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Can the Sustainable Development Goals Help to Improve International Drug Control?[1]

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How can the outcomes of international drug control policy be measured? Currently, the UN drug control system lacks appropriate metrics to do so. However, the adoption of the Sustainable Development Goals (SDGs) offers a chance to find new – and potentially better – answers to this question.

Introduction

In April 2016, the UN held a General Assembly Special Session (UNGASS) on the World Drug Problem. During this high-level conference, member states to the UN adopted an Outcome Document which, like previous soft law instruments on the issue, restated that the current approach of the international drug control system remains largely successful and appropriate to the task at hand. This was the case even though the system is yet to achieve its core goal set nearly sixty years ago: to, in general terms, significantly reduce drug-related problems and associated harms.[4] Indeed, the Document was adopted in New York despite the fact that there is little evidence that the current approach to international drug control[5] – a combination of measures aimed at reducing simultaneously the supply of and demand for what are commonly known as illicit drugs – has led to any substantive or lasting reduction in drug-related harm.

This lack of evidence concerning the effectiveness of the international drug control system raises an obvious issue. Why do most states continue to adhere to the current approach with little question or critique? This policy brief argues that outcome metrics – the way in which the successes and failures of international drug control policies are measured - plays an important role in preserving the current shape of the international drug control system; a dynamic that has been referred to elsewhere as the 'metrics trap'.[6] As we shall see, this has much to do with how drug markets and interventions are measured as well and what is and what is not currently included within assessment processes. For example, the metrics used by the UN drug control apparatus measure key properties of illicit markets imprecisely. Some indicators do not measure what they are supposed to measure. And some metrics – which would be crucial for an appropriately holistic understanding of the consequences of international drug control - are not part of the set of metrics used by the UN. These shortcomings result in a situation where the currently dominant sets of indicators only partially reflect the reality of the successes and failures of international drug control.

Imprecise Measurements

Prominent examples of how metrics play a role in driving the dynamics of international drug control concern efforts to control the illicit supply of drugs. Metrics such as those relating to the amount of drugs seized or hectares of poppy, coca or cannabis crops eradicated, or drug laboratories destroyed, are used to measure the success of supply control. However, while such actions might be understood as successful police (and in some places also military) work, it remains unclear if they also represent a success from the perspective of drug control policy, because first and foremost, they are measures of process and do not contain meaningful information about the effects of interventions on drug markets. To achieve this, drug law enforcement would not only have to result in eradication and seizures, but it would also have to influence illicit drug markets in a way that significantly reduced the harms related particularly to drug consumption, but also to drug production.[7]

However, even prominently used metrics do not stand the test of showing how seizures and harms are related. This is mainly due to the uncertainty that comes with measuring them. Take the example of drug seizures. It seems at least reasonable to assume that, in order to significantly influence drug markets, the ratio between the amount of an illicitly produced drug and the amount of this drug seized should be as high as possible. To construct such a metric, it is necessary to know how much of an illicit drug is produced and how much is seized. Especially for plant-based drugs such as heroin, cocaine or cannabis, it is often assumed that these two components of the metric can be measured.[8] The large scale cultivation of poppy, coca bush or cannabis can often not be hidden. The amount of heroin, cocaine or cannabis products that can be extracted from a hectare of the respective plants is known. Figures about seizures are available from law enforcement agencies. By using satellite or aerial imagery of cultivation sites that allows an estimate of the area under cultivation, it should therefore be possible to provide an estimate of the illicit production of a drug and how much of this volume is seized on an annual basis. At least, this is how the theory goes.

