

28 February 2020

English only

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**Commission on Narcotic Drugs****Sixty-third session**

Vienna, 2–6 March 2020

Item 6 of the provisional agenda\*

**Follow-up on the implementation at the national, regional and international levels of all commitments, as reflected in the ministerial declaration of 2019, to address and counter the world drug problem****Priority activities to support data collection and analysis related to drugs at the national level\*\*****Report prepared by the Research and Trend Analysis Branch of UNODC***Summary*

The present note aims to provide a framework to develop targeted, effective and sustainable capacity-building activities on drug-related data that can significantly improve the collection, analysis and sharing of quality and comparable data at country level. It is based on priorities identified by national experts during consultations held by UNODC pursuant to Resolution 60/1 of the Commission on Narcotic Drugs and the 2019 “Ministerial Declaration on Strengthening Our Actions at the National, Regional and International Levels to Accelerate the Implementation of Our Joint Commitments to Address and Counter the World Drug Problem”.

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\* E/CN.7/2020/1.

\*\* This document has not been edited.



## I. Introduction and background

1. In its resolution 60/1 of March 2017, the Commission on Narcotic Drugs (CND) highlighted the importance of strengthening data reporting mechanisms, including by identifying gaps in the current drug statistics and by exploring possibilities to support countries to strengthen existing data collection and analysis tools at the national level. The CND further invited UNODC, in close cooperation with Member States, to reflect on possibilities to strengthen and streamline its existing data collection and analysis tools, including improving the quality and effectiveness of the annual report questionnaire (ARQ).
2. In 2019, the Ministerial Declaration on Strengthening Our Actions at the National, Regional and International Levels to Accelerate the Implementation of Our Joint Commitments to Address and Counter the World Drug Problem requested UNODC to continue expert-level consultations on strengthening and streamlining the existing annual report questionnaire. A revised data collection tool is presented to the Commission on Narcotic Drugs for consideration in document [E/CN.7/2020/12](#), accompanied by guidance notes presented in document [E/CN.7/2020/CRP.3](#).
3. In the Ministerial Declaration of 2019, Member States made a commitment to targeted, effective and sustainable capacity-building to improve the collection, analysis and sharing of quality and comparable data at country level. This document aims to provide a framework to support that renewed call for technical assistance in the field of drug-related data, taking into account the outcome of the expert-level consultations conducted by UNODC in 2018 and 2019.

