Report of the Second Expert Working Group on Improving Drug Statistics and Strengthening of the Annual Report Questionnaire (ARQ)

Vienna, 28-30 August 2019

I. Introduction

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). Furthermore, the 2019 Ministerial Declaration requested UNODC to continue expert-level consultations on strengthening and streamlining the existing annual report questionnaire, and to submit an improved data collection tool for consideration of the CND at its sixty-third session. Strengthening the production and collection of accurate, reliable and comparable statistical data on drugs is a crucial element in the overall strategy to address the world drug problem.

UNODC convened an Experts Consultation on 28-30 August 2019 where experts from 59 countries attended, namely: Angola, Algeria, Argentina, Armenia, Austria, Bahamas, Belgium, Bhutan, Bolivia (Plurinational State of), Brazil, Bulgaria, Canada, Chile, China, Colombia, Croatia, Egypt, El Salvador, Finland, Germany, Ghana, Greece, Honduras, Hungary, India, Iran (Islamic Republic of), Italy, Jordan, Kenya, Latvia, Lebanon, Malaysia, Mexico, Moldova, Nepal, Netherlands, Nigeria, Pakistan, Peru, Poland, Portugal, Romania, Russian Federation, Samoa, Saudi Arabia, Singapore, Spain, Slovakia, Slovenia, Sri Lanka, Sweden, Switzerland, Tajikistan, Thailand, Turkey, United Arab Emirates, United Kingdom, United States of America, Venezuela (Bolivarian Republic of).

Representatives of the following international and regional organisations also attended the meeting: Gulf Cooperation Council (GCC), EMCDDA, INCB, OAS-CICAD and WHO. The European Commission provided financial contributions for the preparation and organisation of the meeting.

II. Organization of the meeting

The objectives of the meeting were:

1. Review content and structure of the draft ARQ template as revised by UNODC on the basis of recommendations from the Expert Working Group held in Vienna in January 2018
2. Discuss capacity development activities to improve countries' capacity to collect and report data on drugs

III. Outcome of the meeting

A. Review of the draft ARQ and indications for its finalisation

After the initial discussion, the meeting was structured around simultaneous working groups and plenary discussions. The main conclusions from the thematic discussions were as follows:

General recommendations

A number of recommendations of an over-arching nature were made by experts during the discussions that are applicable to all modules. These include:

- Develop guidelines for compiling the ARQ, including on how to conduct qualitative assessments that are requested in Type I questions. The Guidelines will be developed by UNODC to provide methodological guidance to Member States for the compilation of the ARQ. The Guidelines will be submitted to the CND as room document.
- Specify the reference period for qualitative information questions, as for example in reference to trends.
- For specific sub-groups of the population, it is suggested to have a main list to be used across all modules of the ARQ, and an additional list of specific sub-groups to be used as relevant to the various topics. Both lists will be included in the Guidelines and be consistent with other sources such as the 2016 UNGASS Outcome Document.
- When disaggregated by age, allow flexibility to use age groups different from those indicated in the ARQ, according to data availability at country level.
- Add in the guidelines the definition of “drug” to be used in the context of the ARQ and be consistent on using the terminology drugs or drug.

Criteria and rationale behind modules rotation:

- Periodicity of modules should primarily depend on how rapidly the underlying issues may change. For example, annual modules should be used when data change with higher frequency.
- Maintain a balanced number of modules each year
- Consider response rate when deciding on the periodicity of rotating modules
- A 10-year timetable specifying the periodicity of each module will be presented jointly with the new ARQ to the CND.

Modalities for conducting the ARQ pilot:

- A Message of the Day will have to be sent to Permanent Missions inviting countries to pilot selected modules of the new draft ARQ with a deadline of 15 September for submitting the expression of interest
- The pool of countries that pilot the modules should include a representative group of countries, including low income countries, which should be able to report at least on Type I items
- Use the pilot to identify priorities for capacity building activities
- Each volunteer country will select some modules for the pilot
- The pilot will focus on data/information availability, both currently and possibly in the future
- When relevant, different formulations will be tested
- Clarity of question will be assessed

- Periodicity of data availability will be asked
- Include list of drugs and glossary in the pilot

Timeline of the pilot is:

- 15 September: Deadline for Member States to request participation
- 4 October: Pilot sent out to volunteering Member States
- 25 October: Deadline for the submission of the pilot from Member States to UNODC
- End-November: Analysis of the pilot and developing of a new draft ARQ.
- Second round of consultation (one week) before finalising documents to be submitted to the CND.

