UNODC expert group meeting on global drug data collection, analysis and reporting:

Summary of meeting and major recommendations

6th – 8th July 2009

Vienna International Centre
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<th>Description</th>
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<tr>
<td>ACCORD</td>
<td>ASEAN and China Cooperative Operations in Response to Dangerous Drugs</td>
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<td>ARQ</td>
<td>Annual Reports Questionnaire</td>
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<td>ATS</td>
<td>Amphetamine type stimulants</td>
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<td>BRQ</td>
<td>Biennial Reports Questionnaire</td>
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<td>CARDIN</td>
<td>Central Asian Regional Drug Information Network</td>
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<td>CEWG</td>
<td>Community Epidemiology Working Group</td>
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<tr>
<td>CICAD</td>
<td>Inter-American Drug Abuse Control Commission – an agency of OAS</td>
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<td>CND</td>
<td>Commission on Narcotic Drugs</td>
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<td>DAESSP</td>
<td>(Caribbean) Drug Abuse Epidemiologic Surveillance System Project</td>
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<td>EADIS</td>
<td>East African Drug Information System</td>
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<td>ECDCO</td>
<td>European Commission Drugs Projects Coordinating Office for the Caribbean</td>
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<td>EMCDDA</td>
<td>European Monitoring Centre for Drugs and Drug Addiction</td>
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<td>EU</td>
<td>European Union</td>
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<td>GAP</td>
<td>Global Assessment Programme on Drug Abuse</td>
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<td>GDP</td>
<td>Gross Domestic Product</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>HQ</td>
<td>UNODC Headquarters Vienna</td>
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<tr>
<td>IEWG</td>
<td>The International Epidemiological Work Group</td>
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<tr>
<td>INRA</td>
<td>Information, Needs and Resource Analysis</td>
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<tr>
<td>LEN</td>
<td>A Local Expert Network (North Africa and Middle East Region)</td>
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<tr>
<td>MEM</td>
<td>Multilateral Evaluation Mechanism of OAS/CICAD</td>
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<tr>
<td>NGO</td>
<td>Non Government Organization</td>
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<td>OAS</td>
<td>Organization of American States</td>
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<td>PTRU</td>
<td>Prevention, Treatment and Rehabilitation Unit (UNODC)</td>
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<td>RA</td>
<td>GAP Regional Epidemiology Advisor</td>
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<td>SENDU</td>
<td>Southern Africa Epidemiology Network on Drug Use</td>
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<td>SIDUC</td>
<td>Inter-American Drug Use Data System</td>
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<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<td>UNDCP</td>
<td>United Nations International Drug Control Programme</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>UNGASS</td>
<td>United Nations General Assembly Special Session</td>
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<td>UNODC</td>
<td>United Nations Office on Drugs and Crime</td>
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<td>WHO</td>
<td>World Health Organization</td>
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BACKGROUND TO THE MEETING

This meeting was planned by the Statistics and Surveys Section of UNODC for several reasons. Two of these arose from direct mandates provided by the Commission on Narcotic Drugs at its 52nd Session held in March 2009. First, the newly signed Political Declaration and Plan of Action clearly identified data as crucial for informing both the planning and evaluation of drug policy and interventions. The Declaration clearly stated that Member States should “Take account of the need for indicators and instruments for the collection and analysis of accurate, reliable and comparable data on all relevant aspects of the world drug problem and, where appropriate, the enhancement or development of new indicators and instruments, and recommend that the Commission on Narcotic Drugs take further measures to address that issue”. In the Plan of Action, the importance of improvements in data collection, to map the drug problem and better understand the effectiveness of responses to it, was also recognised (See Appendix I).

Second, a more specific mandate for UNODC involved the signing of a Resolution that was specifically targeted towards revising and improving current global data collection systems that are intended to provide data on the global drug situation, and on Member States’ responses (E/CN.7/2009/L.24/Rev.1; see Appendix II). This involved requests that UNODC undertake a revision of the ARQ, incorporating the BRQ. This will involve, in late 2009, the conduct of an open-ended Intergovernmental Expert Group meeting in Vienna, where nominated experts from Member States will be able to provide their expert input into a revision, proposed by UNODC, of the ARQ as well as the ARQ process. The meeting to which this document refers was intended to provide some early input into this revision process from external experts. UNODC will consider some of this input as it prepares its proposed revision later this year.

The third aim of this meeting was to engage experts in discussions about ways in which UNODC can engage more actively with international experts in the field of drug epidemiology, law enforcement and related areas of drug statistics. The field of illicit drug statistics presents many challenges, and UNODC hopes to benefit from joint work with external experts in the coming years to continue to lead this international work. This includes:

1) continued work in the area of drug indicator development, in conjunction with other agencies with leading mandates in this area (particularly UN agencies with mandates in this field, including the International Narcotics Control Board (INCB), the World Health Organization (WHO), and the Joint United Nations Programme on HIV/AIDS (UNAIDS); as well as regional organisations such as the EMCDDA and Organization of American States);
2) expansion of UNODC’s global drug situation reports to reflect the full range of indicators that will be assessed in the Annual Reports Questionnaire (ARQ);
3) greater collaboration with external experts to address problems of considerable technical complexity for such analyses, and where dedicated research work might enhance UNODC efforts in global drug situation analyses.

The discussions were informed by the earlier work of many experts in this field, including those involved in developing the 2000 Lisbon Consensus on core indicators to measure for drug use and drug-related problems; those involved in previous revisions of the ARQ; and field office staff from both UNODC and other agencies involved in data collection and capacity building.
**EXECUTIVE SUMMARY**

_Aims and objectives of the meeting_

**Overall objectives**
1. Review international data collection systems that inform UNODC’s global drug situation analyses (the Annual Report Questionnaire, (ARQ));
2. Consider synergies with data collection activities of other agencies;
3. Review methods of estimating regional and global level drug production and illicit drug use;
4. Make recommendations for current and potential programmatic work by UNODC to build data collection capacity at national, regional and global levels.

**Desired outcomes of the meeting**
1. Production of a proposal for a revised ARQ questionnaire and data collection process for consideration by Member States in January 2010;
2. Suggestions for work to improve estimates of global and regional drug production and use;
3. Suggestions for analysis and reporting of drug statistics at the global and regional levels;
4. Programme development – feedback on:
   a. structure and focus of a global programme on drug use data collection;
   b. a Reference Group to the UN on drug statistics;
   c. identifying and engaging in national-level data collection capacity building;
   d. a future research agenda in this area.

One prominent feature was the broad agreement for most drug supply indicators (although some changes to indicators for synthetic drugs were recommended); whereas there was considerable discussion on the drug demand side, with less attention given to what is currently being collected about drug use and problems in countries, and greater emphasis given to what indicators _should_ be collected in countries. Both areas clearly need to be addressed, but this tension made it more difficult to agree on the drug demand indicators. Nonetheless, some clear consensus emerged with respect to the need for ensuring that drug demand data reporting was facilitated through any changes to the ARQ; and that there is a need for normative standards development, which WHO and UNAIDS both expressed a strong willingness to engage in to ensure that indicators are harmonised.