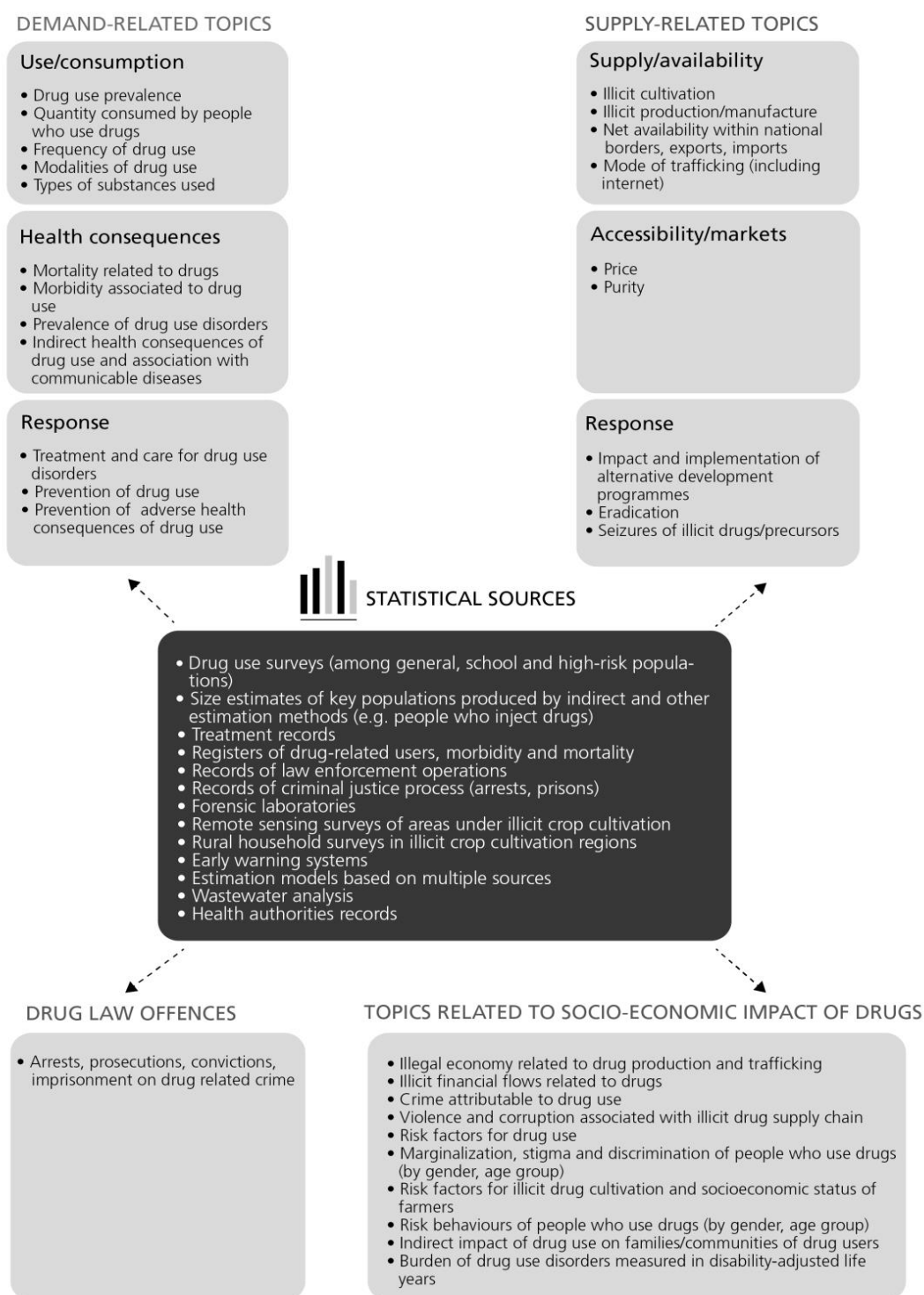
## II. Vision

4. For any country, describing demand, supply and other aspects of the drug problem requires a comprehensive and interlinked information system. Figure I below illustrates several elements of such a system, considering the main topics related to drugs. The figure is not an exhaustive list, but rather aims to provide an overview of the possible elements.
5. The variety of sources and of topics which are linked to drug markets bring about a variety of aspects that can typically only be measured with the involvement of many different agencies and institutions. This calls for coordination of data collection efforts and may even warrant the establishment of dedicated monitoring bodies focused on consolidating the understanding of the drug problem at national level. Such bodies may not only carry out a function of coordination but also serve to concentrate and develop expertise in the topic, undertake dedicated data collection efforts and produce analytical outputs to support decision-making and policy formulation at national level.
6. Certain items of relevant data may need to be captured by frontline officers in the course of their daily work; hence it is crucial that day-to-day recording practices of law enforcement agencies, healthcare providers, the criminal justice system, and other relevant agencies, are in line with reporting needs and include the relevant information on a case-by-case basis, for this to be later aggregated at national level for the purposes of reporting.
7. Certain data collection exercises, such as drug use surveys, may require specialized statistical expertise and need to follow specific and well-established methodologies. Such data collection efforts may benefit from the involvement of national statistical offices and may also be incorporated in other activities of a generic nature that may be undertaken by these offices for other purposes.
8. In view of the transnational character of the world drug problem, and in order for drugs data generated at national level to feed the evidence base available to the international community for decision-making purposes, it is highly desirable that such data are internationally comparable. For this reason these indicators need to follow as

much as possible standard international definitions and would ideally be generated according to standardized methodologies.

9. The evolving nature of the drug problem and, on the other end, the emergence of new approaches to gather information on drugs – often triggered by scientific and technological development – also require that national experts and institutions can be part of international networks facilitating scientific dialogue and exchange of practices.