Specific recommendations on ARQ modules

Module A01 – Prevalence and extent of drug use

- Remove disaggregation of age group from general population survey, as young age populations are covered in the school survey questions
- In addition to the standard age groups (15-16 and 15-64), consider to define as age groups of interest the following: 15 and older (general population), and 15-19 (youth)

Module A02 – People who inject drugs (PWID)

- Clearly define what the questions on trends and rankings refer to: trends of the total number of PWID, ranking of the main drugs within the total of PWID.
- Include both the prevalence and the total number estimated, for PWID and Infectious diseases quantitative questions.
- Include disaggregation by age groups for PWID in Type III and remove disaggregation of new diagnosed cases by ages.
- Add question on new HCV diagnosed cases, similar to that on HIV cases.

Module A03 – People with drug use disorders

- Keep the reference definition in the Guidelines and allow countries to provide data according to their definition and collection/estimation practices; the metadata section will be built in such a way that countries can provide detailed information on the operational definition used at country level, as well as on data sources and statistical methods used to produce the estimate of people with drug use disorders.
- Drop the first question on the mechanism for identifying people with drug use disorders.

Module A04 – Mortality

- In the pilot exercise, it will be asked about availability of data by individual ICD codes related to direct drug related deaths and the type of source. The pilot should also ask about availability of data on indirect drug related deaths including drug-related road traffic deaths.
- It is suggested that the guidelines should include instructions on how to report data on drug related deaths according to ICD codes.

- Provide space for metadata for National definitions of mortality including sources (special mortality registries, general mortality registries, other).
- Take synthetic cannabinoids out of the cannabis group and to be reported separately.
- Drug-related deaths: one expert suggested that tramadol is reported as a separate category in order to assess the importance of the tramadol market.

Module A05 – Treatment

- Consider treatment coverage as Type I, as qualitative question, with free text response option.
- collect data on drug treatment national system, which refers to those treatment services that are recognised as such by national authorities.
- Path of referral: separate self-referral from referral from families and friends
- Reflect more clearly the residential status in the Living status.
- Clarify the disaggregation of interventions further and specify the sources used for this purpose.
- Rename “detoxification” to “management of withdrawal” and consider this intervention separately from pharmacological interventions.
- In the coverage, ranking and trends, clarify that it refers to the number of people in treatment in this module. Availability and access to be clearly differentiated.
- Add in the national framework module a question on the existence of quality standards and the monitoring authority overseeing them (qualitative question with a yes and no answer).

Module A06 – Seizures and trafficking

- Introduce a new question on changes in law enforcement capacity, priorities and activities. The question will allow to better interpret actual changes in trends on drugs seized.
- Encourage countries report data from all national agencies. When data are reported to UNODC, data sources (agency) should be clearly indicated. Double counting should be addressed at the country level before data are reported to UNODC.
- Provide more clarity on the question on Total number of cases of drug seizures. The difference between total number of cases and number of cases by each drug type should be clearly indicated.
- Guidelines should be provided to assess and report the country of origin of drugs. Experts agreed that this is an item which is difficult to report.

A07 – Clandestine laboratories

- Remove “unknown” in the predefined response options for “Existence of illicit manufacture of dugs”
- Provide clear definition in the questionnaire of what a “lab” is, i.e., a chemical process that does not include Tableting/ Packaging. Separate the reporting of quantitative data by labs versus tableting/packaging facilities. This has implications on the design of the modules that need to be addressed. Update the Guidelines with the definitions accordingly.

- Change the definition of "Size of laboratories" to indicate the production *over a specific time period* (e.g., one week).
- In the question referring to new developments, add a bullet point on "New methods/equipment used in illicit manufacture and production of drugs".
- For the statistical data question Type II, provide flexibility in the disaggregation by "type of lab" to allow reporting other types of labs not included in the list.

Module A08 – Cultivation and eradication

- Add a selected number of questions from the R10 module to A08 (see recommendations on R10 – Alternative development). The experts agreed on a proposal made during the discussion on module R10 on alternative development to produce a combined annual module on 'cultivation and eradication of illicit crops and alternative development'.
- In reporting the existence of illicit cultivation of crops, specify "cultivation and harvest" in order to include also crops growing in the wild. In addition, expand scope to explicitly cover both indoor and outdoor cultivation.
- Remove "unknown" option in the predefined response options from the questions:
    - existence of cultivation;
    - availability of estimates.
- For estimates of "average yield" specify "average yield per year".
- In the "total eradication of plants" allow for reporting all types of crops and not only "cannabis indoors".
- Specify "illicit cultivation" in the "availability of estimates", as the module collects information only on "illicit" cultivation.
- Change the terminology from "cultivation of illicit crops" to "illicit cultivation of crops", as the crops are not illicit per se.
- An expert proposed the disaggregation of the total eradication area by forced versus voluntary, and the addition of a question on the total number of people who died during the eradication.

