The United Nations Statistical Commission was established in 1947 and it is the highest body of the global statistical system, bringing together Chief Statisticians from Member States from all around the world. It is the highest decision-making body for international statistical activities, especially in the setting of statistical standards, the development of concepts and methods and their implementation at the national, as well as international level. The Statistical Commission is a Functional Commission of the UN Economic and Social Council.

The Statistical Commission assists the Council:

(a) In promoting the development of national statistics and the improvement of their comparability;

(b) In the coordination of the statistical work of specialized agencies;

(c) In the development of the central statistical services of the Secretariat;

(d) In advising the organs of the United Nations on general questions relating to the collection, analysis and dissemination of statistical information;

(e) In promoting the improvement of statistics and statistical methods generally.

The Commission consists of 24 member-countries of the United Nations, which are elected on the basis of an equitable geographical distribution. The officers of the Commission, also referred to as the Bureau, are the Chairman, 3 Vice-chairmen and the Rapporteur – which is my current function.

As the General Director of a national statistical office, namely the Central Statistical Bureau of Latvia, I would like to elaborate on the role that NSOs play in the field of drug statistics and how the involvement of NSOs could be increased even more.

National statistical offices produce information on relevant social and economic phenomena. They operate as a repository of technical knowledge required to undertake censuses and surveys and to coordinate administrative registers, and they may also play a leading role in compiling information from other sources.

Drugs affect a wide range of social and economic aspects that can be measured statistically, such as consumption, prosecution, imprisonment, sentencing and health and financial issues, among others. Although national statistical offices are well-involved in the production of drug statistics, they could play an even bigger role in the respective process, but this certainly varies from country to country. The contribution of NSOs is crucial in:

(a) Standardizing terminology and accountability practices in order to reach a common framework;
(b) Gathering data from different institutions and government levels to create an integral statistical system;
(c) Using their capacities to analyse statistical and geographical data;
(d) Ensuring confidentiality and privacy principles that strengthen the trustworthiness of the system;
(e) Disseminating statistical data to all stakeholders.

Through coordination with all relevant data producers, NSOs are very well placed to actively participate in the improvement of data on drugs on a regular basis, facilitating the collaboration at the regional and international levels and fostering the standardization and quality of data. In particular, NSOs may clearly bring added value in the implementation of household surveys on drug use, since the offices can build on their infrastructure and methodological development in other ongoing large population surveys. It is also important to underline that national statistical offices are the institutions that are responsible for ensuring the acquisition of all fundamental data, and this also regards drug statistics.

However, national statistical offices trying to get more involved in the production of drug statistics and in the improvement thereof must overcome several challenges, as drugs statistics are inevitably complicated by the clandestine nature of the activities related to drug supply and demand. The challenges are:

- Stigma around drug use, as well as a tendency of under-reporting in drug use surveys, which is related to certain privacy and data confidentiality factors, limiting NSOs from acquiring exhaustive data on drug use (NSOs must have thorough considerations regarding the questionnaires that are used for the collection of drug-related data, in order to get the most out of them);

- Lack of relevant disaggregation in drug use data;

- There are hard-to-reach populations, which are affected by drug use;

- Certain challenges arise from the available administrative data, as they do not always provide a complete picture of the drug problem, however, these data are crucial in the production of drug statistics and it is necessary to work on the improvement of the quality thereof;

- Several countries also lack the capacity, as well as financial resources, that are required for the production of quality drug statistics;

- Lack of national coordination may also have a serious impact on the quality of national data, as drug statistics are collected from multiple sources;

- Numerous confounding factors in the measuring of quantities consumed (purity, mode of administration, individual tolerance, variable quantity per dose, frequency of use);

- An overlap between consumption of drugs sourced from purely illicit channels and the non-medical consumption of products intended for medical use;

- Complexity in the attribution of cause of mortality and morbidity to drug use;

- Difficulty in separating between the measurement of the phenomenon (demand and supply) and the response to the phenomenon (drug demand reduction and drug supply reduction), especially when the available data is only of an administrative nature (e.g. drug seizures, drug law offences);

- Transnational nature of drug trafficking, which implies that a full understanding must triangulate and consolidate national sources;

- Purity as a confounding factor in measuring drug prices;

- Dynamic, highly fluid market for rapidly emerging New Psychoactive Substances (NPS);

- Highly localized nature of production of certain drugs (indoor cannabis cultivation, clandestine "kitchen" laboratories producing synthetic drugs);

- Very broad range of socio-economic aspects tied to drugs phenomenon in crucial but complex ways, at individual and societal level (gender, employment status, education level, crime, productivity losses, illegal economy, illicit financial flows).

There is also a major challenge that arises in the context of Sustainable Development Goals, namely Indicator 3.5.1, "Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and after care services) for substance use disorders". There is currently a lack of established workable standards in the measurement of the target population (people who are in need of treatment) and of persons who have received different treatment interventions.

Drug statistics are also able to play an important role on a broader scale regarding SDGs, as the drug problem is undoubtedly linked to the overall level of public health, and this falls under Goal 3, "Ensure healthy lives and promote well-being for all at all ages".

It may also be noted that the society itself plays an important role in ensuring a healthy way of life for its members, thus a certain link may be established between drug statistics and the actions of the society: statistics may underline a certain drug-related problem within the country, and the society may then react to the respective information. A few years ago, a good example of this could be observed in my home country of Latvia, as there was an active social campaign regarding the prevention of use of synthetic cannabinoids. Through their actions, members of the society were able to turn the attention of legislators to the existing drug problem and promote amendments in the law regulating prohibited substances. Therefore, in order to have an impact on the diminishing of drug-related problems on a national level, national statistical offices should look for possible ways of cooperation with non-governmental organisations and the society in general.

Moreover, in order to describe the demand and supply of drugs, a comprehensive and interlinked information system is required. Therefore, taking into account the afore mentioned challenges, it is possible to paint a picture of an ideal national statistical system on drug statistics.

The system should cover the following topics:

- Use/consumption;

- Health consequences;

- The response to drug use (treatment, prevention, etc.);

- Supply and availability of drugs;

- Illicit markets for drugs (prices, purities);

- The response to drug trafficking and illicit supply chain;

- Offences against drug laws;

- Socioeconomic impact of drugs (illegal economy, illicit financial flows, marginalization of drug users, risk factors for illicit drug crop cultivation).

Considering the high level of importance of the drug-related data, it is also possible to identify several potential data sources that should be covered for the improvement of overall drug statistics:

- Drug use surveys (among general, school and high-risk populations);

- Size estimates of key populations produced by indirect and other estimation methods (e.g. people who inject drugs);

- Treatment records;

- Registers of drug-related users, morbidity and mortality;

- Records of law enforcement operations;

- Records of criminal justice process (arrests, prisons);

- Forensic laboratories;

- Remote sensing surveys of areas under illicit crop cultivation;

- Rural household surveys in illicit crop cultivation regions;

- Early warning systems;

- Estimation models based on multiple sources;

- Wastewater analysis;

- Lastly, NSOs could also assess the possibilities of cooperating with unofficial data sources.

There is no doubt that drug abuse and addiction is a very serious and long-lasting problem in many countries of the world, and it is of crucial importance for the statistical community to be able to carry out productive work in the collection of data and dissemination of drug statistics in order for policy makers, as well as governmental and non-governmental organisations and other stakeholders to carry out productive and sustainable work in the prevention and treatment of substance abuse.