Figure 1  
Elements of a national drug statistics system



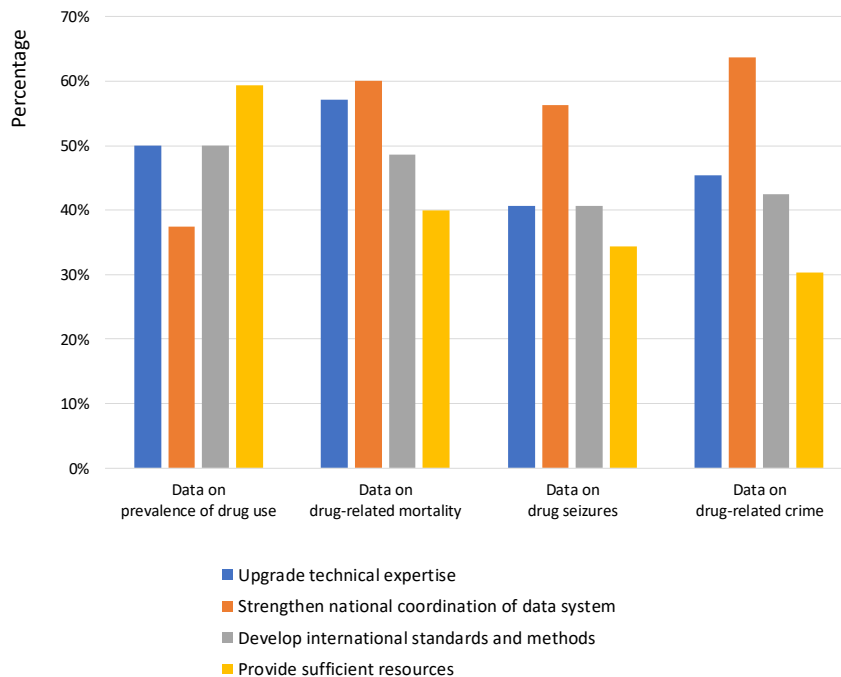
### III. Gaps and challenges

10. Very few countries have in place a national system able to produce the information needed to monitor and understand the drug problem as depicted in the previous chapter. Several gaps exist in the supply, quality and dissemination of drug statistics<sup>1</sup>. The extensive consultations carried out by UNODC<sup>2</sup> with experts from Member States identified four major areas of intervention to strengthen the capacity of countries to generate and report data on drugs in a regular and sustainable measure: upgrade technical expertise on drugs data and statistics; strengthen national coordination systems on drugs data; further develop international methods and standards; and ensure a sufficient flow of resources to fund needed activities and competent institutions.

11. Based on answers from Member States collected during the consultation process, all four areas are crucial to improve data on drugs and they affect various components of the national data system on drugs in different ways and intensity. For example, figure 2 shows that the provision of financial resources is a priority to produce data on drug use in a continuous manner, while the improvement of data on drug-related mortality requires better coordination among national stakeholders more than anything else. Similarly, data on drug-related crime and drug seizures require stronger coordination, while support to technical expertise and production of methodological guidance are a constant need across data topics.

Figure 2

**Type of capacity-enhancing measure needed to produce data related to drugs, selected indicators (responses to the ARQ feedback questionnaire from Member States, 2017)**



<sup>1</sup> See documentation for the first Expert Working Group on improving drug statistics and strengthening the Annual Report Questionnaire, specifically document ‘Background paper II: Technical assessment of the Annual Report Questionnaire (ARQ)’, for a comprehensive review of national data as supplied through the ARQ (available at: [https://www.unodc.org/documents/data-and-analysis/statistics/Drugs/Background\\_paper\\_session\\_II\\_ARQ\\_Technical\\_assessment.pdf](https://www.unodc.org/documents/data-and-analysis/statistics/Drugs/Background_paper_session_II_ARQ_Technical_assessment.pdf)).

<sup>2</sup> See document E/CN.7/2020/12 for a description of the consultation process.

**Lack of technical expertise on drugs data and statistics**

12. The collection and compilation of drug-related data requires expertise at different levels. In many countries, frontline practitioners in specific fields may lack the specific expertise to generate the required data on a case-by-case level, such as forensic techniques for the identification of specific substances, the proper recording of seized drugs, the recording of causes of death (including drug-related causes) according to the International Classification of Diseases, or the recording of the primary drug in case of treatment for substance abuse.

13. At a higher level, relevant agencies may lack the expertise to compile data at national or sub-national level (administrative entity) and to aggregate case-by-case records into meaningful indicators, for example in identifying the typical (average) purity or in the accurate measurement of treatment provision avoiding double counting of individuals treated for multiple drugs. The implementation of dedicated data collection exercises – such as conducting surveys on drug use, using indirect methods to produce data on persons with drug use disorders or applying wastewater analysis methods to quantify drug consumption – may also be hampered by the lack of necessary technical skills.

**Weak national coordination system on drugs data**

14. A complex and coordinated system of data processes is needed to produce a comprehensive evidence base describing a country's situation in terms of drug use, drug supply and drug markets, as well as drug-related crime and the socioeconomic impact of drugs. Data need to be generated, channelled and then consolidated at national level.

