

Feedback for the ARQ Expert Working Group (28-30 August, 2019) documentation

Country: Bahamas

Module name	Comments/suggestions	Justification for the comments
A06: Seizures and Trafficking	A seizure case involving more than one drug type should be counted under each specific drug type involved.	

Country: Belgium

Institution: AVIQ

Module name	Comments/suggestions	Justification for the comments
R05 Prevention of drug use	<p><i>Pour l'ensemble du module :</i></p> <ul style="list-style-type: none"> - <i>Imprecision du vocabulaire :</i> <i>il conviendrait de définir des termes vagues comme large increase low increase ...</i> - <i>Nouveau développement, partie prenante</i> - <i>Type d'informations demandées (quel type d'évaluation est-il demandé de réaliser?, etc.)</i> 	<i>Risque d'interprétations différentes suivant les sensibilités ou formation du répondants</i>
R05 Prevention of drug use	<p><i>Pour l'ensemble de l'item :</i> <i>De quel type d'évaluation est-il question? : qualitative ou quantitative</i></p>	<i>Le risque d'interprétations différentes qui ne permettra pas une exploitation fiable des données</i>

	<p><i>Pour une évaluation qualitative : quelle est la population évaluée ? qu'est ce qui est évalué dans la prévention ? l'action de prévention ?</i></p> <p><i>Pour une évaluation quantitative quelles sont les données mesurées ?</i></p>	
R05 Prevention of drug use	<p><i>Ranking : s'agit il d'un classement catégoriel ou hiérarchique ? et dans ce cas sur quelle base ?</i></p>	<p><i>Risque d'interprétations différentes</i></p> <p><i>Il serait sans doute préférable d'utiliser les termes "Classification" (non hiérarchisé) sinon il convient de déterminer les critères de classement (ranking)</i></p>
R05 Prevention of drug use	<p><i>Coordination of prevention (...) et Availability and information (...) ne recouvrent-ils pas le même sujet ?</i></p> <p><i>Dans la négative quelle différence ?</i></p>	<p><i>Risque d'interprétation différente et de non réponse au 2e item</i></p>
R05 Prevention of drug use	<p><i>Availability any studies (...) il est impossible de connaître toutes les recherches ou enquêtes en cours (certaines pour raison de confidentialité, ou exécutées dans le cadre d'activités particulières)</i></p>	<p><i>Impossible d'avoir une réponse fiable et complète</i></p>
R06 Prevention of infectious diseases	<p><i>Pour l'ensemble du module :</i></p> <ul style="list-style-type: none"> - <i>Imprecision du vocabulaire :</i> <p><i>il conviendrait de définir des termes larges comme, increase low increase ...</i></p> <ul style="list-style-type: none"> - <i>Nouveau développement, partie prenante</i> - <i>Type d'informations demandées (quel type d'évaluation est-il demandé de réaliser?, etc.)</i> 	<p><i>Risque d'interprétations différentes suivant les sensibilités ou formation du répondants</i></p>
R06 Prevention of infectious diseases	<p><i>Pour l'ensemble de l'item :</i></p> <p><i>De quel type d'évaluation est-il question? : qualitative ou quantitative</i></p> <p><i>Pour une évaluation qualitative : quelle est la population évaluée ? qu'est ce qui est évalué dans la prévention ? l'action de prévention ?</i></p> <p><i>Pour une évaluation quantitative quelles sont les données mesurées ?</i></p>	<p><i>Le risque d'interprétations différentes qui ne permettra pas une exploitation fiable des données</i></p>

Country: Belgium

Institution: Institute of Tropical Medicine, Antwerp

Module name	Comments/suggestions	Justification for the comments
Choose an item.	Please note that due to the short consultation period, and to the fact that it took place during the summer break, it was not possible to have a comprehensive consultation among all the relevant experts at our institution and among partner institutions.	
R16 - Access to medications	<i>“Trends in the amounts of internationally controlled medications available”</i> : perhaps <i>“metadata”</i> can also explicitly include the service-based method (i.e. taking the quantities of controlled substances currently in use in standard health-care facilities and extrapolating those findings to similar facilities throughout the country) and the morbidity-based method, as methods to assess such trends	Both methods are listed in the INCB Guide on Estimating Requirements for Substances under International Control (2012), and may be helpful in context with poor or disrupted methods for quantification
R16 - Access to medications	<i>“Trends in the amounts of internationally controlled medications available”</i> : consider recording also an indicator <i>“stock-outs at national level of controlled substances that are on the List of Essential Medicines”</i> (indicate the full duration of the stock-out(s))	Stock-outs of essential medicines for legitimate medical use are an important indicator of lack of access (sometimes but rarely some information may come from scientific literature, i.e. Bull World Health Organ 2016;94:3
R16 - Access to medications	<i>“Trends in the amounts of internationally controlled medications available”</i> : perhaps, consider also another (non mandatory) indicator, i.e. of <i>“irrational prescribing”</i> for medical indications where controlled substances are needed.	Prescribers used to stock-outs of essential, controlled medicines may end up with systematic prescriptions of other, less adequate medicines instead. Such mechanism would mask the actual needs of controlled substances
R16 - Access to medications	<i>“Main challenges that prevent accessibility of internationally controlled medications”</i> : consider to add to <i>“response options”</i> also the <i>“public health emergencies”</i> , i.e. major events such as	Lack of availability to some controlled substances result, under such circumstances, in huge and avoidable human suffering. The

