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Refocusing Metrics: Can the Sustainable Development Goals help break the 'Metrics Trap' and modernise international drug control policy?¹

David R. Bewley-Taylor

Abstract

Purpose – This article aims to examine the extent to which the dominant metrics currently used to measure the success of the UN based global drug prohibition regime are in many ways inadequate and consequently contribute to systemic inertia. Within this context, it seeks to explore the potential of explicitly linking drug policy to the recently launched Sustainable Development Agenda and the associated Sustainable Development Goals (SDGs) to initiate a change in approach.

Design/methodology/approach – Framing the topic in terms of International Relations (IR) and regime analysis, prominent examples of where current metrics are imprecise (the relationship between production and seizures), misconceived (drug use) and missing (a range of drug and drug policy related harms) are explored. Attention is then given to an examination of international development as a model for measuring drug control outcomes, including a discussion of the SDGs in general and the intersection between drug policy interventions and several Goals in particular.

Findings - While aware of the complexity of the issue area, the article finds that there are considerable shortcomings in the way international drug policy outcomes are currently assessed. Although methodological problems are likely to persist, linking drug policy with the SDGs and their associated metrics offers the potential to help to shift the focus of international policy in a manner that would benefit not only UN system-wide coherence on the issue, but also assist in the achievement of the regime's own overarching goal; to safeguard the 'health and welfare' of humankind.

Practical implications – With the next high-level review of international drug policy due to take place in 2019, the article offers policy makers with a way to begin to refocus drug policy metrics, and subsequently review outcomes, in line with the UN system-wide Sustainable Development Agenda.

Originality – As an emerging domain of inquiry, the article not only explores a hitherto largely unexplored – yet increasingly important – facet of UN level policy evaluation, formulation and implementation, but also helps to fill a gap in the IR literature on regime dynamics.

Introduction

In April 2016, the UN held a General Assembly Special Session (UNGASS) on the World Drug Problem. During this high-level conference in New York, member states reviewed the performance of what can be usefully called the global drug prohibition regime; an almost universally accepted treaty-based system currently built on a suite of three UN treaties (Nadelmann, 1990). Dating back to the first decades of the twentieth century, and in its current form the 1961 Single Convention on Narcotic Drugs (as amended by the 1972 Protocol), the regime's overarching goal is to safeguard the 'health and welfare' of humankind (UN, 1961). In so doing it applies a dual imperative: to ensure an adequate supply of pharmaceuticals for the licit market – including World Health Organization listed essential medicines – and at the same time prevent the non-scientific and non-medical production, supply and use of narcotic and psychotropic substances. Within this context, the system has been developed on two interconnected tenets. First, a deeply held belief that the best way to protect health and reduce what has become known simply and somewhat vaguely as the 'world drug problem' and the harms associated with it is to minimize the scale of – and ultimately eliminate – the illicit market. And second, that this can be achieved through a reliance on prohibition oriented and supply-side dominated measures. In this way, and

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3 while permitting some deviation – or soft defection - from its authoritative norm, from an
4 International Relations (IR) perspective the regime has successfully generated a powerful
5 prohibitionist expectancy in relation to how its members approach the non-medical and non-
6 scientific use of substances scheduled in the UN drug control conventions (Bewley-Taylor,
7 2012).

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9 At the UNGASS member states adopted an Outcome Document (UN, 2016). This, , despite
10 some changes in focus (Nougier and Ochoa, 2017), continued in the vein of previous soft law
11 instruments in restating that the current and well-embedded approach of the regime
12 remains largely successful and appropriate to the task at hand (Bewley-Taylor and Jelsma,
13 2016). This was the case even though the system has arguably yet to achieve its core goal
14 set nearly sixty years ago and reinforced periodically since then: to, in general terms, protect
15 health and significantly reduce drug-related problems and associated harms (UN, 1971,
16 1988, 1998, 2009, 2014).² It should be recalled that in 2009, in the last high level Political
17 Declaration on the issue, member states reaffirmed that ‘...the ultimate goal of both demand
18 and supply reduction strategies and sustainable development strategies is to minimize and
19 eventually eliminate the availability and use of illicit drugs and psychotropic substances in
20 order to ensure the health and welfare of mankind...’ (UN, 2009)

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23 Increasing evidence concerning the ineffectiveness of the regime in attaining this objective,
24 as well as generating a range of ‘unintended consequences’ (CND, 2008, Reuter and
25 Trautman, 2009, Rolles *et al*, 2016,) including shortcomings in access to essential
26 medicines in some parts of the world, raises an obvious question. Why, in the face of
27 growing levels of critique, do most states continue to adhere to the current approach? Or,
28 put another way, how, in IR terms, has the regime remained so resilient to formal and
29 substantive change? Despite a more sophisticated understanding of the dynamics of illicit
30 drug markets and, in some ways the resultant ‘untidy legal justifications’ concerning
31 recreational cannabis markets in the Americas (Bewley-Taylor, Blickman & Jelsma, 2014),
32 the regime remains underpinned by what have been called ‘Jurassic’ conventions that
33 appear to be frozen in time (Haase, 2014). There are several possible explanations for such
34 homeostasis. For example, a ‘tough on drugs’ approach remains politically persuasive in
35 many parts of the world with drugs often regarded by authorities as the ‘useful enemy’
36 (Christie and Bruun, 1991). Moreover, many states must seriously consider the ‘logic of
37 consequence’ (March and Olsen, 1998) and a range of potential costs associated with full-
38 blown defection from the regime (Bewley-Taylor, 2012). This combines with the nature of the
39 rules surrounding treaty alteration to create a sticky nexus of politics and procedure. And
40 finally, as Robert Keohane has pointed out, regimes often persist simply because their
41 creation in the first place is so difficult (Keohane, 1984).

