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**Commission on Narcotic Drugs****Fifty-third session**

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Item 5 of the provisional agenda\*

**Improving the collection, reporting and analysis of data to monitor the implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem****Revised draft annual reports questionnaire: Comments received from Member States\*\*****Note by the Secretariat***Summary*

The present conference room paper was prepared at the request of the Expert group on data collection that met in Vienna from 12 to 15 January 2010 pursuant to Commission on Narcotic Drugs resolution 52/12. The expert group recommended that the revised draft annual report, as amended by the working group, be made available to Member States of the United Nations, asking for supplementary comments to be compiled in a paper for submission to the Commission at its fifty-third session. Pursuant to this request, the Secretariat of UNODC transmitted a note verbale to all Members inviting comments on the revised draft annual questionnaire, which had been made available in the UNODC web page, on 29 January 2010. The revised draft annual reports questionnaire had also been made available to the participating experts at the end of the expert group meeting on 15 January 2010. The present paper reflects the all comments received from Member States by 5 March 2010.

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<sup>1</sup> E/CN.7/2010/1.

<sup>2</sup> This document has not been edited.



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## **I. Argentina**

### **Comments on the revised draft annual reports questionnaire**

#### **General aspects**

1. Following the meeting of the open-ended intergovernmental expert group held from 12 to 15 January in Vienna, UNODC published on its web page on 28 January 2008 the revised versions of the annual reports questionnaire, divided into four parts:

Part I. Legislative and institutional framework.

Part II. Programmes.

Part III. Extent, patterns and trends in drug use.

Part IV. Extent, patterns and trends in drug cultivation, manufacture and trafficking.

2. Some comments on each part of the questionnaire are set out below.

#### **Part I.**

3. Questions 3, 4 and 5 are identical to questions B.1, B.2 and B.3 of the current questionnaire. In view of the fact that Part I deals with the legislative and institutional framework, it is inappropriate to locate these questions here, since they relate specifically to the existence of manufacturers of the basic substances. These questions are accompanied by forms requiring additional information, which should also be relocated in accordance with the various thematic divisions of the questionnaire. I propose that this should take the form of a separate section in Part IV of the questionnaire.

4. Questions 8, 9 and 10 ask for information that has not previously been requested, while the usefulness of any possible replies is doubtful. The experience of the Multilateral Evaluation Mechanism established by Inter-American Drug Abuse Control Commission (CICAD) of the Organization of American States (OAS) shows that, where questions are not accompanied by guidelines on how to reply, most of the time countries draw attention in their replies to their insufficient human resources or budgets.

#### **Part II**

5. As a result of the open-ended intergovernmental expert group meeting, held from 12 to 15 January in Vienna, UNODC merged sections A and B of Part II, without differentiating between annual and triennial questions.

### **Demand reduction**

6. Questions 5 and 6 are highly subjective and, bearing in mind that different bodies and jurisdictions take part in implementing demand reduction policies and also that funds are allocated in parts, it is difficult to determine the total allocation for each area.

7. With regard to question 9, it would be preferable to ask about “prevention programmes implemented”, since isolated activities do not provide accurate information sufficient for a proper evaluation of public policies in that regard. An additional question could be added on other kinds of activities that are not implemented under programmes.

8. With regard to question 10 and 11, the coverage of the “prevention activities implemented” is unclear and the proposed categories so subjective as to be useless. What is usually used is the percentage of coverage for each programme, calculated in terms of the ratio between the numbers covered by the programme and the target population. I therefore suggest that this information should be requested in question 11, while question 10, which has a number of confusing questions on cities, should be deleted.

9. Question 14 could refer to regulatory issues (in which case, as a legislative question, it should appear in Part I) or to programmes, which have already been covered in question 9.

10. In question 15, the terms should be defined, so that the different terminology used by States does not give rise to difficulties.

11. Question 21 is not very useful, but, if retained, it should also include prevention programmes.

12. No reference is made to the existence of quality standards or the assessment of existing treatment services. Given their importance, there should be a question about them.

13. Question 22 would create difficulties with areas of responsibility in many countries, owing to the range of services covered. The text, and the extent of coverage to which the question relates, is therefore ambiguous and we recommend its deletion.

### **Supply reduction**

14. Question 28 should not use ratification of the United Nations Convention against Corruption as a benchmark, in view of the fact that this is not a requirement under paragraph 30 (a) of the Plan of Action appended to the Political Declaration of 2009 but only a suggestion. My recommendation is that the question about legislation and other measures against corruption linked with trafficking should be placed in Part I, which relates to legislation.

15. With regard to question 36, the reference to the introduction of legislation should be relocated in Part I and this chapter should be restricted to requesting data on specific actions or policies that have been implemented.

16. Question 44 is irrelevant. If it is decided to retain it, it should be placed after question 25 in this Part.

### **Forensics**

17. The questions in this section should be transferred to Part IV, the section entitled "Price and purity", before information on purity studies, since the themes are related.

### **Money-laundering**

18. Questions 48 to 58 should be transferred to Part I, since they refer to legislation or administrative measures.

### **Alternative development as an illicit crop control strategy**

19. Prior to question 67, there should be included an option for countries to reply "not applicable".

### **Part III**

20. We note that there is a strong similarity between the content of Part III and that of Part II of the current annual reports questionnaire, entitled "Drug abuse", but with a number of amendments.

### **Instructions**

21. In the paragraph headed "Quantitative data or estimates" it is not acceptable to say that "if you do not have national data or estimates you can specify data or an estimate for a part of the country or for a sub-population" or "if you have more than one such partial ... estimate, you should take the ... estimate that in your opinion is the best alternative for recent national ... estimate". Such alternatives only introduce inaccuracy into the information provided and endanger the standards set by Commission on Narcotic Drugs resolution 52/12 on the quality, reliability and comparability of information.

### **Definitions**

22. This paragraph is useful as a guide to how to fill in the questionnaire, although we consider it incomplete and imprecise, given the content of the instrument itself. As suggested during the meeting of the open-ended intergovernmental expert group in January, the definitions should be based on the international drug control treaties and resolutions of the Commission on Narcotic Drugs. A proper programme of work ought to be drawn up and more time set aside for its preparation.

**Drug classes and types (narcotic drugs and psychotropic substances)**

23. Although this section is useful as a guide to how to answer the questionnaire, it must be said that lumping crack cocaine and cocaine base together as the same type of drug is not appropriate for dealing with substances having different chemical compositions. This is one of the points that merits more detailed consideration.

**Prevalence of drug abuse: general population**

24. Questions 6 and 7 ask about the sources for the quantitative data on illicit drug use among the general population, which is the subject of questions 8, 9 and 10. However, these are also the sources for the replies to questions 1, 2, 3, 4 and 5, which depend on an analysis of the quantitative data. We therefore suggest that they should be placed at the beginning of the section, which will then be in the following order: questions 6, 7, 8, 9, 10, 1, 2, 3, 4, 5.

**Injecting drug use**

25. Questions 18 and 19 ask about the sources for the quantitative data on injecting drug use, which is the subject of questions 20, 21 and 22. However, these are also the sources for the replies to questions 14, 15, 16 and 17, which depend on an analysis of the quantitative data. We therefore suggest that they should be placed at the beginning of the section, which will then be in the following order: questions 18, 19, 20, 21, 22, 14, 15, 16, 17.

**Severe/problem drug users**

26. The new questionnaire contains questions about the percentage of drug abuse and the main drug used by four specific groups: injecting drug users, persons in prostitution, prisoners and homeless people (questions 27 and 28). The questions relating to injecting drug users are identical with those in the sections specifically relating to them, so they are redundant here.

**Drug-related mortality**

27. Questions 42 and 43 ask about the sources for the quantitative data on drug-related mortality, which is the subject of questions 44, 45 and 46. However, these are also the sources for the replies to questions 39, 40 and 41, which depend on an analysis of the quantitative data. We therefore suggest that they should be placed at the beginning of the section, which will then be in the following order: questions 42, 43, 44, 45, 46, 39, 40, 41.

**Drug treatment**

28. Questions 50 and 51 ask about the sources for the quantitative data on drug treatment, which are the subject of questions 52 to 58. However, these are also the sources for the replies to questions 47, 48 and 49, which depend on an analysis of

the quantitative data. We suggest therefore that they should be placed at the beginning of the section, which will then be in the following order: questions 50, 51, 52, 53, 54, 55, 56, 58, 57, 57 (a), 47, 48, 49.

29. Question 51 asks about the types of treatment facilities covered or not covered by the data. Although this amendment has merit, there should be a section asking about existing treatment centres (number, types, features, coverage and quality control).

#### **Data collection and monitoring capacity**

30. A question has been included on whether the country has a dedicated national body to monitor the situation with illicit drugs (question 62), which, as it stands, is not appropriate in Part III. The question ought to be: "Does your country have a dedicated national body to monitor drug consumption and drug abuse, their health consequences and treatment for drug dependence?"

#### **Part IV**

31. Our comments on instructions, definitions and drug classes and types in Part IV are the same as those we made previously with regard to Part III.

#### **Price and purity**

32. Immediately after question 15 on forensic analysis carried out in the country or studies of the purity of substances seized, we suggest a question requesting a description of the methodology used.

33. Question 16 is the same as in the current questionnaire. As well as asking about changes in the price or purity of drugs, countries could be asked for an explanation of such changes.

#### **Arrest statistics**

34. With regard to the deletion of questions 27 (relating to occupation of persons arrested for trafficking) and 28 (number of persons convicted), this is important information and we do not understand on what grounds the decision to delete was reached, since, by rights, the questions should be retained in the new draft.

#### **Illicit manufacture**

35. With regard to questions 47d and 47e on phases of production and the classification of clandestine laboratories, although there are definitions for each category asked about, these relate only to the classification of amphetamine-type stimulants. It also states: "See instructions for other drug examples". No information is given in Part IV, however, on establishing the classification of illicit laboratories operating with other substances.

36. Questions 54 and 57 present a problem, in that it is not always possible to determine precisely what is destined for domestic consumption and what for trafficking abroad, so the replies will, in many cases, be partial, incomplete and uncertain estimates. We propose that a question should be added explaining the criteria used to obtain informed data.

