



Guidelines for the Annual Report Questionnaire

1. General guidelines

Term	Definition
Frequent items/questions	
Ranking	For the topic in question, the various options/modalities/items should be ranked in order of importance/intensity: -1 for the highest value, -2 for the second highest value and so on.
Trends	<p>If quantitative data are available, the following guidance should be applied. If quantitative data are not available, the guideline can be used as a reference on the order of magnitude.</p> <p>For demand topics: For reference, the following magnitudes should be considered in drug use: <i>Large increase</i> – increase greater than 10% <i>Small increase</i> – increase between 5 and 10% <i>Stable</i> – variation between -5% and 5% <i>Small decrease</i> – decrease between 5% and 10% <i>Large decrease</i> – decrease greater than 10%</p> <p>For supply topics: <i>Large increase</i> – increase greater than 25% <i>Small increase</i> – increase between 10 and 25% <i>Stable</i> – variation between -10% and 10% <i>Small decrease</i> – decrease between 10% and 25% <i>Large decrease</i> – decrease greater than 25%</p>
Reference year	<p>Reference year is the year that the quantitative or qualitative information relates to.</p> <p>For <i>Type I (qualitative)</i> questions, the ‘reference year’ for the information provided can relate to the moment the ARQ is compiled (e.g. the year 2020 for the ARQ collected in 2020) or with respect to the year before (e.g. 2019 for the ARQ collected during 2020). This is an item for which countries responding to the pilot are kindly requested to provide their preferred option (See file ‘General Part.xlsx’).</p> <p>For <i>Type II (quantitative)</i> questions the reference year is the year before the one during which the ARQ is compiled (e.g.: year 2019 for ARQ collected in 2020)</p>
Qualitative assessment	Assessment based on methods that are mostly qualitative in nature such as gathering of experts’ view, review of



	existing literature and/or use of partial or small-scale studies or quantitative exercises.
Delphi method	Estimation method based on the assessment provided by multiple experts. The experts answer questionnaires in two or more rounds. After each round, an anonymised summary of the results from the previous round is provided as well as the reasoning of the judgments. Thus, experts are encouraged to revise their earlier answers in light of the replies of other members of the panel. During this process, experts' assessments typically converge towards a common answer.
Substantive terms	
Drug	In the context of international drug control, "drug" means any of the substances in Schedule I and II of the 1961 Convention, whether natural or synthetic. On definition of drugs see UNODC 2016. Terminology and Information on Drugs, 3rd edition: https://www.unodc.org/documents/scientific/Terminology_and_Information_on_Drugs-E_3rd_edition.pdf
New Psychoactive Substances (NPS)	Substances of abuse, either in a pure form or a preparation, that are not controlled under the Single Convention on Narcotic Drugs of 1961 or the 1971 Convention, but that may pose a public health threat. In this context, the term "new" does not necessarily refer to new inventions but to substances that have recently become available. <i>Source: UNODC The challenge of New Psychoactive Substances (2013)</i> :https://www.unodc.org/documents/scientific/NPS_Report.pdf
Drug class and drug type	The list of drugs included in the ARQ is organized according to drug classes and drug types. For the purpose of the ARQ, a drug class is broadly defined as a set of drugs which have a similar chemical structure and similar psychoactive effects A drug type is a single substance with its own specific chemical structure A drug class contains a set of drug types.
Drug use	Use of controlled psychoactive substances and/or NPS for non-medical and non-scientific purposes
People with drug use disorders	People with drug use disorders are drug users who practice harmful use of drugs and/or are affected by drug dependence. Harmful use of drug is defined in the ICD-11 as a pattern of use of drugs that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. According to ICD-11, drug dependence arises from repeated or continuous use of drugs. The characteristic feature is a strong internal drive to use drugs, which is manifested by impaired ability to control use, increasing priority given to



	<p>use over other activities and persistence of use despite harm or negative consequences.</p> <p>Countries are invited to report data according to this definition or other specific operational definitions that may have adopted.</p>
People who inject drugs (PWID)	<p>Persons who have injected any psychoactive substance(s) for other than medical purposes during a specific reference period.</p>
Polydrug use	<p>The use of more than one type of drug by an individual, often at the same time or sequentially, and usually with the intention of enhancing, potentiating, or counteracting the effects of another drug. The term is also used more loosely, to include the unconnected use of two or more drugs by the same person.</p> <p><i>Source: WHO lexicon</i></p>
Primary drug	<p>Main drug for which a person is seeking treatment or the drug that was the primary cause of drug-related deaths</p>
Secondary drugs	<p>Drugs that are used in combination with the primary drug.</p>
Specific groups of the population	<p>Specific groups of the population (List 1) may be relevant for different indicators. As a general guidance, the following groups should be considered in relation to drug use, treatment, mortality and related indicators:</p> <ul style="list-style-type: none">● Persons with disabilities● People living in rural areas● Indigenous people● Persons with migrant background● Homeless people● Sex workers● People with mental illness● Other (specify) <p>For some modules, including the modules A02 People who inject drugs, R04 Registered Users and R06 Prevention of infectious diseases, the below specific groups are also added to the above groups (List 2):</p> <ul style="list-style-type: none">● Men who have sex with men (MSM)● Transgender● Others (specify) <p>Sources: <i>WHO UNODC International Standards for the treatment of drug use disorders, UNODC 2016: 5.1; 3.1.7, OHCHR International human rights standards and IAEG-SDG Overview of standards for disaggregation of SDG indicators;</i></p>



	<i>Political Declaration on HIV (2016); UNAIDS Terminology guide 2015 and UNAIDS Global Monitoring 2018</i>
International Classification of Diseases (ICD)	ICD is the international standard for classifying and reporting diseases and health conditions. It is the diagnostic classification standard for all clinical and research purposes (https://www.who.int/classifications/icd/icdonlineversions/en/)
Source of funding of services related to the reduction of drug demand or drug supply	<p><u><i>Institutions or actors that provide the financial means to implement drug-related interventions leading to the reduction of drug demand or drug supply.</i></u></p> <p><u><i>Type of funding:</i></u></p> <ul style="list-style-type: none"> - <u><i>public (government) funding:</i></u> activities only financed by government (national, regional, local) - through public resources (taxpayer funding). This includes national health insurance contributions and NGO services only if they are financed with public resources; - <u><i>private funding. This includes privately financed centres (for profit and not-for profit only) which rely only on</i></u> contribution from clients and private donors (also companies or organizations that pay as employer private contribution schemes matched with the company's or organization's contribution). It includes NGO centres run only with private funding. - <u><i>mixed financing:</i></u> includes resources and centres that rely on a combination of private and governmental (public) funds, including funding by international organisations and Global Fund Financing-institution that fights AIDS, tuberculosis and malaria
Public (government) funding	Interventions financed by government (national, regional, local) funds only (includes NGOs funded only by public funds). It includes national health insurance contributions.
Private funding (for profit and not-for profit)	Services provided only on the basis of private funding contributions (contributions from clients receiving the intervention and/or private sector donors, including companies or organizations that support the service from employer private contribution schemes matched with the company's or organization's contribution). It includes interventions administered by NGO centres, which are run with private funds only.
Mixed funding	Services funded by a combination of private and public funding (including NGO centres funded by both private and governmental funds) and includes funding by international organisations and Global Fund Financing-institution that fights AIDS, tuberculosis and malaria.
Monitoring	<i>Ongoing process by which a phenomenon is measured over time to track changes and overall trends.</i>
Evaluation	Evaluation is a rigorous and independent assessment of either completed or ongoing activities to determine the