Module A09 – Price and purities of drugs

- Allow for reporting separate metadata for prices and purities information.
- Allow for reporting metadata on how prices are collected (e. g., provide details on how purities are analysed).
- Add as an option to metadata for prices & purities the item "undercover purchases".
- As it is difficult to distinguish between wholesale and street level prices, test 2 options during the pilot: 1 – based on amount of drug seized (e.g., one kg or more for marijuana as wholesale), and 2 - based on purpose of purchase (e.g., for own use or for resale).
- Avoid providing a strict definition of typical values and allow to report in the metadata how these values were obtained.

Module A10 – Drug-related Criminal Justice System

- Formal contact with the police: in the pilot exercise ask about availability of data disaggregated by citizenship, The guidelines should provide guidance on ow to

treat persons with multiple/dual citizenship. The Permanent Mission of Iran mentioned that this might be sensitive for neighbouring countries.

- Change the concept from "Administrative" to "Non-criminal" (metadata).
- Prosecution: Reformulate from prosecution "in connection with" to prosecution "for".

Module A11 – Legislative and institutional framework

- Rename Title to "Legislative, institutional and strategic framework".
- Add re-scheduling or removal to the item on new substances under national control (at a national level).
- Competent authorities:
    - add the 1988 Convention precursors;
    - add an item on the process of putting under national control substances that have been put under international control;
    - add an item on re-scheduling or removal (at a national level).
- Remove information on licit manufacturers and availability of studies, the last two items.

Module R01 – Prisons

- Clarify in the Guidelines that both definitions, "persons held in prison" and "prisoners", can be used interchangeably.
- Recognising that different terms are in use at country level, the guidelines should clarify that the data will refer to "prisoners" or "persons held in prisons" depending on the national context. This will be indicated in the metadata for consistency and comparability reasons.
- Pilot the items on drug use in prisons to understand if countries are willing and able to report. Some participants raised concerns regarding the willingness of sharing this information while it was also noted that the information on drug use in prison was important and should be included in the ARQ,
- Include an item that describes how drugs enter prisons.
- Include what the vulnerabilities are in the prison system that affect drugs availability, such as corruption in the prison setting.
- Treatment and prevention of drug use and drug-related infectious diseases should reflect the same details as in the modules of general population.
- Include also percentage of prisons, taking into account that the number of prisons is already included.
- Include an item that describes if non-government actors have access to provide services in prisons.
- Specify that the Studies/Research are related to drug issues in prison and not to a general concept.

Module R02 – Drug-related acute intoxication

- Replace "morbidity" with "acute intoxication" everywhere.
- Item on "populations with access to antagonists": add qualitative assessment of coverage in terms of people, settings and geographical coverage.

- Populations with access to antagonists: collect data on coverage (geographical and accessibility) and on population groups and medical facilities.
- "Number of episodes" to be piloted to test its feasibility, as Type III.
- "Polydrug use" item: take out intervention and leave only drug group.

Module R03 – Core treatment services

- Add availability of services to the qualitative level Type I. Add a question on geographical coverage to be able to acquire more information than just obtaining a binary response on the existence of services.
- Add and pilot treatment slots in addition to beds and define them in the Guidelines (WHO definition to be used). This will allow to account for outpatient services.

Module R04 – Registered drug users

- Move the module from rotating to annual data collection
- Allow reporting of statistical data by type of registry
- Introduce an option to allow a separation of newly registered people (during the last 12 months) and total people in registry (stock data).

Module R05 – Prevention of drug use

- Replace the word "service" with "intervention"
- In the disaggregation replace the "type of intervention" with the one provided in the Prevention Standards 2nd edition.
- In the qualitative part replace the word "programmes" with "interventions".
- Remove the item on "new prevention services".
- Remove the disaggregation on "prevention of non-medical use of prescription drugs" and leave it as free text and allow countries to add an attachment /link.
- Evaluation of interventions: leave the item on the type of evaluation as process or impact.
- Reconcile the item on coordination and avoid duplication with module R14-National Framework; specify national and sub-national.
- Move the item "Coverage of prevention services" to the qualitative part as Type I question.
- Design the pilot so that significant space for metadata is provided to fully understand the scope of the information that can be provided at national level.
- Remove item on "Availability of information on prevention services".
- The definition of "Prevention" should be specified based on the Prevention Standards 2nd edition.