### **Final points**

37. The spirit of Commission on Narcotic Drugs resolution 52/12 established the clear need to improve the current procedures and instruments for data collection, with a view not only to establishing the scope of the problem with greater accuracy, thus making it possible to develop better policies, but also to guaranteeing adequate monitoring of the commitments assumed by Member States when they approved the Political Declaration and Plan of Action in 2009. Clearly, the proposals by UNODC on both the procedures and the tools for data collection do not constitute a qualitative leap forward from the current procedures or guarantee the standards that resolution 52/12 sought to establish. Failure to comply with the review mechanism required by the resolution undoubtedly had the result that there were insufficient data for the meeting of the open-ended intergovernmental expert group or for subsequent consultation with Member States, since it was published, in English only, on 28 January and required formal submissions by 15 February. Such a timescale remains inadequate for a detailed consideration of the questionnaire and the necessary serious consultations among the various bodies involved in each country.

38. The ideal format would be that the questionnaires would require information annually on the regulatory framework and trends and triennially on other questions relating to the monitoring of the implementation of the Political Declaration and Plan of Action. In other words, this would entail about three main parts annually and the other parts triennially, dealing with questions relating more to policies and actions implemented. This basic issue has not been properly addressed in the proposed text.

39. The proposals on the questionnaires, as discussed in detail in this report, show the need for greater efforts to attain the standards required under the resolution.

## **II. Russian Federation**

The Russian Federation transmitted the following comments under cover of a note verbale from the Permanent Mission of the Russian Federation to the United Nations (Vienna):

At the meeting of the open-ended intergovernmental expert group on data collection, held in Vienna from 12 to 15 January 2010, the Russian delegation noted the pressing need for a complete overhaul of the structure and content of the draft annual reports questionnaire on this issue and for the draft questionnaire to be translated into all the official United Nations languages, including Russian. Unfortunately, due consideration was not paid to these requests.

The Permanent Mission is also bound to point out to the Office that its note reached the Permanent Mission only on 4 February. This means that, practically speaking, the Russian Federation only had a little over a week to prepare its comments. It is obviously very difficult for the relevant Russian authorities to do so within this time frame.

The Permanent Mission would point out, in this connection, that a crucial factor in the capacity of the relevant Russian authorities to comment properly on the draft questionnaire is that the text should be in Russian. The Permanent Mission would be grateful if such a translation could be provided as soon as possible, which would help the Russian Federation to prepare the comments requested by the Office.

### **III. Spain (on behalf of the European Union)**

#### **Consolidated commentary of the European Union Member States to the draft revised annual reports questionnaire**

##### **Introduction**

41. This paper includes a consolidated commentary of the European Union Member States to the different parts of the draft revised annual reports questionnaire. The number, range and diversity of comments presented in this paper clearly shows that the discussion and development of an updated reporting tool for the UN data collection system on drugs as mandated in Commission on Narcotic Drugs resolution 52/12 is not yet finalised. The EU would therefore welcome opportunities to further elaborate and exchange on improving the present draft documents in the months following the 53rd CND.

42. Over the next pages, a number of general remarks can be found on each of the four parts of the draft revised ARQ, followed by a considerable number of specific comments on individual questions. Where considered relevant in terms of context and detail, specific references to individual EU Member States have been included. Other comments were of a more general nature and/ or provided by the EMCDDA. These comments are not exhaustive.

43. In order to work as fast as possible and as efficient as possible, the further work required could be undertaken by a small technical working group or groups to ensure that the questionnaires are scientifically sound and as unambiguous as possible. It would also be good practice to pilot the questionnaires amongst a small representative group of countries. This is — for example — how EU reporting to the EMCDDA has been developed and it has been shown to be a practical approach.

44. The requests for information in the questionnaires need to be realistic in terms of the capacities of the countries responding, the capacity of the UNODC to analyse the responses, and the likely usefulness and validity of the analyses envisaged. It would therefore be helpful to have a description of the rationale for each question and how the responses will be used, including the relationship to the monitoring of the UN Plan of Action.

45. Furthermore, it is important the ARQ avoids overlaps with information that is available (perhaps in an even more detailed format) from Member States' reports to other UN organisations and bodies.

46. The full package of the revised ARQ (all four parts) should be presented for adoption as a whole so that the overall balance of topics can be seen and assessed.

### **General comments to Parts I,<sup>3</sup> III<sup>4</sup> and IV<sup>5</sup> of the revised ARQ**

47. The rich diversity of the countries reporting to the UNOCD necessitates reliance on different types of information, the most obvious distinction being questions requiring expert opinion and those requiring access to surveys and other numeric sources.

48. A welcome common feature of parts I, III, and IV are the efforts to improve the collection of information on the type and source of data. Text boxes for comments have been introduced throughout, 'don't know' has been added as an option in the opinion scales, and individual questions have been strengthened by enquiring about where the data originated.

49. Improvements in the data collection stage should be carried through to the reporting of the results, where the nature of the data used to support comment should be explicit. A clear distinction should be made between comments derived from expert opinion, and those derived from numeric sources. Information on the source of the numeric values would also be useful. This would start to address issues of validity and reliability.

50. The construction of the questions is a matter of compromise, and much important work has been completed. However, there are outstanding issues that would benefit from further consideration. On that basis it is worth considering whether the revision process should be extended, and/or a method of evaluating the efficacy of questions on the basis of an established set of criteria, and with reference to the empirical results of data collection, be established. Within this context, a small technical group either drawn from the secretariat or including the secretariat and other members, would be useful to consider the following:

1.1 Establishing the criteria for inclusion or exclusion of questions by the secretariat. At the moment there is no information on why particular questions have been included or removed. Given the size of the questionnaires and the complexity of the issues this information could guide the revision process.

1.2 Field testing the questionnaires. There is concern that some new questions, though desirable, may prove too difficult to complete (e.g. prescription drugs), or are specific to a limited number of countries, or provide information that is not of sufficient precision to be useful. Field testing the questionnaires would provide evidence which would assist in deciding whether these questions should be included.

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<sup>3</sup> E/CN.7/2010/15/Add.1

<sup>4</sup> E/CN.7/2010/15/Add.3

<sup>5</sup> E/CN.7/2010/15/Add.4

1.3 Harmonization of definitions, questions and categories. The importance of harmonization of definitions, questions and categories was recognised in the first revision of the ARQ after the January meeting, but no time has been available to investigate this further. Harmonization would have the benefits of increasing comparability, and simplifying reporting, while removing some remaining uncertainty regarding the meaning of individual questions.

1.4 Establishing scales and taxonomies. The consultation process has raised questions on various taxonomies used in the questionnaire (e.g. types of drugs, opinion scales) which may hinder completion.

The work of the technical group could be used to better inform the broader decision making process.

### **Overall comments on the instruments for Parts I, III and IV**

51. The comments here refer to E/CN.7/2010/15/Add.1, E/CN.7/2010/15/Add.3, E/CN.7/2010/15/Add.4. They have been compared with the original ARQ, and where appropriate with the revisions received prior to the meeting of the 12 January, and those received during the meeting of 12th to 15th January.

52. There have been efforts to improve the collection of data on the sources and nature of the information. This can be seen in the inclusion of comment boxes following many sections, the inclusion of 'don't know' as a category in the opinion scales, and the inclusion of a question on data source in the general population questions. Arguably improving background information on the data is also the purpose of establishing focal points or contact points for questions the secretariat may have, and in the request for copies of legislation in one of the official languages of the UN.

53. Importantly, information on the validity and reliability of the responses should carry through to the analysis stage, and clear statements of the source of information on which comments are based should be supplied. At its most basic, the distinction between expert opinion and survey or other numeric sources should be clear.

54. There is scope for improving technical aspects of the questions, for example improving drug categories, or eliminating redundant categories or identifying questions which are poorly defined or completed so infrequently as to be useless.

55. The ability to refer to authorities within countries is important in any data collection process, though developing alternatives to the missions as the route of communication is strongly opposed by some countries. This is carried further to the notion that the one authoritative source within a country is that chosen by the country.

56. The request for copies of legislation in the official languages of the UN places a heavy burden on the member states, is unlikely to be workable in practice, and it is unclear how the information will then be used. The task of sifting through the legislation, categorising it and making sense of it would be huge and is likely to be beyond the capabilities of the secretariat. A number of comments received by the Commission from Member States highlight this problem (Czech Republic, Denmark).

57. The revision of the components is not balanced. It would seem that more effort has gone into part IV on Extent, patterns and trends in drug manufacture and trafficking than parts I and III, which by and large have copied previous ARQ questions. In particular information on clandestine laboratories has been extended, particularly as relates to synthetic drugs. However, the questions appear complicated and it is uncertain how many countries would have relevant information to report.

58. Definitions continue to be questioned and it would appear that more work is required in making the instruments easier to use and clearer.

### **ARQ Part I — Legislative and Institutional framework**

59. **Q7** on risk assessments:

*Was a risk assessment undertaken before placing the substances under national control? If yes and if appropriate please attach one copy of each text in one of the official languages of the United Nations or a government certified translation into a working language of the CND.*

Should be amended as follows:

*Was a risk assessment undertaken before placing the substances under national control? If yes and if appropriate and available please attach one copy of each text in one of the official languages of the United Nations or a government certified translation into a working language of the CND.*

60. **Q8** through **Q10** do not seem very clear in what they are asking referring to “problems” and “difficulties”. It is not clear what use this information is going to be. This needs to be further explained if these questions are to be useful.

61. One controversial component in this section of the revised ARQ concerns the continued request to provide copies of legislative texts in one of the official languages of the UN. EU Member States indicate that this is unworkable.

