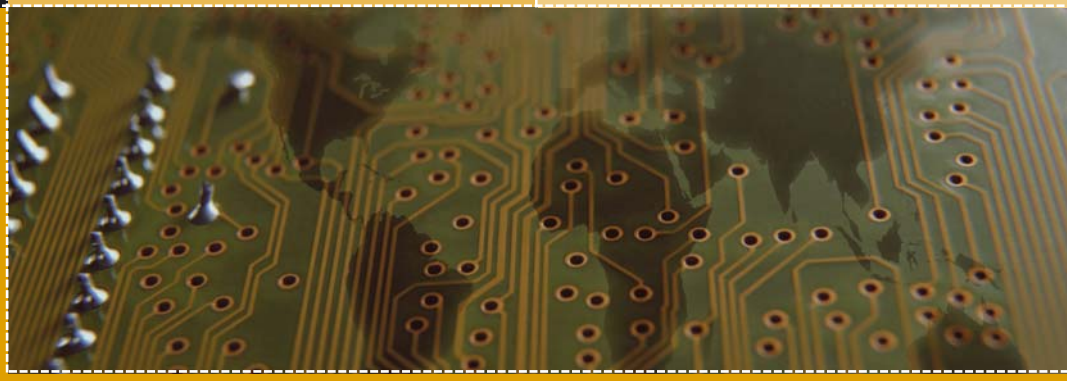

Annual Reports Questionnaire, Part II: Extent, Patterns and Trends of Drug Abuse Guide to Completion of Part II

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Vienna

Annual Reports Questionnaire, Part II: Extent, Patterns and Trends of Drug Abuse

Guide to Completion of Part II

Global Assessment Programme
on Drug Abuse

Toolkit Module 4

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For further information, visit the GAP web site at www.unodc.org, e-mail gap@unodc.org, or contact the Global Challenges Section, UNODC, PO Box 500, 1400 Vienna, Austria.

United Nations Office on Drugs and Crime
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GAP
Global Assessment Programme on Drug Abuse

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Introduction

At its twentieth special session devoted to countering the world drug problem together, in 1998, the General Assembly of the United Nations adopted a Political Declaration (resolution S-20/2, annex), by which it decided to establish the year 2008 as a target date for States, with a view to eliminating or reducing significantly the illicit manufacture, marketing and trafficking of psychotropic substances, including synthetic drugs, and the diversion of precursors. That was the first time that the international community had agreed on such specific drug control objectives. Monitoring and evaluating progress towards those goals requires systematic data and, for that reason, at that special session, the General Assembly requested the United Nations Office on Drugs and Crime [1] to provide States Members of the United Nations with the assistance necessary for compiling comparable data on drug use, to collect and analyse those data and to report thereon to the United Nations Commission on Narcotic Drugs. In response to those requests, the Office launched the Global Assessment Programme on Drug Abuse (GAP), the aims of which are:

(a) To support Member States in building the systems necessary for collecting reliable data to inform policy and action;

(b) To encourage regional partnerships for the sharing of experiences and technical developments; and

(c) To facilitate a better understanding of global patterns and trends in drug abuse by encouraging the adoption of sound methods of collecting comparable data at country, regional and global levels.

Those aims reflect the challenge posed in the Declaration on the Guiding Principles of Drug Demand Reduction adopted by the General Assembly at its twentieth special session (resolution S-20/3, annex), which calls for regular assessments of the nature and magnitude of drug abuse and drug-related problems in the population as the basis for demand reduction programmes. Those assessments should be undertaken in a comprehensive, systematic and periodic manner, drawing on results of relevant studies, allowing for geographical considerations and using similar definitions, indicators and procedures to assess the drug situation.

Part II of the Annual Reports Questionnaire (ARQ) provides Member States with a mechanism for reporting data on drug abuse under the international drug control treaties [2]. In establishing the technical networks necessary to collate ARQ data, Governments are also investing in information networks that can pay valuable dividends at the national level. It should be noted that the factor that most inhibits the development of a comprehensive picture of patterns and trends in illicit drug abuse remains the limited capacity available in many countries to collect information in that area. The ARQ has an important role to play in encouraging countries to develop data collection systems and facilitating capacity-building exercises in Member States, supported by the Office on Drugs and Crime through GAP activities. A technically sound questionnaire is only one of the requirements in successfully compiling a comprehensive global data set on patterns and trends in drug abuse. Equally important is ensuring that the process by which data are compiled and submitted is efficiently managed.

The present publication, *Annual Reports Questionnaire, Part II: Extent, Patterns and Trends of Drug Abuse: Guide to Completion*, was prepared under the Global Assessment Programme on Drug Abuse as part of *GAP Toolkit Module 4: Management of Data for the Annual Reports Questionnaire*, which also comprises a set of four interlinked training packs designed to assist Member States in completing and interpreting part II of the questionnaire for purposes of policy formation and implementation of demand reduction activities. Training pack 1, *Annual Reports Questionnaire, Part II: Content and Conceptual Issues*, presents the topics covered by part II of the questionnaire, terminology and conceptual issues. Training pack 2, *Monitoring Drug Abuse for Policy and Practice*, discusses the relationship among monitoring, policy and practice and the development of a national drug information system. Training pack 3, *Completing the Annual Reports Questionnaire, Part II: Practical Issues and Detailed Guidance Notes*, contains practical instructions on organizing completion of and submitting part II of the questionnaire. Training pack 4, *Annual Reports Questionnaire, Part II: Terminology*, provides keyword definitions of some basic drug epidemiological terms used in the questionnaire. The present *Guide to Completion of Part II* is primarily aimed at persons responsible for national drug abuse data and technical persons responsible for completion of part II of the ARQ. *GAP Toolkit Module 4* provides more in-depth information on the issues covered by part II of the questionnaire, which may be useful to those compiling and recording data, as well as to a wider readership, including trainers.

Module 4: Management of Data for the Annual Reports Questionnaire forms one component of the GAP Toolkit, a compendium of methodological guides on drug abuse epidemiology, produced to assist States Members of the United Nations in developing systems of drug information collection that are culturally appropriate and relevant, in bringing existing drug information systems into conformity with internationally recognized standards of good practice and in harmonizing drug abuse indicators. The other modules in the *Toolkit* series provide support in the following areas: developing an integrated drug information system, estimating prevalence, con-

ducting school surveys on drug abuse, basic data analysis, qualitative research and focused assessments, and ethical guidelines in drug abuse epidemiology [3].

Other activities of the Global Assessment Programme on Drug Abuse include the provision of technical and financial support for the establishment of drug information systems and support for and coordination of global data collection activities. Further information about GAP may be obtained from the GAP web site at www.unodc.org/unodc/en/drug_demand_gap.html, from the Global Challenges Section at the United Nations Office on Drugs and Crime, PO Box 500, 1400 Vienna, Austria, or by sending an e-mail to the following address: gap@unodc.org.

Chapter I

Structure of the annual reports questionnaire

The annual reports questionnaire, part II, has 10 sections, covering the following topics:

(a) Prevalence of drug abuse among the general population, pages 4-7, questions Q1-Q9;
(b) Prevalence of drug abuse among the school (youth) population, pages 8 and 9, questions Q10-Q14;
(c) Injecting drug abuse, pages 10 and 11, questions Q15-Q22;
(d) Severe drug abuse, page 12, questions Q23-Q28;
(e) New developments in prevalence and patterns of drug abuse, pages 13 and 14, questions Q29-Q32;
(f) Drug-related morbidity, page 15, questions Q33-Q38;
(g) Drug-related mortality, pages 16 and 17, questions Q39-Q47;
(h) Drug treatment, pages 18 and 19, questions Q48-Q58;
(i) Data collection capacity, page 20, questions Q59-Q61;
(j) Reports and additional information, pages 21-23.

Information is requested in column headings, while the response format has generally been given a tabular design to accommodate the need to report on topics for individual classes or types of drug. Two distinct levels of information are requested: "summary expert opinions" and "quantitative estimates". This distinction recognizes the fact that, as yet, many countries do not have detailed quantitative data on the topics concerned. To accentuate the distinction, the questions relating to summary expert opinions and those relating to quantitative estimates have been given different background colours.

Specification of class or type of drug

Although the questionnaire, part II, covers all substances controlled by the United Nations conventions on narcotic drugs and psychotropic substances, the health and social impact and consequences of individual drugs vary considerably and any assessment of the extent, patterns and trends of drug abuse that lumped together all illicit drugs would not be informative. Most questions in the ARQ therefore relate

to individual classes or types of drug and should preferably be answered in terms of individual drugs.

The classes and types of drug that are globally considered relevant for each topic are already listed in the ARQ, but if the pre-coded lists do not include drugs prevalent in the country being reported on, other drugs or aggregate groups of drugs may be added in the appropriate text fields. An overview of the classification of classes and types of drug can be found in chapter VI below; for more detailed information on the classification of drugs, the publication *Terminology and Information on Drugs* [4] should be consulted.

Summary expert opinions

The questionnaire asks for summary expert opinions to be provided on topics covered in three types of question:

(a) The occurrence of individual classes or types of drug. Are specific drugs known to have been used in the country (Q1), to have been injected (Q15), to have been involved in drug-related deaths (Q39) or to have been the primary cause for drug treatment (Q48)? In a similar way, question Q33 asks if infections with hepatitis B or C or HIV have occurred among drug injectors. The answer categories for these questions are simply "yes" or "no";

(b) The relative magnitude of use of individual drugs among other drugs that have been used (Q2), involved in drug-related deaths (Q40) or been the primary cause of drug treatment (Q49). These questions should be answered by indicating an order of ranking of classes or types of drug;

(c) The trend for specific drugs with regard to use (Q4), injecting use (Q16), drug-related deaths (Q41) and drug treatment (Q50). The answer categories for these questions constitute a five-point scale ranging from "large increase" to "large decrease".

All questions refer to the past year, that being the reporting period. Although the questions listed above can sometimes be answered on the basis of sound scientific evidence, in the ARQ they are primarily intended to represent general "qualitative" information. If there are no data based on surveys, registers or formal estimation methods, the questions may be answered on the basis of the opinions of informed experts only and it is assumed that all countries can provide information at least at this qualitative level.

Summary expert opinions, however, are not simply introduced into the ARQ to compensate for missing quantitative data. The types of question that are labelled summary expert opinions deal with different issues that often cannot be answered intelligibly by only considering quantitative data. In practice, the expert opinions will be based on various sources of information, ranging from hard evidence of quantitative data and scientific analysis to results of qualitative studies and general pro-

fessional experience, but they will also take the context of the information into account. The requested qualitative expert opinions are intended to supplement rather than replace quantitative data.

Thus, the occurrence of particular drugs in the country might be known by experts in the field long before they were revealed by quantitative treatment data or survey results.

An order of ranking of the drugs being used may be deduced from quantitative estimates, but estimation methods for individual drugs are not always specific and prevalence figures based on survey data may not differentiate between incidental and regular use, whereas such a distinction could be made by experts in the country in order to decide on the relative magnitude of drug abuse. For example, if there are more incidental users of Ecstasy than regular users of cocaine, experts in the country might still rank cocaine above Ecstasy, taking into account the general pattern of use.

Trends can, of course, be assessed by comparing time series of quantitative data. This will reveal if drug use has risen or dropped, but it will not answer the question of how such a change could be labelled in the context of the country being reported on. A 10 per cent increase in, for example, cannabis (that is, the number of people who have used cannabis in the past year has increased by 10 per cent compared to the previous year) might be considered a large increase if there had previously been a high number of users, but could be regarded as "no great change" if the number of users had previously been very low. The reporting of trends in terms of large or small changes is not only based on objective quantitative figures, but also depends on the context and the perception of changes in the country.

Presenting expert opinions in the ARQ implies that these opinions have been assessed prior to completion of the ARQ. Although there is no standard methodology for this assessment, the following basic methods could be applied:

(a) Asking various experts in the country to complete the relevant sections of the ARQ. The average result, possibly after weighting the responses of individual experts on the basis of their assumed expertise and experience, could then be entered as the country's response to the expert opinion questions in the ARQ;

(b) Asking various experts in the country to complete the relevant sections of the ARQ and then presenting them with the collective results, with the request to review their initial responses while taking into account the responses of others. This cyclic method of expert consultation, known as the Delphi-approach, involves an implicit weighting of individual responses by each of the experts and usually results in a consensus view being reached on the issues concerned;

(c) Organizing a consensus-seeking meeting, during which different experts would try to decide on a collective response to the expert opinion questions in the ARQ. In such a meeting, the opinions of individual experts would not only be shaped by the views of others, but also by their arguments and normally the meeting would result in an accepted consensus on the country's reply to the expert opinion questions of the ARQ.