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44 With the aim of adding a further dimension to the growing debate around the glacially slow
45 formal evolution of the global drug prohibition regime, this article suggests that metrics,
46 sometimes referred to here as indicators, also play an important role in preserving its current
47 shape and focus ; a dynamic that has been referred to elsewhere as the ‘metrics trap’
48 (Bewley-Taylor, 2016). It will be argued that the current systemic inertia has much to do with
49 how drug markets and interventions are measured as well as what is and what is not
50 currently included within assessment processes; processes that having been decided and
51 mandated by member states, are carried out by the Vienna based United Nations Office on
52 Drugs and Crime (UNODC). Data collected from states through the Annual Report
53 Questionnaire (ARQ) and other sources (UNODC, 2016) and presented annually in the
54 UNODC’s flagship publication, the *World Drug Report*, are central to the international
55 community’s assessment of progress in tackling the world drug problem and setting the
56 ‘mood music’ for multinational deliberations.

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3 Yet, as will be discussed, the high order metrics used by the UNODC measure key properties
4 of illicit markets imprecisely. Some indicators do not measure what they are supposed to
5 measure. And some metrics – which would be crucial for an appropriately holistic
6 understanding of the consequences of international drug control relative to its overarching
7 goal and other UN system objectives relating, among other things - to human rights - are not
8 part of the set of metrics used by the Vienna based agency. These shortcomings result in a
9 situation where the currently dominant sets of indicators only partially reflect the reality of the
10 successes and failures of the regime. Within this context, it is suggested here that explicitly
11 re-focusing drug policy metrics towards the recently launched Sustainable Development
12 Agenda (SDA) and the associated Sustainable Development Goals (SDGs) has the potential
13 to help break the 'metrics trap', initiate some form of regime transformation and shift the
14 emphasis of international drug control policy to a position more in line with the realities of
15 contemporary drug markets and broader UN commitments of member states. Such a
16 process would benefit not only UN system-wide coherence on this issue, but also assist in
17 the achievement of the regime's own overarching goal.
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20 Starting from the position that 'theories of international regimes' (Peterson, 2012) and regime
21 analysis remain useful to our understanding of areas of multilateral cooperation (Haas,
22 2013), the article also aims to help fill a gap in the IR literature on the role of numbers in
23 sustaining international norms and related regime architectures. While much work has
24 focused on regime formation, there remains a paucity on regime change and the associated
25 forces that enable or restrict transformation (Young, 1983, Bewley-Taylor 2012). In this way,
26 it is hoped that the article will go some way in addressing not only criticism concerning a lack
27 of attention to the circumstances surrounding the dynamism – or otherwise - of regimes
28 (Strange, 1982, Sandholtz and Stiles, 2008), but also Ronen Palan's question concerning
29 why so much time has been devoted to why states form regimes and 'not enough on whether
30 or not regimes are any good' (Palan, 2012). In examining the role of metrics and indicators
31 within the functioning of the global drug prohibition regime, the research here also aims to
32 contribute to discussions about regimes as 'intervening variables' (Keohane 1984, Krasner,
33 1982, Bewley-Taylor, 2012). Despite some acknowledgement of the limited attention given
34 to the examination of the 'specific role indicators play in policy-making' and emerging public
35 policy literature on the dominance of some metrics over others (for example Howlett and
36 Cuenca, 2016), there remains remarkably little attention given to how data restricts policy
37 approaches at the UN level (for example Grady, 2016). Rather, the explosion of interest in
38 recent years concerning the 'power of numbers' relates to the potential to initiate change in
39 state and organizational policy approaches via a range of performance indexes (Merry, 2011,
40 Davies et al, 2012, Cooley and Snyder, 2015, Rottenberg *et al*, 2015, Merry et al, 2015, Kelly
41 and Simmons, 2015,)
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44 Beyond analysis of a range of UN documents and reports, primary research for this article
45 draws heavily on material generated from participant observation, both as a member of non-
46 governmental organisation and country delegations, at various official UN meetings. These
47 include sessions of the UN Commission on Narcotic Drugs (CND) in Vienna -- particularly
48 2016 and 2017 – and the 2016 UNGASS. The views contained in the pages that follow are
49 also informed by off-the-record discussions and meetings with an array of governmental,
50 non-governmental and UN agency actors working within the issue area in both Vienna and
51 New York.
52