62. ***The Czech Republic for example states on Part I, Question I that:***

*The Czech Republic does not consider it to be necessary to further specify national laws and regulations to be provided by Member States in order to cover areas such as money laundering, confiscation, mutual legal assistance, extradition, etc. The original version of the question is sufficient because of reference to penal code (at least in respect of the Czech legislation). Question 1 also partly overlaps with question 18.*

*Furthermore, the Czech Republic does not consider it necessary that the UN Member States provide national laws and regulations in one of the official languages of the United Nations nor is necessary to provide an official translation thereof. We suggest that the Member States provide the national legislation in their official language(s).*

*Regarding questions 13 and 15 and 17, the Czech Republic considers it not necessary report on multilateral agreements in relation to extradition and mutual legal assistance binding on the Czech Republic, i.e. the Czech Republic is a contracting*

party. In the opinion of the Czech Republic, the information about bilateral agreements would be sufficient. Member States can use their discretion whether to provide text of the agreements or not.

Regarding to multilateral agreements, requirement to provide an official translation in one of the official languages of the United Nations is considered not to be relevant. For example, regarding the Council of Europe, the Treaties on judicial cooperation in criminal matters (full texts as well as explanatory reports) are available on the website of the Council of Europe ([www.conventions.coe.int](http://www.conventions.coe.int)) in English and French.

**63. Germany: Part I of the questionnaire (Legislative Framework):**

Questions 12, 13, 15 and 16 (now questions 13 and 15) that deal with agreements on extradition and mutual legal assistance, are difficult to answer in a practical and reasonable manner given the requirements mentioned there (specification of all bilateral and multilateral agreements on extradition and mutual legal assistance plus attachment of copies of the translated texts of all of these agreements). Moreover, it is doubtful whether comprehensive information is necessary here at all (that especially goes for the attachment of the agreement texts). We suggest that the list of agreements be restricted to the relevant ones and, beyond that, only references are required. Most of the texts are available online and it is therefore difficult to see why a copy in an official UN language should be necessary at all.

### **ARQ Part III — Extent, patterns and trends in drug use**

#### **Instructions**

64. This is a new section from the original ARQ. Here the UNODC has introduced its plans for improving information on respondents, and on Meta data. It also introduces the two levels of reporting, opinion and quantitative data and a description of quantitative data or estimates.

65. Given its importance to the validity of the data, more description could be provided on the distinction between the two levels of reporting.

#### **Quantitative data or estimates**

66. Here the greatest flexibility is being sought for the respondents. A new feature is the 'other illicit drugs' category in the list of drug classes and drug types, which is to be used to a) add additional drugs that are country specific, and b) to add aggregate drug categories that a country uses which might not fit perfectly the listed categories.

67. They identify the problem they have with the heroin/other illicit opioids categories, stating if there is no information on the types of opioids, the 'other drugs' category should be used specifying 'any opioids'. An alternative would be to include a category within the opioids sections 'Opioids (type unknown)', which would keep all of the opioids together.

## Definitions

68. This section was not explicit in the original ARQ so can be considered new. Defining drug concepts to the satisfaction of all users is difficult, which is why the EMCDDA makes great efforts to liaise with a broad set of area experts. Here the definitions appear minimal, perhaps to avoid controversy. Comments from the focal points suggest that weak definitions complicate the data collection process, and point in particular to the areas of drug related deaths and treatment demand.

69. In the 15th January version there was a comment that this was a work in progress and “wherever possible definitions will be harmonized with those currently used in other regional and international processes”. In the final version for CND, the comment has been removed. There does not seem to have been any effort at further harmonization.

70. Given more time, more work could be done on harmonization of terms, and improving clarity. The EMCDDA experience is that establishing definitions is a prolonged activity of consultation with experts, and requires periodic revision. This could be done as part of a technical group.

71. Specific issues relating to definitions are as follows:

### Drug related death definitions

The EMCDDA definition of drug related deaths or drug induced deaths (“people who die directly due to use of illegal substances”) is more restrictive than the UNODC definition of “drug related mortality” (“deaths where illicit drug use is a direct or indirect contributing factor”). We are also far more specific in operationalizing these definitions. For General Mortality Registers we define the ICD 10 codes to be included. For Special Registries we define the class of death to be included. Prolonged and continuous effort is required to get the countries to adopt comparable reporting standards.

Our terminology is slightly different, with “drug induced death” replacing “fatal drug overdose”.

### Drug treatment

The UNODC definition is “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”. Full details of the EMCDDA definition are in the TDI protocol 2.0. <http://www.emcdda.europa.eu/stats09/tdi/methods>

Interestingly, the EMCDDA makes a distinction between treatment and harm reduction which does not appear as part of the UNODC definition. Needle exchange would not feature as treatment in the EMCDDA definition, but would in the UNODC. Given the audience, this is perhaps not a bad thing.

## Drug Type

The distinction here is between drug types (e.g. herb and resin) within a drug class (cannabis). This is linked with a new page on Drug Classes and Types, which is still not finalised.

## Problem Drug Use

The EMCDDA is at present revising their definition in response to an increase in the types of drugs used that can be identified as causing difficulties. The existing definition is 'injecting drug use or long duration/regular use of opioids, cocaine and/or amphetamines' which excludes short terms or sporadic use of opioids. The UNODC definition is explicitly relative, 'drug user who is considered particularly problematic, chronic or in need of help/treatment'. This relies on the individual country interpretation of problematic, and includes all those in treatment.

## Injecting drug user

The EMCDDA definition taken from Drug Related Infectious Diseases indicator is 'any person who has ever in their lifetime injected a drug for non-medical purposes'. In PDU our definition of injecting drug use is restricted to opioids, cocaine and/or amphetamines. The UNODC definition is 'person who uses drugs exclusively or primarily by injecting route of administration'. It would be useful to at least include the word 'illegal' in the UNODC definition.

## Technical Notes

72. This is a new section, not included in the original ARQ, or in the first revision, but there are no changes between the last two revisions.

73. An important change, common to parts III and IV, is the section on prescription drug type where the type and examples are in line with the UN conventions. There is serious doubt as to whether the section on prescription drugs will result in any useful information being collected.

74. Specific to part III, it would be useful to include a discussion of time period for prevalence as it is used later in the questionnaire (lifetime, last 12 months, and last 30 days).

75. **United Kingdom:**

*Pt3 Qs 1-19. We do not have information (and understand that this would also be difficult for most EU MS) on "non-prescribed/non-therapeutic use of prescription drugs" and do not feel that this is a realistic category.*

76. **Germany:**

*Data on prescription drugs as requested are not available in Germany and not at EU level, let alone in the UN. Therefore Germany proposed not to insert questions on prescription drugs in the revised ARQ.*

### **Drug Classes and Types**

77. The drug types and classes are not the same between Parts III and Parts IV, nor are they common to all questions within a part. This is an area where harmonization could be of use. The EMCDDA also has differing lists depending on the information being collected, but it could be an area where common or similar lists could be agreed.

### **Respondents**

78. In the original ARQ the title page had space for a contact responsible for drug data in the country, and a contact responsible for technical details.

79. The secretariat is anxious to develop focal points for queries, and even contacts on specific questions. Hence this section has space for a focal point contact, and specific contacts responsible for areas. Providing specific contacts has been made optional in response to strong criticism in the January meeting. Many countries felt it appropriate that the role of the missions as the sole channel of information be maintained.

80. Within the EMCDDA, the Reitox network is a set of focal points, and is a useful tool for developing expertise, sharing knowledge, and obtaining clarification and additional information. However, the EMCDDA's relationship with Reitox is defined by various agreements and contracts, which is clearly a difficult proposition for the UNODC.

### **Part III — Questions 1 to 5 (previously part II questions 1 to 5). Prevalence of Drug Use: General Population**

81. The inclusion of prescription drugs is difficult due to i) the practical consideration that the broad range of countries have different definitions and control mechanisms, and ii) the political issue that the UNODC should limit itself to drugs included in their mandate. This could explain the removal of the misused prescription drug type, but paradoxically it has been kept in the name of the drug class.

82. Essentially, these questions are asking for expert opinion. The validity of the responses depends on the quality of that opinion. At the moment the UNODC has very limited information on the source of expert opinion.

83. The Meta data questions will be useful if correctly completed. Arguably more direction on the type of responses here would be useful. Practically, it makes sense to try and develop some notion of where the data came from, and also give the experts the option of saying I don't know.

84. Practically, the EMCDDA would expect to have different levels of quality of data, and are trying to apply some notion of data quality to their own collections, though this is on-going. A problem is the combination of expert opinion with figures from other sources, which should be avoided, or at least made explicit in any analysis.

85. Focal points are concerned with a) the use of opinion questions in general, and b) the scale of the questions.

86. **Ireland:**

*Ireland can answer (Q 1-Q3) but not (Q4-Q6) as we do not collect general population data each year and we do not want to provide opinion, even if it is that of a so called expert.*

*We would like clear definitions for 'levels of increase applied to each parameter' in all sections of the questionnaire.*

87. **Lithuania:**

*In Q1 - Q5 change reporting period, now asks to report "past year". Expl. Data on prevalence of drug use among general population (GPS indicator) is collected via surveys in Europe (not routine data collection). Usually a country makes/repeat GPS or other surveys (inc. ESPAD) each 4 years. So each year to provide answers about drug use changes in the past year is not possible. There are possibilities to provide only fixed changes between two last surveys (expl. point "some increase" in amphetamine use, having in mind that you compared two surveys made in 2004 and 2008 data).*

88. **Italy:**

*With regard to questions Q4, Q5, Q15, Q34, Q41 e Q49: the forms of answer include "Large increase", "some increase" "stable", "some decrease", "large decrease". Italy feels that it could be useful to indicate the definitions of these terms in an apposite legend: e.g. stable (from 0% to 5%), some increase (from 6% to 20%), large increase (over 20%), and so on.*

89. **United Kingdom:**

*Pt3 Qs 1-19. We do not have information (and understand that this would also be difficult for most EU MS) on "non-prescribed/non-therapeutic use of prescription drugs" and do not feel that this is a realistic category.*

90. **Estonia:**

*Q2-Q5 - If the country has no population study conducted last year then this question is not applicable. Please consider that countries repeat population studies in every 5, 3, 2 years. Asking Q2-Q5 data only those countries who have conducted population studies last year could give data only from limited number of countries so results of these questions must be used in caution.*

91. **Germany:**

*Grundsätzlich habe ich nach wie vor Schwierigkeiten damit, dass UNODC Angaben zum Missbrauch von „prescription drugs“ erheben möchte. Mein Gedanke dazu ist, dass es mir nicht einleuchtet, warum es möglich sein soll, auf Ebene der UNODC zu sinnvollen Daten zu kommen, wenn dies bislang noch nicht einmal mit Hilfe der EMCDDA für Europa (und wir sind hinsichtlich unserer Datenerhebung sicherlich sehr viel weiter als andere Regionen der Erde) gelungen ist.*

**Part III — Questions 6 to 9, plus a new unnumbered question.  
(Previously part II questions 6 to 9). Prevalence/Number of drug users:  
general population**

92. This section asks for numbers, drawn from surveys. The response rates from Member States here are reported to be poor.