In practice, there are several problems with such techniques for estimating illicit drug production. Even if satellite or aerial imagery is able to capture all illicit cultivation, which is unlikely due - among other factors - to the practice of poly-cropping, such an approach to measuring illicit drug production is still premised on the assumption that yields per hectare are known and constant over time and place. However, in places where the United Nations Office on Drugs and Crime (UNODC) collects additional information on drug cultivation - such as in parts of Afghanistan[9] – variations in yields per hectare seem to be the rule rather than the exception.[10] Temperature, precipitation and fungal infestations are among the more prominent factors that influence plant growth and, therefore, yield per hectare.[11] This makes collecting data on drug production considerably more complicated and – as drug production is sometimes taking place in contested areas – more risky and estimating volumes more complex.[12]

To account for such uncertainty, in recent years the UNODC has provided estimates within a substantial interval range.[13] This does help the user of such statistics to better assess the reliability of the data provided. However, acknowledging that it is only known within a range of 30 percent how much of a drug has been produced makes it considerably more difficult to assess seizures in relation to market volumes. This is also reflected in frequent disagreement between the estimates promoted by U.S. drug control agencies (which rely on the data collected from different sources) and those of the UNODC.[14] For synthetic drugs and indoor cannabis estimating production is even more difficult since remote sensing technologies cannot be used to gauge production. The UNODC, therefore, has become increasingly cautious in providing estimates of synthetic drug production. While this is laudable and in the spirit of increasing openness in relation to the reliability of data sets, it renders the seizures statistic – still provided quite prominently within UNODC publications like the annual World Drug Report – problematic.[15] Indeed, using seizures as a measure of successful drug control is in many ways meaningless. Despite this, as observers to the UN Commission on Narcotic Drugs (CND) will attest, seizures often are used to promote successes in drug supply control.

Misconceived Metrics

Another metric prominently used by the UNODC concerns numbers of drug users. Globally, the UNODC estimates that around 247 million people annually consumed illicit drugs in the past year.[16] The UNODC mentions this type of figure prominently in its annual World Drug Reports, implying that it proves the existence and significance of what has commonly – and somewhat vaguely- become known as 'the world drug problem'. The figure has remained

relatively stable when controlled for overall population growth;[17] a situation that the UNODC comments upon, if not positively, then at least in a neutral fashion.[18]

While this number might seem impressive in itself,[19] it remains largely unclear what can be learned from it about the outcomes of drug control policies. Because it includes a variety of different drug consumption behaviours (at least in theory, this number should include all drug consumers, from the one-time user to dependent daily users) and does not make a distinction between the substances consumed (including substances with characteristic as different as cannabis, MDMA, amphetamine, methamphetamine, cocaine or heroin),[20] the number of annual drug users is not a helpful metric for the actual problems often surrounding drug consumption – the health and societal harms emerging from it. In terms of harms, daily intravenous heroin consumption clearly differs from occasional cannabis consumption.[21] In this sense, the overall number of annual drug users is not an appropriate measure for the extent of the world drug problem. The estimate of problematic drug users – also provided by the UNODC and amounting to approximately 29 million annually[22] – is equally as unhelpful as a measure for drug policy outcomes.

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 problematic drug consumers doing little to help better understand the extent of the health and societal problems often caused by drug consumption. This also means that a stable or even decreasing number of drug consumers does not necessarily indicate a positive outcome for drug control since levels of drug related harm may actually increase as prevalence decreases. 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.[23] This concerns overall drug use, but pertains even more significantly to problematic drug use and associated harms. As a result, it may be possible to question how meaningful statements relating to the stability of the number of drug users globally really are. This in turn makes the interpretation of this oft-used and prominent figure as a metric for drug control policy outcomes even more problematical. As long as harms are not included in some form in such an assessment, it seems fair to argue that a metric concentrating simply on the number of drug consumers does not actually measure what it implies.

Missing Metrics

The list of indicators that might help better understand and assess the outcomes of drug control policies, but for which data is not collected systematically by the UN drug control apparatus, is long. In recent years NGOs and other bodies active in international drug control politics have repeatedly pointed to the fact that the control apparatus' system of metrics provides a skewed perspective on the purpose and goals of international and national drug control efforts.[24] At the centre of this critique is the argument that, guided by the overarching philosophy of the international drug control framework, the UNODC's metrics are primarily concerned with measuring the reduction of illicit drug markets and drug consumption with the underlying assumption that shrinking and ultimately eliminating such markets will reduce harms most effectively. Other, and in the view of many, more important aspects of drug control policies tend to be underrepresented in the UNODC's reporting on outcomes of drug control or are even fully ignored. Such aspects include among others, the following:[25]

