Group E.1: Data on drug use III (severe drug users, drug treatment, SDG indicator)

Introduction

- Severe drug use, including injecting **(18 – 27)** and sever/problem drug use is covered through questions **28 – 30**
- Questions on drug treatment are included in **Q58 – 69**
- Severe/high risk drug users – aim has been to provide the three main criteria/definition that has been available– EMCDDA – high risk drug use (problem drug use), ICD10 and DSM 4 (or DSM 5 now).
- The purpose is to capture in as broad manner the different criteria used in countries and to present these estimate.
- ARQ based on WHO inputs, defines treatment as:
  - Drug treatment is any structured intervention aimed specifically at addressing a person's drug use, including stabilization or reduction of drug use, maintenance or abstinence regimes, behavioural therapy, medical or psychological interventions.

Introduction

- The ARQ ask countries to report cases (number of people in treatment) and not cases.

- The ARQ include questions to capture the different types counts

  - All people receiving treatment in the reporting year
  - People starting treatment in the reporting year
  - People in treatment at census date
  - People discharged from treatment

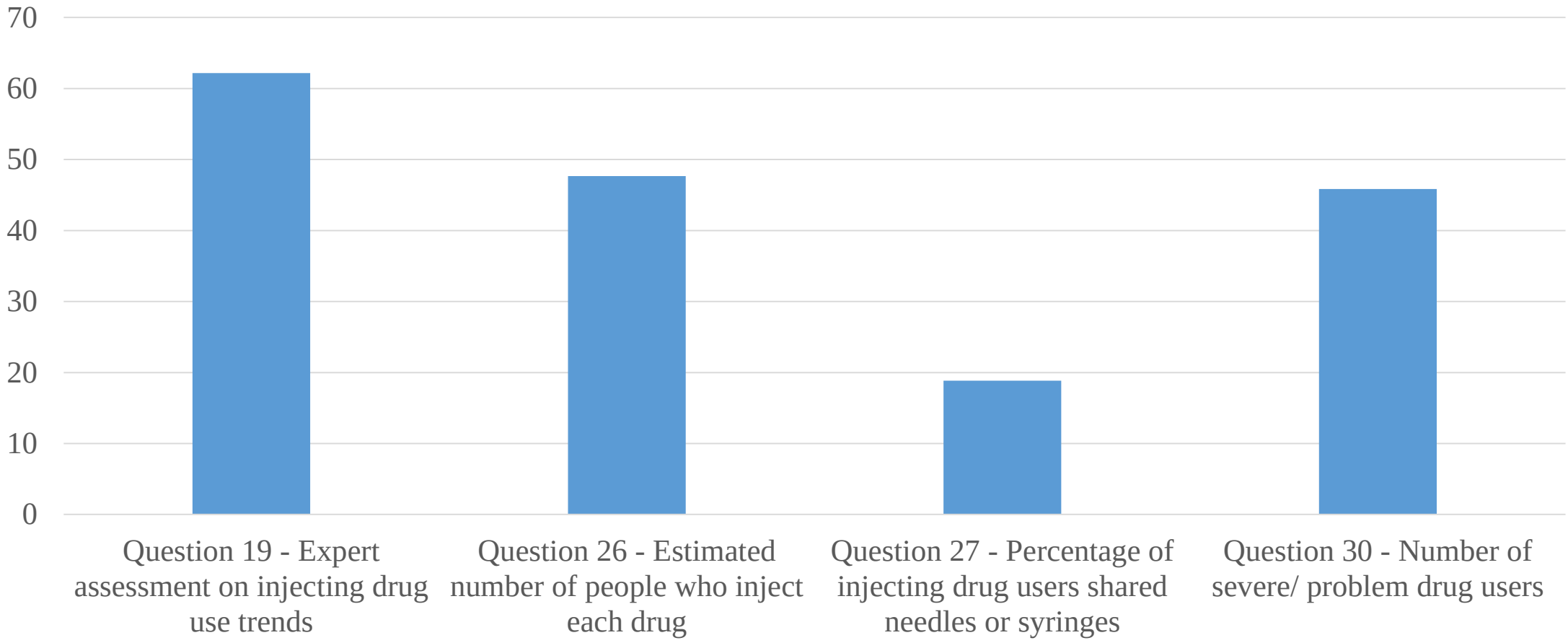
SDG Target 3.5

- “Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol”