There was good agreement that UNODC is uniquely placed to report on the global drug situation. Its mandate, and its links with other UN agencies, were both considered to be crucial elements that will facilitate UNODC’s future endeavours to push forward this agenda – of improved data collection, and improved global level reporting on the drug situation. Nonetheless the challenges were also repeatedly commented upon, and there were repeated endorsements from both UNODC staff and external experts of the value of greater ongoing engagement with the international scientific community to address questions of technical complexity. There was endorsement of the need for the establishment of ongoing input from a technical expert group/reference group to provide independent advice to UNODC on areas where it requested dedicated scientific investigation.
There were a number of issues that were repeatedly raised during the meeting (see Appendix III for meeting attendees and Appendix IV for the agenda). The most important concerned the need for dedicated investment in capacity building of countries to collect and report on drug indicators in their country. The UNODC’s Global SMART Programme, which is currently operating in the Asian region, has been demonstrated to increase the capacity of countries to document their drug situation and increase the quality of reporting. It was widely acknowledged that without investment in such efforts, it is unlikely that data collection at the global level can be measurably improved.

Summary

The group did not propose a radical shift, but numerous smaller (but significant) changes were suggested, aimed at:

(1) Ensuring that countries fill in the forms accurately (through improving explanations and definitions used), and providing greater and more responsive support for completion;
(2) Making the data collection process more responsive to shifts that have occurred in the types of drugs that are consumed (e.g., increasing abuse of prescription medicines);
(3) Increasing the focus on collecting better quality information on drug-related consequences (e.g., drug-related crime and health consequences) and ensuring the analysis and reporting of these data are more systematic and conducted in collaboration with other key global agencies;
(4) Supporting countries in parts of the world where the response rate has traditionally been low to establish data collection mechanisms that will support the completion of the ARQ.

Of these, the final issue is particularly key, and will affect the likelihood that any improvements in the questionnaire or process are able to be realised. It will be necessary to secure additional resources; there is much scope to undertake this work in a fashion that is completely synergistic with existing initiatives of UNODC (particularly the Global SMART Programme) or other organisations (e.g., UNAIDS and WHO).

Core recommendations

Following is a list of the core recommendations generated during the expert group meeting. Although these recommendations reflect the general consensus of the group, not all participants were present for the entire meeting, and not all participants supported all recommendations, highlighting the benefits of on-going debate within the broader scientific community.

Collaboration

1. Identify and capitalise on opportunities for collaboration with and learning from other agencies engaged in monitoring aspects of the global drug market, including WHO and UNAIDS.
Capacity building
2. Establish regional networks/hubs, supported by UNODC regional offices, to facilitate information exchange, peer networking, support and training opportunities. The Global SMART program has demonstrated both the benefits and the feasibility of this approach.
3. Provide training in both collection of data, and completion of the ARQ, especially for countries where current reporting is limited. Consider the successful UNAIDS model as a starting point for this.
4. Both directly and through regional offices, act as a resource to facilitate improvement in the quality and consistency of data collection, particularly demand-side data collection (e.g., school and household surveys).
5. Within regional networks, target support to low/middle income countries, to support capacity building, skills development, and the identification and development of indicators.
6. Identify countries where, due to resource limitations and/or a lack of expertise, ARQ responding is poor; match these countries with appropriate countries within or outside the region, to facilitate a ‘peer mentoring’ system.
7. Establish funding mechanisms to support capacity building, with particular emphasis on subregions where current data collection is limited or inconsistent.

Expert input
8. Build partnerships with other stakeholder agencies: UNAIDS and WHO have indicated a desire to collaborate and contribute their expertise.
9. Consider an annual or bi-annual conference, to facilitate information exchange (content and process) among experts.
10. Obtain technical advice on specific issues, from small subgroups of experts in particular areas (e.g., crime statistics, cannabis production indicators).
11. External peer-review of the WDR: for example, an informal review of one report (after publication), in order to improve the next year’s report.
12. Implementation of a specialised research agenda, with priority given to issues identified by the above processes.
13. Establish a Reference Group to the United Nations on Drug Statistics to facilitate greater engagement with the scientific community on areas that are technically challenging and require technical input and debate.

Improving the ARQ
14. Revise the ARQ in light of expert input: revising structure, reducing complexity, increasing clarity, improving quality and enhancing comparability of indicators.
15. Increase the amount of meta-data collected, to assist in identification of contributors and evaluation of the sources and quality of the data collected.
17. Expand collection of treatment data.
18. Minimise redundancy in data collection, including through the development of formal data sharing and data harmonisation with UNAIDS and WHO. Both WHO and UNAIDS expressed their willingness, prior to and during this meeting, to be active participants in this process.
Improving the ARQ process

Enhance mechanisms for supporting distribution, completion and timely return of the ARQ:
19. Provide central and regional support for ARQ completion, including through the establishment of reliable, accessible telephone and email support from UNODC.
20. Move to web-based data collection, while retaining a paper-based system as an alternative. This has been developed by UNODC in South East Asia under DAINAP – so an existing model has been successfully developed by UNODC.
22. Provide clear instructions and definitions on all ARQ forms and include reference to the specific pages where instructions for each question can be found on the hard copies of the guidelines. On electronic forms, include links to corresponding instructions. Ensure that all definitions are clear, standardised within the ARQ and wherever possible, consistent with definitions used by other agencies such as WHO and UNAIDS.
23. Translate all materials into the six official UN languages: Arabic, Chinese, English, French, Russian and Spanish.
24. Distribute ARQs to Missions, but CC in-country experts identified by the Missions; ensure that UNODC regional offices are involved in the process.
25. Provide contributors with a per diem to encourage attention to detail and improve the quality and quantity of data collected.
26. Routinely provide feedback on ARQ submissions: a thank-you letter to all contributors, drawing attention to their contribution to the WDR; plus a summary of the data provided, in a manner useful in-country; this will also highlight data gaps and issues.
27. Strengthen links with regional organisations such as the EMCDDA and OAS.
28. The UNAIDS model, which comprises an exhaustive process of in-country consultation with UNAIDS field office staff, produces higher response rates and leads to both capacity building and presumably data improvements. This would seem to be a desirable model for UNODC to consider – but it carries obvious cost implications.

Reporting on the global drug situation

29. Reporting of the global drug situation each year involves exhaustive reporting of statistics on drug supply areas, and attempts to systematically estimate one drug consumption indicator (use in the past year). There was agreement that more indicators of drug use and adverse consequences should be systematically reported. This is in line with the 2000 Lisbon Consensus. It would also mean that there would be a better reflection of the data collected for the ARQ. This includes other areas within the UNODC and other UN agency mandates: injecting drug use; HIV among people who inject drugs; treatment provision; use among at-risk populations and use among young people.
30. UNAIDS and WHO offered to be active contributors to the writing of the WDR. This process will facilitate inclusion of their (better) morbidity data, minimising redundancy and enhancing UNODC’s capacity to fulfil its mandate. They offered to do the following:
   a. supply data to UNODC, reducing redundant data collection in the ARQ;
   b. submit information that is currently missing from the ARQ;
   c. contribute to sections of the global drug analyses, such as the World Drug Report.
INTRODUCTION

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Second, a more specific mandate for UNODC involved the signing of a Resolution that was specifically targeted towards revising and improving current global data collection systems that are intended to provide data on the global drug situation, and on Member States’ responses (Appendix II). This Resolution involved requests that UNODC undertake a revision of the ARQ, incorporating the BRQ. This will involve, in late 2009, the conduct of an open-ended Intergovernmental Expert Group meeting in Vienna, where nominated experts from Member States will be able to provide their expert input into a revision, proposed by UNODC, of the ARQ as well as the ARQ process. The meeting to which this document refers was intended to provide some early input into this revision process from external experts. UNODC will consider some of this input as it prepares its proposed revision later this year.

