OPEN LETTER:

A Call for A Reprioritization of Metrics to Evaluate Illicit Drug Policy

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TO:

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Mr. Arthayudh Srisamoot, Chair of the Commission on Narcotic Drugs
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In 2016, the United Nations General Assembly Special Session on Drugs (UNGASS) will convene to reflect on the impacts of the past two decades of global drug policy, and to chart a course for the future. This process, which was last undertaken in 1998, comes at a time of significant changes in drug policies across countries and regions. The 2016 UNGASS represents a rare opportunity to reassess the global approach to drugs and to move towards drug policies informed by health concerns and that effectively address the three UN pillars of peace and security, human development and human rights. This meeting of the General Assembly is also a unique opportunity to ensure coherence between the goals of drug policy and those of the UN's 17 Sustainable Development Goals, which encompass a range of issues relevant to drug policy, including health, poverty, criminal justice, and gender equality.[1] We therefore believe that this new consensus must include a commitment by all stakeholders to revise the range of indicators used to assess and improve drug policy effectiveness.

We call on all national and international stakeholders (including UN member states and agencies) to commit to a formal revision of the metrics used to evaluate drug control policies, and to prioritize indicators that provide specific evidence on the impact of drugs and drug policies on communities. Further, this commitment to revising the set of priority indicators used to monitor the impact of drugs and drug policies should be an official outcome of the 2016 UNGASS process.

Governments and other institutional actors have prioritized a small set of indicators to evaluate drug policy success as a result of a narrow focus on reducing the demand and supply of illegal drugs.[2] These include the price of illicit drugs, the purity of illicit drugs, the perceived availability of illicit drugs, the number and volume of illicit drug seizures, the number of drug-related arrests and incarceration, and the level of drug use in the general population (with no discrimination between problematic and non-problematic forms of drug use).[3-6] Unfortunately, based on these indicators, drug policies combining street-level drug law enforcement with drug supply interdiction

(i.e., seizures, the dismantling of clandestine drug laboratories, border security measures, etc.) have not, by and large, demonstrated effectiveness.[7-9]

While experts have identified many factors that increase an individual's risk of problematic drug use (i.e., mental health issues and trauma, among others),[10-26] there is a comprehensive scientific literature delineating how many drug-related harms, including HIV and hepatitis C transmission,[27] fatal overdose,[28-30] and substance use disorder, are exacerbated by current drug policy responses.[31,32] Indeed, a scientific consensus has emerged that policies of drug prohibition and criminalization substantially heighten the risk that people who use drugs will encounter negative health and social outcomes.[33-41] Nevertheless, governments have prioritized law enforcement and interdiction over public health and development interventions, with few tangible results in reducing the supply or use of illegal drugs.[7,8] Law enforcement-based approaches have in turn led to increases in high-risk behaviors among drug-using populations (e.g., use of unsterile needles as a result of enforcement-based barriers to clean injecting equipment).[42-47] Drug law enforcement has also resulted in the spatial displacement of vulnerable drug-using populations and illicit drug production in a number of settings.[48-52]

Importantly, drug policies that employ criminal justice interventions to disrupt illicit drug markets are known to paradoxically contribute to drug market violence[37] and have not been associated with changes in illicit drug availability, purity or price.[8] Enforcement-based drug policies have also been associated with widespread human rights violations in a range of settings including Southeast Asia, Latin America, North America, Eastern Europe, and Russia.[53-63] Finally, the coverage of evidence-based treatment and harm reduction services for drug-dependent individuals has not been brought to scale in most settings,[64] which critically undermines the effectiveness of efforts to reduce the harms of drugs and reduce the expansion of epidemics of HIV and hepatitis C.[65,66]

The narrow set of evaluative drug policy indicators currently in use provides little insight into how drug policies affect peace and security, human development and human rights, and the health issues that intersect all three of these pillars. For example, the presence of cheap and available illicit drugs in a community does not in and of itself provide policymakers insight into the drug-related harms experienced by that community, or what policy approach may be most effective. To meaningfully evaluate illicit drug policies, then, indicators that measure 'real-world' outcomes of relevance to communities need to be prioritized.