Any consultation of experts requires the careful selection of people who have the necessary expertise and experience. If the model procedure for completion of the ARQ described in chapter II is followed, the identification of relevant experts is the first step in the process. The selection principle should be that an attempt is made to assemble the best expertise in the country. Experts chosen initially may assist in the selection of others, but the selection should not be based on a random sample from nominated experts.

Quantitative estimates

For each topic, the questionnaire asks if there are quantitative estimates or statistics available. The indicator tables on drug prevalence (questions Q8 and Q9 and Q12-Q14) also allow alternatives to be specified for the preferred prevalence measure and age groups.

Estimates should be provided for the reporting year. Where this is not possible, the most recent figures available may be included. The year of the estimate should always be specified. References to the sources of the estimates may be included in the section entitled “Reports", which follows question Q60.

Estimates relating to different drugs do not have to be taken from the same sources. For example, an estimate of the prevalence of cannabis use may be based on the results of a general population survey, whereas an estimate of the prevalence of heroin use may be based on a capture-recapture method involving treatment data. However, it should be ensured that the estimated figures reported are estimates for the country as a whole and apply to the same year.

If no estimate is available for the country as a whole, an estimate for a part of the country or for a sub-population may be specified. In the ARQ this is called a “partial estimate”. If more than one such partial estimate is available, the one that is considered to be a reasonable alternative to a recent national estimate may be chosen. For partial estimates, not only the year of the estimate should be specified, but also the geographical or population coverage, as well as the size of the reference population to which the estimate applies.

National and partial estimates or partial estimates referring to different sub-populations or parts of the country should not be mixed within the same table of indicator data. For example, if there is a national estimate for heroin and only a partial estimate for amphetamine, only the national estimate for heroin should be entered in the table. The partial estimate for amphetamine may be specified in the section entitled “Additional information”, which appears at the end of the questionnaire. Similarly, if only partial estimates are available, but with different coverage for individual drugs, only the figures for drugs that have the same year and coverage of the estimate should be entered. Figures for drugs that cover a different sub-population or refer to a different year may be provided, together with details of the year, coverage and size of the reference population, in the section for additional Information.

In many cases, a variety of quantitative and qualitative data relating to certain areas or sub-populations may be available, none of which by themselves might be considered a reasonable alternative for a national estimate. In such cases, it may be better to generate a national estimate for the ARQ on the basis of an inductive process by the country's experts. This means that the experts start from general notions about the real situation in the country and try to find arguments based on the fragmented data available to confirm or contradict these initial notions in order to decide on a qualitative estimate for the country as a whole. If such a method is used in the process of completion of the ARQ, the estimation process and the arguments involved should be documented. The reference year of the estimate will then be the reporting year of the ARQ and details of the inductive process employed should be given in the section for "Reports" on page 21 of the questionnaire.

Reports and additional information

In the section entitled "Reports" on page 21 of the questionnaire, references to relevant national reports or major studies on the extent and patterns of or trends in drug abuse in the country may be listed. At a minimum, references should be provided to the publications containing details of the quantitative estimates supplied in the preceding sections of the ARQ. If possible, electronic or hard copies of the reports listed in the completed questionnaire should be attached, in particular when such reports have not been published. If a report is available on the Internet, the URL address should be supplied.

The section entitled "Additional information" on pages 22 and 23 should be used first to specify answers to previous questions that exceeded the size of the corresponding form fields (see questions Q7, Q11, Q20, Q26, Q28, Q30, Q32, Q36, Q43, Q52 and Q61) and to provide information not consistent with the figures reported in the indicator tables. The section may also be used to add any information on the drug situation of the country in the previous year that was not covered in the ARQ.

It should be noted that the section entitled "New developments in prevalence and patterns of drug abuse" includes a text field on page 14 for the documenting of developments in prevalence and patterns of drug abuse other than those covered by earlier questions and this field should be used before the section entitled "Additional information" for the reporting of supplementary information.

Chapter II

Preparation for completion of the questionnaire

The ARQ asks for information that no one expects the responding government officials to have ready to hand. Completion of the ARQ requires careful preparation. Even if the country has a dedicated surveillance system on drug abuse, the requested information will still need to be collected and extracted from various reports, documents or computer databases.

In many cases, the information available cannot simply be copied into the ARQ because it is based on different definitions and categories, because it does not describe the situation in the country as a whole and covers only certain cities or regions, or because it does not relate to the reporting year of the ARQ. In such cases, additional actions are needed to obtain national estimates for the reporting year from such incomplete, fragmented or outdated sources.

In many cases too, information on topics covered by the ARQ is not available in existing documents or databases because it has not yet been reported or because an appropriate infrastructure to collect such information is not yet in place. The United Nations Office on Drugs and Crime works to improve the capacities of countries for data collection and reporting with regard to drug abuse [5], but, even if such operational monitoring systems have yet to be established, at least a part of the ARQ should be completed. In the absence of written reports and computerized databases, experts in the country with professional knowledge and expertise on the topics of the ARQ may be consulted to obtain the basic information needed to complete the ARQ for the country. Moreover, such experts may also be able to assist in collecting, sorting and interpreting any existing information available for the purpose of completing the ARQ.

For successful completion of the ARQ, it is recommended that officials completing the questionnaire:

(a) Familiarize themselves with the content and structure of the ARQ;

(b) Identify which persons or institutions hold information and/or

expertise on the various topics of the ARQ. If the country has a national drug agency or narcotics board it or they should be involved, but other expertise in the country should also be sought, in particular when such central government bodies are predominantly oriented towards law enforcement;

(c) Establish a working committee to prepare the country's response to the ARQ. The members should be key experts identified in *(b)* above. For some countries, it might be more convenient to select an appropriate institution to prepare answers for the ARQ on behalf of the Government;

(d) Collect reports, papers and database descriptions that may contain information relevant for answering the questions raised in the ARQ;

(e) Extract from the collected documentation or from the identified databases all information relevant to the topics of the ARQ;

(f) Select the information that matches the demands of the ARQ, that is, information based on the same definitions, presented in the same report formats, covering the national situation and relating to the ARQ reporting year. This selected information can be entered into a draft version of the completed ARQ;

(g) Select also information that does not fully match ARQ definitions, report formats or coverage, but nevertheless deals with the same issues as the questions of the ARQ. Discuss with the chosen experts to what extent that information could be used to complete the ARQ, if necessary applying additional data manipulations, estimation techniques or other commonly accepted adjustments and interpretations;

(h) Perform the necessary adaptations on the information gathered in procedure *(g)* above to make it ready for entering in the draft version of the completed ARQ;

(i) Discuss with the chosen experts to what extent the remaining questions of the ARQ, for which no answers could be generated after the procedures described in *(f)* and *(h)* above, could be answered on the basis of common expertise or experience. If such answers are possible, they may also be entered in the draft version of the completed ARQ;

(j) Check the draft version of the completed ARQ for consistency and add, if applicable, supporting documentation, then finalize the completion of the ARQ.

Developing a system for completion of the ARQ and involving key experts of the country not only facilitates the effort, but also enhances the quality of the country's response. Moreover, implementation of a systematic procedure with repeated expert consultation is a precondition for the development and maintenance of a sustainable monitoring system to support evidence-based policy and practice in the future.

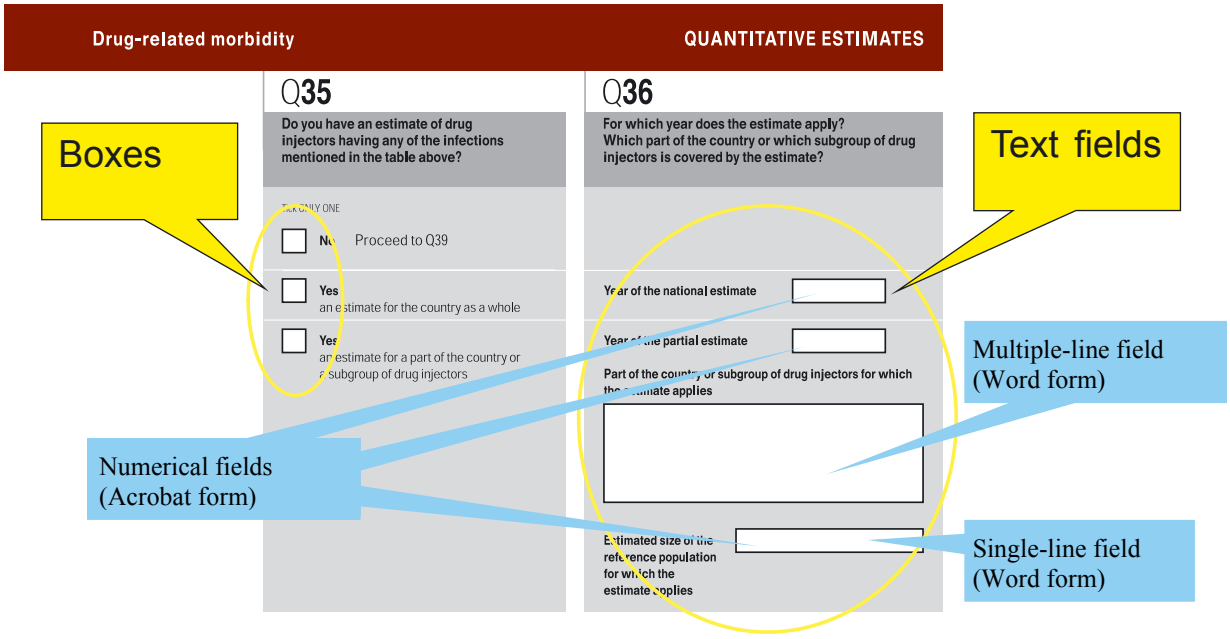
Chapter III

Technical aspects of completion

The present ARQ form is designed for electronic completion using a computer, but it may also be completed manually in handwriting or by typewriter. In either case, completion involves adding text, numbers or ticks in the form fields that correspond to the questions (see figure I).

Boxes and form fields should be left blank if the answer is not known or the required figure cannot be provided. Fields left empty will be interpreted as “no information available”. However, when figures are equal to the value zero, 0 or 0.0 should be entered in form fields rather than leaving them blank, otherwise the answer will be interpreted as missing.

Figure I Types of form field in the annual reports questionnaire, part II



Manual completion

Text, numbers or ticks should be entered in the white spaces of the form fields. If the ARQ is completed manually, block capitals should be used. If a typewriter is used, the individual pages of the document should be detached and filled in one by one.

Often, completion requires only marking the boxes corresponding to the answer. In such cases, the appropriate square box may be marked with a solid point, a cross or a tick. If a typewriter is used, it might still be easier and faster to mark the boxes manually rather than try to align the form fields in the typewriter

Electronic completion

For electronic completion, either the Acrobat form (file extension .pdf) or the Word form (file extension .doc) may be used. Both formats allow movement from one form field to another by using the cursor or by using the TAB key, but it is generally easier to use the cursor, as this allows direct movement to any field, whereas using the TAB key means following the order in which the form fields were created in the design process.

Acrobat form

If the full version of Adobe Acrobat is installed on the computer being used for completion of the questionnaire, it is recommended that the Acrobat form is used. This

allows the user to print and save the form, as well as to interrupt and resume work during completion of the form without loss of data. The Acrobat form should not be used, however, if only the freely available Acrobat Reader is installed on the computer, as Reader does not allow the user to save the completed form or resume work on completion of the form after a break. The Acrobat form has the form fields and built-in features described below.

