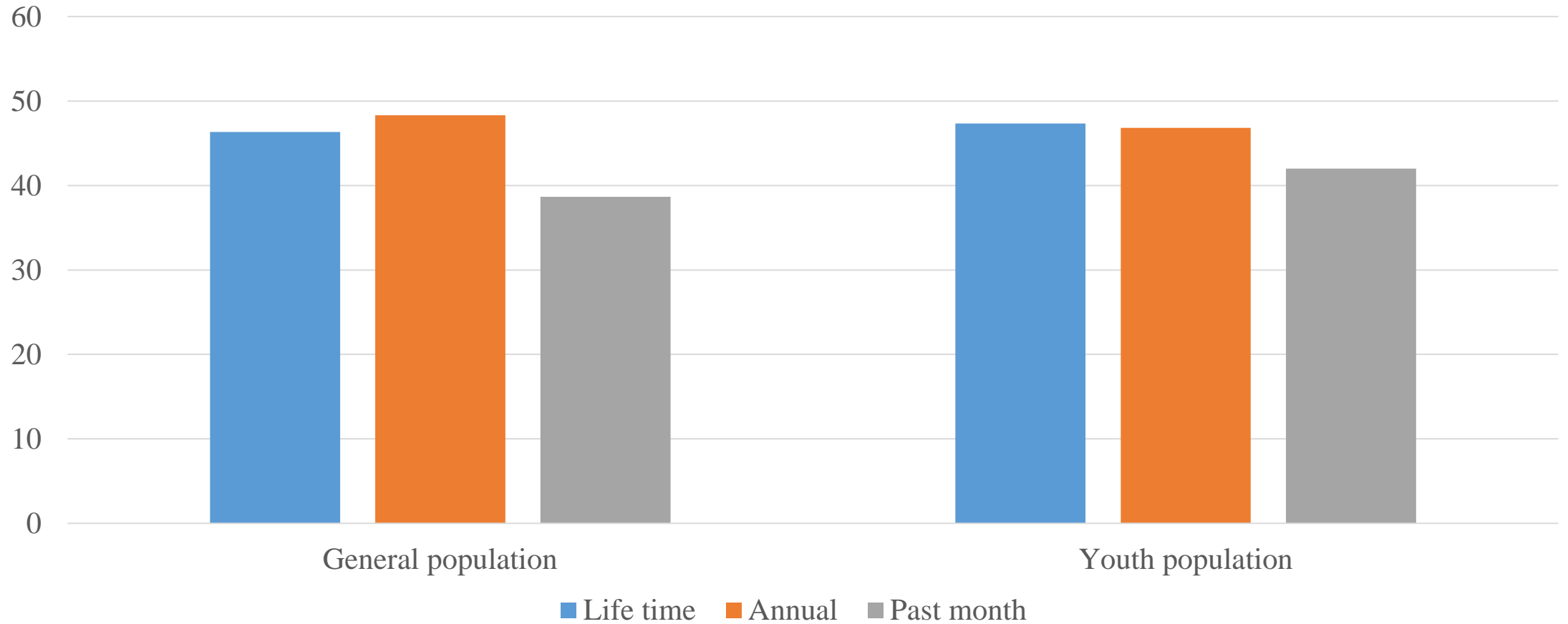


Data/information on drug use |
(prevalence, high risk groups,
risk factors, NPS use)

Introduction

- **Prevalence of drug use**
- Expert assessment on drug prevalence patterns and trends **(1-6, 35-36)**
- Data on prevalence among the general population **(7-12)**
- Data on prevalence among the youth population **(13-17)**
- On average, qualitative information from expert assessment is provided more frequently than quantitative data on prevalence.
- Between 40 and 50 countries on average provided at least one data point for lifetime, annual and past 30-day prevalence among the general and youth population from 2010 to 2015
- In any given ARQ wave a new dataset of national prevalence data is provided by approximately 20-25 countries