Module R06 – Prevention of infectious diseases

- Replace the word "service" with "intervention"
- Type of intervention to be in line with what is listed in the WHO UNODC UNAIDS technical guide. Also, add a category "Other" (please specify)" and

"Interventions among non-injecting drug users". The reference to this list will be consistently applied throughout the ARQ.

- Add a question on "accessibility" overall, not just on "Specific groups".
- Move "Coordination" to module R14.
- Under "Coverage of interventions" allow for specification that each intervention may have different coverage as specified in the Guidelines.
- Access in prison should be kept in the prison module.
- "Monitoring and evaluation" to be formulated in the same way as in the module on "Prevention of drug use".
- Avoid repetition with the national framework module.
- Funding questions to be changed to Type I.

Module R07 – Sales of drugs using the internet and related technologies

- Move this module to annual data collection for the following reasons:
    - To raise awareness and encourage data collection;
    - As the market is growing very rapidly, this may become a large phenomenon in coming years.
- Expand the definition of Type II item "Number of sites", as this phenomenon is not limited to websites only, but also to Facebook pages, Telegram channels, chats of online games, among others. Also, add question on number of "sites" shut down.
- Change Type II item "Type of indicators monitored" to Type I. Regarding the response options:
    - Remove "location of sites" as it can be sensitive and classified;
    - Add "Money transfer systems (such as WU, bitcoin) used to pay";
    - Add Delivery methods.
- Change the "Prices of drugs" item from Type III to Type II. Countries are monitoring the dark net market regularly, so it is relatively easy to report on prices.
- Provide comprehensive guidelines and promote collection of data from multiple sources so that the multidisciplinary nature of the module is properly addressed.

Module R08 – Links between drug trafficking, corruption and other forms of organized crime

- Ask information on citizenship/nationality of members of drug trafficking groups (national citizens or non-national citizens). For non-national citizens, also ask information of the main nationalities /citizenships (when relevant).
- Elaborate on the type of structure / hierarchy of the existing trafficking groups in the information on drug trafficking groups.
- Replace the sections ''Links between drug trafficking groups and corruption" and "Terrorist groups and their level of involvement in drug trafficking" with two sets of questions. The first set should be qualitative and relate to the existence and nature of the links between drug trafficking and:
    - Trafficking in persons;
    - Trafficking in firearms;

- Cybercrime and money-laundering;
- Terrorism;
- Corruption.

- The second set should be quantitative and collect: the number of persons brought into formal contact with the police; number of persons prosecuted; and number of persons convicted for:
  - Trafficking in persons;
  - Trafficking in firearms;
  - Cybercrime and money-laundering;
  - Terrorism;
  - Corruption

  linked to drug trafficking.

Module R09 – Supply reduction activities and international cooperation

- The experts who discussed this module in the dedicated group agreed that it should be either annual or rotating once every two years, but there was no final consensus on which of the two approaches should apply.
- On the item on cross-border cooperation include bilateral cooperation, as "international, bilateral, regional and sub-regional".
- On the joint operations add the text "including controlled deliveries".
- Add a question on "number of requests for mutual legal assistance related to drug offenders / trafficking" mirroring the question on the "number of extradition requests of drug offenders".
- Add in the guidelines the definition of "technical assistance".

Module R10 – Alternative development (AD)

- Move all parts of AD that change yearly to the annual module in the package related to cultivation and eradication (A08). The annual module (A08) should include:
  - number of ongoing projects (the list stays in the rotating module) and volume;
  - total funds: funding available for these projects, total funds and trends in funds;
  - number of households involved in illicit cultivation.
- Change funding item to level "II" and add private funding investment (some projects do not follow a standard business module and are e.g. licenced by the government).
- Insert in the definition of type of activities language to ensure the reporting of information on urban development initiatives (UNGASS 7k) and provide a definition in the Guidelines.
- Collect information on both direct and indirect beneficiaries of AD.
- Clarify and align the question of sequencing with the definition in the Plan of Action.
- Ask on the item of availability of studies about studies that identify what has worked and what has not worked in AD projects, and specific impact

assessments. These studies and assessments should cover a range of issues, including land tenure and poverty.

Module R11 – Alternatives to punishment or conviction

- Harmonise the categories of alternatives to punishment and conviction across all modules.
- Modify the types of alternatives to ensure that the lower level of the criminal justice system lists alternatives to the next level. For example, "alternatives to prosecution" should be included in the "formal contact with the police" stage.
- Harmonise as much as possible the language of alternatives to punishment and conviction with the ones listed in the Tokyo rules.