53 Discussion begins with an examination of some of the shortcomings of the current
54 international drug policy metrics. It then moves on to explore how the field of international
55 development, specifically the SDA and associated SDGs, might offer a potentially productive
56 route through which to change the focus of the existing measurement process, alter the
57 objectives of current drug control efforts and ultimately instigate some type of formal regime
58 modernization.
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Imprecise measurements

In an attempt to capture the characteristics of illicit drug markets and structures designed to deal with them, the ARQ is divided into a number of sections; (I) Legislative and Institutional Framework (II) Comprehensive approach to drug demand and supply reduction (III) Extent and patterns in drug use (IV) Extent and patterns of trends in drug crop cultivation and drug manufacturing and trafficking). In line with the traditional focus of the regime, and the categories privileged in the ARQ, prominent examples of the role of current metrics in driving the dynamics of international drug control concern efforts to control illicit supply; a facet of drug control efforts that retain a high profile. Metrics such as those relating to the quantity of drugs seized or hectares of poppy, coca or cannabis crops eradicated, or as is increasingly the case drug laboratories destroyed, are frequently used to measure the success of supply control. However, while such actions might be understood as successful police (and in some places military) work, and in terms of seizures often generate important market intelligence, it is difficult to argue that they also represent a success from the perspective of drug control policy. This is because they are measures of governmental, and beneath this agency, processes and activity that do not contain meaningful information about the effects, or in terms of indicators, the outcomes, of interventions on drug markets.

To be sure, preoccupation with measuring activity and outputs rather than outcomes is problematic in several ways. It reduces the ability to explain causation and, by focusing on aggregate data, obscures the distribution of costs and benefits and who incurs the burden of policies and interventions. Moreover, in many instances, increased levels of law enforcement activity may owe more to political, bureaucratic and financial exigencies than to any direct concern for the state of a drug market and the reduction of any associated harms. To achieve success congruent with the overarching goal of the regime, drug law enforcement would have to result in not only substantial eradication and seizures, but also influence illicit drug markets in a way that significantly reduced the harms related to drug consumption (Reuter and Kleiman, 1986) and, although often seen as a secondary concern, drug production itself.

While this is the case, even prominently deployed metrics do not stand up to scrutiny when assessed in terms of their relationship to the reduction of drug-related harm. This has much to do with the uncertainty that comes with measurement. Take for example drug seizures. At first glance, it seems reasonable so assume that to significantly influence drug markets the ratio between the amount of an illicitly produced drug and the amount of that drug seized should be as high as possible. To assess success in this regard it is, therefore, necessary to know the quantities of illicit drugs produced and then seized; both theoretically quantifiable variables. For instance, in relation to plant-based drugs such as heroin, cocaine or cannabis, it is often believed that cultivation can be measured, or at least estimated with a degree of confidence via extrapolation, since large-scale open-air crops cannot be hidden. Furthermore, according to this logic, because techniques exist to monitor not only the size of areas under cultivation but also to determine crop yields it should be possible to provide an estimate of the illicit production of a drug, particularly in its pre-processed form, and calculate how much of this volume is seized on an annual basis.

In practice, however, there are problems with such a neat set of assumptions. For instance, even if satellite or aerial imagery can capture all illicit cultivation, which is unlikely due - among other factors - to staggered planting and a range of concealment practices, such an approach to measuring illicit drug production is still premised on the assumption that yields per hectare, as well as the relationship between yield and the quality (potency) of the final product, for example cocaine or heroin, are known and constant over time and place.