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	<p>extent to which they are achieving stated objectives and contributing to decision making. <i>Source: UNDP Handbook on planning, monitoring and evaluating for development results, 2009</i></p>
Coordinating body	<p>An institution or mechanism responsible for the coordination of activities undertaken by different institutions or stakeholders related to drug demand and/or drug supply. The institution/mechanism may operate at national, sub-national or community levels.</p>
Coverage of policies/interventions/services	<p>Describes the extent to which an intervention is delivered to the target population. It defines the percentage of the population reached by the interventions/services/policies among the number of persons who need the intervention. <i>Sources: WHO, UNODC, UNAIDS Technical guide for countries to set targets for universal access to HIV prevention treatment and care for injecting drug users 2012; UNODC, WHO International Standards on Drug Use Prevention: Second Updated Edition. 2018.</i></p>

**2. Guidelines for modules**

A01: Prevalence and extent of drug use	
Drug use	Refer to section “Common terms” in these Guidelines
Non-medical use	Use of a pharmaceutical drug or controlled substance, whether obtained by prescription or otherwise, other than in the manner or for the time period prescribed, or by a person for whom the drug was not prescribed. <i>Source: WHO</i> https://www.who.int/substance_abuse/terminology/who_lexicon/en
Prevalence	Proportion of the reference population that have consumed the drug of concern at least once during the specified reference period. The reference period / time frame can be: <i>Lifetime</i> – at least once in their lifetime <i>Annual</i> – at least once in the last 12 months <i>Monthly / 30-day</i> – at least once in the last 30 days <i>Weekly</i> – at least once in the last week <i>Daily</i> – at least once on the last day
Indirect methods for the estimation of drug prevalence	Indirect methods for the estimation of prevalence of drug use are methods used to estimate the “hidden” nature of regular or high-risk drug use that may not be captured in a conventional household survey or by another direct source. These methods take into account that existing data sources - such as data on the number of people being provided drug treatment - do not cover the entire universe of drug users. Indirect methods make use of one or multiple sources (typically administrative data) that partially cover the drug use population and through statistical techniques they estimate the total hidden population. The methods include as the Multiplier Benchmark (MB) or Capture-Recapture methods (CRC). Indirect methods such as network scale-up are also used to compensate for under-reporting of drug use behaviours among respondents in a household survey.
Household drug use surveys	Surveys based on a probabilistic sample of the general population that focus on the use of drugs.
School or university surveys	Surveys carried in schools or universities which collect information on drug use among students. They differ from household surveys mainly in the reference population and sampling design.
Polydrug use	The use of more than one type of drug by an individual, often at the same time or sequentially, and usually with the intention of enhancing, potentiating, or counteracting the effects of another drug. The term is also used more loosely, to include the unconnected use of two or more drugs by the same person.



	<i>Source: WHO lexicon</i>
A02: People who inject drugs (PWID)	
Prevalence of injecting drug use	Proportion of reference population that has injected any psychoactive substance(s) without medical prescription during a specific reference period. The reference period can be (the last) 12 months (preferred), or any other period according to national data collections.
People who inject drugs (PWID)	Persons who have injected any psychoactive substance(s) for other than medical purposes during a specific reference period.
Prevalence of infectious diseases	Proportion of the reference population affected by an infectious disease. The reference populations can be: all drug users, PWID, non-injecting drug users.
Infectious diseases	In the context of this questionnaire, they include <ul style="list-style-type: none"> • HIV: Human Immunodeficiency Virus • HCV: Hepatitis C Virus • HBV: Hepatitis B Virus • TB: Tuberculosis <p>The list of infectious disease may change as new epidemiological patterns emerge among drug users.</p>
Newly diagnosed HIV cases	Persons who were diagnosed with HIV during the reference period and had not been diagnosed before.
A03: People with drug use disorders	
People with drug use disorders	<p>People with drug use disorders are drug users who practice harmful use of drugs and/or are affected by drug dependence.</p> <p>Harmful use of drug is defined in the ICD-11 as a pattern of use of drugs that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others.</p> <p>According to ICD-11, drug dependence arises from repeated or continuous use of drugs. The characteristic feature is a strong internal drive to use drugs, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences.</p>



	Countries are invited to report data according to this definition or other specific operational definitions that may have adopted.
Prevalence of drug use disorders	Proportion of people with drug use disorders among the reference population.
A04: Drug-related mortality	
Direct drug-related deaths	<p>Deaths where the main underlying cause leading to death was the intake of controlled substances and psychotropic substances.</p> <p>For the purposes of the ARQ it includes:</p> <ul style="list-style-type: none"> • deaths defined under ICD 10 (or an equivalent in other versions of the ICD, e.g. ICD 9 or ICD 11): - Chapter V “Mental and behavioural disorders”: blocks F 11-F19-<i>mental and behavioural disorders due to psychoactive substance use</i>. • drug-related poisoning as defined in the row below. <p>Note that indirect deaths such as those caused by Hepatitis C, HIV/AIDS related to drug use, car accidents, suicide or violent deaths under the influence of drugs should not be considered as direct drug-related deaths.</p>
Drug-related poisoning (fatal overdoses)	<p>Deaths that occur due to poisoning by drugs and or psychotropic substances.</p> <p>For the purposes of the ARQ, these include deaths defined under the following ICD 10 chapters (or an equivalent in other versions of the ICD, e.g. 9 or 11):</p> <ul style="list-style-type: none"> - XX “External causes of morbidity and mortality: Event of undetermined intent”: - <i>accidental poisoning</i>: blocks X41-42, - <i>intentional self-poisoning</i>: X61-62, - <i>poisoning: event of undetermined intent</i>: Y11, Y12.
Indirect deaths	Deaths indirectly related to drug use. These include those caused by Hepatitis C, HIV/AIDS related to drug use, car accidents, suicide and/or violent deaths under the influence of drugs.
A05: Drug-related treatment and R03 Core treatment services	
Drug treatment	Any structured intervention that is aimed specifically to a) reduce drug use and cravings for drug use; b) improve health, well-being and social functioning of the affected individual, and c) prevent future harms by decreasing the risk of complications and relapse. These may include pharmacological treatment, psychosocial interventions and rehabilitation and aftercare.



