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Reduction of illicit demand for drugs:

- (a) Action Plan for the implementation of the Declaration on the Guiding Principles of Demand Reduction
- (b) World situation with regard to drug abuse

Drug information systems: Principles, structures and indicators **

Summary

This document reports the consensus view expressed by the technical experts, representing international bodies and regional networks, attending the January 2000 meeting on the principles, structures and indicators necessary for effective drug information systems. The meeting was supported by the United Nations International Drug Control Programme and hosted by the European Monitoring Centre on Drugs and Drug Addiction. Participants considered the technical aspects of collecting reliable, accurate, and strategically valuable information on drug abuse and identified the structures necessary to support the collection and analysis of data at the country, regional and global level. Particular consideration was given to the question of what should be included in a set of core epidemiological demand indicators against which Member States can report their respective situation.

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** This document has not been edited.

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I. CONTEXT

1. There is an increasing recognition of the need for a sound evidence base to inform policy making and resource allocation in order to respond effectively to drug problems. National governments, as well as regional and global bodies have all made a commitment to improving the quality and comparability of the information collected on the consumption of illicit drugs.
2. The Commission on Narcotic Drugs is currently considering how the United Nations International Drug Control Programme (UNDCP) can revise the Demand Reduction section on epidemiological information of the Annual Reports Questionnaire (ARQ), to better reflect the current global drug problem.
3. As part of this process, the UNDCP supported and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) hosted a technical meeting of experts in Lisbon on 20-21 January 2000 to consider the principles, structures and indicators that would provide the basis of an effective strategic information system.
4. It is hoped that the deliberations of this meeting can offer technical guidance to the Commission on the principles, structures and indicators required for a global drug information system. Particular consideration is given to the question of what should be included in a set of core demand indicators against which Member States can report their respective situation.
5. This paper summarises the conclusions of the January 2000 meeting, divided into three sections:
 - I. A statement of the principles for data collection quality and comparison,
 - II. Recommendations on the structures that would need to be in place to support the implementation of an integrated information system and,
 - III. Proposals for a list of subject areas that should be included, with specific recommendations on those to be incorporated into the demand reduction section on epidemiological information of the Annual Reports Questionnaire (ARQ Part II, Section 1).

II. PRINCIPLES

6. The collection of meaningful data on drug consumption should be guided by the following broad principles:
 - a)* Data should be timely and relevant to the needs of policy makers and service providers.
 - b)* Whilst not sufficient in themselves for a comprehensive understanding of patterns of drug consumption, efforts to improve the comparability and quality of data at international level should focus on a limited number of indicators and a manageable priority core data set.
 - c)* Simple indicators of drug consumption must be subject to appropriate analysis before strategic conclusions can be drawn. Analysis and interpretation of basic statistical data is greatly enhanced when combined with research, both qualitative and quantitative, and with broader information on context.
 - d)* Multi-method and multi-source approaches are of particular benefit in the collection and analysis of data

on drug consumption and its consequences.

- e) Data should be collected in accordance with sound scientific methodological principles to ensure reliability and validity.
- f) Methods need to be adaptable and sensitive to the different cultures and contexts in which they are to be employed.
- g) Data collection, analysis and reporting should be as consistent and comparable as possible in order to facilitate meaningful discussions of changes, similarities and differences in the drug phenomenon.
- h) Methods and sources of information should be clearly stated and open to review.
- i) Data collection and reporting should be in accordance with recognized standards of research ethics.
- j) Data collection should be feasible and cost-effective in the terms of the national context where it occurs.

III. SUPPORT AND INFRASTRUCTURE

7. It is recognized that the identification of good methods alone is not sufficient for improving data collection capacity. It is also necessary to develop appropriate networks and organizational structures to provide the infrastructure necessary to support data collection.

Therefore, the following issues need to be addressed to develop a more comprehensive infrastructure to support data collection and analysis at the national, regional and global level.

8. Major issues for successful data collection at all levels

Data collection itself will not lead to improved understanding unless the capacity exists to appropriately analyse and interpret the information collected.