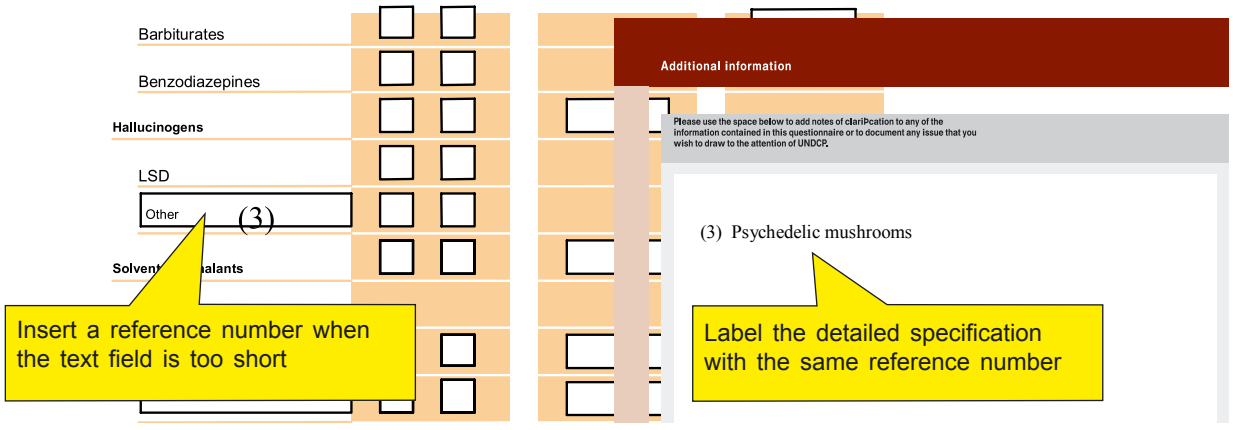
Boxes

A small square box is provided below or next to a possible answer. By left-clicking the mouse while the cursor is inside the box, a cross can be inserted. A second left click of the mouse will delete the cross. When answer categories are mutually exclusive, only one of the corresponding boxes can be marked.

Text fields

The amount of text that can be entered in text fields is limited by the size of the form field and text should therefore be entered as concisely as possible. However, if more space is required, a reference number may be entered in the text field concerned and information or a description added under that reference number in the section entitled "Additional information" on pages 22 and 23, as indicated in the example given in figure II.

Figure II Using reference numbers to provide additional information in the section entitled "Additional information"



Numerical fields

When the answer to a question has to be a number, the field box will accept only digits, or dots (.) as decimal separators, if applicable. Decimals will show on the computer screen and in print with one decimal place, but all decimal places entered will be retained in the electronic copy of the form. When the answer should logi-

cally be an integer such as a year or order of ranking, a decimal separator cannot be entered.

Percentages should be entered in figures. The percentage symbol (%) should not be added. If the original data are in the form of fractions, they should be converted to percentages before being entered. For example, if 0.5 in the original data actually means 50 per cent, 50 should be entered on the form. This will be displayed on the form as 50.0; if 0.5 is entered, this will be interpreted as 0.5 per cent.

When figures are equal to the value zero, 0 or 0.0 should be entered in form fields rather than leaving them blank, otherwise the answer will be interpreted as missing, as it will for any other field left blank (see chapter III, above, on technical aspects of completion).

Word form

If it is desired to complete the questionnaire in Word document format, Microsoft Word must be pre-installed on the computer. The questionnaire appears the same in both Word and Adobe formats and either format will allow it to be easily saved and printed, but the Word format questionnaire differs in that it has no dedicated numerical fields in which only numbers can be entered.

Boxes

As in the case of the Acrobat format questionnaire, boxes in the Word format questionnaire are small and square and positioned below or next to a possible answer. Left-clicking the mouse with the cursor inside a box will result in the box being marked with a cross. Left-clicking again deletes the cross. Officials should be aware, however, that the Word format questionnaire has no automatic mechanism that prevents multiple answers being entered when categories are mutually exclusive. Care should therefore be taken to ensure that in such cases only one of the appropriate boxes is marked.

Text fields

The Word format questionnaire has no predefined numerical fields, so both text and numbers can be entered in all fields. It should be noted that the TAB key cannot be used within a text field as this key will move the cursor to the following field. There is a difference between one-line and multi-line fields.

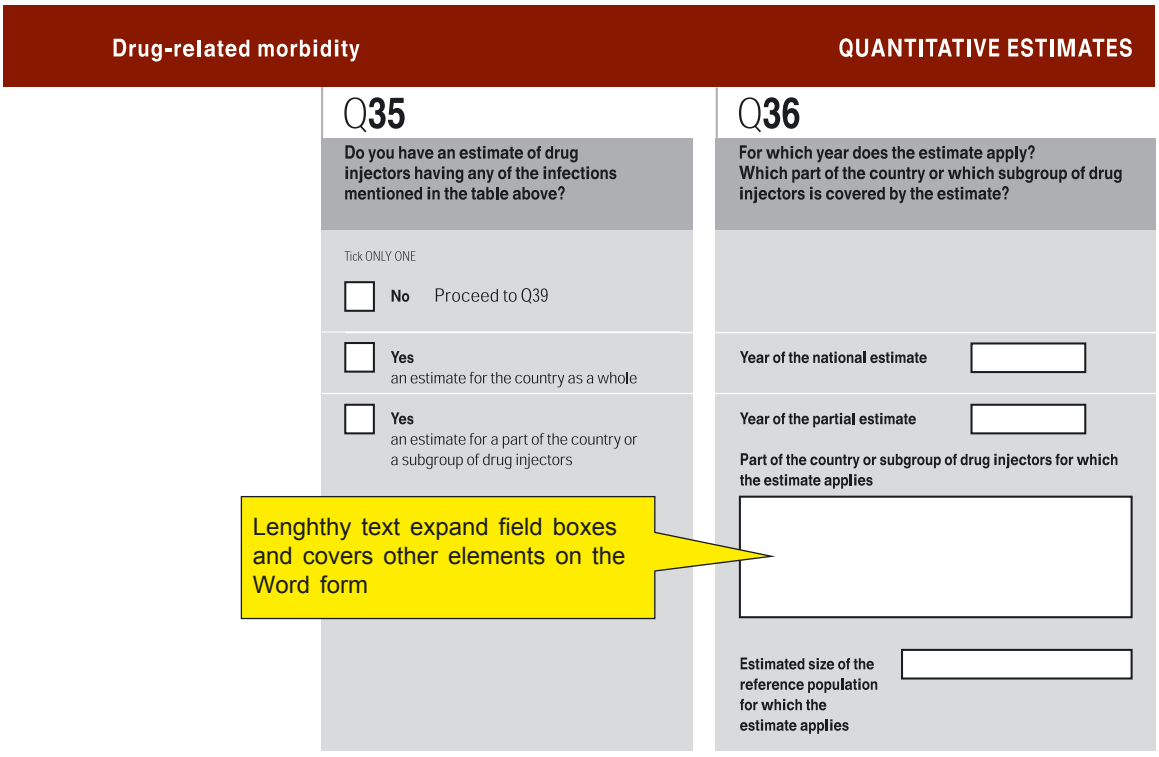
Single-line text fields

If the size of a text field corresponds to only one line of text, the amount of text that can be displayed on the screen or the printed copy will be limited to the size of the field. More text may be entered than fits in the text box and the "invisible" text will be stored on the questionnaire form, but the receiver of the questionnaire will not know that the form field contains hidden text. It is recommended that text in single-line fields be kept as concise as possible and that abbreviations be used if necessary. If it is desired to add more information than fits in the field, separate documents may be attached to the completed ARQ form.

Multiple-line fields

If the size of a text field corresponds to more than one line, text that exceeds the size of the field will cause the field to expand vertically, in extreme cases until the text box touches the edges of the page. However, expanding the text box can cause other questions and form fields in the document to be hidden and this limits the practical use of the automatic expansion of the text fields (see figure III).

Figure III Effect of automatic expansion of a text box when lengthy text is entered in a multiple-line text field (Word version of the ARQ)



Chapter IV

Detailed notes on completion of the annual reports questionnaire, part II

On the following pages, detailed notes on completion of the annual reports questionnaire, part II, are given in the form of call-outs on example pages of the ARQ.

Prevalence of drug abuse among the general population

Figure IV Prevalence of drug abuse among the general population: questions Q1-Q3

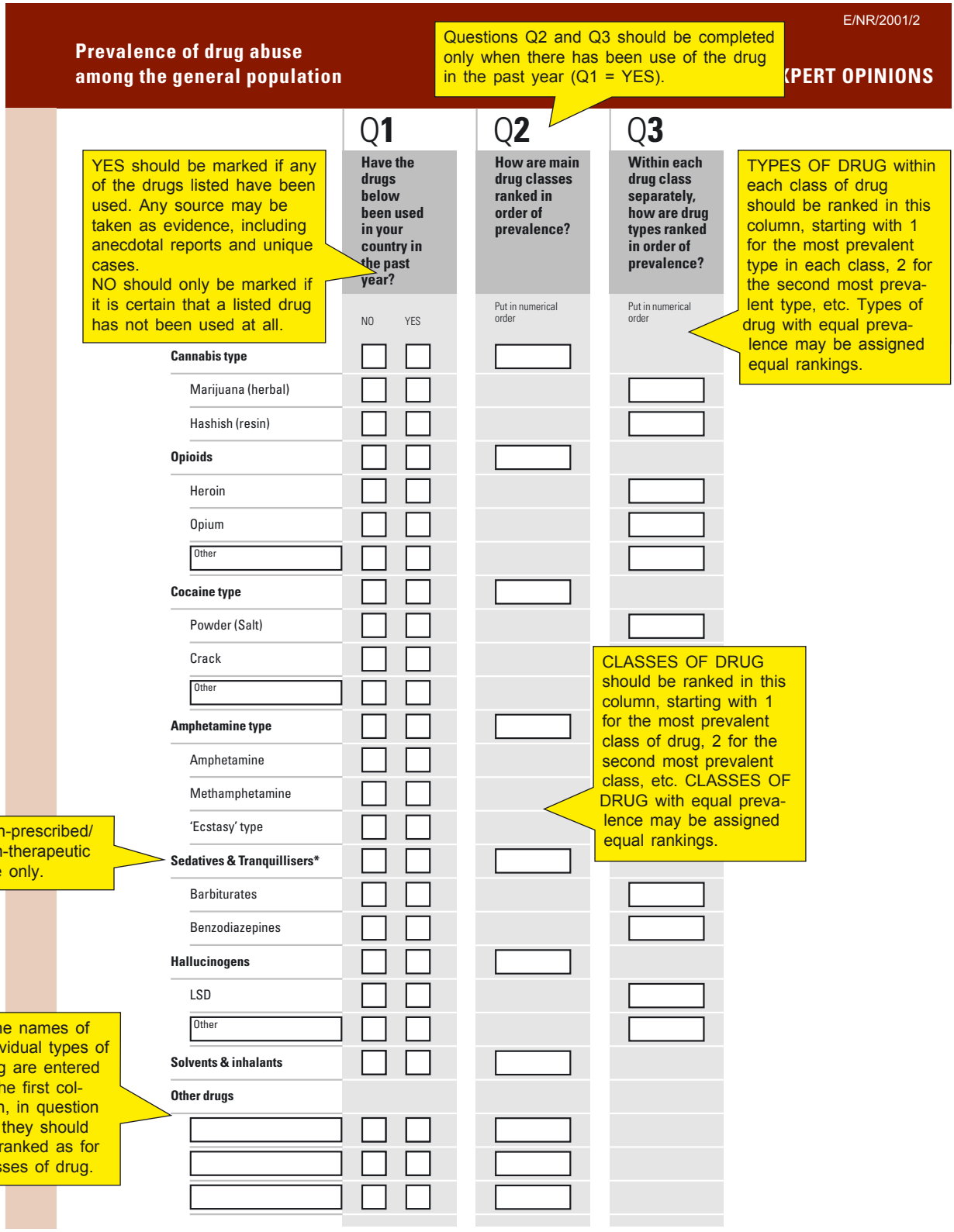


Figure V Prevalence of drug abuse among the general population: questions Q4 and Q5