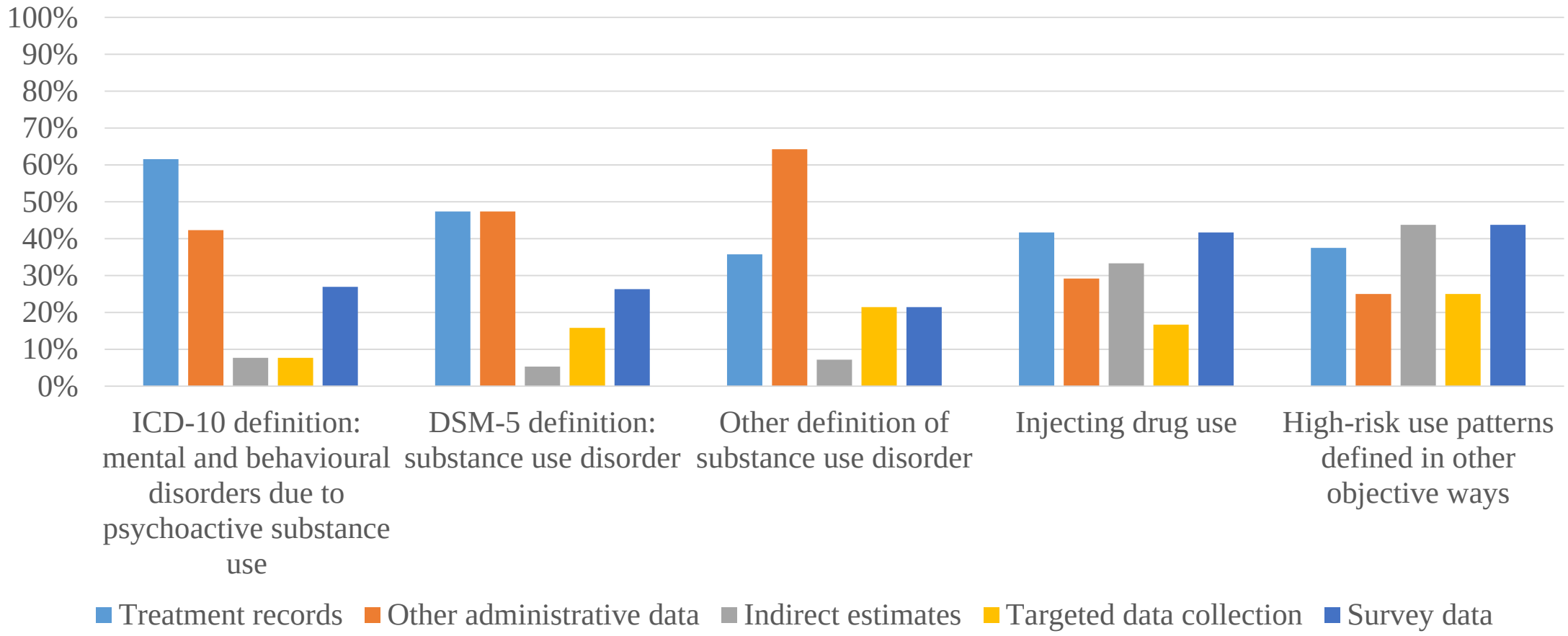
Indicator3.5.1

- Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders
- The extent of treatment coverage will be computed by the proportion of population nationally assessed to be in need of treatment interventions (people with substance use disorders) (denominator) by the actual number of the target population (people with substance use disorders) receiving the different interventions (numerator)

