Expert working group on improving drug statistics and strengthening the Annual Report Questionnaire
Vienna, 29-31 January 2018

Strengths and challenges of the ARQ

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Research and Trend Analysis Branch
Outline

• Brief recap of the ARQ
• Feedback from countries to the ARQ review questionnaire
• Response rates on current ARQ
• Challenges and areas of improvement
• Evolving data needs (NPS, SDG indicator)
• Synergies and process
• Conclusions
Recap of the ARQ

COMMISSION ON NARCOTIC DRUGS

ANNUAL REPORT QUESTIONNAIRE FOR 2016

PART I

LEGISLATIVE AND INSTITUTIONAL FRAMEWORK

COMMISSION ON NARCOTIC DRUGS

ANNUAL REPORT QUESTIONNAIRE FOR 2016

PART II

COMPREHENSIVE APPROACH TO DRUG DEMAND REDUCTION AND SUPPLY REDUCTION

Economic and Social Council

Annual Reports Questionnaire

Part Three. Extent and patterns of and trends in drug use

Report of the Government of:

Reporting Year:

Completed on (date):

Please upload completed questionnaire to:

https://arg.unodc.org/

The completed annual report questionnaire is due on: March 31, 2016

For technical support, contact:

UNODC Vienna
(+43-1) 26060-3914
arg@unodc.org

Note: This is a printable version of the annual report questionnaire, which is in the form of an Excel spreadsheet and is designed to be completed electronically. In this printable version, definitions of key terms used in the questionnaire are provided in the footnotes, wherever relevant, in the electronic version, these definitions (and additional instructions) are repeated throughout the questionnaire through the "Comments" function in Excel. The Excel spreadsheet also uses drop-down lists for some questions, allowing respondents to simply select from a list the answer that is most appropriate for their country.
Feedback to the ARQ review questionnaire

Breakdown of MS responses by:

Number of institutions contributing to filling in the ARQ:
- Two: 73%
- Three: 10%
- Four: 7%
- Five or more: 10%

Workload (number of working days) to fill in the ARQ:
- 1-4 days: 57%
- 5-9 days: 10%
- 10-14 days: 20%
- 15+ days: 13%

Assessment of length:
- Appropriate length: 46%
- Excessively long: 37%
- Somewhat too long: 13%
- Don't know: 4%
Response rates

Proportion of countries that submitted at least one part of ARQ by region, 2010-2016

Availability of drug data reported through the ARQ, 2001-2014, selected indicators
Challenges and limitations

- Length and reporting burden
- Issues of definition and scope of specific concepts
  - clarity: need to balance comparability and interpretability against different national data collection practices and capacities
  - complexity
- Level of detail of questions
- Not all questions are equally relevant to all countries
- Accounting for poly-drug use
- Classification issues
Areas for improvement

• Gender-sensitivity

• Right mix of quantitative, expert perception (categorical) and other qualitative questions

• Capturing hidden populations, vulnerable groups and other special groups

• Provision for *ad hoc* reporting, references to detailed studies, IDS

• User-friendliness
  - layout
  - structure
  - guidelines

• Built-in validation, drop-down menus
## Emerging data needs – New Psychoactive Substances

<table>
<thead>
<tr>
<th>Preferred age range: 15-64 years</th>
<th>9</th>
<th>10</th>
<th>11</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age range used:</strong></td>
<td>What is the lifetime prevalence among the general population?</td>
<td>What is the annual prevalence among the general population?</td>
<td>What is the past 30-day prevalence among the general population, if applicable?</td>
</tr>
<tr>
<td><strong>Class and type of drugs</strong></td>
<td>Male (%)</td>
<td>Female (%)</td>
<td>All (%)</td>
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<tr>
<td>Any illicit drug</td>
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<tr>
<td>Cannabis</td>
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<td>Marijuana (herb)</td>
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<tr>
<td>Hashish (resin)</td>
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<tr>
<td>Other types of cannabis (specify)</td>
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<tr>
<td>Opioids</td>
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<td>Opium</td>
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<td>Heroin</td>
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<td>Pharmaceutical opioids</td>
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<tr>
<td>Other illicit opioids (specify)</td>
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<tr>
<td>Cocaine</td>
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<td>Powder (salt)</td>
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<td>Other types of cocaine (specify)</td>
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<tr>
<td>Amphetamine-type stimulants</td>
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<tr>
<td>Amphetamines</td>
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<tr>
<td>Methamphetamine</td>
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<tr>
<td>Prescription stimulants</td>
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<tr>
<td>Other illicit amphetamine-type stimulants (specify)*</td>
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<tr>
<td>Tranquilizers and sedatives</td>
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<tr>
<td>Benzodiazepines</td>
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<td>Barbiturates</td>
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<td>Other sedative hypnotics (specify)*</td>
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<tr>
<td>Hallucinogens</td>
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<td>LSD</td>
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<tr>
<td>Other drugs such as those under national but not international control (specify)</td>
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</tbody>
</table>
### SDGs, treatment and severe/high-risk drug use

<table>
<thead>
<tr>
<th>Target</th>
<th>Indicator</th>
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<tbody>
<tr>
<td>3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol</td>
<td>3.5.1 Coverage of treatment intervention (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders</td>
</tr>
</tbody>
</table>

**Indicator 3.5.1 = \( \frac{\text{people receiving treatment}}{\text{people in need of treatment}} \)**

**ARQ:**

*“Drug treatment” is any structured intervention aimed specifically at addressing a person’s drug use, including stabilization or reduction of drug use, maintenance or abstinence regimes, behavioural therapy, medical or psychological interventions etc.*

*For the purposes of this questionnaire, “severe/problem drug users” are people who engage in the high-risk consumption of drugs, for example people who inject drugs, people who use drugs on a daily basis and/or people diagnosed as drug dependent, based on clinical criteria contained in the *International Classification of Diseases* (tenth revision) of the World Health Organization and the *Diagnostic and Statistical Manual of Mental Disorders* (fourth edition) of the American Psychiatric Association, or any similar criteria or definition that might be used.*
Emerging data needs

- drug-related criminal activities using the Internet
- socio-economic aspects
  - drug use
  - illicit cultivation
- Money-laundering and illicit financial flows
- Links with corruption and trafficking in persons, firearms, terrorism
Synergies

- Several areas of complementarity with data collection conducted by other international organizations

- Harmonization of concepts with regional data collections

- Facilitate exchange and cross-checking of data collection and validation

- Minimize reporting burden, optimize the evidence base for international community
Process

- Transmission
- Online data entry versus submission
- Variations to be considered from other data collection processes:
  - Annual (core) versus rotating (non-core)
  - Updating historical values
  - Integration with regional collection mechanisms
  - Follow-up and national focal points

Distribution of ARQ responses received, by month of submission, 2010-2016, selected indicators
Conclusions

• ARQ is a crucial reporting channel, currently very demanding

• Need to streamline and strike a balance between feasibility and desirability

  ± improvements (definitions, classifications, re-organisation of questions, etc.)

  + data/information to add

  - data/information to drop

• User friendliness is paramount

• Core versus non-core:

  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
Thank you

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