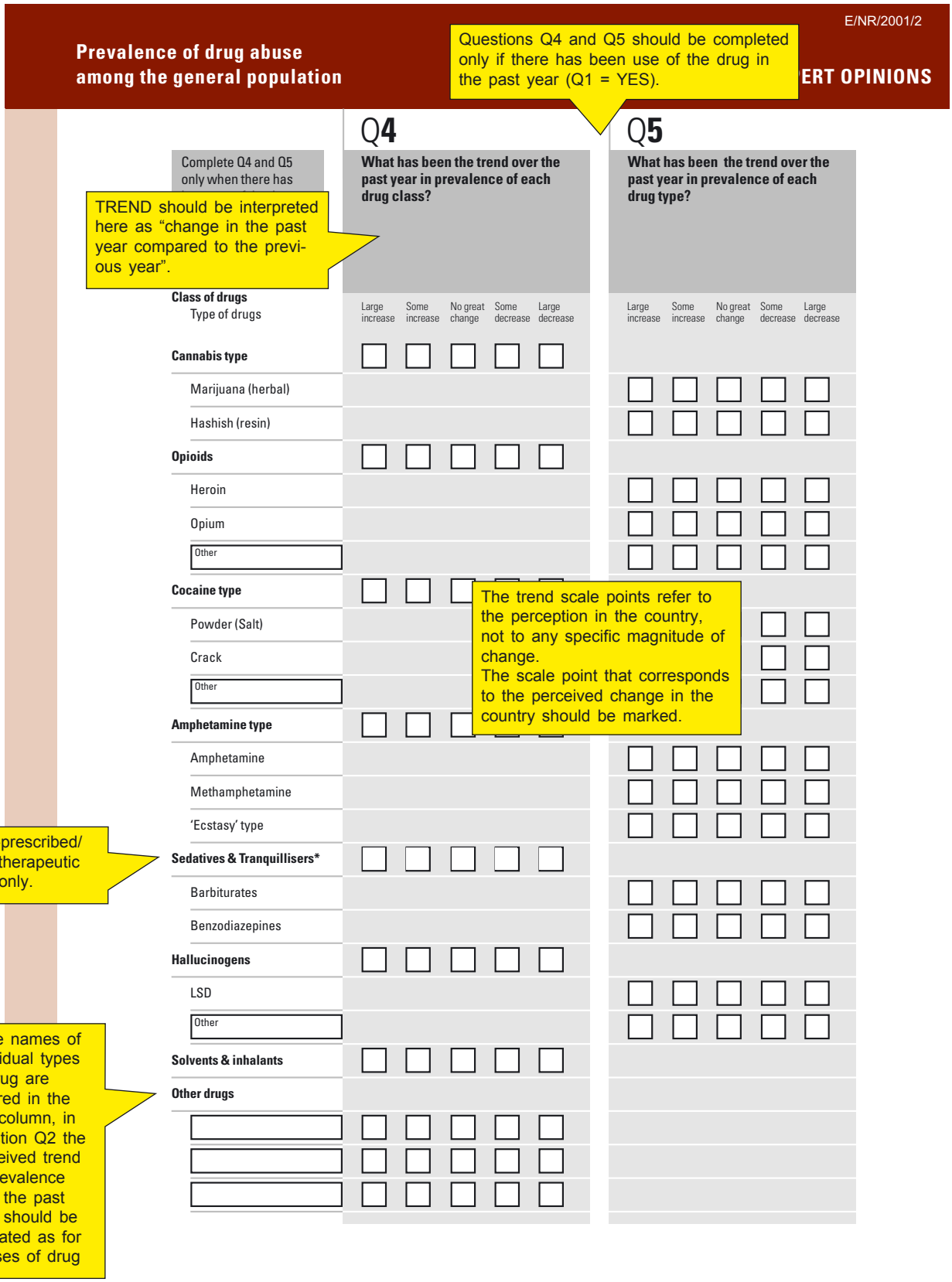


Figure VI Prevalence of drug abuse among the general population: questions Q6 and Q7

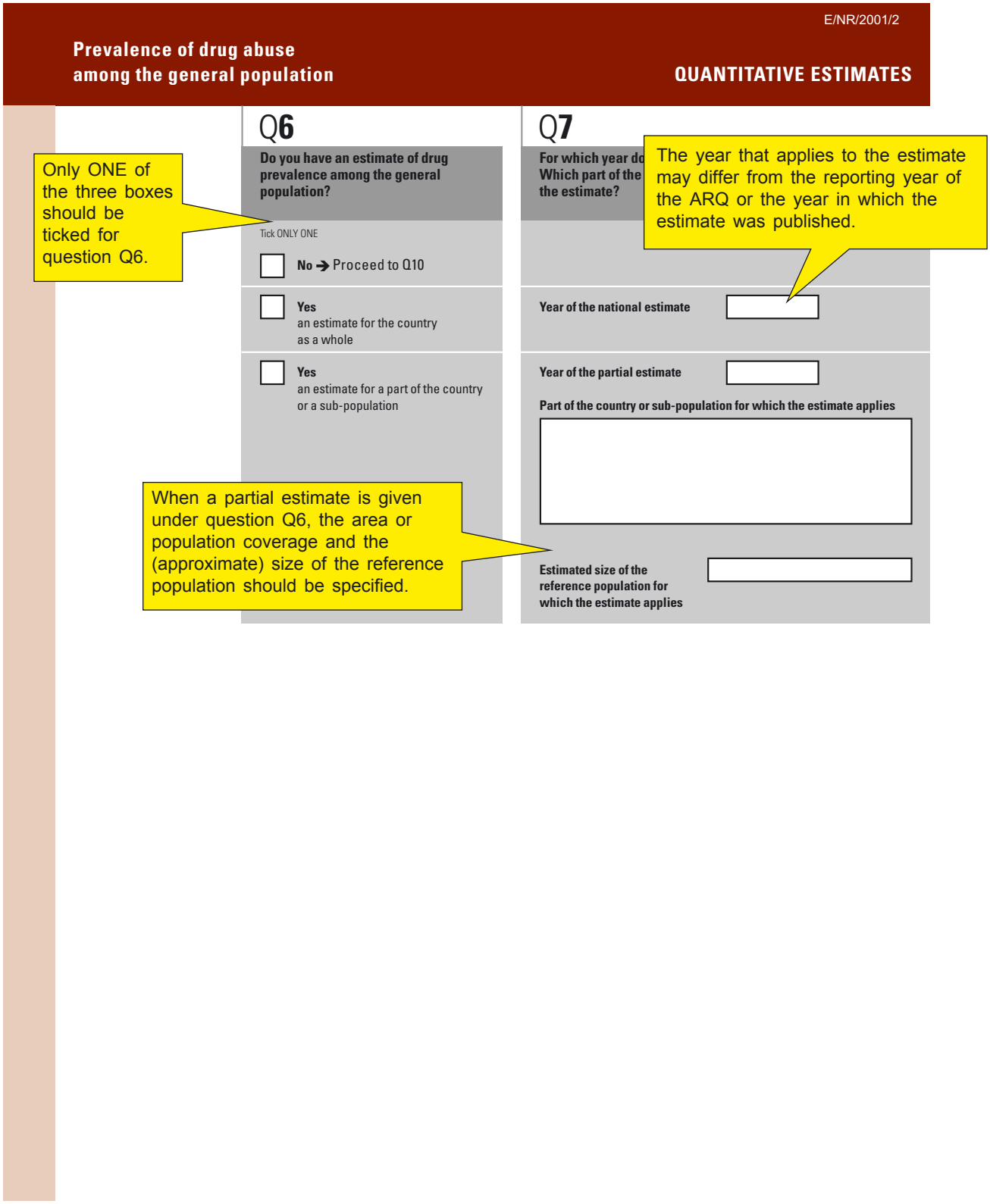
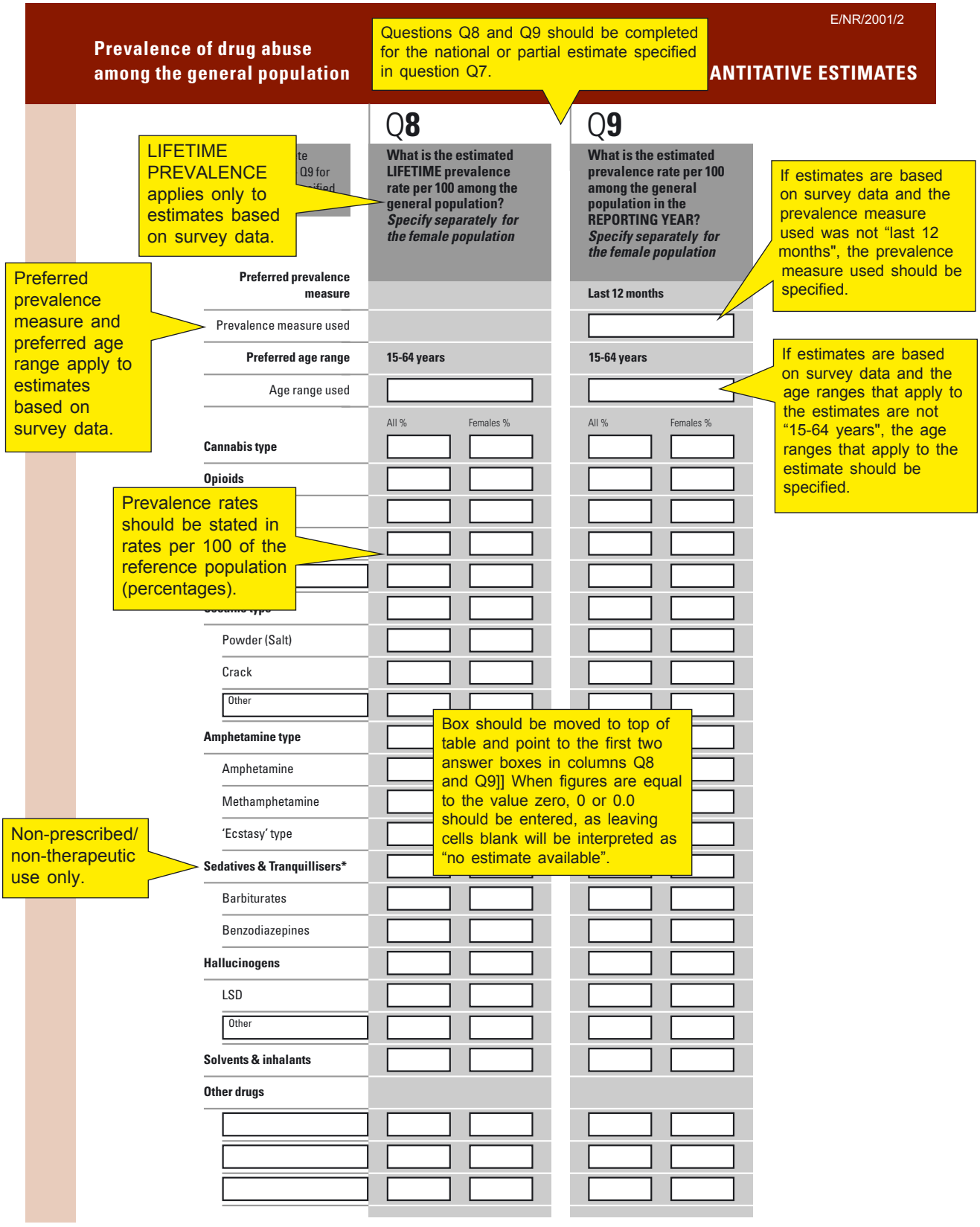


Figure VII Prevalence of drug abuse among the general population: questions Q8 and Q9



Prevalence of drug abuse among the school (youth) population

Figure VIII Prevalence of drug abuse among the school (youth) population: questions Q10 and Q11