People (patients, clients) in treatment	People who received treatment for the use of drugs during the reference year. This includes first-time entrants, people re-entering treatment and people in continuous treatment.
First-time treatment entrants	People who have entered treatment for the first-time during the reference year
People re-entering treatment	People who returned to be in treatment during the reference year, after not having been in treatment in the previous year.
People in continuous treatment	People who are continuing treatment from last year. They might have been in treatment previously as well.
Treatment episodes	The number of times a person commences and ends a treatment service in the reference year, which may correspond to the number of admissions within the reference year.
Polydrug use	The use of more than one type of drug by an individual, often at the same time or sequentially, and usually with the intention of enhancing, potentiating, or counteracting the effects of another drug. The term is also used more loosely, to include the unconnected use of two or more drugs by the same person. <i>Source: WHO lexicon</i>
Primary drug	Main drug for which a person is seeking treatment or the drug that was the primary cause of the drug-related death
Secondary drugs	Drugs that are used in combination with the primary drug.
Pathway of referral for treatment	Institution or person/s that have invited the client to access and enter treatment: <ul style="list-style-type: none"> - self-referral - family/friends - General Practitioner (GP); - Other healthcare/treatment facility; - court/probation/police; - educational services; - Other; - not known
List of treatment interventions	<p>1. Pharmacological</p> <ul style="list-style-type: none"> - Management of withdrawal - Opioid agonist Maintenance Therapy (OAMT) - Opioid Antagonist Maintenance treatment - Other agonist treatment (to be specified) <p>2. Psychosocial and Behavioral interventions</p> <ul style="list-style-type: none"> - Cognitive behavioural therapy (CBT) - Contingency management (CM) - Motivational interviewing (MI) and motivational enhancement therapy (MET) - Community reinforcement approach (CRA) - Social support (involvement of family members and concerned significant others) - Peer support groups



	<p>-Other</p> <p>Rehabilitation and aftercare (Recovery management and social support)</p> <ul style="list-style-type: none">- Interventions based on scientific evidence and focused on the process of rehabilitation- Recovery and social reintegration- Other <p><i>Source: International standards for the treatment of drug use disorders 2016.</i></p>
Pharmacological treatment interventions	<p>Refers to interventions that include management of withdrawal, opioid agonist maintenance therapy (OAMT) and antagonist maintenance</p> <p><i>Source: WHO, UNODC International Standards for the treatment of drug use disorders, 2016</i></p>
Management of withdrawal	<p>Refers to a process carried out in a safe and effective manner aimed at eliminating or minimizing withdrawal symptoms that occur after drugs are no longer taken.</p>
Opioid agonist maintenance therapy (OAMT)	<p>Refers to the regular administration of a long-acting opioid agonist to stabilize the patient without applying tapering dosage schedules. The primary aim of OAMT is to reduce the use of illicit opioids and manage abstinence by preventing withdrawal symptoms, reducing drug craving, and decreasing effects of additional opioids if they are consumed.</p> <p><i>Sources: WHO, UNODC, UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users, - WHO, 2009; WHO, UNODC International Standards for the treatment of drug use disorders, 2016)</i></p>
Opioid antagonist maintenance treatment	<p>Refers to the regular administration of a long acting opioid antagonist to block opioid receptors and avoid any opioid effect</p> <p><i>Source: adapted from WHO, 2009</i></p>
Psychosocial treatment interventions	<p>Refer to programs that address motivational, behavioral, psychological, social, and environmental factors related to substance use and have been shown to reduce drug use, promote abstinence and prevent relapse. For different drug use disorders, the evidence from clinical trials supports the effectiveness of treatment planning, screening, counselling, peer support groups, cognitive behavioral therapy (CBT), motivational interviewing (MI), community reinforcement approach (CRA), motivational enhancement therapy (MET), family therapy (FT) modalities, contingency management (CM), counselling, insight-oriented treatments, housing and employment support among others.</p> <p><i>Source: UNODC WHO International Standards for the Treatment of Drug Use Disorders, 2016</i></p>
Cognitive behavioural therapy (CBT)	<p>Refers to psychosocial interventions aimed at helping patients recognize, avoid and cope with situations in which they are most likely to use drugs.</p>



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Contingency management (CM)	Refers to psychosocial interventions that provide a system of incentives and disincentives designed to make drug use less attractive and abstinence more attractive.
Motivational interviewing (MI) and Motivational Enhancement Therapy (MET)	Refer to a counselling and assessment technique that follows a non-confrontational approach to questioning people about difficult issues like alcohol and drug use, assisting them to make positive decisions aimed at reducing or stopping such use.
Community reinforcement approach (CRA)	Is more broadly based on using social, recreational, familial and vocational reinforcers to aid clients in the recovery process. CRA integrates several treatment components, including building motivation to quit, helping cessation of drug use, analysing drug use pattern, increasing positive reinforcement, learning new coping behaviours, and involving significant others in the recovery process.
Involvement of family members and concerned significant others (FT)	Include family-oriented treatment approaches to improve engagement with treatment, reduce drug use, and improve participation in aftercare when compared to care focused on the individual patient. Family-oriented approaches are particularly useful in educating patients and their families about the nature of drug use disorders and the process of recovery.
Peer support groups	Refers to small groups of peers wishing to assist each other in their struggle with a problem (self-help groups such as Narcotics Anonymous) <i>Source: WHO</i>
Rehabilitation and aftercare (Recovery Management and Social Support)	Refers to interventions that are based on scientific evidence and focused on the process of rehabilitation, recovery and social reintegration dedicated to treat drug use disorders. Recovery management combines a variety of activities that promote and strengthen internal and external resources to help patients manage voluntarily and actively drug-related problems and their recurrence. Some of these activities may be already present in the context of a patient's home, neighbourhood and community while others need to be developed. The following factors and activities increase social reintegration and improve chances of stable remission and recovery from substance use disorders: <ul style="list-style-type: none">• Strengthening individual's resilience, self-efficacy and self-confidence to manage daily challenges and stress while maintaining commitment to recovery and avoiding relapse to substance use• A supportive social network (i.e. partner, family members and friends) that can monitor the stability of recovery, abstinence from drugs and compliance with treatment• Stable accommodation• Meaningful work with appreciation in the work-place that replaces stigma and discrimination



	<ul style="list-style-type: none"> • Engagement with individuals and social networks of friends and workmates that have abstinence-oriented norms and are supportive of recovery goals • Political, humanitarian or spiritual involvement that provides a way to attribute meaning to life's stressors and develop a stronger purpose in life • Social participation and integration in educational and vocational pursuits, including volunteering or community involvement • Remediation of legal and financial problems • Active involvement in self-help, religious or other support groups <p><i>Source: WHO, UNODC International Standards for the treatment of drug use disorders, 2016</i></p>
Living status	<p>Refers to the current situation (30 days prior to the start of treatment) of the person demanding treatment. <i>(Source: EMCDDA)</i></p> <p>It includes the following options:</p> <p>Stability of accommodation</p> <ol style="list-style-type: none"> Home/Stable accommodation (the client has accommodation and can afford this accommodation, there is no risk of losing the accommodation in the foreseeable future) <ul style="list-style-type: none"> -living with children -living with spouse/partner Unstable accommodation/ homeless (the client is either homeless or lives in an accommodation that can be lost in the foreseeable future) Other (to be specified) Not known
Treatment facility	<p>A separate organisational entity (a medical centre, a department, a programme, etc.) that has its own defined objectives, procedures, rules and scope of services and interventions, its own target group(s), and a team and manager (team leader). Treatment facilities can be stand-alone (e.g. national addiction treatment centres) or integrated with other health care centres, clinics or dispensaries (such as general health care or mental health centres or hospitals).</p> <p><i>Source: WHO/UNODC Substance use disorder treatment facility survey, February 2018</i></p>
Coverage of treatment	<p>The number of people receiving treatment as a percentage of the persons with drug use disorders</p>
List of treatment facility settings	<ul style="list-style-type: none"> -Outpatient -Inpatient
Outpatient treatment facilities	<p>Facilities where treatment services are provided without admission for overnight stay.</p>
Inpatient treatment facilities	<p>Facilities that provide treatment services while the patient is admitted and stays overnight</p>



