</b>	Promote the rule of law at the national and international levels, and ensure equal access to justice for all
<b>Target 16.4</b>	By 2030 significantly reduce illicit financial and arms flows, strengthen recovery and return of stolen assets, and combat all forms of organized crime
<b>Target 16.5</b>	Substantially reduce corruption and bribery in all its forms
<b>Target 16.7</b>	Ensure responsive, inclusive, participatory and representative decision-making at all levels
<b>Target 16.A</b>	Strengthen relevant national institutions, including through international cooperation, for building capacity at all levels, in particular in developing countries, to prevent violence and combat terrorism and crime
<b>Target 16.B</b>	Promote and enforce non-discriminatory laws and policies for sustainable development

<b>Indicator 1.1.1</b>	Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural)
<b>Indicator 1.4.2</b>	Proportion of total adult population with secure tenure rights to land, with legally recognized documentation and who perceive their rights to land as secure, by sex and by type of tenure
<b>Indicator 1.A.2</b>	Proportion of total government spending on essential services (education, health and social protection)
<b>Indicator 3.3.1</b>	Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations
<b>Indicator 3.3.2</b>	Tuberculosis incidence per 1,000 population
<b>Indicator 3.3.4</b>	Hepatitis B incidence per 100,000 population
<b>Indicator 3.5.1</b>	Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders
<b>Indicator 3.8.1</b>	Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population)
<b>Indicator 4.3.1</b>	Participation rate of youth and adults in formal and non-formal education and training in the previous 12 months, by sex
<b>Indicator 5.1.1</b>	Whether or not legal frameworks are in place to promote, enforce and monitor equality and non-discrimination on the basis of sex
<b>Indicator 5.A.1</b>	(a) Proportion of total agricultural population with ownership or secure rights over agricultural land, by sex; and (b) share of women among owners or rights-bearers of agricultural land, by type of tenure
<b>Indicator 5.A.2</b>	Proportion of countries where the legal framework (including customary law) guarantees women's equal rights to land ownership and/or control
<b>Indicator 8.6.1</b>	Proportion of youth (aged 15-24 years) not in education, employment or training
<b>Indicator 10.3.1</b>	Proportion of the population reporting having personally felt discriminated against or harassed within the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law
<b>Indicator 11.7.2</b>	Proportion of persons victim of physical or sexual harassment, by sex, age, disability status and place of occurrence, in the previous 12 months
<b>Indicator 16.1.1</b>	Number of victims of intentional homicide per 100,000 population, by sex and age
<b>Indicator 16.1.3</b>	Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months
<b>Indicator 16.3.2</b>	Unsentenced detainees as a proportion of overall prison population
<b>Indicator 16.7.2</b>	Proportion of population who believe decision-making is inclusive and responsive, by sex, age, disability and population group
<b>Indicator 16.B.1</b>	Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law

<b>List of acronyms</b>	
<b>CCPCJ</b>	Commission on Crime Prevention and Criminal Justice
<b>CSW</b>	Commission on the Status of Women
<b>EMCDDA</b>	European Monitoring Centre on Drugs and Drug Addiction
<b>HDI</b>	Human Development Index

<b>HLPF</b>	High Level Political Forum (on the achievement of the SDGs)
<b>INCB</b>	International Narcotics Control Board
<b>OHCHR</b>	Office of the High Commissioner on Human Rights
<b>SDGs</b>	Sustainable Development Goals
<b>UNAIDS</b>	Joint United Nations Programme on HIV and AIDS
<b>UNDP</b>	United Nations Development Programme
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>WHO</b>	World Health Organisation