The third aim of this meeting was to engage experts in discussions about ways in which UNODC can engage more actively with international experts in the field of drug epidemiology, law enforcement and related areas of drug statistics.

As the Director of the Division for Policy Analysis and Public Affairs, Mr Sandeep Chawla, stated in his opening comments to the expert group, this meeting was expressly designed to begin a process of dialogue and increasing input from technical experts. Many obstacles exist in the collection and reporting of drug data, and Mr Chawla stated that the recent mandates provided by the CND – in the Resolution on data collection, but also in the Political Declaration and Plan of Action – represented a renewed focus on the importance of data in shaping and evaluating global drug policy.

To that end, Mr Chawla and Ms Angela Me, the Head of the Statistics and Surveys Section, both outlined their objectives of the meeting as follows:

Meeting objectives

1. Review international data collection systems that inform UNODC’s global drug situation analyses (the Annual Report Questionnaire, (ARQ));
2. Consider synergies with data collection activities of other agencies;
3. Review methods of estimating regional and global level drug production and illicit drug use;
4. Make recommendations for current and potential programmatic work by UNODC to build data collection capacity at national, regional and global levels.

Both Mr Chawla and Ms Me emphasised repeatedly during the meeting that it is hoped this is expert group meeting marks the beginning of a process of regular consultation, particularly with the research community but also more generally with individuals and groups external to the UNODC, who can contribute their expertise in drug data collection, analysis and reporting.

During the meeting it was recognised that improvements could be made to both the process of ARQ dissemination, completion and data collation, and the content of the ARQ instrument itself. Accordingly, process and content issues are considered separately below.

The expert group also considered issues of data analysis, interpretation and global reporting. They also generated proposals for a research agenda to improve the quality of data collection, analysis and interpretation. These issues, too, are given separate consideration. The report concludes with a short summary and a list of recommendations.
ARQ process: improving the data collection process

There is considerable scope for improving both the quantity and the quality of data collected by the ARQ. In addition to revising the instrument itself, the potential exists to improve the process of ARQ distribution, completion and return. First, some of the key issues with the ARQ process are outlined below.

Distribution process

At present, the process of distributing and collecting ARQs is relatively passive: each year, paper copies of the blank ARQ in English, French, and Spanish are distributed to country Missions, along with a one-page cover letter requesting that the ARQ be completed and returned by [date]. These are also made available on-line with a mail-out letter sent to relevant authorities along with a “guidance note.” Although a more comprehensive guide document for the completion of the demand section of the ARQ (part II) has been developed and is available on-line, it is not distributed with the ARQ, and few people in the meeting were aware that this existed.

Typically, Missions forward ARQs to their Foreign Ministry, who in turn forward Part II (demand) and Part III (supply) to appropriate Ministries (typically Health and Police) in-country. In some cases this process can take several months. Although there is space on the ARQ to record the ‘person responsible’ for each Part of the ARQ, it remains unclear who, or how many, individuals contribute to its completion in each country. Completed ARQs are usually returned directly to UNODC by mail or email.

Typically, Missions forward ARQs to their Foreign Ministry, who in turn forward Part II (demand) and Part III (supply) to appropriate Ministries (typically Health and Police) in-country. For 2008 data, the notices were sent 10 December 2008 with instruction that ARQs, together with all relevant legislative texts and other annexes, should be before 31 March, and not later than 30 June, to the Director General, Vienna, Austria. The Secretariat sends notifications of delinquency at the end of July in three languages. Beginning in 2007/08, follow-up reminders were also sent by SASS electronically (email of last known respondents of the ARQs, and copied to the permanent mission, in English) for delinquent Member States. Additionally, at the Commission on Narcotic Drugs (March, annually) paper reminders are also provided in the Member State representatives’ cubbyhole along with paper copies of the ARQ in English.

Although there is space on the ARQ to record the ‘person responsible’ for each Part of the ARQ, it remains unclear who, or how many, individuals contribute to its completion in each country. Completed ARQs are usually returned directly to UNODC by mail. The type of process and extent of information gathering are not documented in the current ARQ documents, so it is unclear from country to country the exact nature of the agencies, individuals and data sources.

1 Provided in English, Spanish, French, Russian, and Arabic, at http://www.unodc.org/unodc/en/GAP/index.html
consulted in filling in the ARQ (there is space for the contact information for only two people on the ARQ).

**Appropriateness/expertise of respondents**

Appropriate interpretation of information recorded in the ARQ requires knowledge of the individuals who contributed to its completion. The current ARQ provides space to nominate one person ‘responsible for’ demand-side data and one person ‘responsible for’ supply-side data; there is also space to record details of one ‘technical person responsible for the completion’ of each section. However, in practice the ARQ may be completed by a group rather than an individual, and/or subsections may be completed by a number of different individuals from the same or different Ministries. Within the ARQ no meta-data are collected and it is unclear what path the ARQ has taken, who has been involved in its completion, or what sources of information are referred to during completion. Member states are provided with little guidance or support in identifying persons or groups with appropriate expertise to complete the ARQ, and there is no formal or informal process to facilitate peer support or mentoring of those contributing to the ARQ either in-country, or within regions.

**Resource and data limitations**

In many developing regions of the world including Africa (West, East and Southern Africa), Latin America, Asia and in the Pacific Rim, there are enormous gaps in the extent to which countries respond to the ARQ forms. Part of the problem is the availability of data needed for completing the ARQ, especially Part II (demand-side data). A secondary issue is that where data do exist, these data may not always be identified, sourced and included in the ARQ response.