Module R12 – NPS identified

- Provide a year-specific list of NPS to each country. It is important for the list to reflect the substances present on the market in that particular year due to the fast-changing nature of NPS markets.
- Data on NPS should be collected on a 2-years cycle rather than 3-years cycle. There is a need to collect more timely information on NPS due to the changing markets. There should be a regular data collection through Early Warning Systems.
- ARQ should also include the "Street names" of NPS on the lists

Module R13 – Illicit financial flows and money laundering

- Regarding the "availability of information" item, the question should provide flexibility to report on information related to "net income" and "gross income", as well as other measures, both in general terms as well as related to drug trafficking / production.
- Remove the question on "Trends related to the income of drug traffickers".
- Provide specific guidelines on how to report information on the international routes of illicit financial flows related to drug trafficking. The pilot and case studies should help to test the suitability of specific guidelines.
- Add a quantitative question on "Frozen of assets" mirroring the question on "Confiscation of assets". Both questions should be labelled as Type II instead of Type III.
- Suggest or refer to potential national sources (such as Financial Intelligence Units and FATF) for obtaining the information requested in this module.

Module R14 – National framework

- Legal provisions include laws, acts, regulations and provisions (definition to be corrected accordingly).
- Replace "specific groups of population" with "specific groups of society" throughout this module to be consistent with UNGASS.
- Move unlawful activities involving controlled substances to Type II and list the main drugs (Schedules 1 and 2 which have no medical use).
- Control mechanism for non-controlled substances: clarify that the purpose of this item is to understand how substances are placed under national control.
- Unlawful activities:

- replace possession for personal use with cultivation, purchase and possession for personal consumption in the module and the Guidelines: instead of calling it “administrative”, use the term “non-criminal" (1988 art 3 para 2 provides differentiation between administrative and criminal);
- leave space for grey areas between “criminal” and “non-criminal” (e.g. repeated non-criminal offences which may become criminal);
- specify threshold amounts in terms of purity and weight, add a definition of threshold in the Guidelines;
- explore possibility to add national specificity (e.g. domestication, transportation);
- move item 4 “if applicable, definition of cultivation for personal use, threshold amount…” to Type II question;
- change criminal and administrative offence in the Guidelines (in the brackets (instead of penal code versus other legislation use “criminal versus non-criminal” and add at the end of the definition a clarification that there are differences in countries and this dichotomy is not always straight forward as the same offence may be considered criminal or non-criminal under different circumstances.

- Alternatives to conviction or punishment: define “Drug courts” (also in the Guidelines) and acknowledge the fact that countries might call it differently (e.g. committees). There is the need to understand better whether the Drug Court element fits as a category in this theme or in another item or if it requires a dedicated question
- National drug strategy:
  - rename strategy to “strategies and policies” and change the definition of national strategy in the Guidelines as following: “a document that describes an overarching set of policies” and at the end add: “usually a strategy defines specific objectives for a defined time-period”;
  - replace level of funding question with: “Which sources provide funding for implementing the strategies?” and leave the possibility for listing: institutions, foreign aid, and other.
- National alternative development strategy:
  - to include both strategies/policies;
  - change the level of funding in this theme as well as in the one above;
  - add the definition of preventive AD in the Guidelines.
- National system on extradition:
  - delete items 1,2,4 on legal provision, central authority, main legal conditions;
  - rename item 3: as following: “Main challenges for the implementation of extradition (time, resources, bureaucracy, counterparts) and other forms of international cooperation in criminal matters (such as MLA and others)”.
- Money laundering:
  - delete item 3 and leave main countries;
  - check duplication of asset recovery and money laundering with R13 module and other UNODC mechanisms to collect information.
- Prevention of infectious diseases:

- delete in the first item the word “formal” (keep policies only);
- specify in item 1 that this relates to infectious diseases related to drug use;
- use same formulation on item II for funding as it is used above (National drug strategy and National alternative development strategy).
- Harmonize the list of services/interventions with R06

- National policies/strategies on prevention of drug use:
  - name this item “National strategies/policies” instead of “National systems”;
  - change budgeting to funding as above (use same formulation).
- National policies/strategies on treatment:
  - coverage: add an option “Mixed” to the affordability item (public, private and mixed);
  - specific groups should include persons with mental-health issues.
- National system on access to internationally controlled medication:
  - Item 2: regulate access and medical use of controlled substances;
  - Check duplication with INCB data collection;
  - add an item on the availability of a national system to monitor possible diversion;
  - replace “pain medication” with the term “controlled substances”.
- Medical and scientific use of controlled substances:
  - remove “including cannabis and other THC preparation” and add the main list of internationally controlled substances with an option “Other”, to clarify for what substances the item is intended;
  - reformulate “Whether a license is needed for production of controlled substances for medical and scientific purposes. Description of procedure to obtain license” to “Is a license to produce substances for medical and scientific purposes part of the national legislation?”.
- Pilot one version with the list of interventions as specified in this module and in the rotating module on infectious diseases; and a generic option as specified in UNGASS.