- The costs of drug control, especially the costs of enforcing drug control laws
- Societal costs emerging from drug-related and drug control- related violence
- Impacts of supply reduction efforts for rural livelihoods and development
- Violations of human rights caused by supply reduction efforts (E.g. including the use of violence)
- Violations of humans rights cause by demand reduction efforts (E.g. forced treatment)
- Prevalence of HIV and Hepatitis C among injecting drug users due to restrictions concerning paraphernalia, opioid substitution therapy and other related harm reduction measures
- Reduced availability of controlled medicines due to restrictions concerning the use of pharmaceutical products containing internationally controlled substances

Advocates, as well as observers, of international drug control reform argue that the outcomes of drug policies can only be fully understood and adequately assessed when these aspects of international drug control efforts are systematically documented and included in the reporting about its outcomes.[26] A system that does not include these metrics provides too narrow a perspective on the problem as well as on proposals to address it better.

It seems obvious that these proposed broader metrics would suffer from the same problems as those already in use. Those are, among others, the problems discussed above: difficulties in obtaining enough, valid and reliable data, producing meaningful estimates and finding metrics that actually measure what needs to be measured. However, even if these proposed metrics are methodically not necessary superior to existing ones, they aim to complete a system of metrics that currently only provides a fragmentary and fractured (and methodically at least equally questionable) perspective on the outcomes of international drug control.

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.[27] 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.[28] However, in international politics there are policy areas in which this problem has been more seriously considered than in international drug control. In international development, for example, the Millennium Development Goals (MDGs)[29] are often considered as a good example of how policy goals, metrics and measurement were connected in order to provide policymakers with a realistic understanding of how well the MDGs were achieved.[30]

At the heart of the MDGs was the rather precise formulation of the eight goals, which included a benchmark (for example, 'reducing extreme poverty by half') and a time frame of 15 years.[31] 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 precise formulation and continuous data collection on them also made it more difficult for policymakers to sweep the failure to achieve some of the MDGs under the carpet.

That said, detailed formulation and benchmarking were unable to prevent the creation of policy goals that produced counterproductive incentives. Take, again, the example of extreme poverty. If this was defined as an individual having to live with an income of less than $1.25 per day, cutting extreme poverty in half could have been achieved by increasing the income of half of those living in extreme poverty to $1.26 per day. Even if this did not significantly change the situation for most living under the poverty line before, at least on paper, a reduction of extreme poverty would have been achieved through only minimal increases in income.[32] However, the existence of a definition of what extreme poverty means ensures advocates and states have an additional instrument to point out such minimalist interpretations of the MDGs.[33]

In international drug control, a similar mechanism is missing, so far. Leaving aside inherent problems relating to the best way to reduce drug related harm, the goal formulated in the political document currently guiding the implementation of international drug control and the related conventions remains vague in stating that the world drug problem should be eliminated or at least significantly reduced by 2019.[34] Such a goal leaves ample room for interpretation, especially when – as argued above – appropriate metrics to assess fully the extent of the 'world drug problem' are missing.

International Drug Control and the SDGs

In 2016 the MDGs where superseded by the Sustainable Development Goals (SDGs),[35] a similar framework aiming to guide international development efforts for the coming 15 years. In the long term at least, the SDGs could prove instrumental in changing the metrics used in international drug control as they exist today. This owes much to the fact that drug control efforts are referred to in the SDGs - directly and indirectly - in several instances, thus opening up the possibility that some aspects of drug control become an integrated function of the achievement of the broader goal of human development rather than a stand-alone goal of the international community. If the SDGs are to be taken as seriously by policy makers in international development as was their predecessor framework,[36] there is potential that, at least partially, the implementation of drug control policies will be affected by them. If linked in

both conceptual and operational terms the following of the 17 SDGs (or their 169 targets, respectively) might have an impact on how drug control policies are implemented:[37]

* Goal 1: End poverty in all its forms everywhere

In some regions, illicit drug production is an important source of income. Traditional interventions focusing on reducing illicit market volumes by reducing the production of illicit drugs can result in less income for those engage in drug producing activities. Moreover, in most instances alternative development programmes have not been as successful in replacing illicit sources of income with licit ones as it was hoped for. A perspective closer to the reality of illicit drug producing regions would have to take into account the benefits and the costs of supply reduction efforts in terms of the economic development of these regions.