93. Given the importance of prevalence figures, arguably a greater return would be obtained by identifying the specific data shortcomings on the basis of previous submissions, and supporting population or school surveys in those countries.

94. With more time work could be done on harmonization. Ideally the categories and definitions should match the EMCDDA. Comparing the questions to the EMCDDA statistical bulletin tables GPS 1 and GPS8:

- The age groups 15-64 match the EMCDDA
- The EMCDDA has data on Males and Females but will only start reporting a gender breakdown in 2010
- The list of drug types does not match the EMCDDA
- The list of drug classes almost matches the EMCDDA, apart from illicit opioids
- The EMCDDA asks for lifetime, last year and last 30 day prevalence. The latest revision of the ARQ includes 30 day prevalence, probably correcting a simple oversight

95. An issue is whether sufficient supporting information is requested for numeric values. The focal points have questioned whether asking for numbers of drug is misleading without this additional information. On the form, a set of supporting questions are asked (Q6 and Q7), including year, reference population, area of country, and source. What is not clear is whether the number of users requested in questions 8 to 10 and elsewhere, is the estimated number per 100, which would make the first and second column identical, or the actual number of users. It is not clear what use the actual number would be without supporting information. Fundamentally either the instructions are not clear and would benefit from revision or an explanation is needed on what the actual numbers are to be used for. These are the types of issues that testing, consultation and/or an expert group could resolve.

96. ***Ireland:***

*General population (Q6-10)*

*Ireland has a question about the reference population. We assume it is the population from which the sample is drawn. If this is correct, then there is no place for the sample size. I suggest that you put in a question on survey sample size. The number of users in the table (q8 to q10) I assume are the number of positive cases (e.g. number of cases who ever used Cannabis), if this is a population survey and it is weighted to ensure representation according to the population structure (age, gender and place of residence), the number of cases who ever used cannabis is no longer meaningful and should not be quoted. The adjusted % of positive cases is the only valid answer. Ireland will not complete the number of users box and we assume this will be the case for all EMCDDA countries and other countries with good survey practice.*

*We do not have data for all the drug parameters listed but will complete what we can.*

*We would recommend use of the EMCDDA standard table for this questionnaire as 27 countries would be able to supply such data.*

**97. Lithuania:**

*In Q8 - Q13 - Change definition "Number of Drug users" to "Number of respondents (N)", or delete "Number of Drug users" columns.*

*Expl. GPS gives the proportions-% (expl. cannabis LTP - 18%) - but not exact number of drug users for the Country or target population. The same is stated in "Prevalence" definition (ARQ p.4 "Technical Terms").*

**98. Italy:**

*With regard to questions Q8, Q9, Q##, Q12, Q13, Q##. The forms of answer are "number of users" and "percentage of population". They could be completed, adding the values of the confidence interval of the reported estimates.*

**99. United Kingdom:**

*Pt 3 Q8-14. "Reference Population" should be defined. Presumably it means the size of the population for which %s are being reported. If so is it necessary to ask for "numbers of users"? Should "in the Reporting Year" be replaced by "in the last year" (the most recent survey might well not be the same as the reporting year)?*

**Part III — Questions 10 to 13, plus a new unnumbered question.  
(Previously part II questions 10 to 14). Prevalence/Number of drug users:  
youth population**

100. Again this is numeric data which is likely to be poorly reported. It would be useful to have information on how the questions have been answered in the past. However here the ESPAD surveys are probably the most useful data source, and are not limited to Europe. Arguably this is an instance where the UNODC could liaise with ESPAD to coordinate efforts.

101. The issue of harmonization of age categories is important, and in this revision the UNODC has changed its previous age descriptions to specifically ask for 15 to 16 year olds.

**102. Ireland:**

*Youth prevalence survey (Q12-Q14)*

*The same issues arise here with respect to reference population, sample size and number of users and list of drugs. See earlier comments.*

**103. Italy:**

*With regard to questions Q8, Q9, Q##, Q12, Q13, Q##. The forms of answer are "number of users" and "percentage of population". They could be completed, adding the values of the confidence interval of the reported estimates;*

**104. United Kingdom**

*Pt 3 Q8-14. "Reference Population" should be defined. Presumably it means the size of the population for which %s are being reported. If so is it necessary to ask for "numbers of*

users"? Should "in the Reporting Year" be replaced by "in the last year" (the most recent survey might well not be the same as the reporting year)?

### **Part III — Questions 14 to 22. (Previously part II questions 15 to 22, included q21 and q 21b). Injecting drug use**

105. The section consists of two parts. The first asks for the expert opinion, while the second asks for numbers. As before, there are issues regarding the comparative validity of each part. With regard to the quantitative part, they are asking for the percentage of users that inject and the number of users that inject. The same problems exist regarding the number of users as discussed earlier.

106. Unusually, the drug classes/types are not identical for both parts, and there is some question about which of the drugs is commonly injected.

#### **107. Ireland:**

*Injecting drug use*

*We think that the list of drugs that can be injected (Q14 and Q15) should match the list presented for (Q20-Q22). Do people in other countries inject ecstasy?*

#### **108. Estonia:**

*Q21 - please add more room for number of injectors so that populated countries could also fill these boxes*

*Q22 - question on the estimated percentage of active injecting drug users who shared needles or syringes the LAST TIME they injected might be unfeasible for most countries, especially those having limited funds for research among IDUs. So it creates problems while comparing data across countries.*

#### **109. United Kingdom:**

*Pt 3 Qs18-22. There should be guidance on what source of data is expected to be used for this question, for example estimates as part of problem drug use estimation, data from treatment systems or from Infectious Disease data/behavioural surveys.*

### **Part III — Questions 23 to 28 plus three unnumbered questions. (Previously part II questions 23 to 28). Severe/Problem Drug Users**

110. In this section questions have been dropped, while others added. It is only possible to guess why this has been done. *More detailed information on the justification of decisions would help.*

111. An opinion question on the trend in severe/problem drug use has been dropped, presumably because it generated little information of use.

112. A set of 5 questions has been added on the problem drug use of high risk groups. It is very difficult to obtain information in the area of problem drug use generally and it is questionable whether the detailed information being asked for here will be available. The EMCDDA has information for some of the questions in tables PDU-1 part I, but a break down by these types is not available, nor on the activities. It is also clear that these high risk groups are politically sensitive, further

reducing the likelihood of obtaining usable information. This question would benefit from further discussion.

113. The EMCDDA definition of problem drug use is under review. Finding a sufficient, workable definition that is not an example of circular reasoning is difficult.

114. *Estonia:*

*Q 23-Q26 — countries may use different definitions for „problem drug user” which makes comparison across countries very difficult. We recommend adding into this questionnaire also correct definition for „problem drug user” as „drug user considered particularly problematic.... seems not to be very accurate definition. It should specify whether it consists „injectors, intensive/regular users etc”.*

### **Part III — Questions 29 to 33. (Previously part II questions 29 to 32). New Developments in Drug Use**

115. Question 30 asks for information on two issues at once, which could lead to some confusion. Again, it would be useful to see what the responses were like for the questions in the previous ARQ, and then evaluate how it could be improved.

### **Part III — Questions 34 to 38 plus 4 new unnumbered questions. (Previously part II questions 33 to 38) Drug-related Morbidity**

116. The explicit distinction between opinion and quantitative sections has been lost in the formatting. There appears to be a discrepancy between asking whether percentages are available in Q35, then asking for numbers and percentages in Q37 and Q38. As before there are concerns about how the actual numbers requested will be used and whether more information on how to provide the reference population be provided.

117. The new questions are concerned with the recording of non-fatal drug-related health outcomes. It is not clear where these questions came from as they appear to be new in the most recent version. It is also not clear if they have been tested.

118. *Ireland:*

*The same issues raised in relation to Q6 to Q10 hold, i.e. information is needed on the reference population.*

### **Part III — Questions 39 to 46. (Previously part II questions 39 to 47) Drug-related Mortality**

119. Concern has been raised that this section fails to take into account polydrug use. Instructions are not available on how to deal with situations in the numeric data where more than one drug is listed as present. This could result in double counting.

120. The EMCDDA has built up its reporting of drug related deaths over a number of years with close attention to definitions, work with country experts and an understanding of the data sources.