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3 However, in places where UNODC works, often in collaboration with governments, to collect
4 information on drug cultivation that goes beyond measuring areas of drug crops - such as in
5 parts of Afghanistan³ – variations in yields per hectare seem to be the rule rather than the
6 exception (UNODC, 2015a, 2015b, 2015c). Temperature, precipitation and fungal
7 infestations are among the more prominent factors that influence plant growth and, therefore,
8 yield per hectare. This makes collecting data on drug production, including via ‘ground truth’
9 surveys to complement remote imagery, considerably more complicated and – as drug
10 production often takes place in contested areas – more risky and estimating volumes more
11 complex (Mansfield, 2016). Indeed, in terms of data collection, recent evidence from Bolivia
12 in relation to coca suggests that even beyond zones of conflict, the type of legal environment
13 in place within production areas can impact the effectiveness of monitoring processes
14 (UNDP, 2016, WOLA, 2016) Another problem with the measurement of production relates to
15 distribution. As touched upon above, since metrics are generally aggregate figures and often
16 geographically ‘blind’, they offer few, if any, insights into changes in cultivation over space
17 and time and consequently how markets adapt to drug policies, related interventions and
18 other exogenous variables.
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21 To account for such uncertainty, the UNODC has since 2010 provided production estimates
22 within a substantial interval range. Admittedly this helps the user of such statistics to better
23 assess the reliability of the data provided. However, acknowledging that levels of drug
24 production are only known within a range of 30 percent, as is the case with the *World Drug*
25 *Report*, makes it considerably more difficult to assess seizures in relation to market volumes.
26 Margins of error are also deployed in surveys conducted by many national agencies and this
27 generates a similar dilemma. That said, frequent disagreements concerning estimates exist
28 between the UNODC and such agencies. Prominent among these is the reoccurring debate
29 around figures on coca production promoted by US drug control agencies (both the Bureau
30 of International Narcotics and Law Enforcement Affairs and the White House Office of
31 National Drug Control Policy) and the UN body. Differences here rest not only on
32 methodological approaches and budgets available to conduct surveys, but also arguably
33 political imperatives (Reuter, 2009, Youngers and Ledebur, 2015).
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36 For synthetic drugs and increasingly widespread indoor cannabis cultivation – regarding the
37 latter, so-called ‘grow-ops’ - estimating manufacture and cultivation respectively is even more
38 difficult since remote sensing technologies cannot be used to gauge their scale. The UNODC
39 has, therefore, become increasingly cautious in providing estimates concerning the
40 production of both drug types. While this is laudable and in the spirit of increasing openness
41 in relation to the reliability and availability of data sets, it renders seizure statistics – still
42 provided prominently within the *World Drug Report* and core to the concept of constructive
43 market intervention – even more problematic.
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46 Despite this, seizure data are often used by states to demonstrate successes in drug supply
47 control within the CND, the UN’s central policy-making body on the issue of drug control. For
48 example, and by no means unique to these sessions, the 2016 and 2017 meetings of the
49 CND saw a significant proportion of country statements, particularly those from states in
50 Africa, Asia and the Near and Middle East, include lengthy mentions of seizure figures made
51 over the previous year as a demonstration of progress towards achieving UN drug policy
52 goals set in 2009. Moreover, it has only been in recent years that country statements at
53 international fora have reflected a growing appreciation in various quarters, including UN
54 agencies, non-governmental organisations (NGOs) and some member states, that
55 interventions associated with drug crop eradication and the disruption of drug trafficking
56 organizations generate considerable harms, including in relation to market violence and
57 human rights violations. In 2016, for instance, among others, the Czech Republic, Jamaica
58 and Colombia included this perspective within statements at both the CND and the
59 UNGASS.
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Misconceived metrics

Another headline metric prominently used by the UNODC concerns numbers of drug users. For example, in its 2016 *World Drug Report* the UNODC estimated that, globally, around 247 million people had consumed at least one illicit drug in 2014 (i.e. past year drug use according to the last available data sets) (UNODC, 2016). This type of figure is used prominently in its World Drug Reports, the implication being that it proves the existence and significance of 'the world drug problem'. Within recent Reports, and subtly acknowledging a paucity of data in many parts of the world, the UNODC observes that this figure has remained relatively stable when controlled for overall population growth. This is a dynamic that the UNODC comments upon, if not positively, then at least in a neutral fashion with the underlying assumption being that the illicit use of some form of psychoactive substance is a constant feature of modern life (Bewley-Taylor and Hallam, 2016).

Depending on perspective, a figure like 247 million might seem remarkable in itself. In terms of scale and a variety of associated harms it might be viewed as vast. Conversely, at 1 in 20 adults between the age of 15 and 64 years, it might be seen as evidence of a 'contained' 'problem', particularly compared to the number of individuals using the licit psychoactive substances of alcohol and tobacco (Bewley-Taylor and Hallam, 2008). Nonetheless, it remains largely unclear what can be learnt from it in terms of the outcomes of policies focusing on illicit markets. Because it includes a variety of different drug consumption behaviours (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), the number of past year drug users at a global level is not an especially helpful metric for the problems often surrounding drug consumption, including the health and societal harms emerging from it.

For instance, in terms of harms, daily heroin injection clearly differs from occasional cannabis consumption (Hall and Degenhardt, 2014, Degenhardt, 2013). In this sense, it can be argued that the overall number of annual drug users is not an appropriate measure for the extent of the 'world drug problem'. Moreover, while since 2006 more nuance has been added regarding what used to be called 'problem drug use' (UNODC, 2006), this disconnect is not adequately addressed by the inclusion of figures on what the UNODC now refers to as people suffering from 'drug use disorders'; a group amounting to approximately 29 million people in 2014 (UNODC, 2016). This is the case since not all drug consumption – even if considered problematic – results in the same amount and sort of harm with the mere number of drug consumers with 'disorders' doing little to help better understand the extent of the health and societal problems often caused by drug consumption. Further, it should be noted that a stable or even decreasing number of drug consumers does not necessarily indicate a positive policy outcome since levels of drug related harm may increase as prevalence decreases, in some instances as a response to interventions designed to eliminate the illicit market.