Analytical capacity depends upon the combination of good methods, human expertise, and the availability of appropriate resources.

Given the complexity of collecting and analysing data on drug consumption there is a global need for improved availability of training and technical support.

Ongoing political support for data collection, matched by a commitment to invest appropriately in this area of work, are necessary pre-requisites to the sustainability and success of data collection systems.

There is a need for a dialogue between scientists and policy makers to ensure that data collection meets the needs of policy formation.

Expenditure on data collection has to be seen as cost effective in terms of the overall resources available within countries to address drug problems. It should be accepted however that investment in these activities is both necessary and resource efficient as it facilitates the better development, targeting, and evaluation of other investments.

9. Major issues for successful data collection at the national level

At the national level the following problems inhibit the collection of data on drug consumption patterns. Whilst many of these problems are most apparent in developing countries, they are not restricted to them.

A fundamental problem for many countries is a lack of resources. This can include:

- a lack of qualified and experienced personnel,
- a lack of financial support for data collection and network building, and
- limited participation of local institutions and experts in data collecting, analysis and reporting.

Many countries have limited experience of using empirical evidence to inform policy options, and therefore the links between policy makers and those collecting data on drug consumption patterns are poorly developed.

Many countries experience problems with the co-ordination and motivation of the key institutions and experts necessary to participate in a drug information system.

There is a need for standard guidelines for data collection, analysis, and reporting. Such guidelines need to be sensitive to the diverse national settings in which data collection occurs.

10. **Therefore there is a pressing need in many countries to:**

- a)* foster ongoing political commitment for the collection of data on drug consumption and its consequences,
- b)* establish and support networks for the collection, analysis and dissemination of data on drug consumption,
- c)* build technical expertise for the sound collection and analysis of data, and
- d)* ensure access to technical training and guidelines on methods and indicators.

11. **Major issues for successful data collection at the regional and sub-regional level**

Co-ordination between countries in the same region is often lacking and this inhibits the development of a regional analysis of patterns of drug consumption and problems. There is therefore a need for a regional forum for:

- a)* the identification and discussion of common regional issues,
- b)* information exchange between countries and for developing a regional analysis on trends,
- c)* the opportunity to adopt common methods and measurement procedures.

To strengthen and improve the co-ordination of regional activities, investment and support is required for:

- a)* regional mechanisms and networks for information exchange and analysis,
- b)* instituting training activities and developing technical expertise,
- c)* encouraging the adoption of common methods and measurement procedures and sound methodological practice.

Major issues for successful data collection at the global level

At the global level there is a current lack of :

- a)* structures and mechanism for technical information sharing and discussions on drug epidemiology,
- b)* common methods, processes and indicators to facilitate comparative analysis, and
- c)* co-ordination and discussion between the different international organizations with an interest in data collection.

There is therefore a need to strengthen co-ordination and co-operation at the global level including,

- a)* building and strengthening cooperation between the international organizations working in this area, (such as UNAIDS, UNDCP and WHO) to ensure that their activities are complimentary,
- b)* support for technical global networks such as the International Epidemiological Workgroup (IEWG),

- c)* political commitment for the development of an improved global understanding of patterns of drug consumption, and
- d)* agreement on common methods and indicators.

IV. AREAS OF STRATEGIC / POLICY INTEREST

13. To develop a clear understanding of the level of drug problems in an area, it is necessary that policy makers should have access to reliable information on drug consumption patterns. As different information sources have different strengths and weaknesses in respect to the understanding they provide, benefits will accrue from including a range of topics in a drug information system. In addition, no single methodological solution is likely to be universally applicable for collecting information on any particular topic and thus the selection of the most appropriate method for data collection should be influenced by local conditions. Given the practical and methodological difficulties in collecting information in this area, where possible, the use of multi-method approaches is desirable.
14. A comprehensive strategic knowledge base would include the following topics (note: whilst the purpose of this document is to address data collection in respect of drug demand issues, for reasons of conceptual clarity we also list below supply side information needs):