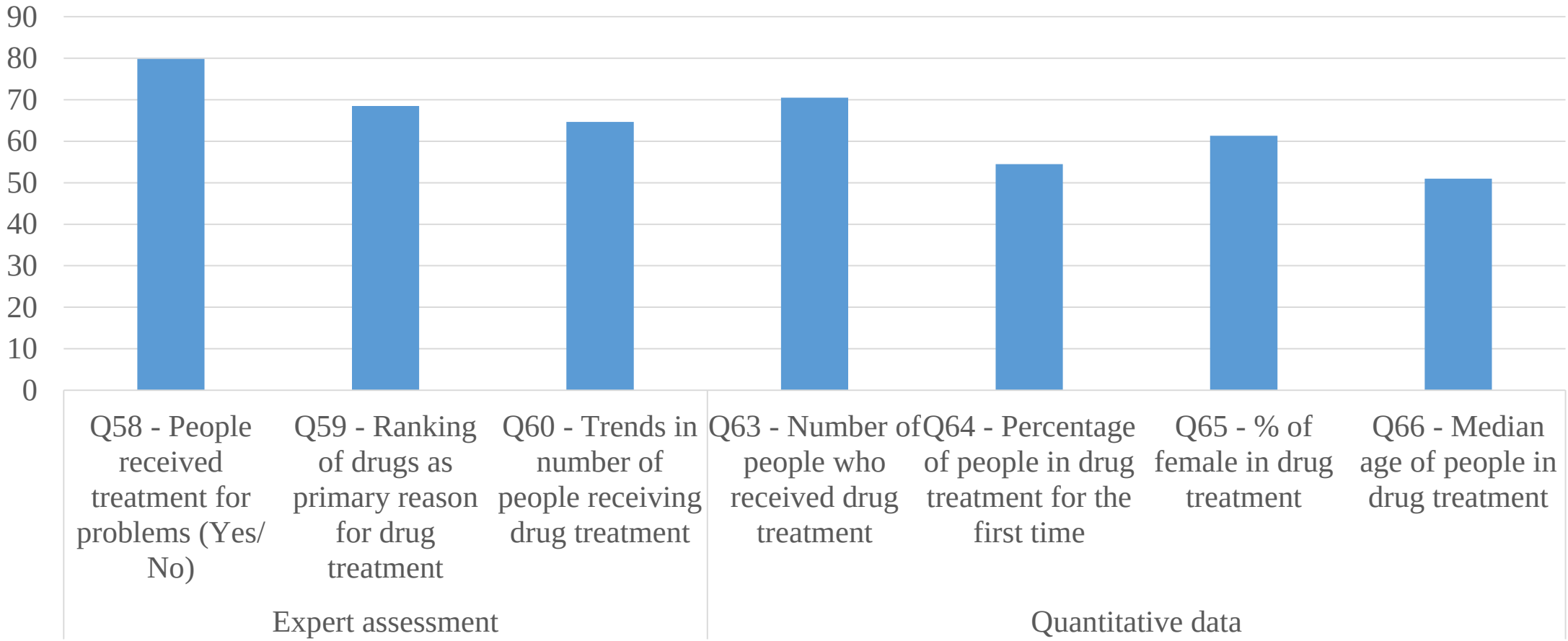
Average number of countries that provided data on on severe/high-risk drug users2010-2015



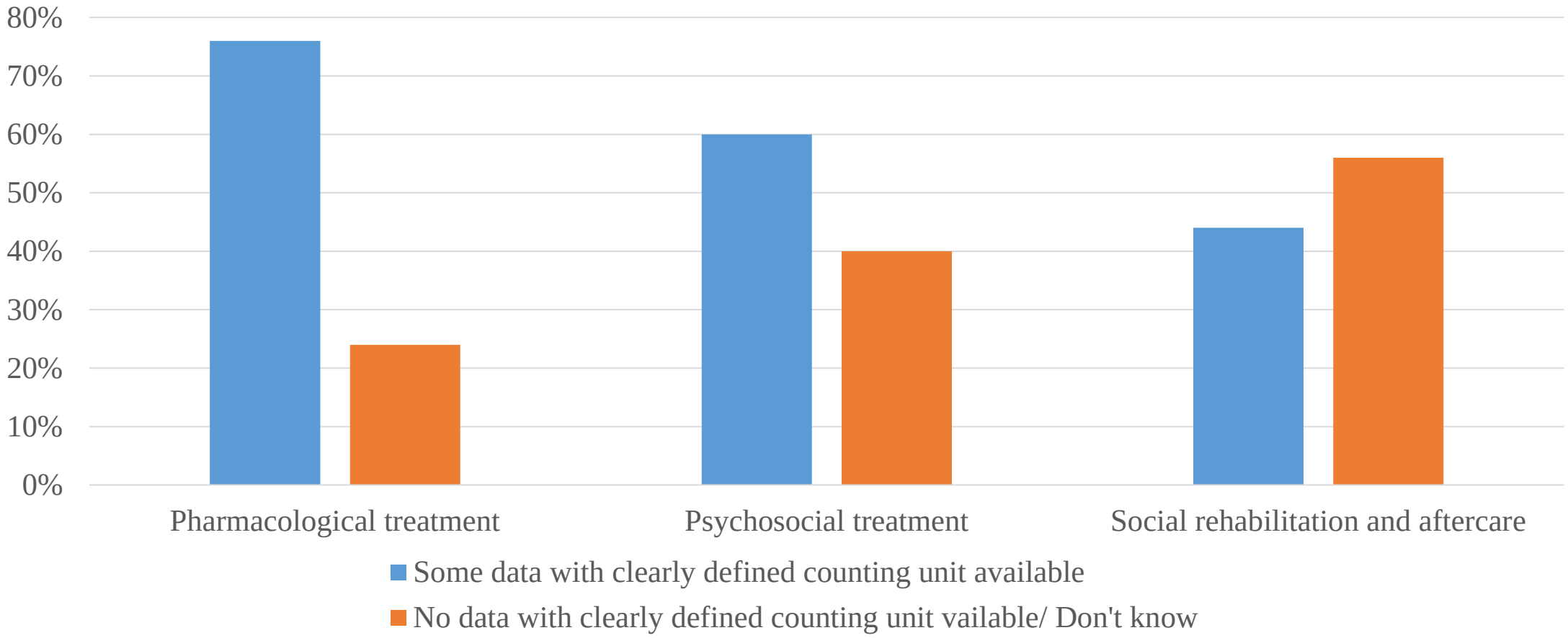
Concept of high-risk/severe drug use (Respondents from Member States, 2017)