Module R15 – Innovative methods for data collection

- Module frequency to be changed to annual because innovation needs to be reported in a timely manner. The yes/no option allows it not to be a burden
- Add more options to the questions for “availability of innovative data collection methods” such as “informants’ network”.

Module R16 – Access to medications

- Guidelines should indicate what institution should answer the module.
- When the ARQ is transmitted to the CND, there should be an explanation that information on need and accessibility to internationally controlled medication is collected by other agencies such as INCB and WHO and that the module does not duplicate other existing data collection systems.

- Delete question on three main restrictions and list more comprehensively the possible barriers (including those mentioned in UNGASS) for ranking how acute they are in terms of accessibility.
- Add issues related to gaps between needs and delivery in the item "Available studies and research".
- Allow space for the provision of information on good practices that have been effective in improving availability of medications.
- Add an item on possible emergency situation(s) that might have happened during the reporting period and on the use of the emergency procedure/s to ensure accessibility.
- Replace the term "parallel market" with "informal market" (this is to be included in the Guidelines).

L1 – List of drug classes and types for Prevalence and L2 – List of drug classes and types for Supply

- Need to harmonize both lists (demand and supply). Try to avoid duplication and enhance accuracy of examples
- Separate the synthetic cannabinoids from cannabis-type.
- Re-assess the accuracy and appropriateness of examples (CBD as an example of cannabis)
- Presenting one list of substances not under international control. This list should also include a footnote or annex indicating substances which have been placed under international control in recent years
- Clarify the definition of NPS, in particularly define what it includes and what it excludes
- Consider how to account for annual scheduling decisions and changes in the control substances at the national level
- Replace "illicit morphine" with "morphine"
- Specify that the substances refer to "illicit" drugs, when relevant

B. Priorities for Supporting Countries to increase their capacity to produce drug related information and increase the response rate of the ARQ

Participants welcomed the background document prepared by the Secretariat (see Annex 2) that indicated a number of priority activities to support countries in their efforts to improve availability and quality of statistics on drugs. For selected activities, national experts also distinguished whether they should be conducted – respectively – in the short term or long term, as per the following lists. .

In the short term, experts recommended to:

- Focus on promoting the ARQ reporting with available information at national level and coordinate data collection efforts at regional and international level.
- Appoint national focal points to report on the ARQ and improve coordination and coherence at national level. Experts strongly highlighted the crucial role of national focal point in improving quality and reporting rates of ARQ submission. .
- Conduct baseline surveys for drug use and supply. This might be financially demanding but, given the existence of established methodologies and good

practices, it can be feasible in a relative short term, if institutional and political will are in place,
- Call for more direct communication between national focal points and UNODC

In the long-term experts recommended to:
- Map national stakeholders, their needs and their capacity to produce data and information
- Raise awareness about importance of national data information networks and ensure interest by policy-makers
- Establish and strengthen national drug information networks
- Develop global and regional networks of national officers/experts working on drug data by connecting ARQ national focal points and other experts
- Develop a community of practitioners at national level to promote ownership and involvement of relevant institutions and build their data collection capacity
- Develop regional thematic networks on drug data practitioners
- Ensure sustainability of data collection and reporting, with the support of the focal point
- Build and strengthen national centralized information technology tools and establish data exchange platforms
- Develop relevant guidelines on how to best ensure national coordination (on MoU among institutions, research and analysis, methodological guidelines, among others)
- Improve national institutional arrangements, including through legislative and formal coordination instruments
- Address the issue of access to and sharing of data among different national institutions also with the support of the legal framework
- Ensure that national drug information networks incorporate information from the health and pharmaceutical sector to cover issues related to diversion and access to medication
- Produce guidelines on how to report drug related mortality data according to ICD codes
- Use the response rate to ARQ modules to assess the capacity of the countries to produce different information. In this sense, UNODC should report on an annual basis the response rate to each module
- Link and bring together national drug information networks with national statistical offices
- Ensure that materials and documentation are available in different languages
- UNODC could develop a public repository on sources, methods and practices in relation to production, use, analysis and dissemination of drug data to foster the sharing of best practices

UNODC
United Nations Office on Drugs and Crime

Second Expert working group on improving drug statistics and strengthening the Annual Report Questionnaire (ARQ)