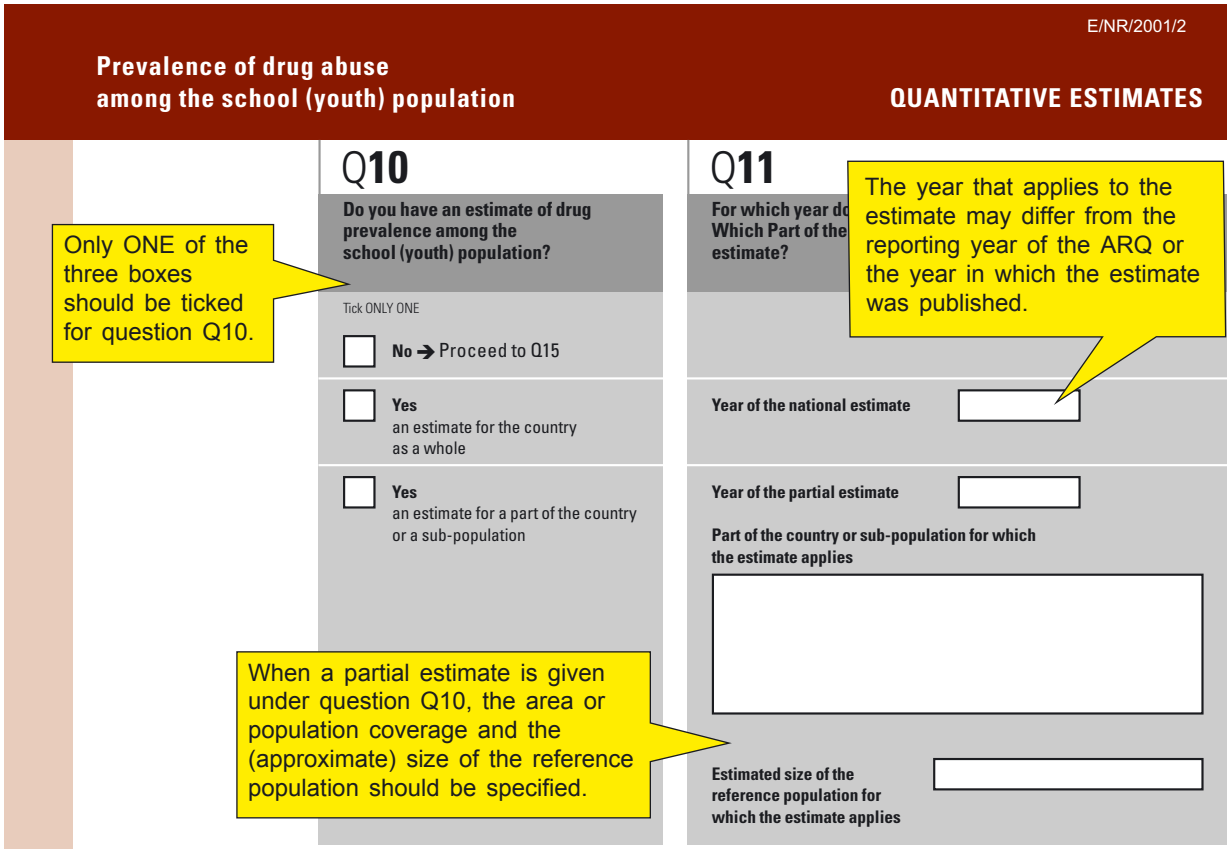
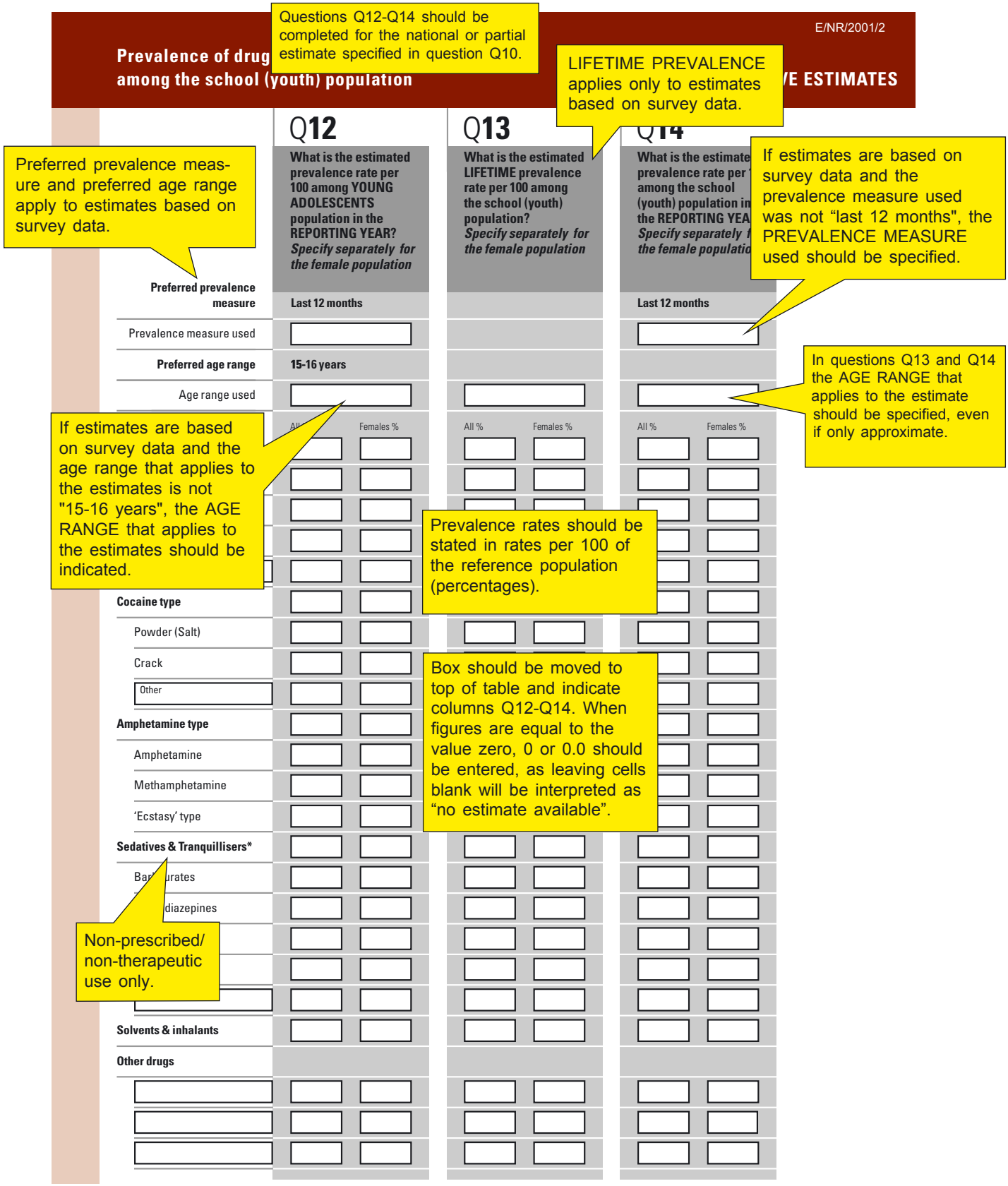


Figure IX Prevalence of drug abuse among the school (youth) population: questions Q12–Q14



Injecting drug abuse

Figure X Injecting drug abuse: questions Q15-Q18

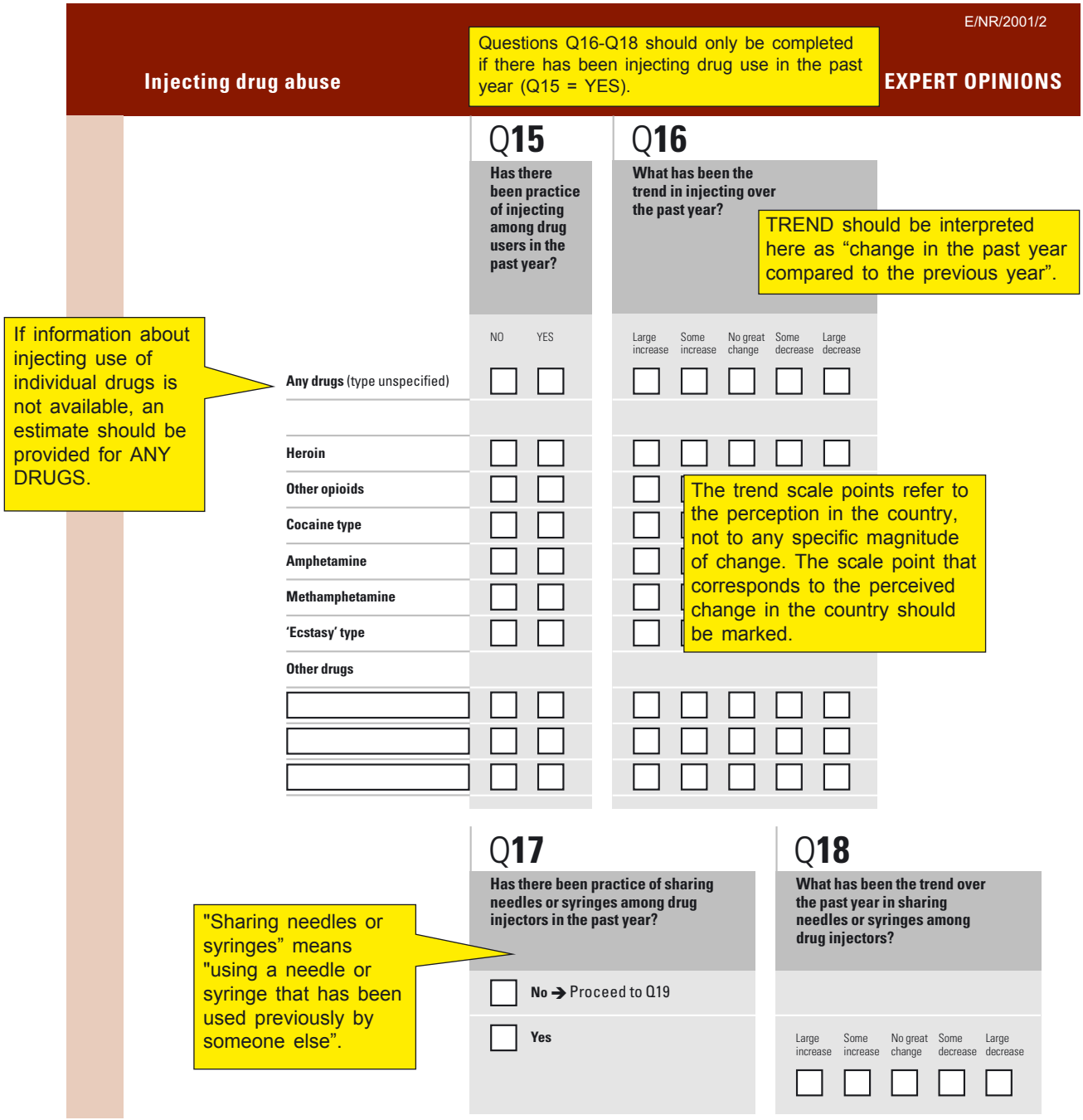
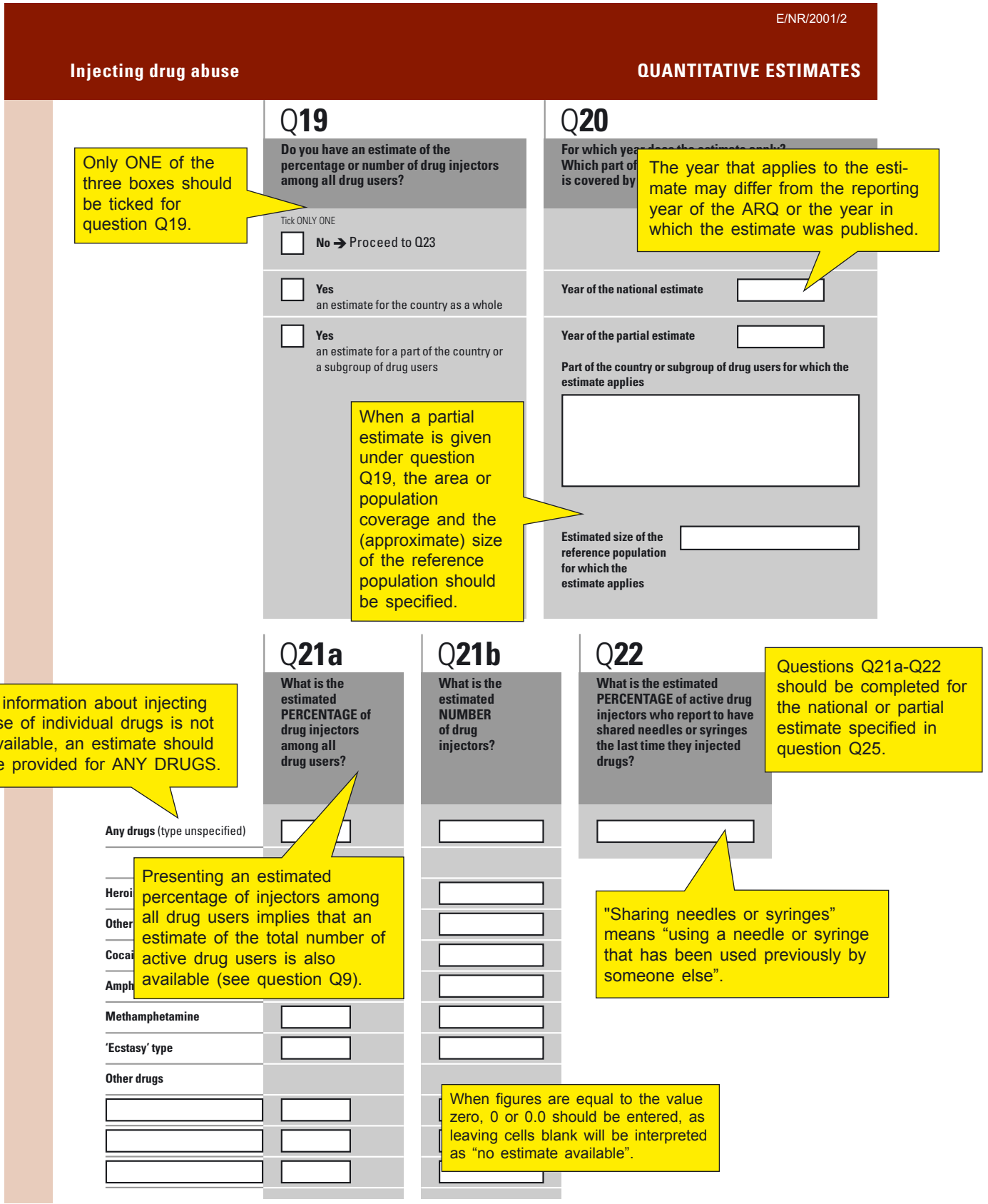
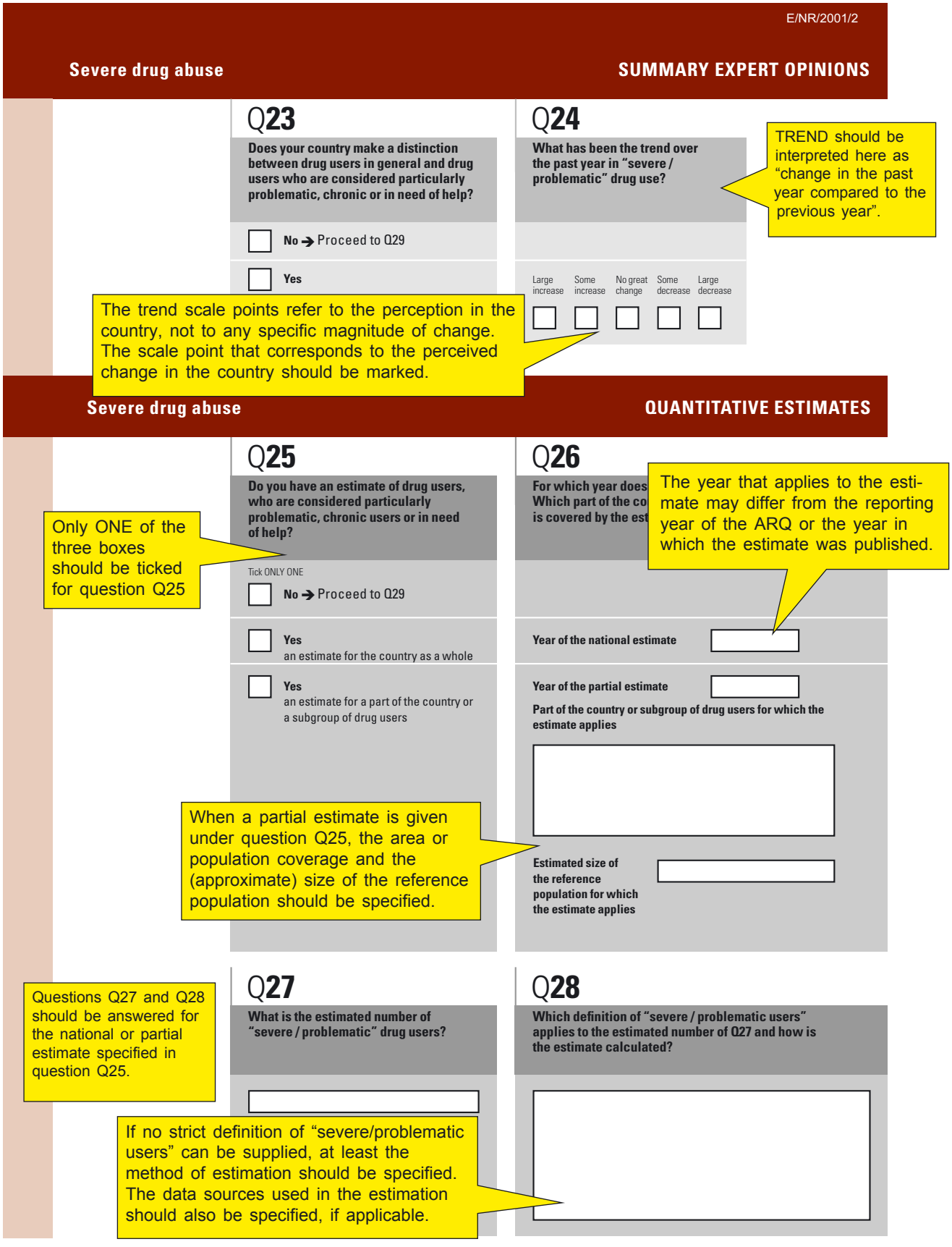