Beds and /or slots for treating substance use disorders	<p>The number of available beds for clients in inpatient/residential treatment. Centres where sleeping arrangements are less formal (e.g. mats or blankets spread on the floor), the capacity can be counted as the maximum number of individuals that could safely spend a night at the facility, as 'bed' is understood to be a measure of sleeping capacity. Slots also specify the potential occupancy of a treatment facility and they refer to the number of patients who can be seen in the treatment system during at any given time.</p> <p><i>Sources: WHO/UNODC Substance use disorder treatment facility survey, February 2018; WHO Resources for the Prevention and Treatment of Substance Use.</i></p>
List of facilities based on the service provided	<ul style="list-style-type: none">- low-threshold service (outpatient setting)- general (primary) health care service (outpatient setting)- specialised outpatient treatment service (outpatient setting)- mental healthcare service (outpatient setting)- other outpatient unit (specify) (outpatient setting)- hospital-based residential treatment service (inpatient setting)- non-hospital-based residential treatment (inpatient setting)- therapeutic community (inpatient setting)- specialised social reintegration unit/aftercare service (inpatient setting)- other inpatient units (specify) (inpatient setting) <p><i>Sources: WHO/UNODC Substance use disorder treatment facility survey and EMCDDA facility survey</i></p>
Low-threshold service (treatment service type)	<p>The term 'low-threshold' describes an implementation setting that facilitates drug users' access to health and social services, those that help to prevent and reduce health-related harm associated with drug use. To encourage drug users to enter into contact, the use of these services typically requires little bureaucracy, often no payment, and is not conditional upon being or becoming drug-free. They target current users, 'hard-to-reach' and high-risk groups among drug users and experimental users. This includes outreach services and drop-in centres as well as basic social services.</p>
General (primary) health care service (treatment service type)	<p>Basic or general health care, typically entry point to the health system providing services for a range of disorders. Services are provided to individuals or communities for the purpose of promoting, maintaining, monitoring or restoring health. It is the basis for referrals to more specialized health care as needed. This category includes general practitioners. Among a range of other health services, primary health care providers sometimes also offer elements of drug dependence treatment.</p>



Specialised outpatient treatment service (treatment service type)	Describes a facility or specific hospital department where outpatients are given medical treatment and advice for their substance use disorder.
Mental healthcare service (treatment service type)	The focus is on the provision of a range of mental health care services, which may include treatment of drug use disorders. In general, mental healthcare services include a variety of services provided to people of all ages, including counselling, psychotherapy, psychiatric services, crisis intervention and support groups. However, the focus of these facilities is not solely drug dependence treatment provision.
Hospital-based residential treatment service (treatment service type)	Describes a residential facility that provides 24-hour nursing and/or medical care treatment to sick or injured people, including people with substance use disorders.
Non-hospital-based treatment service (treatment service type)	Residential treatment environments in which drug-dependent individuals live together and follow a program of counselling or therapy in order to achieve social and psychological change. A range of theoretical approaches, including family, psychodynamic, cognitive-behavioural therapy, medical or 12-step approaches may underpin residential treatment programs.
Therapeutic community (treatment service type)	Typically, a drug-free environment in which drug-dependent individuals live together in an organized and structured way in order to promote social and psychological change. The central philosophy is that residents are active participants in their own and each other's treatment and that responsibility for the daily running of the community is shared among residents and staff members.
Specialised social reintegration/aftercare service (treatment service type)	A facility that primarily focuses on social reintegration services (housing, education and employment related services) dedicated to sub-population groups.
Palliative care	Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. <i>Source: WHO</i>
A06: Seizures and Trafficking	
Trafficking	Unlawful trafficking, cultivation or production of controlled drugs or precursors not for personal consumption Source: International Classification of Crime for Statistical Purposes (ICCS)
Seizures	A seizure of a substance/s is a lawful action performed by a law enforcement agency in which legal control of controlled substance/s is taken. These actions derive from unlawful activities related to controlled substance/s (Drug Law Offences). The outcome of



	such an action is to put the substance/s under physical custody of national authorities.
Total number of seizure cases	A seizure case is an operation by national authorities where one or more types of drugs are seized. Every and each seizure case should be counted once, even if more than one substance were seized
Number of seizures cases by single drug	The number of seizure cases per single type of drugs should be counted as following: <ul style="list-style-type: none"> • A single seizure is counted as one seizure for the substance seized. • For a seizure involving more than one substance, each substance is counted separately and contributes to the total number of seizures of that substance. • Sum of all number of seizure cases of each drug can be higher than the total number of seizure cases
Main methods of transportation	Air, Land, Sea or Mail.
Departure country	Country that was the point of departure of the drug shipment reaching the country. The drugs may or may not have been produced/manufactured in the departure country.
Transit country	The last country through which the drugs transited before reaching the country. This could be a neighbouring country, if the drugs were transported by land, or any other country, if the drugs were transported by air.
Destination country	The country to which the drug shipment was destined, and where the drugs were meant to be sold to consumers/users.
Direction of trafficking – Inbound	Drugs entering the country
Direction of trafficking - Outbound	Drugs leaving the country
A07: Clandestine Laboratories	
Clandestine laboratories	Laboratories where opium, coca leaves, or synthetic substances are processed to obtain intermediary products or the final drugs to be sold to customers.
Facilities for drug packaging	Facilities dedicated to refining, tableting, cutting and packaging are where drugs are processed but where no evidence of synthesis exists. These are facilities where for example, MDMA powder is pressed into tablets, where powder or liquid methamphetamine is refined into the crystal form, and where drug powders are diluted (“cut”) to increase bulk and maximize profits and materials temporarily disguised for trafficking purposes (e.g. for cocaine conversion).
Dump sites	Sites where used chemicals and other materials are unlawfully stored or placed
Kitchen labs	In “kitchen laboratories” only basic equipment and simple procedures are used. Typically, those operating in such laboratories have a limited or non-existent knowledge of chemistry and simply follow the instructions. Usually, there are no significant stores of precursors and the quantity of drugs or other substances manufactured is typically for