* Goal 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture

This goal is closely related to the one aiming at ending poverty. Low agricultural productivity and a lack of infrastructure is often the reason why rural populations turn to illicit drug production in the first place. Despite popular misconceptions, it is normally the needy rather than the greedy who engage in the cultivation of illicit drug crops. Increasing productivity and improving access to markets for goods other than illicit drugs – instead of simply convincing farmers to plant other crops than poppy or coca – is likely to reduce both poverty and hunger in these regions.

* Goal 3: Ensure healthy lives and promote wellbeing for all at all ages

One of the targets of this SDG is concerned with the reduction of HIV/AIDS infections, in which intravenous drug consumption plays an important role. Others are concerned with ensuring access to prevention and treatment of dependence (including drug dependence) and ensuring access to controlled medicines (including products used in opioid substitution therapy).

* Goal 16: Promote peaceful and inclusive societies

Among others, targets for this goal are concerned with the reduction of violent deaths, the reduction of organised criminality and the reduction of corruption and illegal financial flows; all phenomena that are often related to illicit drug markets. The market for illicit drugs is a valuable black market, which contribute to global illegal financial flows. Additionally, in some regions drug markets are commonly assumed to contribute to excess violence and increases homicide rates as well as to high levels of corruption and a lack of rule of law.

For these, and other relevant SDGs, the question when it comes to measuring drug policy outcomes should not be how achieving them will affect drug markets or drug consumption. Rather, what needs to be measured is the contribution of international control to the achievement of the SDGs.

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 of UN agencies not traditionally concerned with the issue of drug control. The organisations primarily responsible for the implementation of the international drug control conventions are often accused of being conservative in the sense that they have incentives to preserve the drug control system, and consequently how it is measured, in its present form. Other UN agencies such as the UN Development Programme (UNDP) – but also the World Health Organisation (WHO), which might become a more prominent actor within the international drug control framework 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 have a different perspective on the impacts and outcomes of drug control. Furthermore, decision-making within these bodies might be driven by power dynamics that differ from those prevailing in the CND or the UNODC. This might 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. As the SDG framework has only been in place since the beginning of this year, it still remains to be seen how the Goals might change the implementation of international drug control policies. However, in terms of measuring outcomes, their potential to incite changes in perspective is significant.

Conclusions: The 2019 Political Declaration as a chance to change international drug control

The Outcome Document of the UNGASS on the world drug problem reiterates what other international declarations of the past decades have defined as the dominant approach to international drug control: if supply of and demand for illicit drugs are reduced simultaneously, the world drug problem can be solved. The SDGs have provided the international community with a chance to adopt a more holistic perspective on drugs and drug control, especially one that is more concerned with a broader social goal (i.e. human development) rather than controlling illicit markets for psychoactive substances. However, it has failed to take this chance, so far. Despite including references to the SDGs, in large parts the Document promotes more of the same in drug control rather than a shift in outlook. Perhaps unsurprisingly bearing in mind the age and lineage of the extant treaty framework, international drug control's narrow, and to borrow David Mansfield's phrase, 'drug fetishism' has remained in place.[38]

The next opportunity to adopt formally a more holistic and more realistic perspective on the world drug problem, its consequences and the way the international community agrees to deal with it will be the negotiations for the Political Declaration in 2019. This, like other previous declarations, will be an instrument aiming to provide states with guidelines on how the international drug control conventions should be implemented. The current Political Declaration from 2009 demands states to take steps to 'eliminate or significantly reduce' the 'availability and use of illicit drugs and psychotropic substances' (i.e. a core component of what the UN regards as the world drug problem) and consequently consider how measures taken at the international level contribute to attaining this overall goal of international drug control.