**Language barriers and definitional issues**

Another problem is that some countries find the ARQ forms extremely difficult to complete even if they have data. Although the reasons for this are not entirely clear, one issue appears to be limited understanding of the meaning of items in the ARQ. This can result in missing data or, worse, collection of the wrong data. Poor understanding of the ARQ may be due to language barriers, difficulty understanding some of the technical terms used and/or unclear definitions. Although a manual exists for Part II of the ARQ, there is at present no manual or set of guidelines to assist Member States in completing Part III of the ARQ.
Recommendations: Improving the process

To address these issues, the following recommendations were put forward at the expert meeting:

1. Instruction manuals (guidelines) should be prepared for all of the ARQ forms.
2. The ARQ forms and all supporting documentation should be translated into all 6 official UN languages.
3. Clearer instructions and definitions should be included on the ARQ forms; reference should be made to the specific pages where instructions for each question can be found on the hard copies. On electronic forms links should be provided where specific instructions can be found. Definitions should be clear, standardised within the ARQ and wherever possible, consistent with definitions used by other agencies such as WHO and UNAIDS.
4. A regional focus to strengthen capacity building (and reporting) should be supported. The Global Synthetics Monitoring Analysis Reporting and Trends (Global SMART) programme (see Appendix V for more details) aims to enhance data collection capacity in regions of the world where ARQ reporting is poor (Central America, the Caribbean, and South America; Southern and Eastern Africa; North Africa; India, East Asia; and the Pacific). It is currently active in Asia but plans for scale up in other regions are underway. Capacity development efforts aimed at improving the ARQ completion (and underlying data collection systems) should be mindfully placed to work with this programme where it is active.
5. Consideration should be given to supporting the hosting of biannual international meetings at which both content and methodological issues related to the two ARQ forms (Parts II and III) could be presented and discussed. This would function in a way similar to the old International Epidemiology Work Group (IEWG). These meetings would be attended by representatives of regional networks (e.g., EMCDDA, OAS, ACCORD and newly established networks in other regions of the world), representatives of international agencies (e.g., WHO, UNAIDS), representatives of key countries not yet part of regional networks, members of the Reference Group, and UNODC staff.
6. UNODC should also provide up-to-date guidelines on how to set up key elements of a national drug data surveillance system (needed to support the generation of information for Part II of the ARQ). Guidelines could cover topics such as how to conduct national household and school surveys to increase the likelihood of getting accurate data, and what items to include. Guidelines on some of these topics have been prepared for the UN Global Assessment Programme (GAP) and would simply need to be updated.
7. A Reference Group comprising a small number of experts should be established to provide technical support to the UNODC Statistics and Surveys Section in terms of content, process and data dissemination issues.
ARQ content: revising the instrument

In addition to enhancing the ARQ process, there is considerable potential to improve the ARQ instrument itself. Improving the instrument in light of expert feedback will reduce complexity and ambiguity, potentially increase both the quality and quantity of responses received, and provide a greater understanding of the in-country experts and the data sources referred to during completion of the ARQ. Importantly, in most cases these improvements can be made without compromising the capacity to draw comparisons with ARQ data collected in previous years.

A detailed discussion of these improvements is beyond the scope of this document (although the detailed comments of the expert group are being considered by UNODC at the individual question level), however broadly speaking, the expert group identified the following:

1. A need for the collection of more meta-data, including information about who has contributed to completion of the ARQ, and what information sources (if any) have been referred to in responding to each question.
2. In recognition of the constant evolution of world drug markets, an on-going need to ensure appropriate coverage of relevant drugs and drug subtypes.
3. While remaining mindful of important differences in the nature of supply- and demand-side data, the importance of maximising consistency in supply- and demand-side data items, including consistency in drug categories across both individual questions and Parts of the ARQ.
4. A preference for a hierarchical question structure, so that countries with limited information can provide at least a basic (yes/no) response that can be compared with more detailed responses from other countries.
5. A need for qualitative information to complement quantitative information; including space for respondents to clarify definitional issues where appropriate.
6. A need to distinguish between missing data and instances where the respondent has no information available, to facilitate appropriate interpretation of responses and non-responses.
7. The importance of providing countries with the flexibility to report routinely collected data (both demand-side and supply-side) in the metric in which it is collected, while encouraging reporting in a common metric wherever possible.
8. The merits of maximising comparability and minimising redundancy with other regional and global drug data collections, such as those undertaken by the OAS, the EMCDDA and the Global SMART program.

In addition to the above, the expert group generated a number of specific recommendations regarding the collection of demand-side and supply-side data. Again, detailed consideration of these recommendations is beyond the scope of this document, however some of the key issues, and associated recommendations for improvement, follow.
**Demand side indicators**

Analysis of response patterns across the ARQ revealed that in general, more countries were able to provide supply-side than demand-side data. There are at least two ways to address this issue: (a) removing items where the response rate has traditionally been low, or (b) developing the capacity of countries to start collecting information in these areas (e.g., drug-related mortality, population prevalence). Where capacity building is feasible and at least some countries routinely provide a good quality estimate of the indicator in question, the consensus was that the latter option is usually preferable.

It was also noted that whereas supply-side data were generally being recorded in the metric used by the member state (e.g., seizures recorded in tonnes, kilograms, pills, hectares etc.), in some cases respondents were compelled to provide demand-side data in the metric specified in the ARQ, potentially leading the respondent to estimate (rather than report) quantities or numbers, and thereby reducing data quality. More broadly, there was recognition of a difference in approach to the collection of supply- and demand-side data, with Part II of the ARQ arguably less able to accommodate the nature and heterogeneity of routinely collected demand-side data (e.g., treatment data). The need for increased work at an international level to harmonise indicators and data collection was noted.

The expert group noted that the Lisbon Consensus acknowledged the strategic importance of monitoring drug consumption among “special or vulnerable populations”. At present, however, the ARQ does not collect this sort of information, instead seeking an estimate of the overall number of ‘problem drug users’. The expert group agreed that a consensus definition of ‘problem drug user’ would be difficult to achieve, and considered the category too broad and heterogeneous to be of significant policy relevance. Recognising that countries were more likely to collect data on drug use among special populations than among the general population, the expert group recommended that the current approach to collecting data on ‘problem drug users’ be expanded to include data on patterns of drug use among key, high-risk populations such as injecting drug users, prisoners, sex workers, street-based youth and persons with a mental illness. Although these data do not provide a direct estimate of the overall prevalence of drug use in a population, they do provide a valuable indicator of problematic drug use among at-risk groups.

The expert group also recognised that in many countries, polydrug use is common, and often involves use of licit and illicit substances. Also recognised was the increasing trend towards diversion and misuse of pharmaceutical drugs, particularly pharmaceutical opioids. Consistent with this, the expert group recommended the inclusion of more questions regarding drug treatment, including for different drug types (including alcohol and pharmaceutical drugs), in the section on treatment episodes.

Recognising the limitations of treatment data as an indicator of treatment demand, the expert group also recommended the inclusion of an item requesting data on the number of registered drug users, disaggregated by drug type.


**Supply side indicators**

The expert group did not recommend any radical changes to the collection of supply-side data, instead making a number of more detailed recommendations to improve the quality and the policy relevance of the data being collected. The benefits of improved comparability and complementariness with other supply-side data collections, such as those of the World Customs Organisation, the International Narcotics Control Board and the UNODC’s Crime Trends Survey, was noted.

Detailed consideration of specific issues relating to supply-side data was beyond the scope of the expert group meeting, however the group identified a number of areas in which improvements could be made:

1. Interpretation of data on the price and purity of drugs was limited by at least two issues: (a) differing understandings of what was meant by “average” (i.e., mean, median or mode?), and (b) limited value of the ‘ranges’ reported, as they appeared to reflect rare ‘outliers’ (i.e., the most extreme low and high values observed) rather than the ‘typical’ range observed. Following the approach adopted by the Serious Organised Crime Authority in the United Kingdom, it was recommended that questions on drug price and purity be amended to inquire about the “most common price/purity” and the “common range” of price and purity.