	personal use (a typical manufacturing cycle for amphetamine-type stimulants would yield less than 50 grams of the substance).
Small-scale laboratories	People operating in small-scale laboratories have advanced chemical knowledge. At such laboratories, more complex amphetamine-type stimulants may be manufactured for example. They may be of similar size to “kitchen laboratories” but frequently employing non-improvised equipment. Small scale laboratories may also include experimental laboratories. The amount manufactured is typically for personal use or for use by a limited number of close associates (a typical manufacturing cycle for amphetamine-type stimulants would yield less than 500 grams of the substance).
Medium-scale labs	Medium-scale laboratories use commercially available standard equipment and glassware (in some cases, custom-made equipment) and may operate for longer periods of time. They are not very mobile and it is for these types of laboratories for which production estimates are the most viable and reliable. The amount manufactured at such sites is primarily for illicit economic gain (a typical manufacture cycle for amphetamine-type stimulants would yield between 0.5 kg and 50 kg of the substance).
Industrial-scale labs	Industrial-scale laboratories use oversized equipment and glassware that is either custom-made or purchased from industrial processing sources. Such industrial operations can for example produce significant amounts of amphetamine-type stimulants in very short periods of time, the amount being limited only by access to precursors, reagents and consumables in adequate quantities and the logistics and manpower to handle large amounts of drugs or chemicals and process them into the next step (a typical manufacturing cycle for amphetamine-type stimulants would yield 50 kg or more).
A08: Cultivation and eradication of illicit crops	
Illicit cultivation of crops	Cultivation of crops that are under international control, not authorized for scientific or medical use.
Average crop yield	The amount of the crop (usually measured in kilograms) that can be obtained, on average at the national level, per one hectare of cultivation. The usual unit of measurement is kg/ha.
Crop production	The total amount of the crop that is produced at the national level. In principle, it should be possible to estimate it by multiplying the total estimated area under cultivation by the estimated average yield.
Eradication of crops	Destruction of plants related to internationally control crops which were illicitly cultivated. Eradication may be carried out manually, with tractors or via aerial spraying.
A09: Price and purity of drugs	



Wholesale	Wholesale level is the level of an illicit drug market at which the drug is sold in bulk, to be on-sold to consumers at the retail level
Retail	The retail level is the level of an illicit drug market at which the drug is provided to consumers (users)
Purity	Purity is a measure of the amount of active substance that is contained in a sample sold or trafficked as the "substance" (for example heroin, cocaine). Purity is expressed in terms of percentage of the pure substance as compared to the whole sample containing also related substances, impurities, residual solvents, etc. For cannabis products, purity refers to tetrahydrocannabinol (THC) content. For opium, purity refers to morphine content. For amphetamine-type stimulants in tablet form, purity relates to the weight (in mg) of the quantity of controlled substance per tablet (for example, 30 mg).
A10: Drug-related criminal justice process	
Drug-related criminal offence	Unlawful acts involving controlled drugs or precursors Source: ICCS
Adult	Person 18 years old and above
Juvenile	Under 18 years of age
Purchase, possession or cultivation for personal use	Unlawful possession, purchase, use, cultivation or production of controlled drugs for personal consumption Source: ICCS
Trafficking	Unlawful trafficking, cultivation or production of controlled drugs or precursors not for personal consumption Source: ICCS
Formal Contact	"Formal Contact" with the police and/or criminal justice system includes persons suspected, or arrested or cautioned
Persons Prosecuted	"Persons Prosecuted" means alleged offenders against whom prosecution commenced in the reporting year. Persons may be prosecuted by the public prosecutor or the law enforcement agency responsible for prosecution, at the national level, irrespective of the case-ending decision.
Persons Convicted	"Persons Convicted" means persons found guilty by any legal body authorized to pronounce a conviction under national criminal law, whether or not the conviction was later upheld.
Final decision	"Final decision" relates to a decision, after an appeal in



	respect of verdict or sentence has been made and has been decided by the competent authority, or after the statutory limits for filing such an appeal have expired
Custodial sentence	“Custodial sentence” relates to a sentence passed by a competent authority that entails the deprivation of liberty (i.e., placed in any form of detention or imprisonment in a public or private setting, from which he or she is not permitted, by order of any competent authority, to leave at will.).
A11: Legislative and institutional framework	
Legal instruments	Legal instruments that provide a framework to regulate specific processes. They encompass laws, annexes to laws, decrees, among others.
National drug supply and demand reduction strategy	A policy document that describes the strategy at the national level to tackle or implement a specific issue, such as drugs or alternative development, establishing the actions and their scope, the institutions involved and coordinating mechanisms.
Competent authorities	Competent national authorities empowered to issue certificates and authorizations for the import and export of narcotic drugs and psychotropic substances, and to regulate or enforce national controls over precursors and essential chemicals.
R01: Prisons	
People held in prisons	Persons held in Prisons are those persons who are in prisons, Penal Institutions or Correctional Institutions on a specified day. They exclude non-criminal prisoners held for administrative purposes, for example, persons held pending investigation into their immigration status or foreign citizens without a legal right to stay. In a number of countries, the term ‘Prisoners’ is in use and it is considered equivalent to the term ‘People held in prison’ in the framework of ARQ reporting.
Unsentenced persons	Persons held in prisons, penal institutions or correctional institutions who are untried, pre-trial or awaiting a first instance decision on their case from a competent authority regarding their conviction or acquittal. Persons held before and during the trial are included. Sentenced persons held awaiting the outcome of an appeal in respect of verdict or sentence or who are within the statutory limits for appealing their sentence are also excluded
Sentenced persons	Persons held in prisons, penal institutions or correctional institutions after a first instance decision or a final decision on their case has been made by a competent authority. This includes sentenced prisoners with a final decision and persons held who are awaiting the outcome of an appeal in respect of verdict or sentence or who are within the statutory limits for appealing and persons held who have been convicted but who have not received a sentence yet. Persons held who have received a custodial sentence for one



	crime but are still under trial and unsentenced for another crime are to be counted as sentenced persons held.
R02: Drug-related acute intoxication and non-fatal overdoses	
Acute intoxication	<p>A <u>transient</u> condition that follows the administration of a psychoactive substance and results in disturbances in the level of consciousness, cognition, perception, judgement, affect, or behaviour, or other psychophysiological functions and responses. The disturbances are related to the acute pharmacological effects of, and learned responses to, the substance and resolve with time, with complete recovery, except where tissue damage or other complications have arisen. Complications may include trauma, inhalation of vomitus, delirium, coma, and convulsions, depending on the substance and method of administration.</p> <p><i>Source: WHO lexicon</i></p>
Non-fatal overdose	<p>overdose involves the use of any drug in such an amount that acute adverse physical or mental effects are produced. Overdose may produce transient or lasting effects (<u>termed as non-fatal overdose</u>), or death (<u>fatal overdose</u>); the lethal dose of a particular drug varies with the individual and with circumstances.</p> <p><i>Source: Adapted from WHO</i></p>
Acute intoxication: Emergency visits	<p>These include visits for treatment of acute intoxication, withdrawal symptoms, management of withdrawal treatment and of any related mental and physical health condition/s that a drug user may experience as a result of having used one or more drugs (including overdose, drug related accidents and trauma). Emergency visits include paramedic help/aid outside hospitals and exclude overnight stay.</p>
Acute intoxication: Hospitalization	<p>Includes treatment on an in-patient basis, i.e. hospital admission that usually involves an overnight stay.</p>
Antagonist	<p>A substance that counteracts the effects of another agent. Pharmacologically, an antagonist interacts with a receptor to inhibit the action of agents (agonists) that produce specific physiological or behavioural effects mediated by that receptor (<i>Source: WHO lexicon</i>).</p> <p>Antagonist drugs are used in cases of acute intoxication to reverse the negative effects of the drug that the patient has taken, and which has led to intoxication, to avoid fatality.</p>
Persons with access to antagonists in non-institutional settings	<p>This group of people includes those who for professional or personal reasons may be given access to antagonists which can reverse the damaging impact of acute intoxications and overdose. These persons may include drug users, social, community workers and members of society involved in assisting people with drug use disorders outside of treatment centres, hospitals and other facilities providing services to people who use drugs. It may include people who</p>