15. The process of data gathering often requires coordination between different agencies and/or different jurisdictions within the same country. Data processes need to be synchronized in terms of time, contents, recording practices and data validation procedures. For example, several entities may be involved in drug seizures (e.g. police forces at various levels, customs, coast guards, specialized forces, etc.) and gathering relevant data in a comprehensive manner requires close coordination and standardization. If these practices are not harmonized or do not capture the relevant items of information, it will be very problematic or impossible to consolidate the information at national level, even more so if data are not stored nor communicated electronically.

16. In some countries, the flow of information may also be impeded due to lack of communication among the various relevant actors, awareness of each other's activities and establishment of relevant contact points.

17. Some countries may lack a single entity with the necessary combination of cross-cutting expertise, resources and network of contacts which can adequately perform the task of compiling all the information requested about the drug problem, nationally and internationally. Moreover, the analysis of data relevant to the drug situation in the country and the synthesis of this information into knowledge and actionable recommendations requires additional expertise which some countries may not have at their disposal.

**Lack of international methods and standards**

18. Some types of data, such as quantities of seized drugs or persons arrested for drug trafficking, can be produced on the basis of relatively well-established methodologies and widespread recording practices. Other indicators, such as prices of drugs on the illicit market and the number of people with drug use disorders, are much less standardized. Current data related to these indicators are produced according to country-specific protocols and are available in a systematic and comprehensive fashion for a limited number of countries.

19. With regard to drug supply and drug markets, the methods for recording and estimating trafficking flows, for estimating typical prices while taking into account

purity as a confounding factor, and for classifying drugs according to an international classification are among those that would benefit from the existence of corresponding protocols and guidelines.

20. With regard to drug demand, the availability of data on the extent of use of drugs, and of specific forms of use such as injecting drug use, remain fraught with significant shortcomings in terms of coverage and accuracy, to a large extent due to the hidden nature of these phenomena. For example, the extent of opiate use and of injecting drug use are especially challenging to measure due to the fact that such users are typically not captured by standard household surveys. Other indicators, such as people with drug use disorders and drug-related mortality, require the incorporation of specific scientific concepts and technical knowledge into the relevant data collection exercises.

21. Some novel techniques used for the measurement of the above-mentioned aspects also need to be refined or adopted by more countries in a standardized fashion; this includes for example the use of wastewater analysis and of cost-effective survey methods such as network scale-up.

22. Several indicators which extend to linkages between the drug problem and other socioeconomic aspects, such as illicit financial flows related to drugs, are in a relatively early stage of methodological development.

#### **Insufficient flow of resources for national activities and institutions on drug statistics**

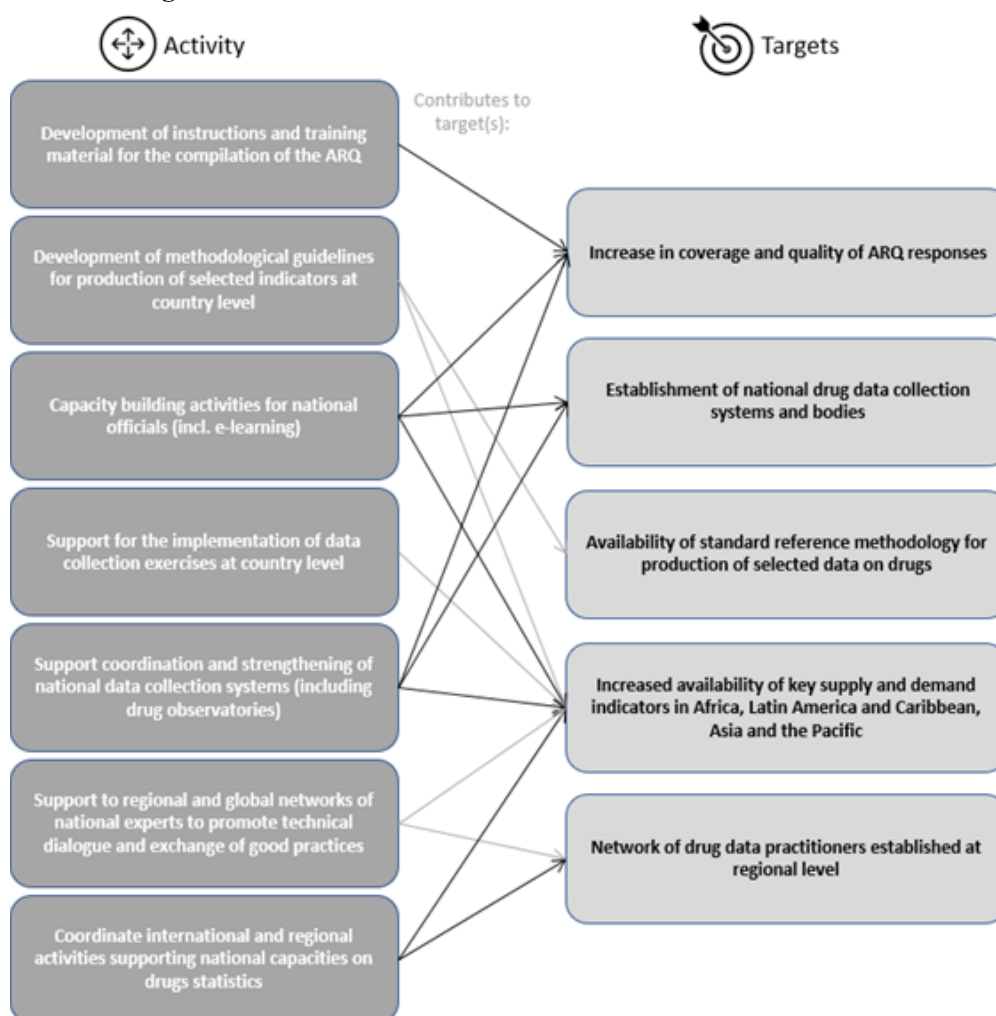
23. As a cross-cutting issue, activities required to monitor the drug problem and to generate relevant data are not sufficiently funded in several countries. All too often, decisions are taken (or not taken) on the basis of incomplete, biased or outdated information because of lack of sufficient funds.