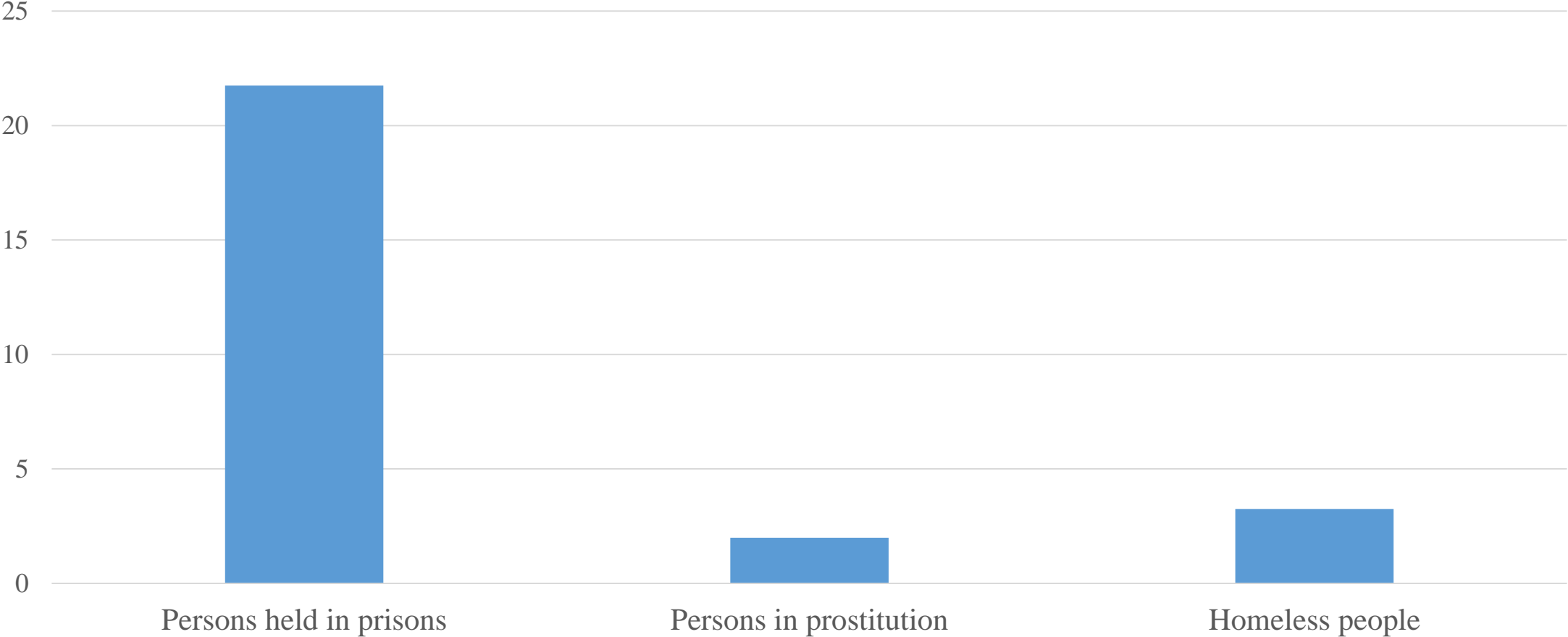
Average number of countries that provided at least one datapoint (2010-2015) on prevalence



Introduction

- **High risk groups- in questions 31-33**
- prevalence of drug use among high-risk groups –
 - persons held in prison
 - persons in prostitution and
 - homeless people
- From 2012 to 2015, on average, 22 countries provided at least one data point for persons held in prisons, while the number of countries providing data on the other two groups was consistently low

Average number of countries that submitted data on each high-risk group



Challenges:

- It is not clear how the expert perceptions on the extent, ranking and trends in drug use are derived at or reported (one person vs. consensus of national experts)
- Not all drug use surveys collect comparable information e.g., types of drugs, prevalence measures (lifetime, annual and past month)
- Youth surveys – age groups vary by countries 15-16; 18-25; By grade types;
- The distinction between controlled and non-controlled substances
- The distinction between misuse of prescription/pharmaceutical and use of illicit drugs.
- The aspect of poly drug use may not captured
- Provision for reporting of new psychoactive substances (NPS)
- Low data availability/reporting for high risk groups
- Gender relevant and disaggregated data is not always provided

Suggested topics for discussion

- What level of information is needed by class of drugs vs type of drug, e.g.,
 - Cannabis – Marijuana; Hashish
 - Cocaine - Powder; crack; pasta base
 - Opioids – heroin, opium, pharmaceutical opioids
- NPS – what information needs to be collected/reported
- Information on poly drug use and type of substances
- How to capture fragmented information on the extent, patterns and trends in drug use especially in countries that do not carry out drug use surveys
- Expert perceptions – how to strengthen the process for expert opinion and reporting
- Consider inclusion of information on new modalities e.g., waste water analysis
- Relevance/need for keeping all high risk groups
 - What high risk groups do we need to be concerned with
- 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