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Angela Me
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United Nations Office on Drugs and Crime
CC. Vienna Missions

15th December 2017

Subject: Civil society input into the UNODC process of updating the Annual Report Questionnaire (ARQ)

Dear Ms. Me,

In CND Resolution 60/1, the UNODC was invited to ‘reflect on possibilities to strengthen and streamline its existing data-collection and analysis tools, including improving the quality and effectiveness of the annual report questionnaire, and to report to the Commission on possible ways to enhance these, for consideration by the Commission at its sixty-second session’.¹ The International Drug Policy Consortium (IDPC) welcomes the process of updating the ARQ, especially in light of the UNGASS Outcome Document – and the many critical thematic areas brought to the forefront of the global drug control debate as a result. We note that this is a particularly challenging task, and appreciate the complexities involved in strengthening and streamlining this key data collection tool.

As part of this process, civil society organisations were invited to provide inputs via a UNODC online questionnaire.² IDPC supports this call and has responded to the questionnaire. However, we wish to highlight some key substantive gaps in the discussion which we were unable to raise within the limitations of the online questionnaire – and in the attached Annex we offer some specific recommendations for your consideration.

Substantive issues

Section 3 of the online questionnaire ‘Possible new topics for data collection’ highlights seven topics:

1. Trends in the composition, production, prevalence and distribution of New Psychoactive Substances
2. Social, economic and other risk factors encouraging drug use
3. Prevention and countering of drug-related crime and drug supply reduction measures
4. Links between drug trafficking, corruption and other forms of organized crime
5. Money-laundering and illicit financial flows
6. Drug-related criminal activities using the Internet
7. Factors contributing to illicit crop cultivation.

Although these are all highly relevant topics, such an approach unfortunately leaves out a number of other critical thematic areas for the ARQ review process – some directly mandated, others suggested, by the UNGASS Outcome Document.

¹ https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_60/CNDres_2017/Resolution_60_1_60CND.pdf

² <https://goo.gl/forms/vvuyFegUSvZPDqyl3>

UNGASS-mandated data collection

Human rights

The UNGASS Outcome Document explicitly calls on member states to ‘Consider, on a voluntary basis...the inclusion of information concerning, inter alia, the promotion of human rights and the health, safety and welfare of all individuals, communities and society in the context of their domestic implementation’ (paragraph 4.h). The Outcome Document promotes more proportionate penalties for drug offences (paragraph 4.l), and alternatives to incarceration (paragraph 4.j). Whether or not member states offer treatment as an alternative to incarceration is already included in the ARQ (Part II, question 9.e) – this question and Part I ‘Legislative and Institutional Framework’ should be expanded to reflect these two critical issues (see Annex for suggested text).

Additionally, the Outcome Document calls on member states to ‘bring perpetrators to justice that ensure legal guarantees and due process safeguards’ and measures to prohibit ‘arbitrary arrest and detention and...torture and other cruel, inhuman or degrading treatment or punishment and to eliminate impunity’ (paragraph 4.o). It is imperative that the updated ARQ reflects these human rights commitments – either as a new ‘Human rights’ section within the ARQ, or streamlined across the various ARQ sections (see Annex for suggested text and indicators). Additional data, including from civil society, should also be considered for issues where self-reporting by UN member states may present some difficulties. Finally, other UN agencies, such as the Office of the High Commissioner on Human Rights (OHCHR) has done significant work on developing human rights indicators, which we invite the UNODC to draw upon.³

Gender

The UNGASS Outcome Document provides a clear mandate for the UNODC to collect gender-disaggregated data across the spectrum of drug policy, stating ‘that targeted interventions that are based on the collection and analysis of data, including age- and *gender-related data*, can be particularly effective in meeting the specific needs of drug-affected populations and communities’ (preamble, emphasis added). The Outcome Document also promotes non-discriminatory access to health and social services, the need to address the protective and risk factors that make women vulnerable to participation in the illicit drug market, and the specific needs and vulnerabilities of women drug offenders when imprisoned. Currently, the ARQ only requests gender-specific information for alternative development and for the overall prevalence of drug use, but not for drug injection, related harms and access to services (see Annex for suggested edits).