As alluded to above, added to this is the fact that outside of Europe, North America and Australasia national estimates of drug consumption are often incomplete, out-of-date and in some cases non-existent (UNODC, 2016). Even where data exists the illegality of the market leads to a range of methodological problems concerning accuracy. This concerns overall drug use, but pertains even more significantly to problematic drug use and associated harms. Consequently, putting aside the enormous gaps in the data in many parts of the world, particularly in Africa and Asia, it is possible to question UNODCs statements regarding the stability of the number of drug users globally; a point that is noted through a narrative of

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3 uncertainty found within the pages of World Drug Reports if not the more prominent foreword
4 and executive summary (Bewley-Taylor and Hallam, 2016). Such a situation makes the
5 interpretation of this oft-used and prominent figure as a useful metric for drug control policy
6 outcomes even more questionable. As long as measurement of harms in some form
7 remains underrepresented in such an assessment, it seems fair to argue that a blunt metric
8 concentrating simply on the number of drug consumers globally does not actually measure
9 what it implies. While it is true that, where possible, the UNODC does break down its drug
10 use analysis into drug types at the regional and sometimes country level, even here there
11 remains a lack of necessary granularity. As with production metrics, while perhaps useful for
12 identifying trends, such relatively high order figures do little to assist in better understanding
13 what causes changes in drug use patterns in specific places and points in time, including
14 crucially responses to different policy interventions.
15

16 *Missing metrics*

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18 In terms of drug related harms, it should be noted that the UNODC has gradually been
19 devoting more attention to collecting and presenting data on the 'health impact' or
20 'consequences' of 'drug use', including data on people who inject drugs, individuals among
21 that group living with infectious diseases (principally HIV and hepatitis C) and drug related
22 deaths (UNODC, 2016); all in their own way important and complex measurement domains.
23 That said, the list of indicators that might help better understand and assess the outcomes of
24 drug control policies, but for which data is not collected systematically by the UN drug control
25 apparatus, remains long.
26

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28 In recent years, NGOs and other bodies increasingly active in international drug control,
29 including UN agencies beyond the immediate confines of the drug control framework in
30 Vienna such as the United Nations Development Programme (UNDP), have repeatedly
31 pointed to the fact that the control apparatus' system of metrics provides a skewed
32 perspective on the purpose and goals of international and, beneath that, national drug control
33 efforts (Global Commission, 2014, Muggah *et al* 2015, Bewley-Taylor, 2016, IDPC, 2016,
34 ICSDP, 2016, Reuter *et al*, 2016, UNDP, 2015, 2016). At the centre of this critique is the
35 argument that, guided by the overarching philosophy of the global drug prohibition regime,
36 the dominant metrics currently collected and presented by the UNODC are primarily
37 concerned with measuring the reduction of the scale of illicit drug markets and drug
38 consumption. This, as noted above is underpinned by the assumption that shrinking and
39 ultimately eliminating such markets will reduce harms most effectively. Other, and in the view
40 of a growing number of stake-holders, more important aspects of drug control policies tend to
41 be underrepresented in the UNODC's reporting on drug control - generally in terms of
42 activities and outputs - or are even completely ignored. This is particularly the case where,
43 influenced by the structures of UN drug control framework, national level policy interventions
44 result in a range of human rights violations (Barrett and Nowak, 2009). Consequently,
45 interconnected areas requiring attention, among others, can be seen to include:
46

- 47 - The costs of drug control, especially in relation to enforcing drug control laws and the
48 consequent opportunity costs incurred within related policy areas, such as health care
49 services
- 50 - Societal costs emerging from drug-related and drug control-related violence
- 51 - Impacts of supply reduction efforts on rural livelihoods and development
- 52 - Violations of human and indigenous rights caused by supply reduction efforts,
53 including the use of violence and fumigation in crop eradication programmes
- 54 - Violations of human rights caused by demand reduction efforts, including coerced
55 treatment
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- High rates of HIV and Hepatitis C among injecting drug users resulting from punitive laws, policies and policing practices restricting or penalizing paraphernalia possession, opioid substitution therapy and other related harm reduction measures
- Reduced availability of controlled medicines due to restrictions concerning the use of plants and pharmaceutical products containing internationally controlled substances (Bewley-Taylor, 2016, ICSDP 2016)

Advocates, as well as some observers, of international drug control reform argue that the outcomes of drug policies can only be fully understood and adequately assessed when, these and similar dimensions of international drug control efforts are systematically documented and included in the reporting about its outcomes (Bewley-Taylor, 2016). A system that omits such metrics provides too narrow a perspective on the problem as well as on proposals to address it better.

These proposed broader metrics might suffer from some of the same problems as those already in use. These relate to the issues discussed above: difficulties in obtaining enough, valid and reliable data, producing meaningful estimates and, in some cases, finding or generating new metrics that measure what needs to be measured. Yet, even if these metrics, as well as others not mentioned here, are not necessary methodically superior to existing ones, they would complement a system of measurement that currently only provides a fragmentary and fractured (and methodically at least equally questionable) perspective on the outcomes of international drug control. Such additional and more directly outcome oriented evaluative indicators would permit policy-makers to assess not only the cost effectiveness of policy choices and related interventions, but also the performance of a state's drug policy relative to human rights obligations emanating from other parts of the UN system.