	administer home visits, organize community groups and training involving people with drug use disorders.
R03 Core treatment services (please see A05 Drug-related treatment)	
R04: Registered drug users	
Registry of drug users	List/database that contains information on individual drug users. There are often several registries within a country, often managed by different authorities and containing varying information. For example, there could be police registries, treatment registries and mortality registries, among others.
Number of registered drug users	Number of persons who were registered in drug use registry during the reference period. This represents the “stock” of registered drug users. Among them there are persons newly registered during the reference period and they represent the “flow” of registered drug users.
R05: Prevention of Drug Use	
Prevention	<p>The objective of the prevention of the use of psychoactive substances is to help people, particularly but not exclusively of younger age, to avoid or delay the initiation of the use of psychoactive substances, or, if they have already started, to avert the development of substance use disorders.</p> <p>The general aim of substance use prevention, however, is much broader than this: it is the healthy and safe development of children and youth to realize their talents and potential and becoming contributing members of their community and society. In the case of controlled drugs, prevention is one of the main components of a health-centred system to address the non-medical use of these substances, as mandated by the existing three international Conventions (Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol; Convention on Psychotropic Substances of 1971; and United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988).</p> <p><i>Source: UNODC, WHO, 2018. International Standards on Drug Use Prevention: 2nd updated edition.</i></p>
Universal prevention activities	Prevention activities which target the population at large
Selective prevention activities	<p>Prevention activities targeting certain groups of the population (e.g. marginalized groups, groups in marginalized neighbourhoods, etc.)</p> <p><i>Source: UNODC, WHO, 2018. International Standards on Drug Use Prevention: 2nd updated edition.</i></p>
List of types of prevention interventions for drug use	<ol style="list-style-type: none"> 1. Infancy and early childhood Prenatal and infancy visitation



	<p>Interventions targeting pregnant women Early childhood education</p> <p>2. Middle childhood Parenting skills programmes Personal and social skills education Classroom environment improvement programmes Policies to retain children in school Addressing mental health disorders</p> <p>3. Early adolescence Prevention education based on social competence and influence School policies on substance use School-wide programmes to enhance school attachment Addressing individual psychological vulnerabilities Mentoring</p> <p>4. Adolescence and adulthood Brief intervention Workplace prevention programmes Community-based multi-component initiatives Media campaigns Entertainment venues</p> <p><i>Source: UNODC, WHO. International Standards on Drug use Prevention, 2nd edition.</i></p>
<p>Prevention of non-medical use of prescription drugs</p>	<p>Prevention services aimed at reducing the non-medical use of prescription drugs. This may include awareness raising campaigns or regulations for general practitioners.</p>
<p>Levels of provision of prevention interventions</p>	<p>Provision level: <i>Full-existent</i> in nearly all relevant locations <i>Extensive</i>-exists in a majority of relevant locations (but not in nearly all of them) <i>Limited</i>-exists in more than a few relevant locations (but not in the majority of them) <i>Rare</i>-exists in just a few locations <i>No provision</i>: does not exist <i>Not known</i></p> <p><i>Source: EMCDDA</i></p>
<p>R06: Prevention of infectious diseases</p>	
<p>Prevention policies, programmes</p>	<p>Policies, programmes and interventions that help prevent infectious diseases related to drug use. A <i>policy</i> refers to a regulatory approach either in a setting or in the general population. Examples include policies about needle and syringe programmes (NSP), the use of ARVs (antiretroviral therapy), etc.</p>



<p>Prevention intervention</p>	<p>Refers to a group of activities of a specific kind. This could be a programme that is delivered in a specific setting in addition to the normal activities delivered in that setting (e.g., HIV testing toolkit intervention, awareness campaigns about HIV and other infectious diseases). Normally, the evidence about most interventions has been derived from the evaluation of specific ‘programmes’, of which there can be many per intervention.</p>
<p>List for gender identity</p>	<ul style="list-style-type: none"> -Male -Female -Transgender
<p>List of intervention types for prevention of infectious diseases</p>	<ul style="list-style-type: none"> - Needle and syringe programmes (NSPs) - Opioid substitution therapy (OST) and other drug dependence treatment - HIV testing services (HTS) - Antiretroviral therapy (ART) - Prevention and treatment of sexually transmitted infections (STIs) - Condom programmes for people who inject drugs and their sexual partners - Targeted information, education and communication - Prevention, vaccination, diagnosis and treatment for viral hepatitis - Prevention, diagnosis and treatment of tuberculosis. Other” (please specify)” - “Interventions among non-injecting drug users” <p>Source: WHO-UNODC-UNAIDS Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users</p>
<p>Coverage of interventions for the prevention of infectious diseases (percentage ranges)</p>	<p>Definition of coverage:</p> <p>Percentage of PWID who were reached by an NSP in the reference year</p> <ul style="list-style-type: none"> ·Low <20% of people in need; ·Mid 20% – 60% of people in need; ·High >60% of people in need <p>Percentage of opioid dependent people on OST in the reference year</p> <ul style="list-style-type: none"> -Low <20% of people in need; -Mid 20% – 40% of people in need; -High >40% of people in need <p>Percentage of HIV positive PWID receiving ART in the reference year</p> <ul style="list-style-type: none"> -Low <25% of people in need; -Mid 25% – 75% of people in need; -High >75% of people in need <p>Percentage of PWID tested for HIV during the specified reporting period in the reference year</p>