Additional UNGASS-related data collection

A number of new drug-related issues covered in the UNGASS Outcome Document should also be considered. This could be done both via voluntary reporting by member states to the UNODC (possibly by expanding the ‘Additional Comments’ sections of the ARQ), or by using the data already being collected by other UN agencies (see section on UN system-wide coherence below).

Overdose prevention

The ARQ currently requests data on HIV, hepatitis and tuberculosis – as well as on interventions like needle and syringe programmes, opioid substitution therapy and others. The UNGASS Outcome Document expands these health issues to include overdose prevention and naloxone distribution (paragraph 1.m). The UNODC

³ See, for instance:

http://www.ohchr.org/documents/issues/HRIndicators/AGuideMeasurementImplementationCompleteGuide_en.pdf.pdf

should consider requesting member states to report, on a voluntary basis, on progress made towards preventing overdose deaths (see Annex for suggested text). We also encourage the UNODC to use data collected by other UN agencies on this issue, especially by the World Health Organisation (WHO).

Access to controlled medicines

In addition, the UNGASS Outcome Document dedicates a chapter to ensuring adequate availability of controlled substances for medical and scientific purposes. The current ARQ does not address this issue. Better data is essential both for informing policy action by states to improve access to controlled medicines, to take corrective action when problems with their use occur, and for measuring progress over time. The International Narcotics Control Board (INCB) routinely collects information on the consumption of controlled medicines, and we request the UNODC to consider using this valuable data. In addition, we call upon the UNODC to request that, on a voluntary basis, member states report back on progress made towards other relevant questions identified in the UNGASS Outcome Document, such as on removing legislative and technical barriers to access, as well as expanding training for healthcare professionals (see Annex for suggested text and indicators).

Reviewing the scope of the new thematic areas proposed in the UNODC online questionnaire

The UNODC questionnaire requests possible data/indicators on the 'Social, economic, and other risk factors encouraging drug use'. Available data from the UNODC itself shows that there are no common trends on drug use or the risk factors associated with it – drug use happens across all ages, genders, cultures and political systems. That said, problematic use, drug dependence and drug-related health harms (e.g. HIV and hepatitis C infections, tuberculosis and overdoses) are often concentrated in marginalised, impoverished, conflict-afflicted areas across the globe. It may therefore be more relevant to consider the social, economic and other risk factors around problematic drug use and harms, including poverty, social inclusion, criminalisation, policing, incarceration, gender inequality, armed conflicts, etc. (see Annex for suggested indicators).

The 7th thematic area covered by the UNODC questionnaire relates to the 'Factors contributing to illicit crop cultivation'. While these factors are critical, the UNGASS Outcome Document also commits member states to address 'drug-related socioeconomic issues' related to all supply-side drug control – cultivation, manufacture, production and trafficking – through development-oriented drug policies (paragraph 7). This is an opportunity for the ARQ to cover broader development concerns related to involvement in all illicit drug supply activities. This would also be an opportunity to feed into member states' reporting requirements within the 2030 Agenda for Sustainable Development. Furthermore, paragraph 7.g of the Outcome Document promotes the 'use of relevant human development indicators' – another dataset that could support the UNODC's analysis of drug policy issues globally (see Annex for suggested indicators).

Improving UN synergy and system-wide coherence in data collection

In its international roadmap to improve drug statistics, the Statistical Commission concluded that 'international and regional bodies...*should increase synergies and improve the coordination and their statistical work* in the area of drugs, including with respect to reporting on the indicators and targets related to the Sustainable Development Goals' (emphasis added).⁴

⁴ Statistical Commission (15 December 2016), *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*, E/CN.3/2017/12

In parallel with the ARQ review process, we encourage the UNODC to utilise relevant drug-related information already being collated by other UN agencies. This could help to reduce the additional burden on member states for data collection, while promoting more system-wide coherence within the UN for data collection and analysis within their respective mandates. This could include, inter alia, data collected by the WHO,⁵ UNAIDS,⁶ UNICEF,⁷ the INCB,⁸ the World Bank,⁹ the OHCHR,¹⁰ the Committee on the Prevention of Discriminations Against Women,¹¹ the United Development Programme via the Human Development Index,¹² and on progress towards the Sustainable Development Goals.¹³

Civil Society engagement

There is significant scope for civil society to participate meaningfully in the review of the ARQ to support UNODC in this important and complex task. The questionnaire developed by UNODC for giving input is a positive step in this direction, but does not lend itself to adequate and comprehensive responses from civil society organisations as many of the questions seem to be targeted towards member states and others who regularly complete the ARQ¹⁴. In addition, the questionnaire offers little possibility to comment on the usefulness and relevance of the current metrics and indicators laid out in the ARQ.