2. Interpretation of information on adulterants and diluents was complicated because it was felt that the question conflated at least three different types of substance: (a) bulking agents, (b) contaminants/by-products, and (c) other active ingredients. It was recommended that these questions be amended to allow for separate responses in each category.

3. It was recognised that conversion factors for estimating drug quantities from precursor substances are not static, and may vary across both time and place. With this in mind, it was recommended that the ARQ collect data necessary to calculate conversion factors on an annual basis, to allow for time-dependent, country-specific variation in the calculation and reporting of seizure data.

4. The expert group noted important differences in the process of cultivation and production between drug types. Accordingly, it was recommended that questions about cultivation and production should be tailored to each drug type, while retaining comparability of data across drug types to the extent possible.

5. The challenges in identifying and reporting trafficking routes were noted. In particular, it was recognised that different respondents may have different interpretations of what constitutes a ‘country of origin’, a ‘transit country’ and a ‘destination country’. It was recommended that clearer definitions of these terms be developed and made available to respondents.

Given the detailed and technical nature of the issues discussed, it was proposed that a number of small ‘virtual expert groups’ be formed, each consisting of around 6-8 experts, to provide UNODC with on-going technical advice on particular aspects of supply-side data collection, analysis and interpretation. In total, three such groups were proposed:
1. In recognition of the trend towards indoor cultivation of cannabis, and the complexity of cannabis cultivation and production processes, a ‘virtual expert group’ on cannabis cultivation and production was proposed;

2. In recognition of the global shift towards production and consumption of amphetamine-type stimulants, a second group of experts on ATS manufacture was proposed;

3. In recognition of the limitations of drug-related crime statistics, and in particular the fact that drug-related arrest data conflate consumer activity (demand) and law enforcement activity, the expert group proposed a third virtual expert group on drug-related arrest data. The purpose of this group would be to assist the UNODC in interpreting arrest data, maximising the comparability of arrest data across time and place, and exploring how arrest data collected in the ARQ can complement data from other routine monitoring systems, particularly the UNODC’s Crime Trends Survey.
Analysis, interpretation and reporting of the global drug situation

Although the focus for much of the expert group meeting was the ARQ itself, the group also considered issues of analysis, interpretation and international reporting of data from the ARQ, both in the World Drug Report and in UNODC reporting more generally.

There was strong support among the expert group for the move in the 2009 WDR to reporting ranges for regional and global estimates of drug use and production, to acknowledge the uncertainty that exists because of data gaps and the need to extrapolate estimates. It was recognised that with excessive missing data, regional and global estimates may be unstable; consideration was given to the development of ‘cut-offs’ for missing data, beyond which regional and global estimates would not be produced.

There was some discussion regarding approaches to the analysis of data from the ARQ, in particular methods of imputing data, of estimating using multipliers, and of generating regional and global estimates. It was noted that the appropriate multiplier may vary over time and across countries and regions, and that the data necessary to generate region-specific multipliers should ideally be collected annually in the ARQ. The group also noted the potential to conduct simulation exercises using existing data from the ARQ, in order to assess the appropriateness and likely error associated with current multipliers and other analytical processes. Finally, the group discussed the potential for developing multivariate models to estimate missing data points and to generate regional and global estimates. Again, it was agreed that the parameters of these models may vary over time and place, and thus that the data necessary should be collected annually and analysed by region. The potential for country-level or regional data from other sources (e.g., GDP) to inform these multivariate models was also considered.

Although there is merit in producing global estimates of production, the group noted the difficulties in generating such an estimate for ATS and, to a lesser extent, for cannabis. Whereas estimates for crop-based drugs can be derived from cultivation data, this cannot be readily achieved for synthetically produced drugs (ATS), or for drugs where cultivation is widely dispersed across numerous outdoor and indoor locations (cannabis). Particularly for ATS, estimates based on ‘potential production capacity’ are also problematic, because in many cases the theoretical capacity of ATS labs is vastly in excess of actual production. The expert group also questioned the validity of estimating production based on consumption, given the circularity of this approach. One recommendation for addressing this issue was to adopt a more transparent method of estimating production capacity, importantly including a greater emphasis on reporting the components of the estimate (e.g., total precursor seizures, total clandestine lab detections), as well as the final estimate.

Given the uncertainty around global production estimates for ATS, the expert group advised that global estimates of ATS manufacture were of limited value at this time. They suggested that component estimates would be more robust, and of greater policy relevance. It was also noted that a more disaggregated approach would help to identify gaps in knowledge, which
could inform future capacity building activities. The group also suggested that the sections on ATS might particularly benefit from discussion grouped around geographic regions.

The expert group also recommended that a reference group undertake a review of analysis and presentation of drug data on a regional and global level.

The group also noted the merits of harmonising reporting across agencies: Aiming to make the WDR complementary to rather than redundant with other global reporting mechanisms, such as the UNODC’s CTS reporting, the INCB annual report and the WCO annual report.

Consideration was also given to the structure of the WDR, including whether to present the data by drug type (as is currently the case) or by geographic region. It was noted that one advantage of the latter approach was the ease with which region-specific findings could be used to inform policy, including through established regional networks (see also ARQ Process above). In recognition of the interdependence of drug markets, the expert group also noted the merits of synthesising findings across drug markets, although it was also acknowledged that this was a complex undertaking.

Finally, consistent with the UNODC’s mandate, the expert group recommended a greater emphasis on reporting of the health and social consequences of drug abuse, including greater collaboration with other UN agencies with mandates in this area, namely, UNAIDS and WHO. This could allow greater systematic reporting of data on adverse consequences of drug use: injecting drug use, infectious diseases, drug-related mortality and drug treatment. All of these domains are assessed in the ARQ and considered key by CND mandates and the expert group (and those representing WHO and UNAIDS) both endorsed the idea of joint work with these other agencies, as well as with other sections and Divisions of UNODC.
Future research agenda

In light of the existing limitations of the ARQ, and uncertainties regarding the best approach to data collection, analysis and reporting, the expert group identified a number of potential future research projects, which together form a program of research designed to improve global drug data collection, analysis and reporting in the medium future.

In order to maintain coherence and relevance to the UNODC’s mandate, it was suggested that this program of research take place under the guidance of a Reference Group, to ensure ongoing communication between UNODC and the scientific community. This would require external funding. Underpinning a number of these research projects was the recognition that the ARQ data collected represent a significant and unique resource. The expert group recommended that steps be taken to ensure that all ARQ data collected are entered and consolidated into a single electronic database, and made available publicly to facilitate a program of research of various kinds.

Research opportunities using ARQ data submitted by Member States to UNODC

The expert group identified the following potential research projects.

1. Explore methods for estimating production of non crop-based drugs (esp. cannabis), and in particular evaluate the merits and the validity of estimating production of these drugs based on consumption estimates, including through simulation using heroin and cocaine data.

2. Compare methods of generating regional and global estimates of the number of people who use drugs, in particular contrasting (a) summation of observed and estimated figures from relevant countries to obtain a regional or global estimate, and (b) estimation of regional and global figures using only observed data.