Figure XI Injecting drug abuse: questions Q19-Q22



Severe drug abuse

Figure XII Severe drug abuse: questions Q23-Q28



New developments in prevalence and patterns of drug abuse

Figure XIII New developments in prevalence and patterns of drug abuse: questions Q29-Q32

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New developments in prevalence and patterns of drug abuse

SUMMARY EXPERT OPINIONS

Q29

Have new drugs or new patterns of drug use been reported in the past year?

☐ **No** ➔ Proceed to Q31

☐ **Yes**

Drugs or patterns of drug use are considered "new" if they were observed in the past year but not in the previous year. NEW DRUGS AND PATTERNS OF DRUG USE may include drugs and patterns of drug use that have recurred after a year or more of absence.

Q30

Which new drugs or new patterns of use have been reported?

A concise but explicit description of new drugs or patterns of drugs should be given.

Q31

Have new groups of drug users been reported in the past year?

☐ **No** ➔ Proceed to Q33

☐ **Yes**

NEW GROUPS OF USERS means any group of people defined by common social, demographic, ethnic, cultural or other characteristics, including people in certain parts of the country, among whom, according to formal reports or expert opinions, drug use has been observed in the past year, but not in the previous year.

Q32

Which new groups of drug users have been reported and in relation to which types of drugs?

A concise but explicit description of new groups of drug users and the types of drug being used by them should be given.

Figure XIV New developments in prevalence and patterns of drug abuse: developments in prevalence and patterns of drug use not covered in the present questionnaire

E/NR/2001/2

New developments in prevalence and patterns of drug abuse

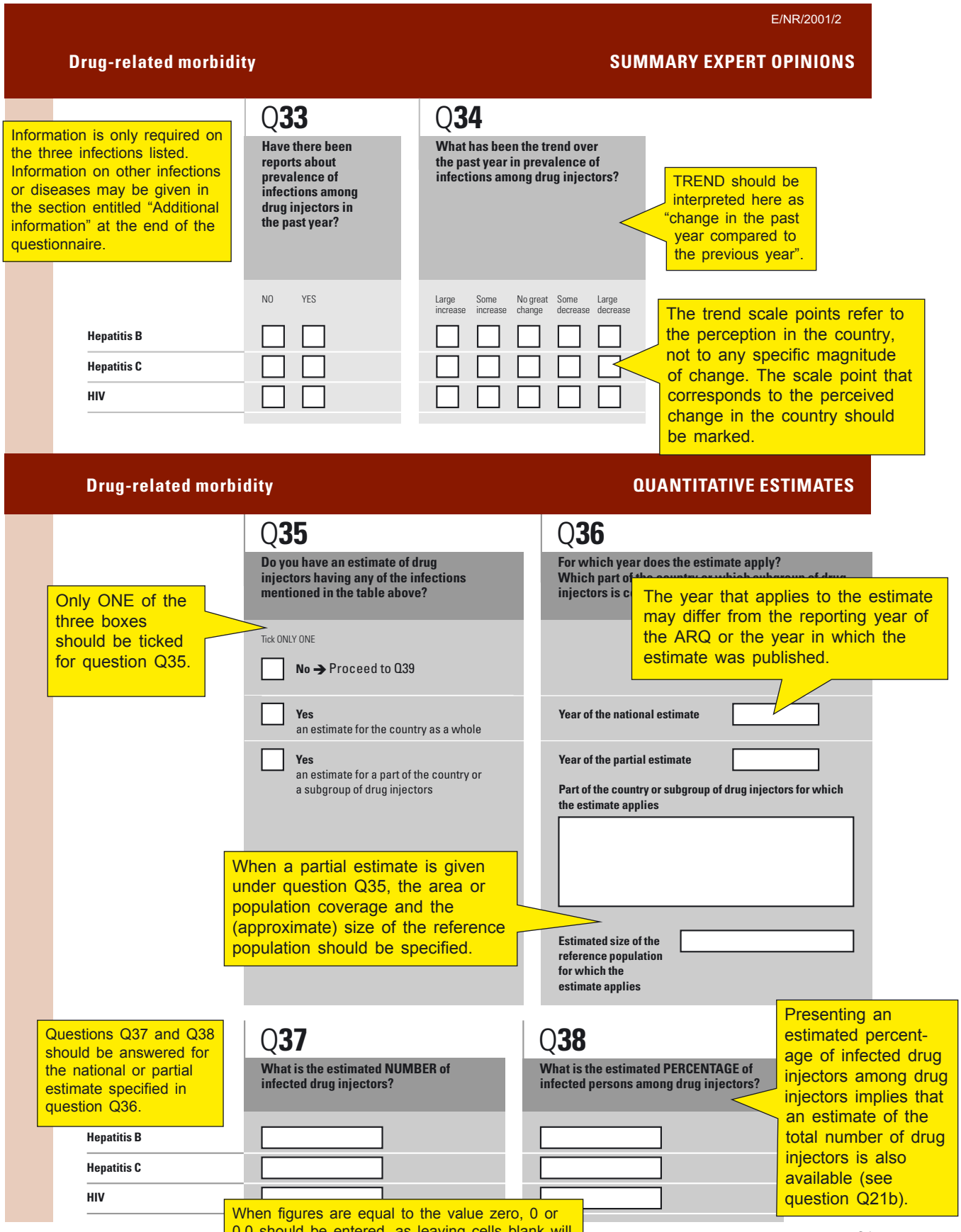
SUMMARY EXPERT OPINIONS

Please use the space below to document any other developments in prevalence and patterns of drug abuse in your country over the past year.

This space should be used to add comments on, explanations of and references to the expert opinions and quantitative estimates presented in the responses to questions Q1-Q32. It may also be used to inform the United Nations Office on Drugs and Crime of other relevant developments in prevalence and patterns of drug use not covered in the present questionnaire.