We respectfully request that the UNODC find ways to ensure meaningful civil society engagement on the review process, including via additional consultations and invitations to attend key meetings dedicated to the ARQ review process.

We remain at your disposal and stand ready to further support the ARQ review process.

Yours faithfully,



Ann Fordham
Executive Director
International Drug Policy Consortium

On behalf of IDPC's 176 members & Harm Reduction International

⁵ <http://www.who.int/whosis/en/>

⁶ www.unaids.org/en/dataanalysis

⁷ www.unicef.org/statistics

⁸ <http://www.incb.org/incb/en/publications/annual-reports/annual-report.html>

⁹ <http://data.worldbank.org>

¹⁰ <http://www.ohchr.org/EN/PublicationsResources/Pages/databases.aspx>

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

¹² www.undp.org and <http://hdr.undp.org/en/content/human-development-index-hdi>

¹³ <https://sustainabledevelopment.un.org/sdgs>

¹⁴ Many of the questions are framed in such a way that a response can only be provided by those who have a solid understanding of, and are used to filling in, the ARQ (e.g. questions focusing on 'workload needed to collate data', or feedback on whether disaggregated data/data resources are available on specific issues). Many of the questions also request information on the respondent's specific 'country', making it impractical for NGOs (and multi-governmental bodies) with a regional or global focus to respond.

1. 12D
2. Accion Andina - Bolivia
3. Accion Semilla Boliviana
4. Acción Técnica Social
5. Agencia Piaget para o Desenvolvimento
6. AIDES
7. AIDS and Rights Alliance for Southern Africa
8. AIDS Foundation East West
9. Aksion Plus
10. AKZEPT
11. Alcohol and Drug Foundation
12. Alliance for Public Health
13. Al-Maqdese for Society Development
14. Alternative Georgia
15. Ana Liffey Drug Project
16. Andean Information Network
17. Andrey Rylkov Foundation for Health and Social Justice
18. Asia Catalyst
19. Asian Network of People Who Use Drugs
20. Asociación Costarricense para el Estudio e Intervención en Drogas
21. Association de Lutte Contre le Sida
22. Association Margina
23. Association Prevent
24. Association Sénégalaise pour la Reduction des Risques Infectieux chez les Groupes Vulnerables
25. Auto-Support des Usagers de Drogues
26. Asuntos del Sur
27. ATUPRET
28. BABSEACLE
29. Beckley Foundation
30. Brazilian Drug Policy Platform
31. Canadian Drug Policy Coalition
32. Canadian Foundation for Drug Policy
33. Canadian HIV/AIDS Legal Network
34. Caribbean Drug Abuse Research Institute
35. Centro de Estudios de Derecho, Justicia y Sociedad
36. Centro de Estudios en Seguridad Ciudadana
37. Centro de Estudios Legales y Sociales
38. Centro de Investigación Drogas y Derechos Humanos
39. Centro de Orientación e Investigación Integral
40. Centro de Respuestas Educativas y Comunitarias A.C
41. Citywide Drugs Crisis Campaign
42. Colegio Médico de Chile
43. Collectif Urgence Toxida
44. Comisión Mexicana de Defensa y Promoción de los Derechos Humanos A.C.
45. Conectas
46. Corporación Humanas Chile
47. Corporación Humanas Colombia
48. Correlation
49. CUPIHD

