

ANNEX: Suggested edits, additions and indicators for a revised ARQ

Proportionality of sentencing and alternatives to coercion and punishment

In Part I, add the following question:

Were any laws and regulations relating to internationally controlled substances enacted or reviewed during the reporting year to ensure more proportionate penalties for drug offences, and/or which provide alternatives to coercion or punishment?

If the answer is yes, please describe the main features of the new legislation/legislative reform (including any specific provisions for women and youth);

If the answer is yes, please provide details about possible plans for trainings to law enforcement and criminal justice authorities to ensure the good implementation of the law;

If the answer is yes, please provide details about the impact the new legislation has had on the scale of the prison population (disaggregated by age and gender).

Please provide an estimate of the proportion of the prison population constituted by drug offenders.

In Part II, expand question 9.e:

When appropriate: does your country provide treatment for drug-using offenders as an alternative to sanctions or punishment?

If the answer is yes, please provide details on what these alternatives consist of;

If the answer is yes, please provide details on which offences are covered;

If the answer is yes, please provide the percentage of drug-using offenders who benefited from alternatives to sanctions or punishment during the reporting year (disaggregated by age and gender).

Human rights safeguards

In Part I: add a new section: 'Human rights safeguards', with the following questions:

Were there any laws, regulations or administrative measures adopted/reviewed during the reporting year to eliminate arbitrary arrest, detention, acts of torture and other inhuman or degrading treatment or punishment against (suspected) drug offenders, and to eliminate impunity?

How have the human rights for drug using offenders been promoted and protected during the reporting year?

Does your country make sure of corporal punishment against drug offenders? If the answer is yes, have there been measures undertaken to reduce/eliminate this practice during the reporting period?

Suggested indicators (disaggregated by age and gender – also consider race, ethnicity and socio-economic background):

- Reported cases of extrajudicial killings of (suspected) drug offenders – of which, percentage of cases processed within the criminal justice system, during the reporting period.
- Reported cases of arbitrary detention during the reporting period.
- Incidence and prevalence of physical and psychological abuse (including sexual violence), including by law enforcement officials, against (suspected) drug offenders in the reporting period.

- Proportion of law enforcement officials formally investigated for physical and psychological violence against (suspected) drug offenders, including arbitrary arrest and detention – of which, proportion of formal investigations in disciplinary action or prosecution in the reporting period.
- Number of people who use drugs held in compulsory drug detention centres during the reporting period.
- Other cases of torture or cruel, inhuman or degrading treatment or punishment perpetrated by an agent of the state or any person acting under its authority or with its complicity, against (suspected) drug offenders during the reporting period.
- Proportion of victims of torture or cruel, inhuman or degrading treatment or punishment accused of drug offences who have received compensation and rehabilitation during the reporting period.
- Percentage of people accused of drug offences who received legal aid during trial, in the reporting period.

Gender

Streamline the request for gender- and age-disaggregated data throughout the updated ARQ, in particular for questions 9, 11 and 15 in Part II, and questions 12, 18-22, 25-27, 30-33, 48-51 and 54-60 in Part III.

Request, on a voluntary basis, that member states submit information disaggregated by socio-economic status, race, ethnicity and others as appropriate.

Overdose prevention

In Part III, expand the ‘Drug-related morbidity’ section (questions 45-47), by adding the following question:

Is Naloxone available in your country?

If the answer is yes, in what form is Naloxone available?

Coverage of Naloxone distribution (indicate who is authorised to carry and administrate naloxone):

Number of overdose reversals attributed to the administration of Naloxone:

Please list other measures available to prevent overdose deaths and reduce drug-related risks and harms (e.g. drug checking in party settings):

Access to controlled medicines

In Part I, add the following questions:

Were any laws, regulations or administrative measures adopted/reviewed during the reporting year to improve access to controlled substances for medical and scientific purposes? If yes, please provide details (substance(s) covered, purpose of reform, expected impact).

Does your country have a national strategy identifying palliative care and the treatment of moderate to severe or chronic pain as an objective? If yes, please provide details below, as well as a copy of the strategy if available in one of the six official United Nations languages.

Suggested indicators:

- Substances currently available for palliative care and/or to treat moderate to severe or chronic pain in the country.

- Requirements to prescribe controlled medicines in the country (e.g. special prescription forms, specific training, number of days the prescription can cover, requirement for specific licence, limitations to daily doses being prescribed, etc.)
- Availability of controlled medicines in the country (e.g. stocks, supply and distribution system).
- Percentage of people suffering from moderate to severe or chronic pain receiving controlled medicines (disaggregated by age and gender).
- Percentage of people dependent on opioids receiving substitution therapy with methadone, buprenorphine or morphine (disaggregated by age and gender).
- Coverage of training for healthcare professionals on palliative care and the treatment of moderate to severe or chronic pain with controlled medicines.

Social, economic and other risk factors around problematic drug use and harms

Suggested indicators (disaggregated by age and gender):

- Percentage of people who use drugs living below the poverty line in the reporting period.
- Percentage of people who use drugs who were employed during the reporting period.
- Number of people who use drugs having access to healthcare information and services during the reporting period.
- Prevalence of problematic drug use in zones affected by armed conflict in the reporting period.
- Number of people arrested by the police for drug use or simple possession in the reporting period.
- Number of people processed through the criminal justice system for drug use or simple possession in the reporting period.
- Number of people incarcerated for drug use or simple possession in the reporting period.

Factors contributing to involvement in illicit drug supply activities

Suggested indicators:

- Percentage of people living above the poverty line in communities affected by the drug trade (disaggregated by gender).
- Percentage of people having access to land tenure in areas vulnerable to, or affected by, the illicit drug trade (disaggregated by gender).
- Percentage of people having access to stable housing in communities affected by the illicit drug trade (disaggregated by gender).
- Percentage of people having access to primary, secondary and higher education in areas affected by the illicit drug trade (disaggregated by gender).
- Increase/reduction in levels violence in areas affected by illicit production and trafficking.
- Increase/reduction in levels corruption in areas affected by illicit production and trafficking.
- Increase/reduction in the number of people displaced from their land due to crop eradication activities and other drug law enforcement efforts.
- Increase/reduction in access to licit markets for products derived from local cultivation, production and manufacture.
- Mechanism(s) established for the participation of affected communities in policy making and implementation of drug control policies.