24. While financial resources are not a panacea to address existing weaknesses, they might be needed to strengthen coordination mechanisms, improve existing data collection practices or upgrade technical skills of national practitioners. In other cases, entirely new data collection exercises may be called for, some of which require extensive resources, such as for example conducting a household survey at national level. A combination of national resources and donors' contributions can create the conditions for establishing sustainable systems for drug monitoring. Well-targeted, sustainable and continuous investments are needed to create data for evidence-based policies to address the drug problem.

## **IV. Activities and targets**

25. To address the weaknesses above, a number of activities were identified during the extensive expert consultation that followed resolution 60/1 of the Commission of Narcotic Drugs. Such activities – if implemented over the next 3 to 5 years – would significantly support national capacities to produce data on drugs in view of achieving a number of measurable targets, as shown in figure 3.

Figure 3  
**Priority activities to support national capacities to produce drug statistics and related targets**



#### **Activity 1: Development of instructions and training material for the compilation of the ARQ**

26. The revised data collection tool presented to the Commission on Narcotic Drugs for its consideration (document [E/CN.7/2020/12](#)) is accompanied by guidance notes presented in document [E/CN.7/2020/CRP.3](#). Further technical instructions will be developed to provide detailed guidance to Member States. Moreover, training material can be provided in a structured form, including didactic examples, in order for respondents to familiarize themselves with the appropriate relevant techniques.

#### **Activity 2: Development of methodological guidelines for production of selected indicators at country level**

27. With respect to several key indicators in the measurement of the drug phenomenon, countries efforts' to build their capacity to generate the relevant data would be greatly assisted by the availability of standard reference documents (available in different languages). This would include the production of data on: trafficking flows; prices and purities; people with drug use disorders; drug-related treatment; drug-related mortality; and people who inject drugs.

28. Such guidelines could cover methodologies such as: the use of administrative data for seizures, treatment and mortality; indirect methods (such as capture-recapture) to measure and target specific hard-to-reach populations (such as people who inject drugs); the incorporation of specific modules on drugs into household

surveys; cost-effective sampling techniques such as respondent-driven sampling and network scale-up; various operational approaches to the measurement of the number of people with drug use disorders; the structured use of qualitative expert assessments; rapid situation assessments; forensic aspects related to purity measurement; systematic approaches to the use of seizure data for the assessment of trafficking flows; and ad hoc techniques for the determination of typical prices on the illicit market.

29. Other more specialized topics that could be covered include the use of wastewater analysis and the measurement of illicit financial flows related to drug markets.

### **Activity 3: Capacity-building activities for national officials (including e-learning)**

30. Training activities can be held targeting specific communities of practitioners and officials, for example law enforcement officers or healthcare professionals. Instructor-led training can be held at national or regional level, either via in-person meetings or remotely using webinars or other communication platforms or modalities.

31. Aside from instructor-led training, self-paced training materials, including e-learning tools, can also be developed. Both instructor-led training and training material would be most effective if they are conducted or made available in multiple languages.