121. The focal points are particularly critical of this area.

122. **Ireland:**

*This is a major problem and in its current state we could not complete these questions accurately. This section has always been a problem.*

*Remove q39 to q41 as they are impossible to answer because of polydrug use in deaths.*

*It is not appropriate to provide the number of deaths among drug users by drug type. The user may use more than one drug or they may not have used drugs in a number of years. This would be better as a total number and maybe some common medical causes.*

*For direct drug-related deaths, the list of drugs do not reflect the metabolites identified in toxicology; here is what is feasible, heroin, other opiates (including prescribed), cocaine, amphetamine (including prescribed), ecstasy, benzodiazepines, other sedatives and hypnotics, hallucinogens, or solvents. The toxicology cannot tell us if a drug was prescribed or not and other information is very scant. It is very difficult and misleading to assign deaths by poisoning by individual drug as all drugs cited in the cause of death have equal weight in a coroners verdict; 60% of direct drug-related deaths in Ireland are caused by more than one drug; this will lead to double counting. We suggest you use the EMCDDAs selection B or Selection D as these methods allow for polydrug use deaths and avoid double counting. The EMCDDA selections are far from perfect but were developed by a large number of experts in the area and are the best available.*

*With respect to AIDS cases, we are confused about a number of issues, are you estimating the number of deaths among HIV positive people? Or the number of injector deaths caused by HIV or AIDS? In addition, not all people who die develop AIDS, so HIV/AIDS may be more technically correct. It is difficult and misleading to record HIV/AIDS cases by drug type. It may be better to request a total number.*

123. **Lithuania:**

*There is no clear definition for "Drug related death" and this makes difficulties to report Q46. Does the number provided in Q44 TOTAL includes or not number provided in Q46?*

124. **Italy:**

*With regard to questions Q44, Q45, Q46: it could be useful to add another question: "Q47. What is the number of the other drug-related deaths?"*

125. **Portugal:**

*In Part III, Q39, Q40 and Q41 to introduce at the end another line with "several drugs" to mention those which death are associated with more than one substance;*

126. *Estonia:*

*Q39 — add „please report number”*

*There is an overlap between Q39 and Q44*

### **Part III — Questions 47 to 57. (Previously part II questions 48 to 58)**

#### **Drug Treatment**

127. Definitions of those in treatment need to be specific. At present the EMCDDA is undergoing a revision of the TDI indicator, and one issue being discussed is the difference between obtaining incidence levels of treatment in a given year as opposed to the number of those actually in treatment. Here the individual countries are asked to provide both number in treatment and percentage receiving treatment for the first time. This seems to ignore complexities around those entering treatment for the second time, or for more than one time in a given year.

128. The member states are asked to choose a definition of drug treatment. It would be interesting to know how these definitions are used in later analysis. Again, it would be useful here to find out what has been reported in previous years and develop the questions on that basis.

129. As before, the questions are ambitious and it is uncertain as to how many countries would be able to provide responses.

130. The focal points have raised issues regarding definitions, and on whether the question of polydrug use has been adequately addressed. At a minimum it has been suggested that reference be made to the main drug, with a definition, to avoid double counting.

131. Germany raised its strong opposition to Alcohol being included as a data type, and this has been removed from the list in the most recent version.

132. *Ireland:*

*Drug treatment (Q52-56)*

*One needs to state that these data should be based on the client's main problem drug. This questionnaire takes no account of polydrug use. In Ireland, 70% of treated clients report more than one problem drug and we think this is a common experience throughout Europe.*

*If this is intended to be the total number in treatment, we propose to change the parameter 'any illicit drug' to 'Main problem drugs (excluding alcohol)' as many people require treatment for licit drugs and many people report more than one problem drug.*

*We think there is an over emphasis on stimulants, it is unclear why this is so.*

*We presume we are to use the definition of non-prescribed/non therapeutic use of drugs presented in the general population section. Can you clarify? If this is correct the comment on prescribed stimulants in this section is confusing.*

*As drug users age data are skewed, the median age is the correct measure of central tendency rather than the mean (average) age.*

**133. Lithuania:**

*In Q58 extend definition "All people receiving treatment" to "All people received treatment during a reporting year" (TDI definition - "Treatment prevalence")*

*Q58 add definition "All people first time entering treatment for their drug use during a reporting year" (TDI definition "All treatments")*

**134. Germany:**

*Part 3 of the questionnaire (Extent, patterns and trends in drug use)*

*On questions 52-56: Alcohol should not be included or made the subject of a separate category. Establishing an additional category for alcohol would be in conflict with the mandate of the UNODC and the regulatory object of the Narcotic Drugs Conventions, since this substance is not listed in the schedules of these Conventions, and is thus not an internationally controlled substance. There are, however, reporting duties in respect of alcohol towards WHO — these two remits should not be mixed up. States in which alcohol is an illegal drug have the option to report on it under "other illegal drugs". In our opinion, that would seem sufficient.*

**Part III — Questions 59 to 62. (Previously part II questions 59 to 62)  
Data collection and monitoring capacity**

135. The references to 'registers' in Q59 and Q60 has raised some questions in a number of EU Member States. In some Central- and Eastern European countries, in the past 'registers' of (dependent) drug users existed that were neither accurate nor reliable to reflect specific target groups. What is needed here is a better explanation and understanding of the nature of specific registries, suggesting the importance of providing information and Meta data.

**ARQ Part IV — Extent, patterns and trends in drug cultivation, manufacture and trafficking**

136. Many of the questions are taken directly from the old Part III, though clearly some effort has gone into developing the section on illicit manufacture. The new questions appear complicated. It is hard to imagine many countries filling in this information, nor who in a country would have immediate access to the information, and it could be argued that a more targeted data collection would be more useful. It would be informative to receive information on how many countries completed these questions, and how they are being used.

137. For the sake of brevity, attention will be drawn only to the parts where there have been notable changes.

**Instructions**

138. Comments as above.

**Definitions**

139. In many instances the countries are asked to specify the definitions that they have used. This allows flexibility but will reduce comparability.

140. More detailed information on conversion between forms of a drug, for example plants to kilograms, and would be useful, as would a definition of where in the legal process the data is to be collection. Countries could be reporting at different points, arrest, referral and conviction.

#### **Common range**

141. Here the UNODC is trying to cope with the problem that the range of prices and purity obtained might be as broad as to be meaningless. One option is to try and construct the distribution of prices and purity. To that end the definition here may be too vague.

#### **Country of origin**

142. This information may be difficult to verify, in which case this could simply be supposition.

#### **Destination country**

143. Again, it is arguable that the responses are either obvious, or based on supposition. The problem here and in the earlier definition is that it will be impossible to gauge the authority of the comment, i.e. distinguish between someone just giving their impression of where the drugs have come from and information based on more complete evidence, such as confessions or links to other seizures.

#### **Retail/Wholesale definitions**

144. An important area where work has being undertaken by the EMCDDA and the Commission.

#### **Technical Notes**

145. Comment as above.

#### **Drug Classes and Types**

146. Interestingly aside from the prescription drugs, a section has also been included on drugs under national but not international control, such as Khat and ketamine. This seems like a good idea, though may be outside the strict remit of the UNODC. Furthermore, if countries report on these types of 'other drugs', it would be important to also collect data on the legal status of such substances in the reporting country. Overall, to avoid confusion it recommended that data is collected on those substance that are under international control only.

#### **Respondents**

147. Comment as above.

## **Part IV — Questions 1 to 9 (previously part III questions 1 to 9) Trafficking**

148. The questions are largely as before with some formatting changes. Questions 1 and 2 ask for quantities seized and number of seizures, whereas question 3 to 9 ask the less quantifiable questions on origin, transit and destination, method of importation and exportation, and trends. These are largely qualitative.

149. As raised above, and by the German focal point, origin, transit and destination are difficult to answer reliably. The danger is supposition replaces an evidence based evaluation. Denmark supports this view.

150. The list of drugs has changed from the original, including prescription drugs and removing those drugs such as Khat which are not internationally controlled. The 'Other illicit drugs' category is the new location for reporting these.

151. Meta data has improved with a question on defining seizures and a question on sources.

152. On a practical issue, for methods of transportation, Air, Land and Sea make sense, but Mail is method of concealment.

153. A Member State has raised the question of how to account for the same drug in different forms. More detailed instructions would be useful.

154. **Slovakia:**

*Question Q1 - What is the total Quantity of Drugs seized in your country in the reporting year?*

*As for the Cannabis concerned — the exact definition of the Marijuana herb and Marijuana plant would be necessary. From the present questionnaire it is not clear which of the items represents dry mass (processed marijuana) and which the unprocessed plant.*

155. **Germany:**

*With regard to questions 3 to 5 we wish to draw your attention to the fact that the rating of states as origin, transit and destination countries is not feasible. The reason is that investigations are not likely to reach beyond the transit states (in the case of overland smuggling mostly no further than the immediate neighbours), at any rate not as far as the regions of origin or the ultimate destinations of narcotics seized in Germany. Drawing up ranking lists would e.g. lead to strong shifts in the correlations between transit states whose importance for drug crime can be well proven statistically, but not quantified and countries of origin whose significance would hardly or not at all reflect in pure statistics. This is the reason why Germany decided not to complete the corresponding boxes in the past.*

## **Part IV — Questions 10 to 18 plus unnumbered questions (previously part III questions 10 to 17). Price and Purity**

156. New questions have been introduced on price at wholesale and retail levels and on forensic analysis. Specific reference to cannabis has been removed from the question on Farm gate prices.

157. Here the issue is the definitions. It could well be that the information they are collecting in this area is proving useful. Few changes have been made. Questions on Meta data, definitions used and sources referenced have been included. The drugs listed have changed marginally with the inclusion of prescription drugs again being the most evident.

## **Part IV — Questions 19 to 23 (previously part III questions 18 to 28) Arrest statistics**

158. As before, a number of questions have been introduced on definitions used by the individual countries, the drug list has expanded and some minor formatting changes have occurred. Meta data questions have been introduced.

159. Here the notable changes are the removal of questions on Gender, Age Group, Age Group and Gender together, and Occupation. In addition the question on convictions has been removed. This was presumably as they were not generating useful information, though no explanation has been given. One focal point has commented on this removal and the absence of any explanation.

160. Paradoxically the question on nationality of traffickers remains. It would be useful to see what the results of those questions are.

161. The UK has commented on the absence of advice on where in the judicial process measurement should be taken. If no guidance is offered it would be useful to ask the countries where they take the measure.

162. Regarding question 19 and 20, it may be beneficial to consider the feasibility of a question that may provide further information on arrest outcomes: *“What is the typical follow up of arrests for Personal Drug Offences in your country? Please the estimated percentage of arrests that are followed up by (a) a fine; (b) referral to social or treatment services; (c) prosecution; (d) other”*.

### **163. United Kingdom:**

*Pt 4 Qs 19-20. This is an example of where further guidance is required concerning the provision of data which may, in reality, be available from different stages of the criminal justice system i.e. on arrest, charge or conviction.*

### **164. Germany:**

*In the chapter “Arrest Statistics” (questions 19 ff.), Germany can only provide the number of suspects, but not the number of persons actually arrested, since we have no current arrest statistics.*

165. In Part IV, question 28, the reference to “CONVICTED persons” has been deleted. Some Member States would like to know the reasons for deletion.