It is obvious that the goal will not be achieved by 2019, or indeed ever. However, if the objective to simply eradicate drug illicit markets and solve the world drug problem is retained in the 2019 Political Declaration, there is a very real risk that the international drug control project will become a farce. Adopting meaningful metrics for realistic drug policy outcomes that contribute to the achievements of the SDGs could be a first step in changing how the purpose of international drug control is understood, and indeed if the control framework in its entirety remains relevant for contemporary challenges; both in relation to the increasingly dynamic and fluid market and policy choices at national and subnational levels. This would also necessarily include the breaking of taboos in the current political discourse surrounding international drug control such as that drug production, trafficking and consumption might not always have detrimental effects on health and development or that managing rather than eliminating (illicit) markets might reduce the harms of drugs more effectively. Doing so could be worth the effort because it would integrate international drug control into a broader set of UN levels goals and more universally accepted values and, in doing so, reduce the current – and long standing – tendency for 'drug fetishism'.

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[1] An earlier version of this article has been published in German in SuchtMagazin 4/2016: http://www.suchtmagazin.ch/

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[4] Document E/CN.7/2016/L.12/Rev.1, commonly referred to as the 'Outcome Document' is entitled "Our joint commitment to effectively addressing and countering the world drug problem". Several paragraphs of the document directly or indirectly refer to the notion that the current international drug control system embodied in three international drug control conventions is instrumental to "to tackle the world drug problem and to actively promote a society free of drug abuse". It recognizes that "while tangible progress has been made in some fields, the world drug problem continues to present challenges" and that "new and evolving challenges should be addressed in conformity with the three international drug conventions". For a more detailed account on the UNGASS and the Outcome document, see Bewley-Taylor, David and Jelsma, Martin (2016), *UNGASS 2016: A Broken or B-r-o-a-d Consensus ? UN summit cannot hide growing divergence in the global drug policy landscape*, Drug Policy Briefing, 45, June,

http://www.swansea.ac.uk/media/Broken%20or%20broad_FINAL.pdf [Last retrieved : Seprtember 12, 2016]. For a detailed discussion of the UNGASS Outcome Document from a civil society perspective and further documentation, see also Fernandez Ochoa, J., (2016), *After the UNGASS 2016: Disappointment and Resolve*, IDPC Blog, published online May 3rd, 2016. Available online: http://idpc.net/blog/2016/05/UNGASS2016-disappointement-and-resolve [last retrieved: June 20, 2016]. In terms of the core goals of the system, it is worth noting language within the 2009 *Political Declaration and Plan of Action on International Cooperation Towards an Integrated and Balanced strategy to Counter the World Drug Problem.* Here it noted that states '*Reaffirm*… that the ultimate goal of both demand and supply reduction strategies and sustainable development strategies is to minimize and eventually eliminate the availability and use of illicit drugs and psychotropic substances in order to ensure the health and welfare of mankind…' https://www.unodc.org/documents/ungass2016/V0984963-English.pdf (Also see endnote 32 below). Before that, the *Political Declaration, Guiding Principles of Drug Demand Reduction and Measures to Enhance International Cooperation to Counter the World Drug Problem* from the 1998 UNGASS committed the international community, among other things, '…to develop strategies with a view to eliminating or reducing significantly the illicit cultivation of the coca bush, the cannabis plant and the opium poppy by the year 2008.' (UN (1998), *Political Declaration, Guiding Principles of Drug Demand Reduction and Measures to Enhance International Cooperation to Counter the World Drug Problem,* Special Session of the General Assembly Devoted to Countering the World Drug Problem Together, 8-10 June 1998 https://www.unodc.org/pdf/report_1999-01-01_1.pdf [Last Retrieved: 12 September 2016]).

[5] The 'international drug control system' is a set of three international conventions agreed upon in 1961, 1971 and 1988. They are concerned with internationally controlling the production and trade of plant-based (1961 Convention, as amended by the 1972 Protocol) and synthetic (1971 Convention) psychoactive substances and their precursor chemicals (1988 Convention). Additionally, the 1988 Convention is also concerned with international cooperation to fight illegal trade with controlled substances. The Commission on Narcotic Drugs (CND) is the UN's main policy making body on drug control matters. It is also the United Nations Office on Drugs and Crime's (UNODC) governing body, which is mandated – among others – to assist state in implementing the international drug control conventions.