Average number of countries that provided data on treatment over 2010-2015



Number of respondents from Member States indicating the feasibility of providing treatment data, by type of treatment



Challenges

- The criteria used for determining the high risk drug use is not often reported
- Many countries report **high risk drug users** as the number of people in treatment
  - The process/methodology by which these numbers are determined vary considerably
- The reference period for estimates of **people injecting drugs** varies (lifetime, annual, six months, etc.)
- Sources of information vary from PWID reporting in treatment, household surveys, bio-behavioural surveillance (IBBS)
- National and sub-nations estimates of PWID and their extrapolation
- National estimates of the total number in **treatment** are mixed between cases and episodes; and setting, i.e., public and private; inpatient and outpatient
- Many countries may report from limited numbers of facilities, as well as with limited geographical coverage

Challenges (2)

- Extrapolating the available data to reach a conclusion on comprehensiveness of the treatment response and integration of services.
- The quality of treatment intervention and services, including those for prevention of HIV and Hepatitis B among people who use/inject drugs, cannot be assessed by the current level of questions.
- For SDG 3.5.1 currently the ARQ asks countries to give a total of number of people provided treatment and in Q68 information on the denominator (What is the estimated proportion of drug users in need of treatment that are currently receiving treatment in your country?). Yet the reporting is not complete.
- Gender relevant data and disaggregation is not always provided

Suggested points for discussion

- How to define (broadly) the sever/problem drug use, that would capture the different criteria and reporting systems used for high risk drug use/problem drug use or people with drug use disorders.
- As currently the majority of treatment is in outpatient setting how the experts would consider redefining treatment, if at all, and the process by which the number of people (cases) is reported
- Consider inclusion of ad-hoc modules that strengthen assessment of quality and availability of services e.g., WHO/UNODC Substance use disorder treatment facility survey.
- Reporting of services for prevention of HIV, Hepatitis C, etc., in the community and prison settings.

Suggested points for discussion

- Reporting of the availability of services (treatment and care including services for prevention on HIV and Hepatitis C among people who use/inject drugs) in closed settings, e.g., prison
- What is the potential of collecting the required information for SDG3.5.1 through the ARQ. What changes would it entail, plus what is the mechanism and capacity at the country level to collect and report this information?
- Gender relevant and disaggregated data

Guide for discussion

For the data topics that will be discussed, focus on:

± improvements (definitions, classifications, re-organisation of questions, etc.)

+ data/information to add

− data/information to drop

When relevant, distinguish between core and non core data:

- Core: data that are key to understand trends and patterns of the drug problem, they may change at fast pace (on yearly basis) and/or are available for the majority of countries
- Non-core: data, usually not subject to rapid fluctuations, requiring more in depth/detailed questions and/or are available in a limited number of countries