Working group E.3

Cross-cutting issues

(structure and user-friendliness of the questionnaire, data collection cycle, national focal points, interagency cooperation)
Challenges and strengths

• Overall, the ARQ is a well-established data collection, with working arrangements both at national and international level. Important differences exist across regions in terms of response rate and level of completion of the questionnaire.

• Demanding exercise, substantive work and inputs from several agencies/entities. In the majority of cases a national institution is responsible for coordinating and filling in the ARQ.

• A majority of respondents to the ‘ARQ feedback questionnaire’ are of the opinion that the ARQ is too long.

• Web portal used for submission of ARQs. Replies are provided throughout the year, with a peak around the annual deadline for completing the ARQ (June and July).
Possible issues to be considered by the experts for modifications and improvements

± Core versus non-core
± Structure by provider (institution)
± Transmission and communication (focal points)
± Data versus metadata
± Categorizations of drugs: comprehensiveness, consistency and usefulness
± NPS and flexibility of categories

+ Online compilation and submission
+ Systematic mapping and harmonization exercise with international and regional bodies (INCB, WHO, UNAIDS, WCO, EMCDDA, CICAD)
+ Provision for revision of historical data
Guide for discussion

For the data topics that will be discussed, focus on:

± improvements (definitions, classifications, re-organisation of questions, etc.)
+ data/information to add
− data/information to drop

When relevant, distinguish between core and non core data:

• Core: data that are key to understand trends and patterns of the drug problem, they may change at fast pace (on yearly basis) and/or are available for the majority of countries

• Non-core: data, usually not subject to rapid fluctuations, requiring more in depth/detailed questions and/or are available in a limited number of countries