**Part IV — Questions 33 to 46 (previously part III questions 29 to 41)  
Illicit Cultivation and Production**

166. This an area where there is relatively little activity within Europe and little direct regular reporting. Arguably, it should be possible to target countries with this type of information rather than asking every country.

167. Small changes have been made to clarify the units, and to improve the Meta data questions. The herb versus resin distinction for Cannabis has been dropped and a distinction between Cannabis Outdoor and Cannabis Indoor introduced. Degrees of use have been added to methods of detection and cultivation.

168. An opinion question on trends remains.

**Part IV — Questions 47 to 61 including sub-questions (previously part III questions 42 to 52) Illicit Manufacture.**

169. This section has been expanded, with a set of new questions introduced relating to clandestine laboratories. Some of these questions appear ambitious in scope. For example, Questions 47d and 47e request information on the phase and scale of production of laboratories discovered manufacturing synthetic drugs. In addition a new sub-section has been included asking for descriptions of up to eight clandestine laboratory seizures. It is hard to imagine where this information will come from, although the Spain suggests this information may be derived from analysis of reports of law enforcement officers. It would be interesting to know the response rates for these questions to gauge the quality of responses and whether the questions are specific to only a few countries.

170. One question has been removed, asking what quantities of drugs have been prevented from reaching the market as a result of dismantling laboratories. No information is available on why, but this question could only have been answered by a very few countries if at all.

171. *Germany.*

*Moreover, please note that the chapters "drug cultivation" and "drug manufacture" contain highly detailed questions which some Member States would find hard to answer.*

**Part IV — Questions 62 to 65 including sub-questions (previously part III questions 53 to 55) Diversion from Licit Channels**

172. The only new component here is the inclusion of the category 'obtained via friends or family' as an option amongst the main methods of diversion.

173. Again information on response rates would be interesting here.

## General Comments on Part II of the draft revised ARQ

174. This Part will be the main instrument to collect data on the implementation of the Political declaration and plan of actions adopted in 2009. As such it is the continuation of the former Biannual Reporting Questionnaire (BRQ) which was used for monitoring the implementation of the Political declarations and plans of actions adopted during the 1998 UNGASS.

### Links with the former BRQ

175. Few questions seem to have been kept from the former BRQ. More worryingly, no assessment of the problems encountered during the previous ten years of monitoring drug-related responses has been presented to Member States and experts. It is therefore not possible to know if the problems encountered during the final UNGASS review have been taken into account when designing the new data collection tool.

### Links with the UN political declaration and plan of actions

176. The questionnaire covers the two parts of the plan of actions (demand reduction and related measures, and supply reduction and related measures) and the main sub-topics of this document (prevention, money laundering, etc.).

177. The UN plan of actions contains more than two hundred paragraphs mentioning one or more actions to be implemented by UN Member States. Section 2 of the new ARQ, on the other hand, includes a set of about 80 questions. It has not been possible to understand how the sub-set of actions to be monitored has been selected. During the inter-governmental expert meeting in January, a request to link at least each question with the related action has been made by several delegations, including the EU and some Member States, but this has not been done.

178. Without additional information, it is difficult to understand a) if the questionnaire is appropriate to monitor the implementation of the policy documents (i.e. if the selection of actions to be monitored is relevant) and b) if the individual questions are appropriate to monitor the selected actions.

179. Some topics that are covered by the new Plan of Action are also missing. Spain identified the following topics:

- Polydrug use and abuse (Likewise, there is no mention of it in part III when referring to youth population). The Plan of Action (A/2/4/d) clearly states the need to approach all kinds of drug consumption, including polydrug use.
- Evidence based interventions (Plan of Action A/4/7 and 8 and A/2/4/f)
- Use of different type (clinical, pharmacological, etc.) of guidelines. The Plan of Action (A/9/18) clearly states that Member States should take steps in drawing up appropriate standards when delivering different type of interventions (prevention, treatment, training, etc...)
- Coverage of ethnic minorities (Plan of Action A/7/13).

- Dual pathology (coexistence of drug abuse and psychiatric conditions, Plan of Action A/7/13) is mentioned neither when dealing with prevention and treatment programs nor when describing morbidity (Part III).

180. Additional areas that are considered important and that could be covered include e.g.:

- The availability of controlled medicines
- Alternative sanctioning

#### **Links with the European monitoring system and other international systems**

181. The work done at European level to monitor drug-related responses, in particular in the drug demand reduction field, seems not to have been considered when designing the new questionnaire. The topics, questions and categories do not reflect EU standards. Comments made by other international organizations, including other UN bodies, point to an insufficient harmonization with existing tools and standards.

#### **Technical assessment**

182. The first proposal of version 2 of the new ARQ presented to the inter-governmental expert meetings appeared as a very early draft with problems in the wording of questions and in the response categories used. Comments by experts allowed improving the questionnaire somehow but there are still many technical problems in it (see attached list)

#### **Lack of definitions**

183. Experts mentioned the lack of definitions for this section of the ARQ and requested a specific sub-section on definitions to help Member States to fill-in their questionnaire and to improve thereby the data comparability. This list of definitions is still not available.

#### **Feasibility**

184. While it is difficult to know what the around 200 countries that might fill-in the questionnaire can do in practice, a general view is that this section, in its current format, is both quite complex and not very user friendly.

#### **Overall assessment**

185. An adoption of section 2 of the ARQ in its current form or with just few small changes is very likely to bring up similar problems as with the former BRQ (little reporting, data difficult to interpret). What is needed is A) A better linkage between the UN Plan of actions and the questionnaire B) A clear set of definitions C) A review of each question by a group of technical experts.

## **PART II — General comments by Member States**

### **186. Austria:**

There should be a clear focus on keeping the burden of reporting as moderate as possible. Therefore only questions clearly feasible of answering and useful in practice should be considered as an integral part of a possible amended ARQ.

### **187. Spain:**

A thorough review of the Political Declaration and Plan of Action adopted in 2009 shows that questions falling in part IIa and IIb do not entirely meet both the objectives and interventions stated in the above mentioned documents. This will undoubtedly represent a drawback when assessing their implementation.

### **188. United Kingdom:**

The UK welcomes the significant improvements to the draft questionnaires resulting from the inter-governmental expert meeting. However, there are inevitably limitations to what can be achieved at a meeting with so many participants. Further work is needed to refine and improve the drafts and we believe that there is not time to do this satisfactorily in time for approval by the March CND. There is now an opportunity to address long standing concerns about the current ARQs and it would be unfortunate if this is missed in an attempt to secure early approval. The draft ARQ part 2 (former ARQ) is, in any case, less well developed and needs considerable further work.

In general, there is a need for more guidance, clarity and explanation about what each question, or group of questions, is seeking, with an extensive set of definitions of terms. There should be opportunities for responses to include descriptions of the sources of data provided, the methodology used to obtain it and, in particular, its limitations. Again examples of this can be found in EU reporting to the EMCDDA. This is necessary to avoid misleading conclusions being drawn.

Part II. The assignment of questions to be answered annually or every three years needs further consideration. Some questions may be needed on one occasion only to provide a baseline position, some annually and some at a longer interval when the response is unlikely to change very frequently.

### **189. Germany:**

From the German perspective, the revision process aims to simplify the ARQ and provide a reliable and markedly simplified instrument. Parts I, III and IV of the draft largely correspond to the old ARQ and, while modified in some places were not fundamentally changed. It is especially the integration of those parts of the ARQ that used to be the subject of the BRQ (part II of the new draft), that seems to require in-depth discussion among the states.

In many places it is unclear why some sets of questions were raised while others were not and how the instrument relates to the new plan of action. In some places, it is difficult to understand why the individual questions were selected at all. Clear references to the conventions or actions plans to be implemented can only be found in some places, e.g. in question 11 of Part IIb on the UNCAC.

## **PART II — Comments on specific questions**

190. The comments made here are classified according to the numbering of the questions in E/CN.7/2010/15/add.2 accessible on the web as a CND 53 documents.

### **Demand reduction**

191. Q2: Without knowing the time-span of the former strategy it will not be possible to know for how long the country has been without such a strategy.

192. Q3: In the list of interventions, there is not mention of selective prevention (prevention addressing vulnerable or at-risk groups). The concepts of “rehabilitation” and “reintegration” should be clearly explained. What is the difference? Is sending people in prison a form of “rehabilitation” or “reintegration”, etc? We strongly suggest having clear definitions with examples (e.g. education, training, housing projects) of the type of interventions which are typical of these areas.

*Comment from **Spain**: should include other areas such as assessment, training and international cooperation which are essential to deliver any strategy for drug demand reduction.*

193. Q7: We suggest a slightly different formulation: “Does the country have a national drug coordination body responsible for the implementation of the national drug strategy in the field of drug-demand reduction?”

194. Q8: We suggest a slightly different formulation: “Which of the following sectors are included in the work of the coordination body?”

*Comment from **Denmark**: The BRQ contained a question similar to question 1 of the draft (Does the country have a central coordinating entity for the implementation of the national strategy for drug demand reduction?) whereas the above mentioned question 2 seems to be new. Information about the character of the coordination is important but it seems as if the wording of the question neglects the fact that the coordinating body in some countries is not a special entity with drug policy as its only responsibility and with representatives from different fields within the drug policy area. In some countries the central coordinating body is a ministry which among its many other responsibilities has the responsibility of coordinating the drug policy at the national level and as there is a close cooperation between the coordinating ministry and other ministries based on frequent formal and informal contacts among ministers and civil servants, representation of other ministries in the coordinating ministry is not needed. The fact that some countries — probably many of the smaller countries in*

*which coordination among ministries is more simple due to the limited size of the administration and the limited number of the people involved — have organized themselves in this way makes it problematic to use the term “representation” in the wording of the question. On this background Denmark suggests that the question is amended as follows: “Which of the following areas is included in the work of the coordinating body? Health, Social affairs, Education, Law enforcement, Justice, Private sector, NGOs, Labour and employment, Other; please specify.)”*

195. Q9: We suggest to remove the age categories as this is both too complex and might not be very informative (a country which has a single project for an age group will report the same as one with a national programme covering, for this age group, the whole territory). We suggest to keep only the two last categories (general population, Other groups- specify) and to add **for each of these two categories** the coverage variables of question 10 and 11.