3. Compare methods for estimating annual prevalence of drug use (e.g., from lifetime prevalence, from school surveys), including using multivariate models. Consider whether multivariate models need to be drug and/or region specific, including exploration of whether models based on data from multiple countries in a region improves estimation.

4. For each drug type, identify appropriate conversion factors for estimating production based on cultivation, and for estimating quantities at various stages of the production process. Importantly, establish ranges associated with these conversion factors.

5. Develop region-specific factors to account for polydrug use, when estimating total drug use from drug-specific prevalence data.

6. Using existing data from countries that collect detailed information on patterns of drug use (quantity and frequency), explore the potential for modelling total consumption using other demand-side data, such as treatment episodes.

7. Compute time- and country-specific conversion factors for the calculation of aggregate seizure data; consider the merits of adopting time, place and drug-specific conversion factors for this purpose.

8. Compile, analyse and summarise themes in qualitative data collected in the ARQ.
Other research projects

9. Review the appropriateness of multipliers used in the preparation of the WDR. For example, estimating the number of ‘problem drug users’ based on treatment numbers can be problematic, because an increase in treatment provision, which should reduce problem drug use, will ipso facto result in an increased estimate of problem drug users.

10. Identify important characteristics of countries/regions to use for identifying matched countries for imputation. For example: GDP, point in drug epidemic cycle.

11. Explore the potential for and limitations of estimating treatment demand based on observed treatment episodes.

12. Consider and compare methods of estimating the total number of ‘problem drug users’, bearing in mind the need for this number to have policy relevance.

13. Conduct a survey of Member States, to better understand how the ARQ is distributed, completed and returned to UNODC.

14. Conduct a scoping exercise to improve understanding of capacity and methods by which countries collect price, purity and drug content data; in light of this, consider the capacity to calculate and report price-adjusted seizure purity figures.

15. Review the capacity of member states to provide drug-related arrest data disaggregated by age category, gender and nationality.
CORE RECOMMENDATIONS

The expert group meeting generated a range of recommendations to improve the collection, analysis and reporting of global drug data. Achieving the greatest gains will require a coordinated approach to the implementation of these recommendations. Some of the following recommendations are largely resource-neutral, however others, particularly some of the key recommendations around capacity building, will require resources. It is therefore recommended that steps be taken to identify potential donor countries.

Collaboration

1. Identify and capitalise on opportunities for collaboration with and learning from other agencies engaged in monitoring aspects of the global drug market, including WHO and UNAIDS.

Capacity building

2. Establish regional networks/hubs, supported by UNODC regional offices, to facilitate information exchange, peer networking, support and training opportunities. The Global SMART program has demonstrated both the benefits and the feasibility of this approach.
3. Provide training in both collection of data, and completion of the ARQ, especially for countries where current reporting is limited. Consider the successful UNAIDS model as a starting point for this.
4. Both directly and through regional offices, act as a resource to facilitate improvement in the quality and consistency of data collection, particularly demand-side data collection (e.g., school and household surveys).
5. Within regional networks, target support to low/middle income countries, to support capacity building, skills development, and the identification and development of indicators.
6. Identify countries where, due to resource limitations and/or a lack of expertise, ARQ responding is poor; match these countries with appropriate countries within or outside the region, to facilitate a ‘peer mentoring’ system.
7. Establish funding mechanisms to support capacity building, with particular emphasis on subregions where current data collection is limited or inconsistent.

Expert input

8. Consider an annual or bi-annual conference along the lines of the CEWG, to facilitate information exchange (content and process) among experts.
9. Build partnerships with other stakeholder agencies: UNAIDS and WHO have indicated a desire to collaborate and contribute their expertise.
10. Obtain technical advice on specific issues, from small subgroups of experts in particular areas (e.g., crime statistics, cannabis production indicators).
11. External peer-review of the WDR: for example, an informal review of one report (after publication), in order to improve the next year’s report.

12. Implementation of a research agenda, with priority given to issues identified by the above processes.

13. Establish a Reference Group to the United Nations on Drug Statistics to facilitate greater engagement with the scientific community on areas that are technically challenging and require technical input and debate.

**Improving the ARQ**

14. Revise the ARQ in light of expert input: revising structure, reducing complexity, increasing clarity, improving quality and enhancing comparability of indicators.

15. Increase the amount of meta-data collected, to assist in identification of contributors and evaluation of the sources and quality of the data collected.


17. Expand collection of treatment data to include treatment for alcohol and pharmaceutical drug abuse, and collect additional data regarding registered drug users.

18. Minimise redundancy in data collection, including through the development of formal data sharing and data harmonisation with UNAIDS and WHO. Both WHO and UNAIDS expressed their willingness, prior to and during this meeting, to be active participants in this process.

**Improving the ARQ process**

Enhance mechanisms for supporting distribution, completion and timely return of the ARQ:

19. Provide central and regional support for ARQ completion, including through the establishment of reliable, accessible telephone and email support from UNODC.

20. Move to web-based data collection, while retaining a paper-based system as an alternative. This has been developed by UNODC in South East Asia under DAINAP – so an existing model has been successfully developed by UNODC.

21. Develop and actively disseminate a user-friendly manual (guidelines) covering all of the ARQ forms.

22. Provide clear instructions and definitions on all ARQ forms and include reference to the specific pages where instructions for each question can be found on the hard copies of the guidelines. On electronic forms, include links to corresponding instructions. Ensure that all definitions are clear, standardised within the ARQ and wherever possible, consistent with definitions used by other agencies such as WHO and UNAIDS.

23. Translate all materials into six official UN languages: Arabic, Chinese, English, French, Russian and Spanish.

24. Distribute ARQs to Missions, but CC in-country experts identified by the Missions; ensure that UNODC regional offices are involved in the process.

25. Provide contributors with a per diem to encourage attention to detail and improve the quality and quantity of data collected.
26. Routinely provide feedback on ARQ submissions: a thank-you letter to all contributors, drawing attention to their contribution to the WDR; plus a summary of the data provided, in a manner useful in-country; this will also highlight data gaps and issues.

27. Strengthen links with organisations responsible for data collection at a regional level, such as the EMCDDA and OAS.

28. The UNAIDS model, which comprises an exhaustive process of in-country consultation with UNAIDS field office staff, produces higher response rates and leads to both capacity building and presumably data improvements. This would seem to be a desirable model for UNODC to consider – but it carries obvious cost implications.

Reporting on the global drug situation

29. Reporting of the global drug situation each year involves exhaustive reporting of statistics on drug supply areas, and attempts to systematically estimate one drug consumption indicator (use in the past year). There was agreement that more indicators of drug use and adverse consequences should be systematically reported. This is in line with the 2000 Lisbon Consensus. It would also mean that there would be a better reflection of the data collected for the ARQ. This includes other areas within the UNODC and other UN agency mandates: injecting drug use; HIV among people who inject drugs; treatment provision; use among at-risk populations and use among young people.