Drug-related morbidity

Figure XV Drug-related morbidity: questions Q33-Q38



Drug-related mortality

Figure XVI Drug-related mortality: questions Q39-Q41

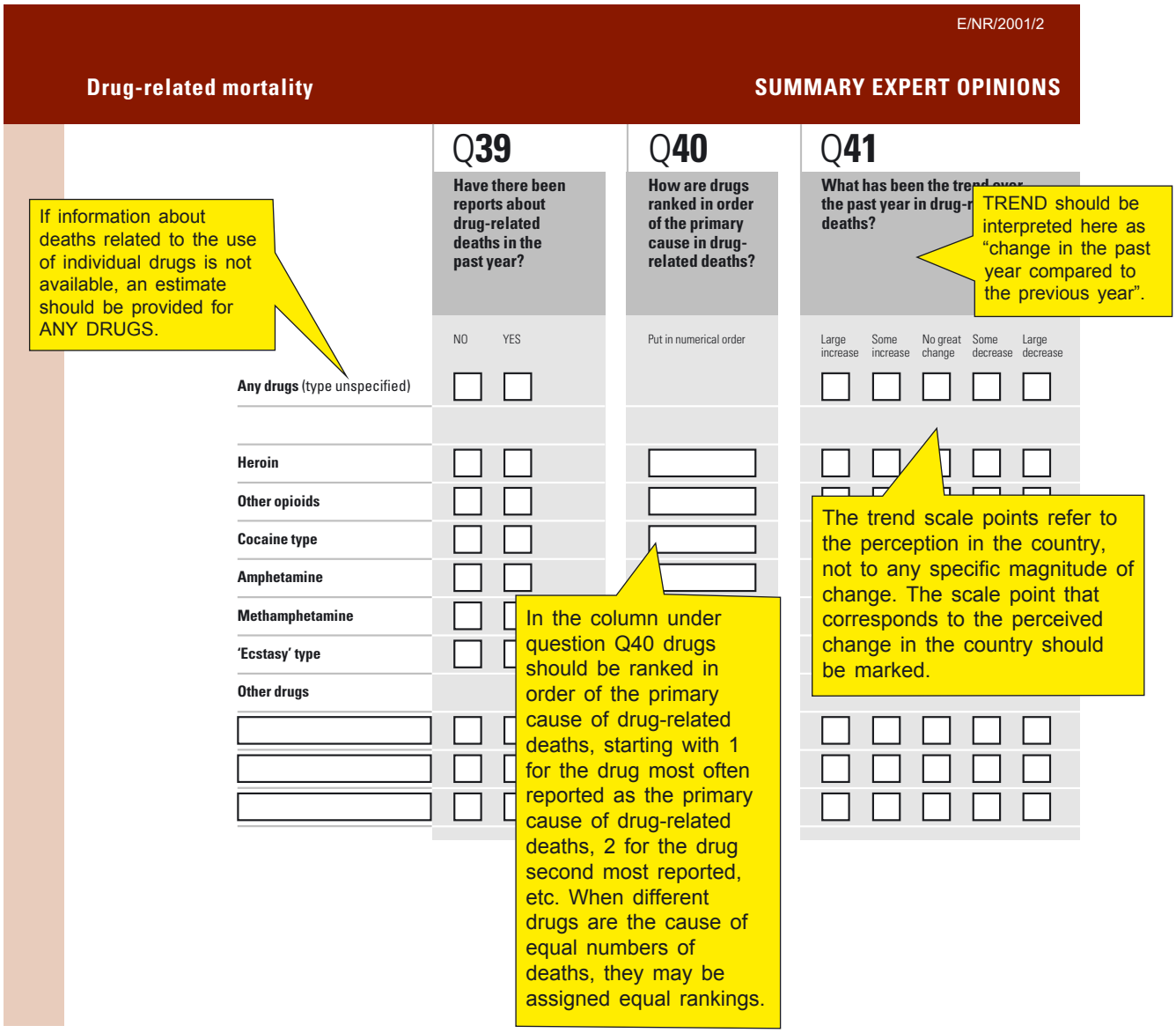
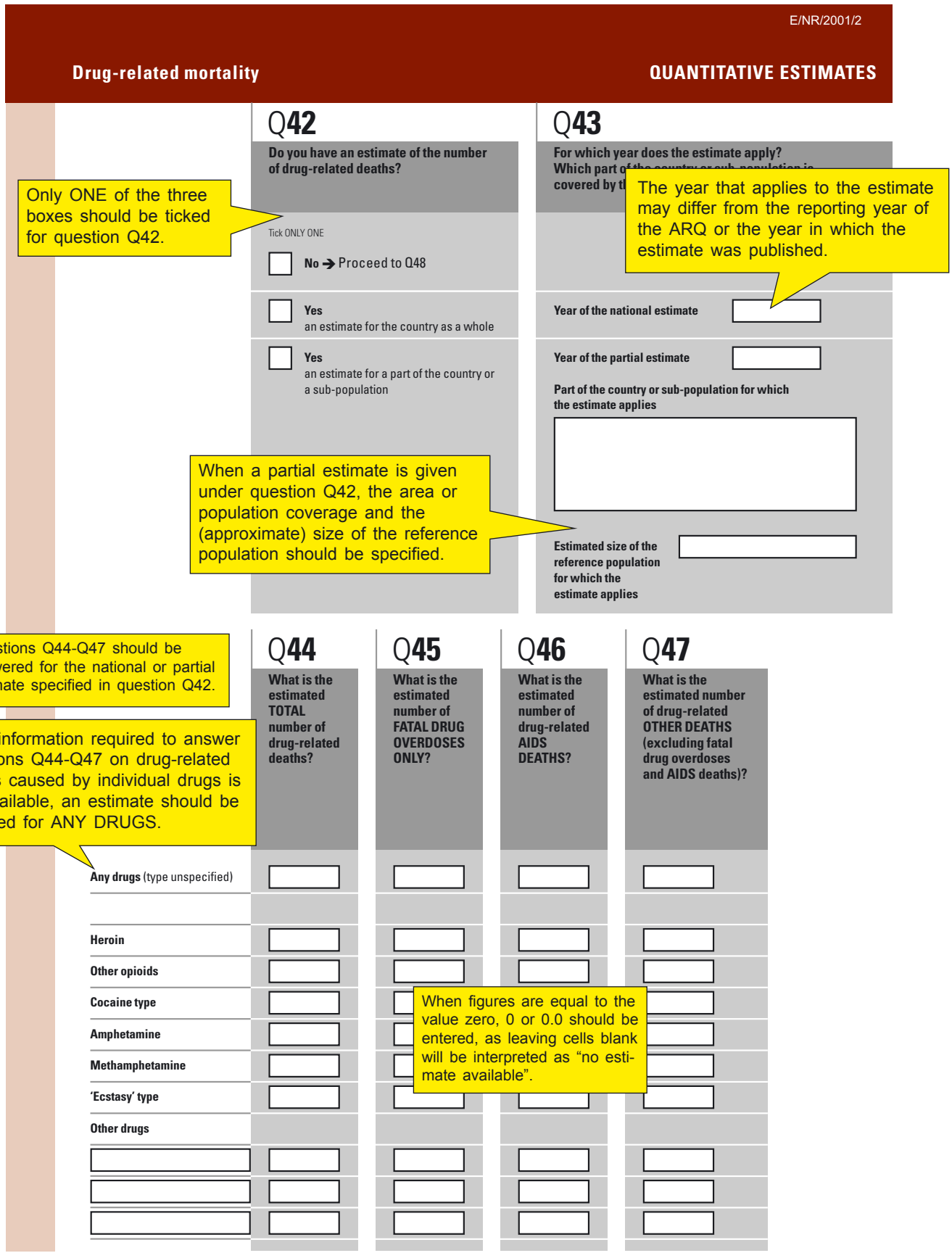


Figure XVII Drug-related mortality: questions Q42-Q47



Drug treatment

Figure XVIII Drug treatment: questions Q48–Q52

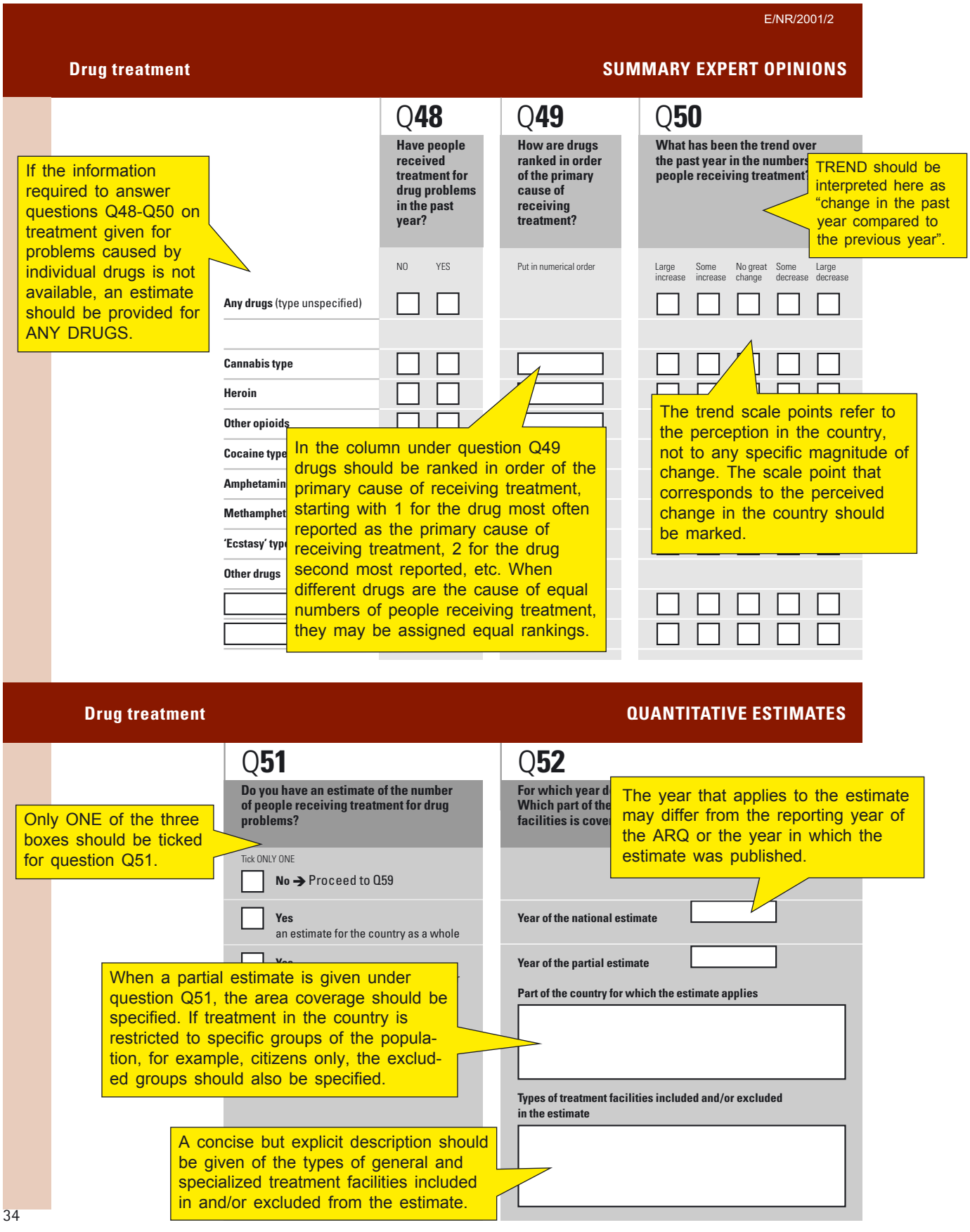


Figure XIX Drug treatment: questions Q53-Q58

E/NR/2001/2

Drug treatment

Questions Q53-Q57 should be answered for the national or partial estimate specified in question Q51.

...NTITATIVE ESTIMATES

If the information required to answer questions Q53-Q57 about the numbers of people receiving treatment for drug problems caused by individual drugs is not available, an estimate should be provided for ANY DRUGS.

	Q53 What is the estimated NUMBER of people receiving treatment for drug problems?	Q54 What is the estimated PERCENTAGE of people receiving treatment for the FIRST TIME EVER among people in treatment?	Q55 What is the estimated PERCENTAGE of FEMALES among people in treatment	Q56 What is the estimated MEAN AGE of people in treatment?	Q57 What is the estimated PERCENTAGE of DRUG INJECTORS among people in treatment?
Any drugs (type unspecified)					
Cannabis type					
Heroin					
Other opioids					
Cocaine type					
Amphetamine					
Methamphetamine					
'Ecstasy' type					
Other drugs					

When figures are equal to the value zero, 0 or 0.0 should be entered, as leaving cells blank will be interpreted as "no estimate available".

The definition applicable to each column of estimates Q53-Q57 should be marked.

Q58

Which definition of 'people treated for drug problems' applies to the figures in the columns of Q53 –Q57 above?