	<p>-Low <40% of people in need; -Mid 40% – 75% of people in need; -High >75% of people in need</p> <p><i>Source: WHO, UNODC, UNAIDS Technical guide for countries to set targets for universal access to HIV prevention treatment and care for injecting drug users, 2012.</i></p>
Monitoring and evaluation of prevention interventions	Please refer to part “Common terms” of the Guidelines for the definitions.
R07: Sales over the internet / darknet	
Darknet	This term refers to portions of the internet purposely not open to public view and that can only be accessed via specialized software. In the context of sales of illicit drugs, the Darknet is associated mostly with the TOR network, where most illicit trading takes place.
Web-scraping techniques	Collecting information directly from the internet or the darknet. It can be done using a software that simulates human internet or darknet surfing to collect the information.
Country of departure	Country from where the package containing the seized drugs was sent. This refers to drugs seized entering the reporting country.
Sites	In the context of the darknet, a “site” is a non-physical market where illicit trading of drugs takes place, mostly through technological resources such as internet or darknet pages, groups in social media, applications such as Telegram, or chatting fora for games, among others.
R08: Links between drug trafficking, corruption and other forms of organized crime	
Drug trafficking groups	A structured group of three or more persons, existing for a period of time and acting in concert with the aim of committing one or more drug trafficking related crimes, in order to obtain, directly or indirectly, a financial or other material benefit
Trafficking in persons	The recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or



	other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs
Trafficking in firearms	Import, export, acquisition, sale, delivery, movement or transfer of firearms, their parts and components and ammunition from or across the territory of one State Party to that of another State Party if any one of the States Parties concerned does not authorize it in accordance with the terms of this Protocol or if the firearms are not marked in accordance with article 8 of the Firearms Protocol
Cybercrime	There is no international definition of cybercrime nor of cyberattacks. National offences typically cluster around the following categories: i) offences against the confidentiality, integrity and availability of computer data and systems; ii) computer-related offences; iii) content-related offences; iv) offences related to infringements of copyright and related rights.
Money-laundering	See section on “Illicit Financial Flows and Money Laundering” in these Guidelines.
Financing of terrorism	Wilful provision or collection, by any means, directly or indirectly, of funds by their nationals or in their territories with the intention that the funds should be used, or in the knowledge that they are to be used, in order to carry out terrorist acts;
Corruption	The promise, offering or giving to a public official, directly or indirectly, of an undue advantage, for the official himself or herself or another person or entity, in order that the official act or refrain from acting in the exercise of his or her official duties; The solicitation or acceptance by a public official, directly or indirectly, of an undue advantage, for the official himself or herself or another person or entity, in order that the official act or refrain from acting in the exercise of his or her official duties;
Terrorism	Acts intended or calculated to provoke a state of terror in the general public, a group of persons or particular persons for political purposes are in any circumstance unjustifiable, whatever the considerations of a political, philosophical, ideological, racial, ethnic, religious or any other nature that may be invoked to justify them. (General Assembly resolution 49/60 para 3)
Terroristic groups	A structured group of three or more persons, existing for a period of time and acting in concert with the aim of committing one or more terrorist attacks
R09: Supply reduction activities and international cooperation	
Supply reduction activities	Supply reduction activities includes a variety of operations including the disruption of illicit drug production and trafficking; the dismantling of organized criminal groups that are involved in drug production and trafficking; efficient use of the criminal justice system; effective intelligence-led law enforcement and increased intelligence sharing;
LEA	Law enforcement agencies



WCO	World Customs Organisation
Liaison officers	A liaison officer is a person who liaises between two organizations to communicate and coordinate their activities. Generally, liaison officers are used to achieve the best utilization of resources or employment of services of one organization by another.
R10: Alternative development	
Alternative development	Process to prevent and eliminate the illicit cultivation of plants containing narcotic drugs and psychotropic substances through specifically designed rural development measures in the context of sustained national economic growth and sustainable development efforts in countries taking action against drugs, recognizing the particular sociocultural characteristics of the target communities and groups, within the framework of a comprehensive and permanent solution to the problem of illicit drugs.
Preventive alternative development	A state policy that enables a set of measures to enhance the incorporation of the community in productive, socioeconomic and environmental protection projects, to reduce their vulnerability to engage in illicit activities and promote human development. The aim of preventive alternative development interventions is to prevent such situations, in addition to boosting socioeconomic development. <i>Source: World Drug Report 2015; ECOSOC Resolutions: 2006/33, 2007/12, 2008/26</i>
Sustainable urban development initiatives	Initiatives aimed at developing urban environments which promote social inclusivity and ensure that all inhabitants are able to live in just, safe, healthy, accessible, affordable, resilient and sustainable cities and human settlements that foster prosperity and quality of life for all and housing. These initiatives target different aspects of urban planning (including schooling, health, transport) that affect citizens of urban communities, including groups of the population at risk of engaging in illicit activities. Sustainable urban development initiatives include the creation or development of urban governance structures that generate urban spaces which offer benefits and opportunities to its inhabitants and that work as a disincentive for illicit activities. <i>Sources: Adapted from: UNODC, 2016. The Urban Agenda, Habitat III; UN System-Wide Strategy on Sustainable Urban Development, 2019.</i>
Alternative development project	Project aiming to: -improve the quality of life of farmers / households, AND -reduce or prevent the illicit cultivation of crops
Direct beneficiary	Farmers / households whom were intended to benefit first-hand by the alternative development projects (primarily targeted farmers / households).



Indirect beneficiary	Farmers / households that benefitted indirectly from alternative development projects (e.g. through increased income available, improved infrastructure, increased security, etc.)
Sequencing measures	Measures or follow up activities in place targeting those households / farmers directly affected by the eradication of illicit crops.
Illicit cultivation	Illicit cultivation of crops, as defined in the “Cultivation and eradication” section.
R11: Alternatives to conviction or punishment	
Caution / warning / no action	A caution is an alternative to prosecution and could be given by a police officer, and may include specific conditions such as drug treatment or attendance at an education session. A warning includes a (written) notice by a police officer, for example given on the street. No action for example includes the police refraining from further action such as a warning.
Diversionary measure	This includes measures aimed to divert people from the criminal justice system, mainly but not only at the (pre-) arrest stage where the police refer the offender into other services such as drug treatment
Suspension of investigation/ prosecution	During the investigation or prosecution stage, the relevant professional (e.g. prosecutor) decides to suspend the case (suspension could depend on specific conditions)
Suspension of court proceedings	During the court stage, the prosecutor or the judge decides to suspend the case/proceedings (suspension could depend on specific conditions)
Suspended sentence	A sentence of imprisonment that is pronounced but its implementation is suspended for a period on conditions set by the court. There are two types of suspended sentences. A judge may unconditionally discharge the defendant of all obligations and restraints. An unconditionally suspended sentence ends the court system’s involvement in the matter and the defendant has no penalty to pay. However, the defendant’s criminal conviction will remain part of the public record. A judge may also issue a conditionally suspended sentence. This type of sentence withholds execution of the penalty as long as the defendant exhibits good behaviour or complies with any other obligations imposed. [See Tokyo Rules and UNODC Handbook on prison overcrowding]
Probation	Supervision of offenders in the community by probation services
Community service	A sentence served in the community during which offenders undertake unpaid work which is of benefit to the community, under supervision. [See Tokyo Rules and UNODC Handbook on prison overcrowding]