International development as an example for better practices of measuring outcomes

The insight that measuring complex social outcomes of policies is a difficult endeavour is neither new nor unique to drug control; although the nature of illicit markets certainly adds a degree of complexity (Andreas and Greenhill, 2010). Indeed, the question how 'reality' can be best represented by a set of indicators is an epistemological problem prevailing in all social sciences and their practical applications, such as policy evaluation. Even the accuracy and relevance of prominent and long accepted metrics such as Gross Domestic Product (GDP) as an approximation of the capacity of national economies have been challenged in recent years (Stiglitz *et al*, 2008). However, within the international realm there are policy areas in which this problem has been more seriously considered than in international drug control. In international development, for example, the 48 technical indicators complementing the Millennium Development Goals (MDGs) are often considered a good example of how policy goal measurement and metrics can be connected to provide policymakers with a realistic understanding of progress towards achieving stated objectives (Economist, 2015a).

At the heart of the MDGs was the precise formulation of eight Goals, which included a benchmark (for example, 'reducing extreme poverty by half') and a time frame of 15 years.⁴ While the establishment of target dates is not without its drawbacks, this made it possible to continuously collect relevant data that informed policymakers about the degree to which the MDGs were being achieved. Besides enabling periodic reviews of progress during the implementation process of the MDGs, their specific formulation and continuous data collection on them also made it more difficult for policy-makers to sweep the failure to achieve some of the MDGs under the carpet. It is also worth noting that measurement processes involved a range of actors, including national NGOs at a national level, rather than relying on a single UN entity that might have been minded to frame the data in a particular way for self-serving bureaucratic purposes.

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4 That said, detailed formulation and benchmarking were unable to prevent the creation of
5 policy goals that produced perverse incentives. Take, again, the example of extreme poverty.
6 Because this was defined by the MDGs as an individual having to live with an income of less
7 than \$1 per day, cutting extreme poverty in half could have been achieved by increasing the
8 income of half of those living in extreme poverty to \$1.01 per day. Even if this did not
9 significantly change the situation for most living under the poverty line, at least on paper, the
10 reduction of extreme poverty would have been achieved through only minimal increases in
11 income (Duflo and Banerjee, 2011). Nonetheless, the existence of a definition of what
12 extreme poverty meant ensured that advocates and member states possessed an additional
13 instrument to point out such minimalist interpretations of the MDGs (Reddy and Kvangraven,
14 2015).
15

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17 Within the field of international drug control, a similar mechanism incorporating a clear basket
18 of objectives, or goals, and associated indicators remains absent. Leaving aside inherent
19 problems relating to the best way to reduce drug related harm, the goal formulated in the
20 2009 political document currently guiding the implementation of international drug control and
21 the related conventions remains vague in stating that the world drug problem should be
22 eliminated or at least significantly reduced by 2019.⁵ Such a goal leaves ample room for
23 interpretation, especially when – as argued above – appropriate metrics to fully assess the
24 extent of the ‘world drug problem’ are missing.
25

26 *International drug control and the Sustainable Development Goals*

27

28 In 2016 the MDGs were superseded by the SDA and its associated set of SDGs, a similar
29 framework aiming to guide international development efforts for the coming 15 years. In the
30 long-term at least, the SDGs could prove instrumental in helping develop much needed
31 clarity into the objectives of international drug control by assisting in shifting the focus of the
32 metrics currently used to measure regime success. Indeed, aware of the debates around
33 their construction and monitoring (IEAG, 2014, Economist 2015b,) if policy makers in
34 international development take the SDGs as seriously as they did their predecessor
35 framework, the Goals have the potential to help move drug control objectives away from
36 those relating to simple market elimination towards the reduction of a range of drug and drug
37 policy related harms within an overarching human development framework. This belief is
38 premised on several related factors.
39

40 First, drug control efforts are referred to directly in the SDGs in a number of places and can
41 be seen to relate to many of the mutually reinforcing 17 Goals (and their 169 targets) in one
42 way or another (Health Poverty Action, 2015, IDPC, 2016). This opens the possibility that
43 drug control can become an integrated part of efforts towards achieving the broader UN goal
44 of human development rather than a stand-alone goal of the international community and an
45 end in itself. This potential connection is strengthened by the fact that the SDGs are also
46 mentioned explicitly in a significant and recent UN soft law instrument on drug control.
47 Although ostensibly preserving the extant regime in its current form, the UNGASS 2016
48 Outcome Document welcomes the SDGs as ‘complementary and mutually reinforcing’ to
49 drug control and, in terms of metrics and alternative development programmes, recommends
50 ‘the use of relevant human development indicators’ (UN, 2016) Second, at the operational
51 level, since the SDA is a UN system-wide endeavour with comprehensive support, member
52 states and the increasingly wide range of UN agencies engaging in various ways with the
53 drug issue must clearly articulate how - in the case of countries - interventions and how - in
54 the case of agencies - member state funded programmes contribute to the SDGs. The
55 precedence afforded human development within the UN system by the SDA consequently
56 has the potential to invert the present situation whereby drug control efforts often take place
57 with little or no concern for this cross-cutting issue. Within a more integrated and system-
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3 | wide human development led policy environment a two-way process will be necessary. This
4 is the case in in terms of both drug supply and drug use. On the one hand, consideration
5 must be given to the extent to which development efforts improve the lives of those involved
6 in illicit markets. On the other, drug control interventions must be carefully designed and
7 evaluated to ensure that development objectives laid out in the SDGs are not subordinated to
8 the narrow goals of an issue area silo dominated by activities and decisions in Vienna.
9