A. Drug consumption among the general population (prevalence and incidence)

Note: Understanding the level of drug consumption in any population is often the starting point for policy discussions. Generating general population prevalence and incidence estimates is therefore a key task of most drug information systems. Attention is often focused on prevalence estimation. However, incidence (new cases) levels are likely to be equally important for informing policy formation. In respect to both prevalence and incidence estimation it should be noted that this area does not lend itself to any single methodological solution. Whilst surveys provide one method for achieving estimates in this area, other estimation methods also exist, such as data from sentinel surveillance systems and indirect statistical estimation techniques. In many countries conducting national prevalence surveys may be currently not possible for reasons of cost, or because of methodological or practical difficulties.

B. Drug consumption among the youth population (prevalence and incidence)

Note: Both because drug consumption among young people is often a particular concern of policymakers, and because age cohorts of young people make a convenient sampling unit, estimates of drug consumption among the youth population form an important part of many drug information systems. School surveys have been used extensively to generate estimates in this area. However, because school attendance patterns vary between countries, and because surveys may exclude important sections of the youth population, other methods may be utilized.

C. Drug consumption among special or vulnerable populations

Sub-topics:

- i) identification of special / vulnerable populations**
- ii) prevalence estimation among special / vulnerable populations**

Note: As drug problems appear to disproportionately found among certain sub-population groups, it is strategically important to identify who these groups might be, and to estimate increased levels of consumption. Such populations vary between countries and may include groups like; street children, the homeless, members of certain ethnic minorities, sex workers, members of certain professions, prison populations, those with mental health problems, etc. Given the possible impact of applying negative stereotypes to what are often already disadvantaged groups, it is particularly important that ethical issues are thoroughly addressed when collecting data among these populations.

D. High-risk drug consumption (e.g. injecting, dependence etc)

Note: Some drug taking behaviors are particularly associated with severe problems and as such merit attention. The most common data collected in this area are, the numbers of drug injectors, and the 'dependent' or very frequent users of drugs. Specific methods are needed to gain information on behaviours like injection as their hidden nature and low prevalence usually mean that they are poorly covered by general population estimates. In respect to drug injection and the transmission of infectious agents it is also necessary to collect information on rates of high risk injecting behaviours (equipment sharing).

E. Services utilization

(presentations at drug treatment, self-help or other services for a drug problem)

Note: Drug treatment registers are often used as a proxy indicator of treatment demand. This information is useful for analysis of service utilization and can be used as an indicator of trends in prevalence and patterns of high-risk drug consumption. These drug treatment registries may not be appropriate where general health and social services are the main providers of help. It should be remembered that across countries the scale, structure, and nature of services for those with drug problems vary greatly. Therefore, definitional clarity is particularly important in service utilization reporting, as is an understanding of the methodological and analytical issues pertinent to drawing conclusions from service populations to drug problems among the general population.

F. Drug-related morbidity

(cases of disease directly or proportionally attributable to drug consumption - including HIV and HCV infection rates among drug injectors)

Note: Health costs are of obvious importance in informing policy development with regard to illicit drug consumption. Common measures include drug-related infections such as HIV, Hepatitis B, and Hepatitis C, and behavioural risk factors, among drug injectors. Conceptual problems do exist in this area and further development work is required. In particular, problems exist in estimating the contribution that drug consumption has made to cases of disease in which there are other additional attributed causes, and in calculating the proportion of cases in which drug use is the sole attributed cause when a number of possible causes exist.

G. Drug related emergency room visits

Note: Some countries have collected information on drug-related emergency or accident department visits. This data has been used as an indirect indicator of trends and prevalence, particularly of 'high-risk' drug behaviours. Whilst potentially useful in many countries, this information is often not available due to both practical difficulties and the costs associated with collecting this kind of information.