Restriction of liberty	This entails restricting the offender’s movement, such as home arrest and electronic monitoring
Furlough (home leave) and halfway houses	Prisoners who are granted furloughs, that is, short periods of leave from prison in the course of terms of imprisonment, or who live in halfway houses before being released into the community, remain prisoners in terms of the law and subject to the rules of prison discipline. [See Tokyo Rules and UNODC Handbook on alternatives to imprisonment]
Parole or early conditional release	The early release of sentenced prisoners under individualized post-release conditions can be mandatory when it takes place automatically after a minimum period or a fixed proportion of the sentence has been served, or it can be discretionary when a decision has to be made whether to release a prisoner conditionally after a certain period of the sentence has been served. Conditional release or parole is always accompanied by a general condition that the prisoner should refrain from engaging in criminal activities. However, this is not always the only condition imposed. Other conditions may be imposed on the prisoner (such as attendance of a treatment programme). [See Tokyo Rules and UNODC Handbook on prison overcrowding]
court-supervised treatment / drug treatment court programmes	Drug treatment under judicial supervision may be provided in some countries under the name of “drug courts” or “drug treatment courts”. This includes post-adjudication/sentencing programmes that require defendants to plead guilty and pre-conviction programmes requiring no guilty plea that only lead to adjudication/sentencing if the defendant fails to complete the programme. [See UNODC Handbook on prison overcrowding and WHO-UNODC publication on treatment as an alternative];
Bail	A legal mechanism used so that a person accused of a crime can be released from detention prior to the conclusion of their case if certain conditions are met. These conditions are designed to ensure that the accused returns to court for trial. They usually involve placing an amount of money as security with the court, which can be forfeited to the state should the accused fail to return to court at the appointed time and place
Other	Alternatives to conviction or punishment that could not be included in other classifications
R13: Illicit Financial Flows and Money Laundering	
Net income	Income minus expenditures associated with drug trafficking and production activities.
Illicit Financial Flows	This term refers to value illicitly generated, transferred or utilized that is moved from one country to another. In the context of this document, it refers solely to those illicit



	financial flows associated with drug trafficking and production activities.
Money Laundering	Method by which criminals disguise the illegal origins of their wealth and protect their asset bases, so as to avoid the suspicion of law enforcement agencies and prevent leaving a trail of incriminating evidence.
Cryptocurrency	Digital asset designed to work as a medium of exchange that uses strong cryptography to secure financial transactions, control the creation of additional units, and verify the transfer of assets.
Informal remittance	Transfer of funds across countries through private, unrecorded channels.
R14: National framework	
Legal provisions	Legal instruments that provide a framework to regulate specific processes. Legal provisions include laws, acts, regulations and provisions.
Substances under international control	Narcotic drugs and psychotropic substances scheduled as such under the 1961 Single Convention on Narcotic Drugs, as amended, and the 1971 Convention on Psychotropic Substances ('the Conventions') They does not include new psychoactive substances –NPS.
Substances under national control	Substances those production, selling, and transportation are regulated by national legislation as they pose a risk to public health. Substances under international control are typically scheduled also at national level, but substances controlled at national level may contain a larger number of substances. These include for example new psychoactive substances – NPS if they are controlled in the domestic legislation derived from the Conventions.
Criminal / Non-criminal offence	Distinction between criminal and non-criminal offences is defined in national legislations (e.g. penal code vs other legislation) although the distinction is not always clear-cut. Non-criminal offences may be treated as administrative offences, but this varies across countries. , to the different type of responsible authority (court/judge or law enforcement agency) or other criteria. Countries should report on the basis of national practice.
Threshold amounts to define an act as criminal or not	Possession, purchase or cultivation for personal use may not be treated as a (criminal) offence depending on if a country considers acceptable and justifiable certain amounts for personal use. The ARQ aims at collecting national experiences on the possible existence of thresholds in national legislations that may define quantities that single persons may allow to carry (or cultivate) for personal use.



Alternatives to conviction or punishment	Alternative or additional measures with regard to conviction or punishment. These include “caution, verbal sanctions, such as admonition, reprimand and warning; bail; conditional discharge / release (e.g. condition to appear in court on a specified day; to not engage in specific conduct; to not leave a certain area/state; to report on a daily or periodic basis to an authority; to surrender identity documents, etc.); diversion to treatment; suspension of investigation/prosecution; suspension of court proceedings; probation and judicial supervision; community service order; court-supervised treatment / drug treatment (including drug courts); economic sanctions and monetary penalties; house arrest, electronic monitoring; confiscation; suspended or deferred sentence; among others. For more information, refer to the section on “Alternatives to conviction or punishment” in these Guidelines.
National strategy	A policy document that describes the strategy at the national level to tackle or implement a specific issue, such as drugs or alternative development, establishing the actions and their scope, the institutions involved and coordinating mechanisms.
Extradition	Surrender of any person who is sought by the requesting State for criminal prosecution for an extraditable offence or for the imposition or enforcement of a sentence in respect of such an offence <i>Source:</i> https://www.unodc.org/pdf/model_law_extradition.pdf
Money laundering	Refer to section on “illicit Financial Flows and Money Laundering” of these Guidelines for a definition.
Financial Intelligence Unit (FIU) (also called Financial Information Unit)	A central, national unit that is responsible for receiving and analysing information from private entities on financial transactions which are considered to be linked to money laundering and terrorist financing. The FIUs disseminate the results of its analyses to the competent authorities where there are grounds to suspect money laundering, associated predicate offences or terrorist financing. <i>Source:</i> https://ec.europa.eu/home-affairs/e-library/glossary/financial-intelligence-unit-fiu-0_en
Egmont Group	Please see https://egmontgroup.org/en
Opioid substitution therapy (Opioid agonist antagonist maintenance treatment)	Treatment aimed at reducing the use of illicit opioids and manage abstinence by preventing withdrawal symptoms, reducing drug craving, and decreasing effects of additional opioids if they are consumed. <i>Source: UNODC WHO International Standards for the Treatment of Drug Use Disorders, 2016</i>



UNODC

United Nations Office on Drugs and Crime

Medical use of controlled substances	A use of a substance under medical supervision which may include the prescription of the substance by a licenced medical staff.
Observatories	<p>A national drugs observatory (NDO) is an organisation that provides its country with factual, objective, reliable and comparable information concerning drugs and drug addiction and their consequences.</p> <p><i>Source:</i> http://www.emcdda.europa.eu/attachements.cfm/att_118914_EN_EMCCDA-NDO-handbook-en.pdf</p>
Indirect estimation based on administrative data	Refer to section on “Prevalence and extent of drug use” of these Guidelines for a definition.
PWID	Refer to section on “People Who Inject Drugs (PWID)” of these Guidelines for a definition.
Repository of seizure cases	Database that contains specific information on individual drug seizure cases, such as amounts seized, type of drugs seized, criminals involved, route of the seized shipment, among others.
R15: Innovative methods for data collection	
Innovative methods	Methods used to collect data related to drug use, trafficking or production, that make use of available infrastructure and/or of new technologies. Examples include wastewater analysis, web-scraping techniques or used syringe analysis, among others.
R16: Access to medications	
Internationally controlled medications	Substances that are controlled under the 1961 or 1971 drug conventions for medical use
Informal market for internationally controlled medications	An unofficial market in goods or substances, especially in a country with a controlled system for substances