10 As noted, there are numerous points of intersection between drug control policies and the
11 SDGs. To explore some of these linkages and the kind of issues to be considered, here four
12 Goals are briefly examined.
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15 - *SDG 1: End poverty in all its forms everywhere*

16 Poverty is a complex and multifaceted phenomenon. As such, its relationship to drug
17 policy - in terms of both production and use - is manifold. At one level, poverty can be
18 regarded as income based and, like the MDGs, the targets under this Goal include a
19 financially focused definition of extreme poverty; in this case people living on less
20 than \$1.25 per day. Aware of the problems surrounding the use of such a figure as a
21 success threshold, this conceptualization has particular resonance within parts of the
22 world where illicit drug production is an important source of income. Traditional
23 interventions focusing on shrinking illicit market volumes can result in reduced
24 incomes for those engaged in drug producing activities. Moreover, in many instances
25 alternative development programmes have not been successful in replacing illicit
26 sources of income with those that are licit. An approach more in line with the reality of
27 illicit drug producing countries would have to consider the costs and benefits of supply
28 reduction efforts in terms of the broader national and regional economic development
29 efforts. When the concept of poverty is expanded to include vulnerability,
30 incorporating among other things, access to basic services and susceptibility to shock
31 (including violence and conflict), potential intersections multiply. This is the case for
32 individuals and communities across the spectrum of illicit drug market activities.
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35 - *SDG 2: End hunger, achieve food security and improved nutrition and promote
36 sustainable agriculture*

37 Clearly, in many respects this is closely related to Goal 1. In this instance, although
38 complex relationships exist between relatively wealthy land owners and the 'land
39 poor', it is often the case that low agricultural productivity and a lack of infrastructure
40 in some parts of the world leads rural populations to turn to illicit drug production.
41 Carefully designed and implemented measures aiming to increase productivity and
42 improve access to markets for goods and produce other than illicit drug crops are
43 likely to help reduce poverty, improve nutrition and promote sustainable agriculture in
44 many traditional producer states. Goal 2 is also important in terms of the correct
45 sequencing of development programmes and related transitions from illicit crops. A
46 lack of viable alternatives to drug crops increases food insecurity among rural
47 communities and in turn can lead to worsening nutrition.
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50 - *SDG 3: Ensure healthy lives and promote wellbeing for all at all ages*

51 Of all the SDGs, this has the most explicit connection to drug policy. Indeed, Target
52 3.5 relates to the strengthening of prevention and treatment of 'substance' abuse,
53 including 'narcotic drug abuse'. Others (3.3 and 3.7 respectively) focus on the
54 elimination of epidemics, including AIDS - in which injection drug use plays an
55 important role outside sub-Saharan Africa - and ensuring universal access to
56 controlled medicines, which includes products used in opioid substitution therapy as
57 well as palliative care. Beyond these areas of concern, and as with most Goals, an
58 interest in ensuring healthy lives and the promotion of wellbeing straddle not only the
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SDG boundaries themselves, but also transcend traditional producer-consumer state boundaries in complex ways. For example, in a drug producing country like Afghanistan drug crop eradication and associated bans can have wide-reaching negative impacts on the health and wellbeing of individuals and communities.

- *SDG 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.*

Among others, targets for this Goal are concerned with the reduction of violent deaths, organised criminality, corruption and illegal financial flows; all phenomena that are often related to illicit drug markets. The inflated value of certain drugs resulting from their prohibition for anything other than medical and scientific purposes ensures that the market contributes substantially to global illegal financial flows while in many regions – some more than others - drug markets contribute to excess violence as well as high homicide rates, levels of corruption and a lack of rule of law. Another dimension to be considered here concerns the commitment of development donors to fragile and conflict affected states. Since many of these nations, or more usually sub-national regions, experience both high levels of poverty and illicit drug economies, in-country programming needs to be sensitive to local circumstances and alert to potential negative consequences.

As this limited discussion reveals, intersections between drug policy and the SDGs are numerous and complex. Related measurement and evaluation efforts will, therefore, certainly be challenging in many instances. This is especially the case when, moving beyond drug policy outcomes, consideration is given to how drug markets themselves impact populations. Nonetheless, for these and other relevant SDGs and Targets, when it comes to measuring drug policy outcomes focus needs to be moved away from a narrow conception of effects on the scale of and flows within and between drug markets. Rather, what needs to be measured is the contribution of international drug control to the achievement of the SDGs more broadly.