[6] Bewley-Taylor, Dave (2016). *Towards Metrics that Measure Outcomes that Matter*, Global Drug Policy Observatory Policy Brief 10, Swansea, Global Drug Policy Observatory. Available online: http://www.swansea.ac.uk/media/GDPO%20Metrics%20WEB_FINAL.pdf. [last retrieved: June 20, 2016].

[7] Assuming that supply or market volume is directly correlated to the harms of drug through the amount drugs available and, hence, drug prices is naïve. Not only do drug traders have the possibility to add more adulterants to drugs if they become rare. As has been argued by Reuter/Kleiman (Reuter, P. & Kleiman, M., (1986), *Risks and Prices: An Economic Analysis of Drug Enforcement. Crime and Justice*, No.7, Pp. 289-340) it is also likely that increasing law enforcement efforts does not increase drug prices linearly.

[8] The UNODC, and other organisations interested in estimating the volume of drug markets, have been using this methodology for the past two decades in places like Afghanistan and Colombia to estimate the volume of production of heroin and cocaine. See, for example: Mansfield, D. (2016), *A State Built on Sand: How Opium Undermined Afghanistan*, London, Hurst & Company. UNODC (2015), *Afghanistan Opium Survey: Cultivation and Production*, Vienna, UNODC. UNODC (2015), *Southeast Asia Opium 2015*, Lao PDR, Myanmar. Bangkok, UNODC Regional Office for Southeast Asia and the Pacific. UNODC (2015), *Colombia: Coca Cultivation Survey 2014*, Vienna, UNODC.

[9] See, for example: UNODC (2015), *Afghanistan Opium Survey: Cultivation and Production*, Vienna, UNODC. UNODC (2015). Southeast Asia Opium 2015: Lao PDR, Myanmar. Bangkok, UNODC Regional Office for Southeast Asia and the Pacific. UNODC (2015), *Colombia: Coca Cultivation Survey 2014*, Vienna, UNODC.

[10] This can be seen in the lacking correlation between the area under poppy cultivation and estimated production of raw opium in Afghanistan over time. While the cultivated area has been steadily increasing over the past years, production estimates vary widely. See, for example: UNODC (2015), *Afghanistan Opium Survey: Cultivation and Production*, Vienna, UNODC. UNODC (2015), *Southeast Asia Opium 2015*, Lao PDR, Myanmar. Bangkok, UNODC Regional Office for Southeast Asia and the Pacific. UNODC (2015), *Colombia: Coca Cultivation Survey 2014*, Vienna, UNODC.

[11] UNODC (2015), *Afghanistan Opium Survey: Cultivation and Production*, Vienna, UNODC.

[12] For a comprehensive discussion of such problems and their effects on production estimates, see, for example, Mansfield, D., (2016), *A State Built on Sand: How Opium Undermined Afghanistan*, London, Hurst & Company

[13] Such intervals were first provided in the UNODC's World Drug Report of 2010. See, UNODC (2010), *World Drug Report 2010*, New York, United Nations.

[14] See, for example, Reuter, P. (2009), *Assessing Changes in Global Drug Problems*, 1998-2007. In: Reuter, P. & Trautmann, F., (2009), *A Report on the Global Illicit Drug Markets 1998-2007*, Brussels, Rand Europe.

[15] UNODC (2016), *World Drug Report 2016*, New York, United Nations, Pp. xii-xv.

[16] The number and a respective graph are presented on the first page of the executive summary of the World Drug Report 2016 and also in early World Drug Reports. There is hardly a more prominent place in the report to present it. See, UNODC (2016), *World Drug Report 2016*, New York, United Nations, P. ix.

[17] UNODC (2016), *World Drug Report 2016*, New York, United Nations, P. ix.

[18] See for example, UNODC (2016), *World Drug Report 2016*, New York, United Nations, P. ix.