32. Given the specific nature of the various topics, distinct communities of practitioners would be targeted separately. Guidelines can also be developed on how to best ensure national coordination, targeting the officials and entities in charge of compiling countries' responses to the Annual Report Questionnaire and covering topics such as Memoranda of Understanding among institutions.

### **Activity 4: Support for the implementation of data collection exercises at country level**

33. Certain data collection exercises, notably drug use surveys, require a significant transfer of knowledge and investment of resources. Technical assistance projects can include support for countries with the implementation of such activities, especially if they are being undertaken for the first time in the country in question.

34. Such activities can also target a select number of countries from a specific region and be implemented in a harmonized fashion.

### **Activity 5: Support coordination and strengthening of national data collection systems (including drug observatories)**

35. For the generation and reporting of national data on drugs to be feasible, comprehensive, reliable and sustainable it is crucial that countries develop and strengthen a synchronized data collection system. This may extend to the establishment of dedicated observatories for the purposes of monitoring the drug situation in the country. Towards these aims, support can be provided for the following activities:

- Mapping of national stakeholders, their needs and their capacity to produce data and information;
- Developing early warning systems to detect and monitor the emergence and spread of New Psychoactive Substances, serving as a communication platform for the timely exchange of information on new psychoactive substances and linking stakeholders from different sectors;
- Raising awareness about the importance of national data information networks and ensuring interest by policy-makers;



- Developing a community of practitioners at national level to promote ownership and involvement of relevant institutions and to build their data collection capacity;
- Ensuring that data collection processes are efficient, well-documented, reproducible and thus sustainable (with the support of the focal point);
- Building and strengthening national centralized information technology tools and establishing data exchange platforms;
- Improving national institutional arrangements, including through legislative and formal coordination instruments;
- Linking and bringing together national drug information networks with national statistical offices;
- Ensuring that data recording practices used by frontline officers adequately capture the relevant information;
- Ensuring that national drug information networks incorporate information from the health and pharmaceutical sector to cover issues related to diversion and access to medication;
- Addressing the issue of access to and sharing of data among different national institutions also with the support of the legal framework.

**Activity 6: Support to regional and global networks of national experts to promote technical dialogue and exchange of good practices**

36. Countries may exhibit different strengths and weaknesses in the area of data collection. At the same time, some specificities in the nature of the drugs phenomenon may emerge at regional level, which present challenges and advantages shared by neighbouring countries. Hence countries stand to benefit greatly from the exchange of best practices in the area of drugs data and from the development of peer networks of practitioners at regional level.

37. Regional meetings can be held and attended by technical experts from respective countries. Such meetings may also involve participants from regional organizations as well as international stakeholders with specialized mandates, such as WHO and Interpol, in addition to UNODC. Technical dialogue and development of networks can also be facilitated using online communication platforms.

38. The international community would also benefit if the knowledge base built up by practitioners and experts at regional level could be further consolidated at global level; this can also be achieved by means of meetings and communication platforms.

**Activity 7: Coordinate international and regional activities supporting national capacities on drugs statistics**

39. Several international agencies carry out closely complementary mandates in areas related to drugs, including data collection. Such agencies include the World Health Organization and the International Narcotics Control Board. Moreover, regional entities may also carry out parallel activities with a regional dimension. In order to maximize synergy and the impact of thematically targeted funding, while avoiding duplication of efforts, a coordination mechanism can be set up with the aim of synchronizing capacity-building activities in the area of drugs data. This mechanism would be driven by regular meetings attended by representatives of the relevant agencies with the relevant competencies in their respective agency.

## V. Conclusions

40. During the consultation process on activities to improve national capacities on drug statistics it emerged that efforts should take place at various levels and in a number of substantive areas, as described in detail above. Some of these activities –

such as the development of technical documentation for compiling the ARQ – can take place within existing resources and/or by improving communication and coordination mechanisms at national and international levels. For other activities – such as those relating to direct support or training at country level, or those aiming to strengthen regional and global networks – additional and dedicated resources are needed.

41. The consultation process to develop the new ARQ made clear that such instrument is fundamental to gather and make available key information on drugs, but also to promote standardization and improvement of processes, communication among national stakeholders and international exchange among national experts. National experts repeatedly expressed their hope that the virtuous cycle triggered by the ARQ review could continue with targeted activities to strengthen national capacities. Dedicated resources from the donor community are needed to continue this process and meet the challenge of establishing sustainable national systems able to produce high quality and comprehensive statistics on the drug problem.

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