In this sense, besides its symbolic value, the inclusion of some drug-related issues in the SDGs also has the potential to stimulate – or increase - the interest and involvement of UN agencies not traditionally concerned with the issue of drug control. The body with primary responsibility to assist with the implementation of the international drug control conventions, the UNODC, is sometimes accused of conservatism since it has an incentive to preserve the drug control system, and consequently how it is measured, in its present form.; a situation by no means unique to this issue area. It is plausible to suggest, however, that necessary attention to the SDGs has the potential to break down any rigidity that may exist in this regard. That said, other UN agencies such as the UNDP – but also the World Health Organisation (WHO), which appears to be an increasingly prominent actor within the regime as drug related health issues become more actively promoted through not only the SDGs but also a shift in focus in venues like the CND – might also have a different perspective on the outcomes and impacts of drug control. Furthermore, decision-making processes within these agencies are likely to be driven by power dynamics and political imperatives that differ from those prevailing in Vienna, at both the CND and within the UNODC. Such a situation may help change how some of the more contested issues in international drug control – such as human rights or harm reduction – are viewed, measured and approached by UN member states. Added to this, a system-wide approach to drug control guided by the SDGs would generate a situation whereby all agencies would have to account for the outcomes of their programming in relation to human development rather than their own organisational targets. To be sure, within both agencies and member states, in many instances current metrics can be seen to distort policy responses and encourage short term measures; measures that often focus on the metrics themselves rather than dealing with the causes of drug related problems.

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4 Considering the SDG framework has only been in place since the beginning of 2016, it
5 remains to be seen how the Goals might influence the implementation of international drug
6 control policies. However, in terms of measuring outcomes, their potential to provoke
7 changes in perspective appears considerable.
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10 *Conclusions*

11
12 The Outcome Document of the UNGASS on the world drug problem reiterates what other
13 international declarations of the past decades have defined as the dominant approach to
14 international drug control: if demand for and, particularly, supply of illicit drugs are reduced
15 the 'world drug problem' can be solved. As discussed here, the SDGs arguably offer the
16 international community a chance to shift towards a more holistic perspective on drugs and
17 drug control: one that is more concerned with a broader social goal (i.e. human development)
18 rather than simply striving for the elimination of illicit markets for certain psychoactive
19 substances. . Despite including references to the SDGs, in large parts the Document
20 promotes more of the same in drug control rather than a substantive shift in outlook. Perhaps
21 unsurprisingly bearing in mind the age and lineage of the extant regime, international drug
22 control's narrow, and to borrow David Mansfield's phrase, 'drug fetishism' has remained in
23 place (Mansfield 2016).
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26 Recent engagement by the UN Statistical Commission with the issue of drug policy metrics is
27 certainly promising in terms of signalling a more integrated UN system approach to the issue,
28 with a developing connection between 'Statcomm' and the CND reflecting, among other
29 things, an increasingly widespread awareness of the relevance of the SDA to drug policy
30 (UN, 2016a). Nonetheless, efforts to improve the current data sets (UN, 2016a) as well as
31 enhance the poor response and completion rates of the ARQ (Bewley-Taylor and Hallam,
32 2016) do little to move beyond the regime's longstanding preoccupation with flows within and
33 the scale of the illicit market. Celebrating its seventieth Anniversary, the 2017 Statistical
34 Commission operated under the banner, 'Better Data, Better Lives.' When it comes to
35 international drug policy, it might be argued that phrase should be modified to read 'Better
36 and Different Data, Better Lives.' Indeed, it will be interesting to see how member states, the
37 actors that ultimately drive and agree on the direction and form of data collection processes,
38 move towards an expansion of scope necessary to generate genuine synergy between
39 international drug policy and the SDA. The challenges are numerous, in terms of cost,
40 technical capabilities and differing perspectives and imperatives of regime members,
41 particularly on an issue such as human rights. It would be naïve to assume otherwise and to
42 underestimate the many complex barriers to change. Yet, the issue becomes more pressing
43 and difficult to ignore with the rapid approach of the next high-level meeting on drugs in
44 2019. Then the international community will review progress made towards achieving the
45 objectives of the 2009 Political Declaration and, as things stand, agree a new soft law
46 instrument outlining how the regime should operate over the following decade or so. At that
47 point, as well as having to explain, or side-step, a lack of genuine progress in achieving the
48 goals of the 2009 instrument, states will also be required to set new objectives and
49 accompanying measurement frameworks. It consequently seems timely to build upon and
50 develop emerging discussions around the integration of drug policy metrics with those linked
51 to the SDGs; a process that should include an appraisal and revision of the ARQ.
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54 Within this context, and hoping to contribute to the ongoing negotiations about the form and
55 focus of the 2019 high-level review, this article has aimed to demonstrate the role of metrics
56 in sustaining the formal shape and normative character of the global drug prohibition regime
57 and the potential of concepts, approaches and indicators from other parts of the UN system
58 to instigate change and modernisation. Moreover, in so doing it is hoped that, in helping to
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3 fill a space in the IR literature, the research and ideas herein will contribute to and encourage
4 discussion about regime and related norm stasis and transformation more generally. This
5 seems a worthwhile endeavour since, as Peter Haas noted a few years ago, 'regime analysis
6 is truly part of a long-term research program that analyses the impact of ideas and material
7 factors on international cooperation, and their interplay' (Haas, 2013).
8
9

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