Vienna, 28-30 August 2019
Vienna International Centre, Conference Room 3

Agenda

Wednesday 28 August 2019	
	Morning
09h30-10h30	• Welcome remarks • Organisation and objectives of the meeting (UNODC) **Session 1: Strengthening the Annual Report Questionnaire** Overview of the process related to Resolution 60/1 (UNODC)
10h30-10h50	*Coffee / Tea break*
10h50-13h00	**Session 2: Modules and Topics of the ARQ** Parallel working groups: • Group 1.1: Drug demand modules / topics • *A01: Prevalence and extent of drug use* • *R04: Registered drug users* • Group 1.2: Drug supply modules / topics • *A06: Seizures and trafficking* • *R12: New psychoactive substances identified* • Group 1.3: Cross-cutting modules / topics • *R16: Access to medications* • *R10: Alternative development* • Reports from Working Groups
13h00–14h30	Lunch Break
	Afternoon
14h30-15h50	Parallel working groups: • Group 2.1: Drug demand modules / topics • *A02: People who inject drugs* • *A03: People with drug use disorders* • Group 2.2: Drug supply modules / topics • *A09: Price and purities of drugs* • *R07: Sales of drugs using the internet and related technologies*

	• Group 2.3: Cross-cutting modules / topics • *A11: Legislative and institutional framework* • *R14: National framework*
15h50-16h10	*Coffee / Tea break*
16h10-17h15	• Parallel working groups (continuation)
17h15-18h00	• Reports from working groups

Thursday 29 August 2019	
	Morning
9h00–11h00	Parallel working groups: • Group 3.1: Drug demand modules / topics • *A04: Drug-related mortality* • *A05: Drug-related treatment* • *R03: Core treatment services* • Group 3.2: Drug supply modules / topics • *A07: Clandestine laboratories* • *A08: Cultivation and eradication of illicit crops* • Group 3.3: Cross-cutting modules / topics • *R01: Prisons* • *A10: Drug-related criminal justice process* • *R11: Alternatives to conviction or punishment*
11h00–11h20	*Coffee / Tea break*
11h20-12h30	• Parallel working groups (continuation)
12h30-13h00	• Report from Working Groups
13h00–14h30	Lunch Break
	Afternoon
14h30–15h50	Parallel working groups: • Group 4.1: Drug demand modules / topics • *R05: Prevention of drug use* • *R06: Prevention of infectious diseases* • *R02: Drug-related acute intoxication* • Group 4.2: Drug supply modules / topics • *R08: Links between drug trafficking, corruption and other forms of organized crime*

	• *R09: Supply reduction activities and international cooperation* • *R13: Illicit financial flows and money laundering* • Group 4.3: Cross-cutting modules / topics • *R15: Innovative methods for data collection* • *L1: List of drug classes and types for Prevalence* • *L2: List of drug classes and types for Supply*
15h50–16h10	*Coffee / Tea break*
16h10-17h30	• Parallel working groups (continuation)
17h30-18h00	• Report from working groups

Friday 30 August 2019	
	Morning
9h00–10h00	**Session 3: Strengthening the national and international drug statistical systems** • Priorities for capacity building at the global and regional levels (UNODC)
10h00–11h00	Parallel working groups: • Group 5.1: Discussion on selected priorities • *Priority A: Targeted regional and national capacity-building activities on producing, collecting and reporting drugs data* • *Priority D: Promotion of national coordination mechanisms on drugs data, including national drug observatories* • Group 5.2: Discussion on selected priorities • *Priority C: Methodological guidelines and tools on drug-related issues* • *Priority B: e-learning training modules* • Group 5.3: Discussion on selected priorities • *Priority E: Establishment of regional and global networks* • *Priority F: Promotion of early warning systems on NPS, at national and regional levels*
11h00–11h20	*Coffee / Tea break*
11h20-13h00	• Parallel working groups (continuation)
13h00–14h30	Lunch Break
	Afternoon

14h30–15h30	• Report from working groups • Conclusions
15h30–15h45	*Coffee / Tea break*
15h45–17h30	• Conclusions and next steps of the review process o Pilot exercise

UNODC
United Nations Office on Drugs and Crime

Expert Working Group on improving drug statistics and strengthening the Annual Report Questionnaire (ARQ)

Vienna, 28-30 August 2019

Background paper I: Priorities for capacity building to improve drug information systems at country level and ARQ reporting

I. Introduction

The objectives of this paper are to provide a list of priorities on improving drug statistics at the national level and building capacity in Member States for the years following the improvement and strengthening of the ARQ. This list has been developed taking into account discussions on this subject that took place at the previous Expert Working Group (EWG), Vienna, 29-31 January 2018 (see Background Paper I and Report of the meeting[1]).
The list of priorities below is presented for discussion among experts from Member States and international organizations participating in the forthcoming Expert Working Group (28-30 August, 2019).