H. Psychiatric morbidity directly attributed to drug consumption

Note: Whilst potentially useful and clearly important reliable data on this area is usually not widely available. Diagnostic criteria do exist to distinguish between psychiatric morbidity attributed to drug consumption and other psychiatric morbidity. However, this level of detail is often unavailable. There is also considerable debate about the potential of some illicit substances to cause psychiatric problems as well as the role of pre-existing psychiatric conditions in the development of drug problems. Regardless of the nature of the relationship between drug consumption and mental health problems, co-morbidity remains a major concern as elevated levels of drug consumption are often found among those with mental health problems. This area is currently poorly understood and requires further research elucidation.

I. Drug-related mortality

(deaths directly or proportionally attributable to drug consumption)

Note: The number of deaths attributable to drug use is of obvious strategic importance to policy makers. However, considerable methodological and practical problems exist in compiling and comparing this information and further development work is required. As with morbidity it is important to distinguish between those deaths which are solely attributable to drug consumption, (such as drug overdose), those where drug consumption is attributable for a proportion of deaths (such as AIDS deaths), and those deaths where drug use is one of several attributable factors. These definitional problems mean that the use of different data sources and methods is required if reliable and comprehensive data on drug mortality is to be collected.

J. Social exclusion and disadvantage

Note: Whilst it has clear strategic importance for policy makers to understand the relationship between social exclusion and disadvantage and drug consumption, this topic is not one that is sufficiently well understood to be translated into a direct indicator. Thus at present this remains an area for further research activity. However, non-drug specific indicators of poverty and exclusion may be useful in understanding drug consumption patterns when used together with other drug specific indicator data. For example, employment rates or poverty indicators may help to place data on geographical variations in trends and prevalence in context.

K. Drug-related crime

1. violations of drugs laws
2. proportion of property crimes associated with drug consumption
3. proportion of crimes of violence associated with drug consumption

Note: In addition to the health cost associated with drug consumption, a major concern for policy makers is the relationship of drug consumption to criminality. Data on violations of drug laws (arrests for drug offences and accompanying information on seizures) is the most commonly collected and most understood topic in this area. The impact of drug consumption on other types of crime, whilst strategically important is more difficult to measure. Some indirect indicators have been developed including testing of detainees. However, this is a complex area and debate exists around the nature of the link between drug consumption and offending behaviour. At present, this appears to be an area best served by research studies rather than routine monitoring.

L. Economic costs of drug consumption

Note: Clearly, the economic costs associated with the consequences of drug consumption are of strategic importance to policy makers. However, this area is complex and cost estimates are reliant to a large extent on the availability of comprehensive indicator data (as listed above). Again, at present this remains an area for research rather than routine monitoring.

M. Information on drug availability and drug markets

Note: Understanding the level of availability, and the price, purity and composition of drugs available in any market is of use for policy formation. Monitoring changes over time in these areas may be particularly useful. Today, the development of this area as a systematic indicator remains variable. Some information is available from the analysis of seizures. It is important in countries that are drug producers or on trafficking routes, to be able to distinguish between seizures of drugs in transit and those drugs intended for home consumption. Some countries have attempted to use fieldwork to monitor the availability of drugs and their price. Survey work and research studies often include questions on availability. However, overall this remains an area that requires further development and currently no simple indicators of 'availability' exist suitable for widespread adoption.

Analytical framework

15. In addition to the above information on the current situation, it is essential to set these data within a broader conceptual framework, which includes; relevant qualitative and contextual information, and a consideration of trends over time. This conceptual framework should allow the scientific validity of data and conclusions to be carefully considered and to examine the validity of the underlying assumptions on which interpretations are based.
16. It should also be noted that building the capacity within countries to comprehensively collect and analyze data on patterns of drug abuse will be an ongoing endeavor. An important role therefore exists for Rapid Situation Assessments and other methodologies that seek to make the most efficient use of the available information resources to inform the targeting, development and delivery of responses.