30. UNAIDS and WHO offered to be active contributors to the writing of the WDR. This process will facilitate inclusion of their (better) morbidity data, minimising redundancy and enhancing UNODC’s capacity to fulfil its mandate. They offered to do the following:
   a. supply raw data to UNODC and thus certain questions could be removed from the ARQ;
   b. submit information that is currently missing from the ARQ;
   c. contribute to sections of the global drug analyses in reports such as the World Drug Report that could systematically review data on adverse consequences of drug use.
SUMMARY

The expert group meeting generated a range of recommendations designed to improve the collection, analysis and reporting of global drug data, and thereby enhance the UNODC’s capacity to meet its mandate. These recommendations did not call for a radical restructuring, but rather sensible rationalisations of content, coupled with some substantial changes to process in order to improve the quantity and quality of data collected in the ARQ.

The key to achieving meaningful progress in this endeavour is a process of capacity building, designed to improve data collection systems in regions where current reporting is poor. This capacity building will involve enhancing the involvement of UNODC regional offices, both as facilitators of ARQ distribution, completion and collection, and as enablers for regular, regional networking and the development of peer-support systems.

Equally important is the ongoing contribution of technical experts, both within and external to the UNODC. To this end, there was strong endorsement of the need for a Reference Group on Drug Statistics, to provide on-going, independent advice to UNODC on a range of challenging questions. In addition, the group supported the importance of -- and contributed to the development of -- a list of research questions that could be undertaken in the medium future to assist UNODC’s work in the area of global drug analysis.
Appendix I: Political Declaration and Plan of Action: data collection, monitoring and evaluation

10. Data collection, monitoring and evaluation

   Problem

   19. The lack of data, particularly on the rapidly changing nature and the extent of drug use, and the lack of systematic monitoring and evaluation by Governments of the coverage and quality of drug demand reduction measures are matters of great concern. Intensified international cooperation and support is necessary, including for coordinated data collection, monitoring and evaluation of demand reduction programmes to inform demand reduction services and policy.

   Action

   20. Member States should:

      (a) Increase their efforts in collecting data on the nature and extent of drug use and dependence, including the characteristics of the population in need, strengthening information and monitoring systems and employing methodologies and instruments based on scientific evidence;

      (b) Develop and improve methods of objective national assessment by Governments to understand in a systematic and holistic manner the negative impact of drug abuse on society, health and economies;

      (c) Ensure that drug demand reduction measures are based on scientifically sound assessments of the nature and extent of the drug problem, as well as the social and cultural characteristics of the population in need;

      (d) Ensure that drug demand reduction measures are based on drug use trends in the community and are revised periodically on the basis of new trends, feedback and monitoring and evaluation processes;

      (e) Ensure that drug use and dependence prevention and care interventions, as well as other demand reduction measures, include adequate record-keeping systems, while maintaining confidentiality, and that drug dependence care record-keeping systems are part of an active system for monitoring the nature and extent of the drug problem;

      (f) Take an integrated and comprehensive approach to data collection and analysis to ensure that the information available in international, regional and national bodies is fully and legally utilized; and provide technical assistance to those countries where capacity is less developed;

      (g) Seek agreement on a set of relevant indicators covering key issues to allow for the comparable assessment of the effectiveness of demand reduction measures with a view to developing, adapting and validating simple, standardized United Nations data-collection and evaluation methods, concepts and tools;

      (h) Develop, in cooperation with the international community and in the light of lessons learned in the analysis of replies to the annual reports questionnaire and the biennial reports questionnaire, enhanced data-collection instruments to be considered and adopted by the Commission on Narcotic Drugs, allowing streamlined measurement of the quality, extent and coverage of drug demand reduction measures, ensuring that the tools used are appropriate for the different needs and reporting capacities of countries and are scientifically sound, making full use of existing information resources and, benefiting from, if appropriate, the experience of the existing regional monitoring systems, while minimizing the reporting burden.
Appendix II: CND Resolution: Improving the collection, reporting and analysis of data to monitor the implementation of the Political Declaration and Plan of Action on International Co-operation towards an Integrated and Balanced Strategy to Counter the World Drug Problem

Commission on Narcotic Drugs
Fifty-second session
Vienna, 11-20 March 2009
Agenda item 3 (a)
Thematic debate on tools for enhancing the effectiveness of international drug control and international cooperation in the fight against illicit drugs, specifically: data collection for effective drug control, including on the misuse of cyberspace

Argentina, Australia and Venezuela (Bolivarian Republic of): revised draft resolution

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

The Commission on Narcotic Drugs,


Aware of the need to establish adequate procedures to fulfil the mandates assigned to it with regard to the examination of reports submitted in accordance with the above-mentioned treaties,

Recognizing the urgent need to improve both the quality and quantity of data on the cultivation of illicit drug crops and the illicit production and manufacture of and trafficking in narcotic drugs and psychotropic substances, including access to substances controlled under the international drug control conventions, and of data

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2 Ibid., vol. 976, No. 14152.
3 Ibid., vol. 1019, No. 14956.
4 Ibid., vol. 1582, No. 27627.
on the diversion of chemical precursors, the use of illicit drugs and the adverse consequences of drug abuse and the measures to address those problems, including data on prevention and treatment, for the purpose of developing evidence-based policies,

Bearing in mind the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, adopted during the high-level segment of the fifty-second session of the Commission on Narcotic Drugs, in which Member States took account of the need for indicators and instruments for the collection and analysis of accurate, reliable and comparable data on all relevant aspects of the world drug problem and, where appropriate, the enhancement or development of new indicators and instruments,

Also bearing in mind that in the Political Declaration and Plan of Action, Member States committed themselves to report to the Commission on their efforts to fully implement the Political Declaration and Plan of Action,

Underscoring the importance of improving data collection tools in order to ensure a simple and more efficient process, thus encouraging and motivating a greater number of Member States to submit the required information on time and ensuring a more representative assessment, at the global level, of all relevant aspects of the world drug situation,

Recognizing the importance of building the capacity of Member States to collect and report such information,

1. Invites Member States to strengthen their efforts to review and improve data collection tools in order to attain an objective, scientific, balanced and transparent assessment of the progress made and the obstacles encountered in implementing the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, and of all other relevant aspects of the world drug situation;

2. Decides to convene an open-ended intergovernmental expert group to review the current data collection tools and collection, collation, analysis and reporting processes, based, inter alia, on the following general considerations:

a. The need to design a simple and efficient reporting system that will encourage more Member States to report, in a coordinated and integrated way, on their efforts, achievements and challenges in the area of illicit drug control, as well as provide information relating to the nature and extent of the world drug situation;

b. The need to identify deficiencies in existing reporting tools;

c. The need to avoid duplication of efforts to the extent possible by duly taking into account existing reporting procedures, including those of relevant regional and international bodies;

d. The need for accurate, reliable and internationally comparable data on all relevant aspects of the world drug situation, bearing in mind the value of comparing those data with previously collected data where possible;

e. The possibility of a single, comprehensive data collection tool;

3. Invites Member States and other donors to provide extrabudgetary contributions for the purposes mentioned above in accordance with the rules and procedures of the United Nations;

4. Requests the Executive Director of the United Nations Office on Drugs and Crime to conduct a consultative process with Member States that draws on the technical knowledge of experts in data development and collection, information systems and the evaluation of public policies and programmes, on practical experience in providing drug data, with due regard for the principle of equitable geographic representation and taking into account the general considerations enumerated in paragraph 2 above, and to submit to the expert group a report containing proposals in that regard;

4 bis. Invites relevant international and regional organizations, upon request, to provide to the United Nations Office on Drugs and Crime information on their experiences in collecting drug-related data;

5. Requests the expert group to submit to it, at its fifty-third session, for consideration and possible adoption, a revised set of data collection tools and mechanisms for the collection, collation, analysis and reporting of data;

6. Requests the Executive Director to submit to it, at its fifty-third session, proposed measures to build the capacity of Member States to collect and report information.