II. Priorities for building capacity and improving drugs statistics at the national level

Priority A: Targeted regional and national capacity-building activities on producing, collecting and reporting drugs data

Although issues of data quality and availability affect drug indicators generally, significant differences exist across regions. Dedicated regional capacity building trainings should be conducted, targeting specific regions in collaboration with relevant regional organisations and focused on generating, collecting, analysing, and reporting data on indicators of drug use and supply. These workshops would primarily address national priority needs and focus on strengthening international reporting mechanisms such as the ARQ.
During the 2018 EWG, experts identified a number of areas where capacity development is required, including:

- coordination and harmonization among agencies producing data on supply,
- training of national experts/officials involved in the data collection process,
- the interpretation and analysis of data.

The focus of such activities would be adapted to the specific needs of each region.

Priority B: e-learning training modules

[1] https://www.unodc.org/documents/data-and-analysis/statistics/Drugs/Background_paper_session_I_-_Improving_drug_statistics_at_national_level.pdf
http://www.unodc.org/documents/data-and-analysis/statistics/Drugs/2018EGM_Presentations/FinalReport.pdf

In order to improve the capacity of Member States to report drugs data at international level, an integrated set of web-based training modules should be developed, targeting officials of the national agencies/institutions responsible for different areas of data production (supply, demand and related socio-economic aspects). In particular, a request was made to produce specific training curricula for national officials responsible for ARQ compilation.

Priority C: Methodological guidelines and tools on drug-related issues

While some international standards on drug epidemiology already exist, the rapid emergence of new techniques and the evolution of those already existing requires that new methodological guidance be developed and/or updated.

During the previous EWG, population surveys on drug use were identified as the primary tool to produce high-quality data on prevalence of drug use. Experts recognized the need for methodological guidelines on the implementation of population surveys on drug use.

Additionally, experts identified the need to update existing tools on indirect methods to estimate drug prevalence and other indicators, develop guidelines for studies in prisons and to further develop the methodology for producing metrics based on wastewater analysis, among others.

Priority D: Promotion of national coordination mechanisms on drugs data, including national drug observatories

During the previous EWG, experts agreed on the need to develop national coordination systems, with focal points from different agencies. This would allow for a maximum use of the information available at the national and sub-national levels, while facilitating reporting to regional and global data systems. Experts also agreed on the importance of establishing national drug observatories, as a vehicle to promote, coordinate and implement national data collection and analysis initiatives on all facets of the drug problem at the national level.

International and regional bodies should partner to promote the establishment of national drugs observatories, or other national coordination mechanisms. The development of methodological guidelines for establishing and managing national drug monitoring systems would improve effectiveness and efficiency of data collection processes and promote integrated analyses of drug data. Such guidelines would build on existing documents and practices, and they would provide step-by-step guidance when establishing national drug observatories, including:

- establishing data collection and data sharing procedures
- establishing standard procedures and methods
- assessing the quality and comprehensiveness of existing data,
- building the capacity of relevant specific institutions to generate data,
- establishing the required reporting mechanisms,
- developing national drug situation reports.

Priority E: Establishment of regional and global networks

At the previous EWG, experts highlighted the importance of establishing regional and global networks to provide fora for technical and scientific discussion, sharing of good practices and for peer support. Such networks would promote the production and use of consistent, comprehensive and comparable data on drugs.

The regional networks will build on already existing mechanisms established by regional organizations, such as (but not limited to) EMCDDA, OAS, the African Union or ASEAN. At least one national focal point – with expertise and responsibility in producing drugs statistics - should represent each country that is part of the corresponding network in regular regional meetings, fora and discussions. National focal points should report back to other relevant actors at the national level and facilitate national processes to improve statistical data on drugs.

Resources on contacts, guidelines and best practices will be shared among members through dedicated common platforms.
Additionally, a global network will be established to foster knowledge transfer across regions, with the same national focal points representing their respective countries. Regular meetings of focal points will be held to facilitate the exchange of ideas, best practices and discussions.

Priority F: Promotion of early warning systems on NPS, at national and regional levels
Early warning systems (EWS) are an indispensable tool to detect and monitor NPS spread at various geographical levels. EWS should involve and link stakeholders from different sectors, such as health, law enforcement and forensics, and serve as a communication platform for the timely exchange of information on new psychoactive substances. As highlighted by experts during the previous EWG, the EWS serve as a tool to identify health risks and other threats posed by drugs early on and support decision-makers in taking appropriate measures to prepare for and/or counter emerging threats. Methodological guidance, technical and institutional support are issues where capacity building activities would be needed.