V. CORE INDICATOR SET

17. Whilst the above list of topic areas would provide policy makers with a comprehensive information base, it is accepted that few countries are currently in position to collect systematic information in all these areas.
18. In many parts of the world information on illicit drug consumption is unavailable or extremely limited. When data does exist it is rarely collected in any common fashion and therefore the comparability of the information between countries is usually poor.
19. UNDCP is currently in the process of revising the Annual Reports Questionnaire, drug abuse section (Part II Section 1). As part of this process a core set of indicators will be proposed. The basic indicators will allow countries and data collection organisations to adopt a common format to allow greater comparability between data sets. It is accepted that different methodological approaches will be necessary to collect core data in different countries. It is also accepted that investment in capacity building will be necessary in many countries before data even in these core topic areas is available.
20. Consideration was given to what information topics should be developed as part of a core epidemiological indicator package. The criteria used for inclusion were that:
 - a) the information was strategically important,
 - b) that the scientific understanding of how data should be collected on the topic was sufficient to allow the development of a standardised indicator,
 - c) that information was currently available from a significant number of countries, and/or that the potential exists to increase the number of countries reporting on these strategically important areas.
21. **The following topics were recommended as forming the basis for a common core indicator ~~package~~**
 - a) Drug consumption among the general population (estimates of prevalence and incidence).
 - b) Drug consumption among the youth population (estimates of prevalence and incidence).
 - c) High-risk drug abuse (estimates of number of drug injectors and proportion engaging in high risk behaviours, estimates of the number of daily users,).
 - d) Service utilisation for drug problems; (number of individuals seeking help for a drug problem).
 - e) Drug related morbidity (HIV, HBV and HCV prevalence among illicit drug consumers).
 - f) Drug related mortality. (deaths directly attributable to drug consumption).

Annex

Participation at the Lisbon Consensus Meeting

This document reports the consensus view expressed by the experts attending the January 2000 meeting on the principles, structures and indicators necessary for effective drug information systems. The meeting was supported by the United Nations International Drug Control Programme and hosted by the European Monitoring Centre on Drugs and Drug Addiction. The experts were asked to reflect on the guidance they could offer to a revision of the demand reduction aspects of the Annual Reports Questionnaire, as well as considering the principles, structures and indicators necessary for understanding illicit drug problems in a more general perspective.

The views expressed in this document represent the consensus of the experts attending this meeting. They are offered here for the purposes of technical guidance and to stimulate further discussion. Attendance, by individuals or organisations, of the meeting does not necessarily imply any formal acceptance or agreement with any, or all, of the points raised above.

In attendance were:

Dr. Ruud Bless, Pompidou Group, Council of Europe

Mr. Ruben Cobas, Inter-American Drug Abuse Control Commission (CICAD)

Dr. Marcos Costa Leite, National Anti-Drug Secretariat, SENAD, Brazil

Mr. Georges Estievenart, European Monitoring Centre on Drugs and Drug Addiction.

Dr. Peter Ghys, UNAIDS.

Mr. Paul Griffiths, UNDCP.

Mr. Richard Hartnoll, European Monitoring Centre on Drugs and Drug Addiction.

Dr. Björn Hibell, CAN, (ESPAD).

Dr. Merle Lewis, Caribbean Epidemiology Centre (CAREC).

Mr. Christopher Luckett, Pompidou Group, Council of Europe.

Mr. Michael Lynskey, National Drug and Alcohol Research Centre, Australia.

Mr. Nick Kozel, National Institute on Drug Abuse, USA, (Community Epidemiology Workgroup).

Dr. Maristela Monteiro, Substance Abuse Department, World Health Organization.

Dr. Maria Elena Medina-Mora, Division of Epidemiological and Social Sciences Research, Instituto Mexicano de Psiquiatría, Mexico

Dr. Viz Navaratnam, Centre for Drug Research, Malaysia (Asian MultiCity Network).

Dr. Richard Needle, Global HIV Prevention Research Network

Dr. Charles D.H. Parry, SACENDU, South Africa

Ms. Louise Rosborough, Health Canada

Mr. Eric W. Single, Canadian Centre on Substance Abuse

Dr. Zili Sloboda, International Epidemiology Workgroup

Mr. Mike Trace, Deputy UK Anti-Drugs Co-ordinator (Chair).

Mr. Julian Vicente, Epidemiology Department, EMCDDA.

Mr. Lucas Wiessing, Epidemiology Department, EMCDDA.