Fortunately, a range of relevant drug policy indicators have been developed over the past few decades, and are currently employed by a wide array of experts in the field (along with international organizations including the World Health Organization, the Joint United Nations Programme on HIV/AIDS, UNICEF, and others). As such, these community-oriented indicators must be meaningfully incorporated into formal illicit drug policy evaluation processes at national, regional, and international levels; we suggest a preliminary list of such indicators (see Table 1).

Given that robust indicators have been developed by experts to assess a range of impacts of drug policies on community health, safety, development and human rights, UN Member States and other international stakeholders should commit to the creation of an expert advisory group to conduct a formal revision of drug policy metrics as a key outcome of the 2016 UNGASS process.[67] We caution that without such bold action, the unacceptably high levels of drug-related harms experienced in many settings – including epidemics of HIV and hepatitis C,[27] widespread and increasing levels of fatal overdoses,[28-30] epidemics of drug-related violence,[37,63,68] social and human rights violations, and major economic consequences (e.g., tax burden) related to the incarceration of drug users,[61,69-73] – will continue, with grave implications for communities affected by illicit drugs across the globe.

TABLE 1: Preliminary set of potential drug policy indicators

HEALTH

- Level of coverage and access to interventions identified by WHO/UNODC/UNAIDS as part of the comprehensive package for HIV prevention, treatment and care for PWID* [74]
- Level of coverage for evidence-based treatment for substance use disorders
- The incidence of fatal overdose
- Drug-related emergency room presentations or hospitalizations
- The frequency of use of contaminated or unsterile injecting equipment
- The proportion of people who use drugs with access to adequate supplies of sterile injecting equipment
- The proportion of people with opioid dependency that have access to evidence-based substitution treatment
- The prevalence and incidence of blood-borne disease transmission, including HIV and hepatitis C, among people who use and inject drugs
- The frequency of first responder calls for emergencies that include mention of drugs
- Essential health services for people who use drugs included under universal health coverage
- Level of access to essential health services among people who use drugs (e.g., HIV and HCV treatment, OST, naloxone, etc.)

** NSPs; OST; HIV testing and counseling; prevention and treatment of sexually transmitted infections; condom programmes for PWID and their sexual partners; targeted information, education and communication for PWID and their sexual partners; prevention, vaccination, diagnosis and treatment for viral hepatitis; prevention, diagnosis and treatment of tuberculosis*

PEACE & SECURITY

- The incidence of drug market-related homicide
- The incidence of drug market-related violence
- Drug use-related injuries
- Traffic accidents and other fatalities due to the influence of drugs

DEVELOPMENT

- Poverty in drug cultivation regions
- Access to legal markets in illegal drug cultivation regions
- Human Development Index[75] score for drug cultivation regions
- Illicit drug use production and trafficking as proportion of national GDP
- Annual value and composition of illicit drug production by country and region
- Proportion of people with drug dependence that have access to stable housing

HUMAN RIGHTS

- Proportion of prisoners incarcerated for non-violent drug crimes
- Number of individuals sentenced to death for drug offences
- Proportion of population with a criminal record for non-violent drug possession or use
- Level of access to essential health services for people who use drugs while incarcerated or detained
- Number of individuals detained in compulsory drug detention centers[72]
- Incidence of physical or sexual abuse experienced by drug-dependent individuals by law enforcement or while incarcerated
- Level of access to medically appropriate analgesic medicines for palliation
- Inclusion of affected communities in drug policy and program-making and evaluations
- Level of gender-sensitive service provision

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ABOUT THE INTERNATIONAL CENTRE FOR SCIENCE IN DRUG POLICY

The International Centre for Science in Drug Policy (ICSDP) is a network of scientists and academics from all global hemispheres committed to improving the health and safety of communities and individuals affected by illicit drugs by working to inform illicit drug policies with the best available scientific evidence. By conducting research and public education on best practices in drug policy while working collaboratively with communities, policymakers, law enforcement and other stakeholders, the ICSDP seeks to help guide effective and evidence-based policy responses to the many problems posed by illicit drugs.