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5 Ibid., vol. 2225, No. 39574.
6 Ibid., vol. 2349, No. 42146.
### Appendix III: Meeting attendees

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<thead>
<tr>
<th>Name</th>
<th>Country</th>
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<tbody>
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<td>Professor, School of Public Policy and Department of Criminology, University of Maryland</td>
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<td>Carla Rossi</td>
<td>Italy</td>
<td>Professor of Medical Statistics University of Rome Tor Vergata; Member of the Management Board of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) as representative of the European Parliament</td>
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<td>Tony Saggers</td>
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<td>Expert Evidence Co-ordinator for Drug Trafficking &amp; Organised Crime within SOCA</td>
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Appendix IV: Meeting agenda

UNODC expert group meeting:

Drug data collection, analysis and reporting

Dates: July 6th – July 8th, 2009

Location: Room F0822
Building F, Vienna International Centre

Overall objective:

To identify actions that will support improvements to the quality (relevance, efficiency, effectiveness) of drug data collection systems at national, regional and global levels

Desired outcomes and products

1. Production of a proposal for revising the ARQ (sections II and III) and data collection process for consideration by member states in November 2009;
2. Suggestions for work to improve estimates of global and regional drug production (specifically in relation to ATS) and drug use, including a research agenda;
3. Suggestions for work to improve reporting of drug statistics at global and regional levels
4. Suggestions for UNODC programme development on data collection and dissemination, that might include suggestions about:
   a. structure and focus of a global programme on drug use data collection;
   b. a Reference Group to the UN on drug statistics;
   c. mechanisms for identifying and engaging in national level data collection capacity building.

Section 1: Analysing data on the world drug situation – including approaches to modelling and estimating uncertainty.

This will include:
a) a review of current approaches to analysing data and making estimates of the scale of illicit drug use, on regional and global levels (all drug types); and
b) a review and discussion of approaches to estimating the extent of amphetamine type stimulant manufacture

Section 2: Review and revision of international data collection, and the role of UNODC in stimulating national and regional level data collection on drug use, supply and problems.
Monday July 6th

8:00   Arrive at Vienna International Centre to obtain security pass and enter the VIC

9:00   Welcome and introductions (Sandeep Chawla, SC)

9:15   Outline: purpose and aims of the meeting; approach to this meeting (Angela Me, AM)

9:30   Domains assessed in analyses of the drug situation: brief overview (AM)

   Relevant background papers: 1. CND Resolution on data collection
   2. Political declaration and plan of action
   3. Annual Reports Questionnaire (ARQ) – parts II and III
   5. Methodology section of the World Drug Report

10:30  Coffee (served in the room)

10:45  Drug demand: Making estimates of the number of people who use drugs – review of
current approach and discussion of methods

   Relevant background papers: 6. Estimating the number of people who use drugs

1:00   Lunch

2:00   Drug supply: estimating the scale of manufacture of amphetamine-type stimulants -
review of current approach and discussion of methods and challenges

   Relevant background papers: 7. Current approach to estimating ATS manufacture
   8. Informal discussion piece – Jonathan Caulkins
   9. Challenges in estimating drug supply and consumption

3:45   Coffee (served in the room)

4:00   Discussion of the ARQ process

   Relevant background papers: 10. Current ARQ process
   11. Discussion questions – ARQ process

6pm   Close of day one and wrap up (AM)

7pm   Subscription dinner (location details and directions provided in logistics sheet)
Tuesday July 7th

9:00 Overview: day two (AM)

9:15 Overview of Current UNODC Demand Indicators:
   - Indicators assessed
   - Questions used to measure indicators
   - Extent and quality of the response to ARQ questions
   - Overlaps with other data collection
   - Definitions, comparability and analytical challenges

   Relevant background papers: 3. ARQ part II - Extent, patterns and trends of drug abuse
   10. Current ARQ process
   12. ARQ data – UNODC mapping table and summary
   13. Mapping report – other data collection systems
   14. Discussion questions – data on drug demand

10:30 Coffee (served in the room)

10:45 Demand side data (continued)

1:00 Lunch

2:00 Demand side data (continued)

3:45 Coffee (served in the room)

4:00 Overview of Current UNODC Supply side Indicators
   - Indicators assessed
   - Questions used to measure indicators
   - Extent and quality of the response to ARQ questions
   - Overlaps with other data collection
   - Definitions, comparability and analytical challenges

   Relevant background papers: 3. ARQ part III – Illicit supply of drugs
   10. Current ARQ process
   12. ARQ data – UNODC mapping table and summary
   13. Mapping report – other data collection systems
   15. Discussion questions – data on drug supply

6pm Close of day two and wrap up (AM)
Wednesday July 8th

Review and revision of international data collection, and the role of UNODC in stimulating national and regional level data collection on drug use, supply and problems.

9:00 Overview: day two (AM)

9:15 Supply side data (continued)

  Indicators assessed
  Questions used to measure indicators
  Extent and quality of the response to ARQ questions
  Overlaps with other data collection
  Definitions, comparability and analytical challenges

Relevant background papers: 3. ARQ part III – Illicit supply of drugs
  10. Current ARQ process
  12. ARQ data – UNODC mapping table and summary
  13. Mapping report – other data collection systems
  15. Discussion questions – data on drug supply

10:30 Coffee (served in the room)

10:45 Supply side data (continued)

1:00 Lunch

2:00 Summary of discussions; agreement on recommendations of the group

3:45 Coffee (served in the room)

4:00 Conclusions and next steps
  Wrap up and close of meeting (SC and AM)
Appendix V – Overview of core elements of the SMART programme

The Global SMART programme has a number of core elements:

1. Active involvement of a “champion” within UNODC HQ in Vienna, and involvement of UNODC regional offices.
2. Strong political buy-in from national and regional bodies (such as the Association of Southeast Asian Nations).
3. Nearby countries with good data collection capacity are brought in to assist with providing technical support for the development of regional networks (e.g., Japan, Australia and New Zealand provide support to ACCORD).
4. Regional reporting on an annual basis at locations in the region that rotate, coupled with training opportunities that occur at the time of the annual, regional report-back meetings.
5. Preparation of annual, regional reports where data are validated against other data sources where available.
6. An online data entry system where countries can see not only their own but also other countries’ data. Computers were provided for those countries that lacked infrastructure.
7. Additional in-country training where needed.
8. A focus on stimulating further studies (e.g., rapid assessments, prevalence estimation studies, school surveys) in particular countries.