196. For the coverage variable, we suggest to use the following:

Coverage of relevant cities (where the size of the population allows the implementation of the intervention): None, Some (les than 50%), Most (50% and above).

Comment from **United Kingdom**: “Proportion of Cities covered” — should this be “Proportion of Population covered”?

197. Regarding the categories of interventions, we suggest to add: School climate interventions; Academic support; Correcting normative beliefs. These three interventions exist in several European countries.

198. The question should be as follows: Please indicate if the following interventions have been implemented in your country, for which target groups (general population, specific groups- please specify) and which proportion of relevant cities (where the size of the population allows the implementation of the intervention) is covered?

Comment from **Spain**: Gender perspective is poorly covered, especially in the prevention and treatment sections (questions number 6, 7 and 11). Both the Political Declaration (art.9) and the Plan of Action (A/7/13 and 14) clearly state the aim of providing gender-oriented interventions. Actually, women are falling in the high risk group category (P of A) but there is no explicit mention of them as such in the whole ARQ (not even in questions number 27, 28, etc...dealing with “High Risk Groups”) but in question 54 (Part III). With respect to gender perspective, the former BRQ was a bit more comprehensive.

*Table in question number 5 (Part IIb Prevention and early intervention) is mainly age-oriented and even though there is a box for “other (specify)”, it seems that some rather significant target groups such as women, youth/minors and even unborn children/pregnant women (Plan of Action A/7/13 and 14) are missing and should deserve a specific box.*

*Comment from **Italy**: the forms of answer “some”, “most”, “all” and “none” probably need to be supported with a numerical reference, otherwise the answer could be strongly influenced by subjective evaluations.*

*Comment from Hungary for all questions on prevention (Q9-Q12): A box should be included for the reference to sources of information. The source of information can be very different in the different countries, varying from detailed databases to expert opinions.*

199. Q10 and 11: Should be removed as they have been integrated into Q9.
200. Q12: The additional categories suggested for Q9 should also be added here.
201. The last column should be used for “Name of intervention evaluated” to help understand what was really evaluated.
202. The question should be: “Please indicate if one or more of the following interventions have been evaluated in your country during the past year. If yes, please indicate the type of evaluation (process or impact/outcome) as well as the name of the evaluated intervention.

*Comment from Finland: In some cases definitions of new ARQ questions should be formulated more strictly — e.g. in ARQ IIa / question 8 on evaluation: it is impossible to infer if something is actually done or just planned to be done or what is the coverage of the evaluation of projects (none-limited-exhaustive) — perhaps reference options to the evaluation reports might be useful, but the difficulty is of course the language — e.g. in Finland most of the “process evaluations” are published in Finnish.*

203. Q13: The question should be re-formulated: “Is there a national policy to include drug prevention programme in the school curriculum?” There is a need to clarify what a national policy is (intention, written document, existing and applied policy).
204. Q14: Here, the mention “Please provide a copy” should be added as it is in Q14. This question is very ambiguous. If there is a national policy it is likely to be an incentive policy promoting health promotion at work. But identifying its existence, as well as the presence of an alcohol and drug component, in one single question seems very difficult. If the question is to be kept, we suggest:
- “Is there a national policy for health promotion or drug and alcohol prevention in the workplace? If yes, is this policy implemented in public administrations and services?”

205. Q15: The coverage variable needs a reference unit. We suggest the following:

Please indicate the availability of treatment services and modalities in your country as well as the estimated coverage of the target population (e.g. opioid users, problem or dependent drug users, etc) and of the number of prisons.

206. The coverage categories should be: estimated % (if available) / or low (a minority of the target group/prisons), Medium (about half of the target group/prisons), High (Almost all of the target group/prisons).

*Comment from Spain: There is no mention at all of the different pharmacological options (methadone, buprenorphine, naloxone, etc.) when considering substitution maintenance therapy. The Plan of Action clearly establishes (A/5/10) the need to provide and guarantee the availability and accessibility to different pharmacological*

*treatment options. In our view it would be convenient to gather some information on this subject. Thus, we are suggesting adding this breakdown in question number 11 (table): Opioid maintenance/substitution therapy*

- *Methadone*
- *Buprenorphine*
- *Opioid antagonists*
- *Other.....*

*Comment from Hungary: The meaning of the expression „residential service” is not clear. We propose to use the term “inpatient” instead.*

207. Q16: The coverage categories should be defined as: some (less than 50%), medium (50% and above), All.

*Comment from Italy: the forms of answer “some”, “most”, “all” and “none” probably need to be supported with a numerical reference, otherwise the answer could be strongly influenced by subjective evaluations.*

208. Q17: As mentioned several times during the meeting, not all countries have public health insurance systems. Therefore the categories, should be Yes, for all.../ Yes, for some.../ No / There is no public health insurance system

209. Q18: Same as above. Questions seem too broad as there may be several different private insurance systems.

210. Q19: It would be interesting to know to whom they report. Suggestion “Do treatment centres report the following information to national drug coordination or monitoring body?”

*Comment from Spain: seems to be rather useless both yearly and on a three-year basis as well. There is no purpose in collecting so much information since it does not provide any quantitative data (not even % coverage).*

*Comment from Finland: More attention should be paid to the definition of answer options to avoid misinterpretations of answers — e.g. in ARQ IIb / 7: how should yes/no answer options be interpreted in case of the psychological status or relapse rate or treatment drop-out, because there (1) are different kind of “treatment centres” that (2) may work under different legislation (health / social services) according to which (3) data collection possibilities are differently defined or restricted. So in some questions perhaps third answer option (e.g. “limited”) with case by case definition might improve the data quality in general.*

211. Q20: The question is simply not understandable. It is also very difficult to monitor advocacy and this might be typical of questions which end up with too many positive responses.

212. Q21: This question should be put closer to the other questions on treatment.

213. Q22: Same as question 15.

214. The coverage variable needs a reference unit. We suggest the following “Please indicate the availability of the following services in your country as well as the

estimated coverage of the target population (e.g. injecting drug users, problem or dependent drug users, HIV infected drug users, etc) and of the number of prisons.

215. The coverage categories should be: estimated % (if available) / or low (a minority of the target group/prisons), Medium (about half of the target group/prisons), High (Almost all of the target group/prisons).

### **Supply reduction**

216. Q24: Many problems with this question. The list of activities mixes monitoring, cooperation, concepts, fields and actions. This is clearly not the way it should be. The border between interdiction against traffickers and interdiction against dealers might be small. Linkage with demand reduction doesn't mean anything clear either. Categories such as "military" or "extradition" are too large to allow later a clear understanding of what countries have reported. Clear definitions and examples are needed for the distinction.

217. Q25: There is no space to mention the names of the agencies as requested. Non-federal police is a strange concept. Local or regional police might be more appropriate.

*Comment from Finland: Also some terms (e.g. ARQ IIb /8: are ... agencies "mandated" to reduce ...) should be defined more exactly so that it would be clear to the answerer if the answer requires e.g. legal reference for the task or is e.g. "programme based practical activity" enough.*

218. Q26 should be merged with Q27. Question is not specific enough. Suggestion "Does the country have a national drug coordination body responsible for the implementation of the national drug strategy in the field of drug-supply reduction? If yes, please give the name of the body or institution."

219. Q29: Unclear formulation. Suggestion "Did law enforcement agencies in your country use specific investigative techniques during the last year? If yes, please specify."

220. Q30, should be merged with Q29.

*German comment: Questions 29 and 30 (former 18 and 19 in Part 2a) solicit answers on whether the law enforcement authorities used special investigative techniques in the year before to gather evidence, which can be answered with yes or no. If answered in the affirmative, the relevant investigative methods are to be specified. Since, in Germany, law enforcement in the field of narcotics crime is predominantly implemented by the law enforcement agencies of the Federal Laender, it is only the latter that can reliably answer these questions. While it is likely that special investigative techniques were used and also included the electronic surveillance, use of informants, undercover techniques and controlled deliveries listed in question 19, this can only be definitely answered by these law enforcement agencies. Since the surveillance of telecommunications under section 100a StPO (Code of Criminal Procedure), the audio surveillance of residential premises under section 100c StPO and the acquisition of telecommunications traffic data under section 100g StPO are subject to statutory reporting duties that also require specification of the underlying*

*criminal offence (section 100b subsections 5 and 6, to which sections 100e and 100g subsection 4 StPO refer), it might be easy to answer any questions in this regard. Any enquiry beyond that, however, would be resource-intensive and not likely to yield any major gain in information. The questions are not for concrete figures, but only ask whether such measures have been implemented. Therefore, Germany suggests that the question be restricted to asking which investigative possibilities law enforcement agencies have at their disposal in abstract terms to fight narcotics related crime. This question could be easily answered and would ultimately bring the same gain in information.*

221. Q31: No space to elaborate the response as requested in the questionnaire.

222. Q32: What if one agreement is with five other countries? We suggest another approach for this question, along the lines: Yes/No, please mention the nature of the cooperation agreement. The additional question “Please elaborate on the outcomes of these measures” is too unspecific as there are several categories above that can all include several agreements. We suggest deleting this part.

*Comment from United Kingdom: There may be a need for a baseline question to capture existing agreements, as the question only asks about new agreements. A number of other questions also ask about new measures — but this may not be useful without any knowledge of existing measures and provisions.*

*We also feel that there is an implication in this question that the signing of bilateral agreements in itself has intrinsic value, whereas they should only be necessary where co-operation cannot take place without them. We suggest that for the two "signing" elements, the question would be "Has it been necessary for the country to adopt in the last year the following measures....".*

223. Q33: Similar suggestion: Instead of naming the country (useful for monitoring the implementation of the UN Plan of actions?) we suggest to use a more qualitative approach: Please mention the type of problems encountered.