[19] According to UNODC (2016), *World Drug Report 2016*, New York, United Nations – the quarter of a billion drug users globally approximately equals the population of France, Germany, Italy and the UK combined.
[20] In the current World Drug Report, the UNODC makes attempts to break down this number to different drugs and drug using behaviours. However, it places the overall number of drug users still more prominently in its report than its more nuanced analysis of the global situation concerning drug consumption.
[21] On the health effects of cannabis consumption, see, Hall, W. & Degenhardt, L., (2014), *Review: The Adverse Health Effects of Chronic Cannabis Use*, Drug Testing and Analysis 6(1), Pp. 39-45. On intravenous Drug consumption as a health risk factor, see, for example, Degenhardt, L., et al. (2013), *Global Burden of Disease Attributable to Illicit Drug Use and Dependence: Findings from the Global Burden of Disease Study 2010*, The Lancet 382(9904), P.1571.
[22] UNODC (2016), World Drug Report 2016, New York, United Nations, P. ix.
[23] UNDOC (2016: 2). For the most recent estimate of global drug use (referring to the year 2014), only 20 states have provided updated figures. In many instances, however, the UNODC has stopped including out-dated figures in its calculations in recent years. While this might make its calculations less inaccurate, it also adds more missing data points. Therefore, the UNODC provides only a partial perspective on the global situation on terms of drug use – one in which those states that provide data regularly are overrepresented. This situation makes it also more difficult to compare data over time, because it is not always obvious in which years which states contributed to the UNODCs statistics.
[24] See, for example, Bewley-Taylor, D., (2016), *Towards Metrics that Measure Outcomes that Matter*, Global Drug Policy Observatory Policy Brief 10, Swansea:, Global Drug Policy Observatory. Available online: http://www.swansea.ac.uk/media/GDPO%20Metrics%20WEB_FINAL.pdf. [last retrieved: June 20, 2016]. Or, International Centre for Science in Drug Policy (2016), *Open Letter: A Call for a Reprioritization of Metrics to Evaluate Illicit Drug Policy*, Toronto, International Centre for Science in Drug Policy. Available online: http://www.icsdp.org/read_the_open_letter [last retrieved: June 20, 2016]. Or, Muggah, R., Aguirre K., & Szabo de Carvalho, I., (2015), *Measurements Matters: Designing New Metrics for a Drug Policy that Works*, Rio de Janeiro, Instituto Igarapé. Available online: https://igarape.org.br/en/measurement-matters-designing-new-metrics-for-a-drug-policy-that-works/ [last retrieved: June 20, 2016]. Similarly, the most recent report of the LSE Expert Group on the Economics of Drug Policy argues that finding new metrics and indicators is essential for developing international and national drug policies (see, for example, Reuter, P., Pollack, H., & Prado, B., (2016), *If Tougher Enforcement Cannot Reliably Raise Drug Prices, What are Appropriate Goals and Metrics?* In: LSE Expert Group on the Economics of Drug Policy (2016). *After the Drug Wars,* London, LSE. Pp. 51-58.
[25] The following list has been compiled from Bewley-Taylor, D., (2016), *Towards Metrics that Measure Outcomes that Matter*, Global Drug Policy Observatory Policy Brief 10, Swansea, Global Drug Policy Observatory. Also, from International Centre for Science in Drug Policy (2016), *Open Letter: A Call for a Reprioritization of Metrics to Evaluate Illicit Drug Policy*, Toronto, International Centre for Science in Drug Policy.
[26] Bewley-Taylor, D., (2016), *Towards Metrics that Measure Outcomes that Matter*, Global Drug Policy Observatory Policy Brief 10, Swansea, Global Drug Policy Observatory.
[27] Policy areas concerned with crime, where relevant data is not readily available and cannot easily be obtained from those participating in crimes, experience this problem even more pronounced than other areas. See, for example, Andreas, P., & Greenhill, K., (Eds.) (2010), *Sex, Drugs and Body Counts: The Politics of Numbers in Global Crime and Conflict*, New York, Cornell University Press.
[28] Stiglitz, J., Sen, A., & Fitoussi, J-P., (2008), *Report by the Commission on the Measurement of Economic Performance and Social Progress,* Paris, Commission on the Measurement of Economic Performance and Social Progress. Available online: http://www.insee.fr/fr/publications-et-services/default.asp?page=dossiers_web/stiglitz/documents-commission.htm [last retrieved: June 20, 2016].
[29] For more information on the MDGs, see http://www.un.org/millenniumgoals/ [last retrieved: June 20, 2016].
[30] The Economist (2015), *Assessing Development Goals: the Good, the Bad and the Hideous*, Published online March 28th, 2015. Available online: http://www.economist.com/news/international/21647316-which-mdgs-did-some-good-and-which-sdgs-might-work-good-bad-and-hideous [last retrieved: June 20, 2016].
[31] The eight MDGs were: (1) eradicate extreme poverty and hunger, (2) achieve universal primary education, (3) promote gender equality and empower women, (4) reduce child mortality,(5) Improve maternal health, (6), combat HIV/AIDS, Malaria and other diseases, (7) ensure environmental sustainability, (8) develop a global partnership for development. It should be acknowledged that target dates are ambivalent instruments of international cooperation. Obviously, they are often chosen on political rather than technical grounds and might therefore seem arbitrary in terms of goal achievement. However, formulating a framework without any target date bears the risks that actions concerning the framework are given low priority and makes it much more difficult to hold anybody accountable for inaction.
[32] For a comprehensive discussion of measurement of development outcomes, see Duflo, E., & Banerjee, A., (2011), *Poor Economics: A Radical Rethinking of the Way to Fight Global Poverty*, New York, Public Affairs.
[33] See, for example Reddy, S., & Kvangraven, I., (2015), *Does the World Really Need Development Goals?*, Financial Times, published online August 28, 2015. Available online: http://blogs.ft.com/beyond-brics/2015/08/28/does-the-world-really-need-development-goals/ [last retrieved: June 20, 2016]).