	Q53 Tick as Appropriate	Q54 Tick as Appropriate	Q55 Tick as Appropriate	Q56 Tick as Appropriate	Q57 Tick as Appropriate
All people receiving treatment during the year	☐	☐	☐	☐	☐
People STARTING treatment during the year	☐	☐	☐	☐	☐
People in treatment at CENSUS DATE in the year	☐	☐	☐	☐	☐
People discharged from treatment during the year	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐

Only one answer should be marked in each column.

A concise but explicit alternative definition of people treated for drug problems should be given.

If estimates relating to "any drugs" were provided under questions Q53-Q57 and those estimates included treatment for alcohol problems, this should be indicated by marking the box

If estimates for 'all drugs' in Q53-Q57 above include also treatment for alcohol problems, please tick here ➔ ☐

Data collection capacity

Figure XX Data collection capacity: questions Q59-Q61

E/NR/2001/2

Data collection capacity

CAPACITY should be interpreted as "having established or being able to establish registers or conducting or being able to conduct surveys or assessments".

	Q59 Has your country capacity with regard to data collection instruments specified below?		Q60 How would you qualify the present suitability of these instruments for making national estimates about the drug situation?		
	NO	YES	Poor	Moderate	Good
Registers					
Specialised treatment register	☐	☐	☐	☐	☐
Registers on drug-related morbidity	☐	☐	☐	☐	☐
Registers on drug-related mortality	☐	☐	☐	☐	☐
Survey instruments					
Prevalence surveys among the general population	☐	☐	☐	☐	☐
Prevalence surveys among school populations	☐	☐	☐	☐	☐
Surveys among drug users	☐	☐	☐	☐	☐
Qualitative research instruments					
Rapid Situation Assessment	☐	☐	☐	☐	☐
Other ☐	☐	☐	☐	☐	☐

Question Q60 should only be completed if data collection capacity exists in the country (Q59 = YES).

A concise but explicit description should be given of the types of data collection instrument available in the country.

Q61

If applicable, what are the main obstacles for implementation or improvement of data collection instruments suitable for making national estimates about the drug situation?

A concise but explicit description of the main obstacles to the establishment or improvement of data collection instruments should be given.

Reports and additional information

Figure XXI Reports

E/NR/2001/2

Reports

Please list below relevant national reports or major studies about the extent, patterns or trends in drug abuse in your country, published in the past year. ***Specify author, title and year of publication. Attach copies of documents and reports if possible.***

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At a minimum, references should be provided to the publications containing details of the quantitative estimates supplied in the preceding sections of the ARQ. If possible, electronic or hard copies of the reports listed in the completed questionnaire should be attached, in particular when such reports have not been published. If a report is available on the Internet, the URL address should also be supplied.

Figure XXII Additional information

E/NR/2001/2

Additional information

Please use the space below to add notes of clarification to any of the information contained in this questionnaire or to document any issue that you wish to draw to the attention of UNDCP.

The following information should be given here:

(a) Answers that could not fit in the form fields provided;

(b) Relevant information not consistent with figures reported in the indicator tables;

(c) Any further information about the drug situation in the country not covered in the questionnaire.

Chapter V

Glossary of terms

In the present chapter, a non-exhaustive list of terms used in the annual reports questionnaire, together with their definition or description, is presented. Although the terminology used in the questionnaire is commonly used in the field of drug epidemiology and the meaning of many terms may be considered self-evident, some terminology may require explanation, in particular when terms are used in the questionnaire to convey a particular or restricted meaning. The present list of terms does not include descriptions of individual drugs. Further information on the terms used in drug epidemiology can be found in *Demand Reduction: A Glossary of Terms*, published by the United Nations Office on Drugs and Crime of the Secretariat [6], and *Lexicon of Alcohol and Drug Terms* [7], published by the World Health Organization.

Drug treatment

The process of intervention directed towards individual active drug users offered by providers of health, social or community services, aiming at ending or reducing the use of drugs or the negative consequences of drug use. Drug treatment comprises treatment for drug addiction or drug dependency, as well as harm or risk reduction interventions that do not primarily aim to address dependency, and social and community support services targeted at drug users. In principle, any services offered by a health, social or community service that relate to their clients' drug use or offers of care and support made because clients are known to be drug users can be labelled drug treatments. In practice, the concept of drug treatment and the modalities of drug treatment vary among countries. For the purposes of completion of the annual reports questionnaire, a country should regard as drug treatment all service provision that is perceived as drug treatment by a majority of that country's experts on drug abuse.

Drug-related AIDS deaths

Deaths among drug users where AIDS has been assessed as the direct underlying cause of death and drug injecting has been identified as the mode of transmission of HIV. In principle, the concept should be comparable across countries, although some countries may declare all AIDS deaths among injecting drug users drug-related AIDS deaths, even if the transmission mode of HIV has not been identified.

Drug-related morbidity

The extent of diseases related to or associated with the use of illicit drugs. This includes diseases directly or indirectly caused by the intake of illicit drugs, as well as diseases of which the use of illicit drugs is a contributory cause. As there is no exhaustive list of such diseases, in epidemiology the concept of drug-related morbidity is usually confined to the extent of a specific number of diseases or infections among specific groups of drug users. In the ARQ, drug-related morbidity refers to infections of hepatitis B, hepatitis C and HIV among drug users who inject or have injected illicit drugs. It is usually reported as (cumulative) incidence of detected cases of these infections whereby drug injecting has been identified as the mode of transmission. The ARQ, part II, asks for estimates of the total number of infected drug injectors and the estimated percentage of infected injectors.

Drug-related mortality

The extent of deaths related to or associated with the use of illicit drugs. This includes deaths directly or indirectly caused by the intake of illicit drugs, but it may also include deaths where the use of illicit drugs is a contributory cause, including cases where drug use is involved in the circumstances of deaths (for example, violence and traffic accidents). Although there are international standards for the classification of deaths (for example, *International Classification of Diseases and Related Health Problems, Ninth Revision* (ICD-9) [8] and *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision* (ICD-10), [9] both published by the World Health Organization, and *International Classification of Diseases, Ninth Revision: Clinical Modification* (ICD-9-CM), [10] there is no consensus among experts on which deaths should be classified as drug-related or on methods of recording death cases. In the ARQ, therefore, countries should report overall drug-related mortality according to their own definitions and practice. As these will vary from country to country, reported figures will not be comparable across countries. In order to improve comparability, the ARQ also asks for separate information, if available, on fatal drug overdoses and AIDS deaths among drug users, for which the definitions used are less ambiguous and for which the reported figures can be expected to be more or less comparable across countries.

Fatal drug overdose

Case of death where an overdose or intoxication with illicit drugs has been assessed as the direct underlying cause of death. These cases can be identified from general mortality registers based on ICD-9 or ICD-10 or from special mortality registers if they include drug overdose as a separate category. Although the actual practices of examination and recording of deaths will vary from country to country, reported figures on fatal drug overdoses should, in principle, be comparable among countries.

Illicit drug

Any drug listed in the schedules to the international drug control conventions whose origin (that is, production, cultivation, sale or acquisition) was illicit or illegal. The latter qualification, "illegal", would imply that controlled substances used for medical or scientific purposes are not illicit. In the ARQ, however, this condition regarding illicit origin, which, in the context of drug use, means "non-medical or non-therapeutic use" is only specifically mentioned for sedatives and tranquillizers, but it should be assumed that it also applies to other drugs. In the context of prevalence estimates, the ARQ also asks, according to common international practice, for information on the use of solvents and inhalants as far as they are used as psychoactive drugs, although the substances themselves may not be included in the international conventions.

Injecting drug use/user

Taking drugs by means of injecting or the person doing so. These terms are often abbreviated to IDU. In many cases, drugs are injected intravenously and, in the past, injecting drug use has been referred to as intravenous drug use, but as injecting can also be subcutaneous (under the skin) or intramuscular (into the muscle tissue), injecting drug use is considered the more appropriate term.

In general, drug users will only be labelled "injecting drug users" if they have injected drugs at least once during the last 12 months. In the context of drug-related morbidity and mortality, however, many countries may include anyone who has once been recorded or notified as an injecting drug user, whether or not they have injected drugs in the previous 12 months.

New drug/pattern of use/user group

In the ARQ, the term "new" should apply to any drug, pattern of use or specific group of users if this drug, pattern of use or user group has been observed in the country in the reporting year, but not in the year prior to the reporting year. However, the interpretation of the term "new" will depend on the perspective of each reporting country and countries should report accordingly.

Patterns of drug use

In the ARQ, this refers to a rather broad concept that includes how drugs are used (the modes or routes of administration, regularity, intensity and frequency), in which environment or circumstances they are used (the site and setting of use), for which reasons, and so forth.

Prevalence of drugs

The extent of drug use among a reference population during a reference period. It is expressed as a percentage of a specified reference population that has taken drugs at least once during the reference period.

For the general population, the age group of 15-64 years is, according to international consensus, the standard reference population. For the youth population, the age group of 15-24 years is the common standard reference population.

The international standards for reference periods are lifetime (lifetime prevalence or "ever use"), last 12 months (last 12 months' prevalence or "recent use") and last 30 days (last 30 days' prevalence or "current use"). As the ARQ refers to a specific reporting year, the basic reference period is last year prevalence, but for the quantitative estimates the ARQ also asks for lifetime prevalence figures. With regard to the youth population, the ARQ also asks for quantitative estimates among young adolescents of 15-16 years of age, as this age group is the most common international standard used in school surveys on drug prevalence.

Severe drug abuse (problem drug use)

In the ARQ, this refers to drug use that, from the perspective of the reporting country, is considered particularly problematic or chronic or to drug users who need help in stopping, reducing or controlling their drug use. The concept only applies when countries differentiate between types or patterns of drug use. Even if countries do differentiate, their definitions are likely to vary and the ARQ therefore requires the definition that applies to be specified.

Sharing needles or syringes

Using a needle or syringe that has been used previously by someone else. The extent of sharing is usually identified by asking active drug injectors if they shared a needle or syringe the last time they injected drugs or if they have shared needles or syringes at least once in the previous 12 months.

Chapter VI

Classification of drugs

The list below provides an overview of the classification of drugs used in the annual reports questionnaire. More detailed descriptions of individual drugs may be found in the publication entitled *Terminology and Information on Drugs*, published by the United Nations International Drug Control Programme [4].

Class of drug	Alternative aggregate class of drug	Type of drug
Cannabis type		Marijuana (herbal)
		Hashish (resin)
Opioids	Heroin	Heroin
	Other opioids	Opium
		Other
Cocaine type		Powder (salt)
		Crack
		Other
Amphetamine type	Other amphetamines	Amphetamine
		Methamphetamine
	Ecstasy type	Ecstasy type
Sedatives and tranquillizers		Barbiturates
		Benzodiazepines
Hallucinogens		Lysergic acid diethylamide (LSD)
		Other
Other drugs		

References

1. The United Nations Office on Drugs and Crime was called the Office for Drug Control and Crime Prevention until 1 October 2002.

2. Pursuant to article 18, para. 1 *(a)*, of the Single Convention on Narcotic Drugs, 1961, and that Convention as amended by the 1972 Protocol and article 16, para. 1, of the Convention on Psychotropic Substances.

3. The modules in the *Toolkit* series can be found at the following web site: http://www.unodc.org/unodc/en/drug_demand_gap_m-toolkit_module.html.

4. *Terminology and Information on Drugs* (United Nations publication, Sales No. E. 03.XI.14), available at http://www.unodc.org/pdf/publications/report_2003-09-01_1.pdf.

5. The G*lobal Assessment Programme* of the United Nations Office on Drugs and Crime offers a variety of methodological guides on drug abuse epidemiology, called *Toolkits*, training programmes and tailor-made assistance for States Members of the United Nations. More information can be found at the web site of the Office (www.unodc.org/odccp/drug_demand_reduction.html).

6. *Demand Reduction, A Glossary of Terms* (United Nations publication, Sales No. E.00.XI.9).

7. World Health Organization, *Lexicon of Alcohol and Drug Terms* (Geneva, 1994).

8. World Health Organization, *International Classification of Diseases and Related Health Problems, Ninth Revision* (Geneva, 1975).

9. World Health Organization, *The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision* (Geneva, 1992).

10. *International Classification of Diseases, Ninth Revision: Clinical Modification (ICD-9-CM)*, 5th ed. (Los Angeles, Practice Management Information Corporation, 1997).

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