*Comment from Austria regarding Q32 and Q33: it should be refrained from mentioning or addressing concrete countries in the answers given*

224. Q34: Too many dimensions in this question (existing mechanisms, exchange of information, operational requirements, law enforcement agencies) and “meeting adequately” is not appropriate. It will simply be impossible to interpret the data collected with this question. We suggest removing it.

225. Q35: Without the level or frequency of use, it will be very difficult to interpret what this means.

226. Q37: “Last year....over the reporting period”. One of them should be removed.

227. Q44: Military can also provide training.

228. Q56: This question is not really about domestic and international cooperation

229. Q68: What about other crops such as Khat.

230. Q69: Questions address the renewal of the strategy but two different strategies (national, external) were mentioned above. It is necessary to make clear which one is relevant.

231. Q75: This question might bring several problems, including guesstimates.

232. Overall: the section on alternative development seems to be particularly long especially when compared with drug demand reduction. There might be a need to find a better balance overall in the questionnaire.

#### **IV. Venezuela (Bolivarian Republic of)**

##### **Recommendations or comments of a general nature:**

233. There should be a period of reflection following the fifty-third session of the Commission on Narcotic Drugs to complete the updating of the questionnaire.

234. Priority should be given to quantitative data, while qualitative data should be admitted only in exceptional and clearly justified cases, thus ensuring that the data meet minimum formal criteria.

235. Questions about non-prescription medicines should be excluded, since they exceed the Commission's mandate.

##### **Comments on document E/CN.7/2010/15/Add.1:**

236. The inclusion of the new question 7 is justified and appropriate.

237. With regard to question 10 (formerly question 9), there is no treaty obligation on States to require prescriptions for preparations containing narcotic drugs. Under article 30 of the 1961 Single Convention on Narcotic Drugs, the prescription requirement applies to the supply or dispensation of drugs to individuals, but no mention at all is made of preparations containing drugs. For this reason, we would suggest deleting this question.

238. The merger of questions 15 and 16 into a new question 15 seems justified and appropriate.

239. The new text of question 18 (formerly question 19) seems justified and appropriate.

##### **Comments on document E/CN.7/2010/15/Add.2:**

240. The language of question 7 should be harmonized with that of question 1, which asks whether the country has a national drug strategy adopted by the Government that includes a demand reduction component. We therefore propose the following alternative text:

“Does the country have a central coordinating entity for the implementation of the demand reduction component of the national drug strategy?”

241. The age groups given in question 9 may not be appropriate to every country. To overcome this difficulty, we suggest that it should be left to countries to report the differentiated data according to their own grouping systems.

242. The Commission is not mandated to deal with alcohol and for that reason we suggest the deletion of question 14. Moreover, States are not required under the international drug control treaties to report on alcohol to the Commission. Nor is there any such commitment in the Plan of Action adopted at the high-level segment of the Commission on Narcotic Drugs in March 2008.

243. Question 24 asks about the areas in which the country has adopted measures to reduce the drug supply during the reporting year and provides a non-exhaustive list of reply options. Drug courts, however, make more sense as measures to reduce drug demand and, secondly, the armed forces are not exactly an area in which the country can adopt measures to reduce the drug supply but a useful resource in some cases — as an instrument or a means — to reduce the drug supply.

244. Question 31 asks whether the country has a system in place to monitor the sale of pharmaceuticals. We understand that this question is based on paragraph 35 of the Plan of Action, which deals with the concern of States to prevent the diversion and illicit marketing of, among others, pharmaceuticals. Under paragraph 36 (a), however, States agreed only to take concerted action with regard to the illegal sale of preparations containing amphetamine-type stimulants via the Internet. We therefore think that the wording should be amended and we suggest the following alternative text:

“Does your country have a system in place to monitor the sale via the Internet of pharmaceuticals containing amphetamine-type stimulants?”

245. In question 34, we suggest the deletion of the subsidiary clause, “If no, please specify the countries with which communication proved problematic”. The aim of the question itself is to establish whether the mechanisms for the exchange of information with other countries adequately meet the operational requirements of the law enforcement agencies over the past year. It is a closed question, allowing only one of two possible answers: (1) yes, the mechanisms for the exchange of information with other countries adequately met the operational requirements of the law enforcement agencies over the past year; or (2) no, the mechanisms for the exchange of information with other countries did not adequately meet the operational requirements of the law enforcement agencies over the past year. We note that the question focuses on the mechanisms themselves, not on the various parties involved in the exchange of information. If the response is in the negative, therefore, any of the parties could be in a position to interpret or explain the reasons why the mechanism did not adequately meet the operational requirements of the law enforcement agencies over the past year. To be asked to specify the number of countries with which communication has proved problematic changes the context completely. For this reason, we request the deletion of this question.

246. If it is absolutely necessary for question 44 to be retained in the questionnaire, we suggest that it should be relocated to follow question 25.

247. The Commission on Narcotic Drugs is not mandated to ask for information on the financing of terrorism. As set out in paragraph 26 (b) of the Plan of Action, Member States took due care to agree on action to reduce violence related to drug

trafficking. To that end, they undertook to implement measures to combat all forms of organized criminal activity that might be linked to trafficking in narcotic drugs and psychotropic substances and, “where appropriate”, the financing of terrorism. Since it is not obligatory but entirely optional to include the financing of terrorism in the agreed list of criminal activities, it would be wrong to have a question on this issue in the draft questionnaire under consideration, particularly since it could be understood as a collective and general recommendation to Member States.

248. Questions 53 and 54 are beyond the scope of the Commission’s mandate. They relate to issues pertaining to the Commission on Crime Prevention and Criminal Justice. We therefore recommend their deletion.

249. In question 55 (ii) to (vii), we suggest deleting the gerund with which each subparagraph starts, since the question is asking whether the banks and the non-bank financial institutions have adopted measures with a view to implementing a range of activities to prevent or prosecute money-laundering, not whether those institutions have taken measures that should be taken by State bodies.

250. The Commission has no mandate to ask for the information requested in questions 79 and 81, still less to make an implicit recommendation of a collective and general nature to Member States, which is what the two questions amount to. The subsidiary phrase “If yes, please specify” in question 78 provides countries with ample scope to report or inform on the environmental protection components included in alternative development programmes. The topic was addressed with great care in the Plan of Action, which spoke of nothing more than “addressing environmental issues” (para. 48), without specifying what those issues were.

#### **Comments on document E/CN.7/2010/15/Add.3:**

251. We note that two of the options for replying to questions 4 and 5 are “large increase” and “large decrease”. The Venezuelan delegation is strongly of the view that, contrary to the Secretariat’s approach whereby any data are better than no data, qualitative data that contain no measurement of the attributes, characteristics or properties of the facts or phenomena that they describe are of no use for assessing these replies. If the Secretariat insists on its approach, a report based on such data will not only be inaccurate but will lack comparative value and will be unreliable. That being so, we consider that a numerical figure should be established, in percentage terms, to determine what constitutes “a large increase” or “a large decrease”. This recommendation applies also to Part IV.

252. In questions 23-28 and ## (1), ## (2) and ## (3), we would suggest replacing the term “problem drug users” by the term “problem drug abusers”, so as to bring the proposed text into line with that of the international drug control treaties. This recommendation applies to all sections where the term “drug use” or “drug users” appears.

253. We would suggest transferring question 62 to Part IV. Part III deals with the improper use of a variety of substances under international control, while the monitoring of the situation of the incorrectly named illicit drugs is covered under Part IV.

**Comments on document E/CN.7/2010/15/Add.4:**

254. We suggest that the definitions of “drug possession/use”, “drug trafficking”, “manufacture” and “production” should be brought into line with the text of the relevant international drug control treaties.

255. In question 3, we suggest that the question should be concerned only with the country where the drug was manufactured, since the countries where drugs are cultivated are well known and, for the question under consideration, establishing the illicit drug transit routes is absolutely irrelevant, unless the intention is to construct or build up a picture of the trafficking chain, from the place of cultivation to the final consumer market. This, however, is part of an entirely different story and has nothing to do with establishing illicit drug transit routes.

256. Question 4 has the weakness that it disproportionately and unfairly penalizes neighbouring countries, whether it is the country where the drugs originate or the country of final destination.

257. Question 5 is too vague, since out of the total number of seizures — in the absence of a confession by the alleged criminals, which is not always available — it addresses only the fraction that has been seized in the country’s ports of exit.

258. In view of the methodological weakness of questions 3-5, we suggest that the table should be replaced by an open question of a general nature, in which countries are asked the main illicit trafficking routes across their territory (from the country of origin to the country of destination), broken down by type of drug and, where possible, estimating the quantity as a percentage of drugs trafficked.

259. Contrary to the assumption made by the Secretariat in putting together the questionnaire, that currently available information would remain available for some time, we consider that few countries will have the information available to reply to questions 6 (a)-8, 54 and 57. We therefore suggest the deletion of these questions.

260. We repeat our recommendation that questions 8, 9, 18 and 23 should be merged into a single question relating to the qualitative dimensions of the phenomenon of the illicit drug supply.

261. The international drug control treaties clearly provide that possession of narcotic drugs or psychotropic substances is restricted to a number of clearly agreed purposes. The text of question 19 is therefore unacceptable. We suggest the following alternative wording: “Number of persons arrested for illicit possession of drugs in the reporting year”.

262. In footnote 14, which relates to question 19, we suggest the following alternative text: “Drug possession contrary to the provisions of the 1961 Convention, the 1961 Convention as amended or the 1971 Convention” (1988 Convention, art. 3, para. 2).

263. In footnote 15, which relates to question 20, replace “personal use” by “personal consumption” (1988 Convention, art 3, para. 2).

264. In question 33, we would recommend replacing the phrase “plant-based drugs” by the word “narcotics” for consistency with the language used in the international drug control treaties, particularly the 1961 Convention.

265. With the merger of questions 24-42, question 26 would disappear, which would leave the new question 35 (a) without a context. We therefore recommend that the latter should be deleted.

266. We would recommend replacing the words “plant/drugs” in question 43 by the word “narcotics” for consistency with the language used in the international drug control treaties, particularly the 1961 Convention.

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