[34] The “Political Declaration and Plan of Action on International Cooperation Towards an Integrated and Balanced Strategy to Counter the World Drug Problem” (Political Declaration) formulates the target to “eliminate or reduce significantly and measurably: the cultivation of poppy, coca bush and cannabis plant, the illicit demand for drugs and drug-related health and social risks, the illicit production, manufacture, marketing and distribution of drugs, the diversion of their precursors as well as drug related money laundering (CND (2009), *Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem*, High-level Segment of the Commission on Narcotic Drugs, Vienna 11-12 March 2009, New York, United Nations. P.14. Available online: https://www.unodc.org/documents/ungass2016/V0984963-English.pdf. [last retrieved: June 20, 2016].

[35] For more information on the SDGs, see http://www.un.org/sustainabledevelopment/sustainable-development-goals/ [last retrieved: June 20, 2016].

[36] The SDG have been criticized for being too numerous and imprecise. Some do not expect them to have the same impact as the MDGs for this reason. See, for example, The Economist (2015), *The Sustainable Development Goals: Beyond Handouts*, Published September 19th, 2015. Available online: http://www.economist.com/news/international/21664974-targets-intended-shape-development-next-15-years-are-bloated-all-same-they [last retrieved: June 20, 2016]). However, on the other hand, the UN is making even more efforts to collect the data needed to monitor the achievements of the SDG than in did for the MDGs. See, for example, IEAG (2014), *A World that Counts: Mobilising the Data Revolution for Sustainable Development*, Report of the Independent Advisory Group on a Data Revolution for Sustainable Development, New York, United Nations.

[37] See also, Bewley-Taylor, Dave (2016). Towards Metrics that Measure Outcomes that Matter. Global Drug Policy Observatory Policy Brief 10. Swansea: Global Drug Policy Observatory.

[38] The term ‘drug fetishism’ refers to a tendency in drug policy making to see all decision-making (even in other policy areas) through the lens of drug control; see, Mansfield (2016). In terms of the SDGs, adopting such a perspective would mean asking how improving human development could help to reduce drug-related problems rather than asking how drug control could contribute do improve human development. The World Drug Report 2016 dedicates a whole chapter to the link between the SDGs and the international drug control. This chapter is arguably a case of drug fetishism, as it repeatedly argues that achieving the SDGs will also help to reduce the world drug problem, but never asks the question how drug control needs to be reshaped to contribute to the achievement of the SDGs.