50. DIOGENIS, Drug Policy Dialogue in South East Europe
51. Drug Policy Advocacy Group
52. Drug Policy Alliance
53. Drug Policy Australia
54. Drug Policy Network South East Europe
55. Drug Text Foundation
56. Drugs, Security and Democracy Program of the Social Science Research Council
57. Ecuador Cannábico
58. Elementa, Consultoría en Derechos
59. Equis Justicia Para las Mujeres
60. Eurasian Harm Reduction Network
61. Fachverband Sucht
62. Federacion Andaluza ENLACE
63. Federation Addiction
64. FEDITO BXL
65. Finnish Association for Humane Drug Policy
66. Forum Droghe
67. Foundation Against Illicit Drug and Child Abuse
68. Foyer du Bonheur
69. Fundación Latinoamérica Reforma
70. Gadjuristen (The Street Lawyers)
71. Galiu gyventi - "I Can Live" Coalition
72. Global Exchange
73. GREA - Groupement Romand d'Etudes des Addictions
74. Greek Drug and Substitute User Union
75. Guyanese Association of Harm Reduction
76. Harm Reduction Australia
77. Harm Reduction Coalition
78. Health poverty Action
79. Healthy Options Project Skopje
80. Help Not Handcuffs
81. Human Rights Watch
82. Hungarian Civil Liberties Union
83. Iglesia Evangélica Protestante de El Salvador
84. India HIV/AIDS Alliance
85. Indonesian Association of Addiction Counselors
86. Indonesian Coalition for Drug Policy Reform
87. Indonesian Harm Reduction Network (JANGKAR)
88. Iniciativa Negra por Uma Nova Política sobre Drogas
89. Initiative for Health Foundation
90. International Network of People Who Use Drugs
91. Institute for Land Work and Citizenship
92. Institute for Policy Studies
93. Intercambios
94. Intercambios Puerto Rico
95. International AIDS Society
96. International Association for Hospice and Palliative care
97. International Center for Ethnobotanical Education, Research & Service
98. International Centre for Science in Drug Policy

99. International Doctors for Healthy Drug Policies
100. International Harm Reduction Development Program, Open Society Institute
101. International HIV/AIDS Alliance
102. Kenyan AIDS NGOs Consortium
103. Lawyers Collective
104. LBH Masyarakat
105. LSE Ideas International Drug Policy Project
106. Mainline
107. Malaysian AIDS Council
108. Médecins du Monde France
109. México Unido Contra la Delincuencia
110. National Rehabilitation Centre in Abu Dhabi
111. New Zealand Drug Foundation
112. New Zealand Needle Exchange Programme
113. NGO 4 Life
114. NGO Veza
115. NGO Viktorija
116. Nierika AC
117. NoBox Transitions
118. Norwegian Association for Humane Drug Policies
119. Norwegian Association for Safer Drugs Policies
120. Observatorio de cultivos y cultivadores declarados ilícitos
121. Ozone Foundation
122. Penal Reform International
123. Penington Institute
124. Perle Sociale ONG
125. PILS
126. Pivot Legal Society
127. PKNI
128. Plataforma COLI – Coca Orgánica, Libre e Informada
129. Polish Drug Policy Network
130. PRAKSIS
131. PREKURSOR
132. Prolegal/Proderechos
133. PSI
134. Psicotropicus
135. Puente, Investigación y Enlace
136. RAISSS
137. Re Generation
138. Red Chilena Reducción de Danos
139. Rede Brasileira de Redução de Danos e Direitos Humanos - REDUC
140. Regional Arab Network against AIDS
141. Release
142. Réseau Français de Reduction des Risques
143. ReverdeSer Colectivo
144. Rights Reporter Foundation
145. Romanian Harm Reduction Network (RHRN)
146. Rumah Cemara
147. Scottish Drugs Forum

148. Skoun, Lebanese Addiction Center
149. South Eastern European Adriatic Addiction Treatment Network
150. SPYM
151. StopTheDrugWar.org
152. Students for Sensible Drug Policy
153. Supporting Community Development Initiatives
154. TB/HIV Care Association
155. Thai AIDS Treatment Action Group
156. Transform Drug Policy Foundation
157. Transnational Institute
158. Trimbos-Instituut
159. Turkish Green Crescent Society
160. Udruga Terra (Association Terra Croatia)
161. Uganda Harm Reduction Network
162. Union contre la Co-infection VIH/Hépatites/Tuberculose
163. Unión de Asociaciones y Entidades de Atención al Drogodependiente
164. Utrip
165. Viva Rio
166. Washington Office on Latin America
167. West Africa Civil Society Initiative
168. West Africa Drug Policy Network
169. Women's Harm Reduction international Network
170. World Hepatitis Alliance
171. Worldwide Hospice and Palliative Care Alliance
172. YCC Juventas
173. Youth Organisations for Drug Action
174. Youth RISE
175. Youth RISE Nigeria
176. Zimbabwe Civil Liberties and Drug Network