	earthquakes and other natural disasters, wars etc. that may trigger unplanned needs increases (and where difficulties will be compounded by the weakness of regulatory authorities in countries affected by political instability and civil war)	WHO Guidelines for these circumstances are probably poorly-known, or under-used
R16 - Access to medications	<i>“Availability of a mechanism for the collection of data related to access to internationally controlled medications”</i> : perhaps the response options (Yes, no, unknown) are insufficient, and there should also be an option <i>“multiple or composite mechanisms”</i>	Considering that controlled substances are medically needed in a variety of conditions, such as cancer, palliative care, emergency obstetrics, emergency and surgical care, epilepsy etc., it is possible that composite mechanisms are needed to collect data from different sources (rather than one single mechanisms)
R16 - Access to medications	<i>“Main sources of data for monitoring accessibility and availability of internationally controlled medications”</i> : here, it is crucial to distinguish <i>“consumptions”</i> from <i>“needs”</i> .	In most low-income settings, there is dearth of access, thus emphasis should be put on the need to look for reliable sources of information on <i>“needs”</i> .
R16 - Access to medications	<i>“Coordinating institution. Institutions involved in the collection of relevant data. Description of the system / mechanism”</i> : the wording <i>“Health related, Law Enforcement related”</i> may be too general.	Clarity may improve if suggestions are more specific.
R16 - Access to medications	<i>“Availability of estimates of consumption of internationally controlled medications for international reporting. Methods used for such estimation”</i> seems to partly overlap with <i>“Trends in the amounts of internationally controlled medications available”</i> , and can be confusing. Perhaps it would be better to merge them in one item, e.g. <i>“availability of controlled substances”</i> , with sub-items, e.g. consumptions, needs, stock-outs, estimates	To avoid to duplicate work and to minimize the risk of mistakes
R16 - Access to medications	<i>“Availability of estimates of consumption of internationally controlled medications for international reporting. Methods used for such estimation.”</i> : why <i>“estimates of consumptions”</i> and not <i>“of needs”</i> ? In terms of public health, it is important to	If the focus is on medical access for those in need, it is important to address the gap <i>“consumptions vs needs”</i> , especially in low- and middle-income countries

	<p>know (and address) the gap “consumption vs needs”. Methods to do so have been proposed, see for instance: <i>Seya MJ, Gelders S, Achara OU, Milani B, Scholten WK. A first comparison between the consumption of and the need for opioid analgesics at country, regional, and global levels. Journal of Pain & Palliative Care Pharmacotherapy; 25:6–18, 2011.</i> <i>Berterame S et al. Use of and barriers to access to opioid analgesics: a worldwide, regional, and national study. Lancet 2016; 387: 1644–56</i></p>	
<i>R16 - Access to medications</i>	<p>“Availability of estimates of consumption of internationally controlled medications for international reporting. Methods used for such estimation.”: if there is an objective to scale up access to essential controlled medicines to those in medical needs (end this, particularly in low- and middle-income countries), it would be useful to set clear objectives (such as “at least X% of those in needs will have access to by”). Such indicator could be set either nationally, regional or globally</p>	<p>This would help to set and monitor the access agenda, with focus on human needs</p>
<i>R16 - Access to medications</i>	<p>When it comes to “Restrictions”: the actual usefulness of this item is not clear: “Main 3 restrictions on the access of the population to internationally controlled medications”.</p>	<p>Reasons for restrictions may be multifactorial and inter-connected, and choosing three reasons only may give a wrong picture, that fails to capture complexity at country level.</p>
<i>R16 - Access to medications</i>	<p>Also concerning “Restrictions to access to internationally controlled medications”, (a) if these are meant only at national level, it should be clearly written (but where would the international restrictions be recorded?); and (b) there may be others in addition to those listed here (for instance, at regulatory level). The current list, which is quite short, might bias the responses.</p>	<p>Click or tap here to enter text.</p>
<i>R16 - Access to medications</i>	<p>The text “Existence of a parallel market where the population have access to internationally controlled substances for medical purposes. Description of such market (e.g., location,</p>	<p>Click or tap here to enter text.</p>

	<p><i>accessibility</i>)” is unclear. The wording “parallel market” is suggestive of “informal market”, for which a a formal description of access and location would not be appropriate. I suggest clarifying.</p>	
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Country: Belgium

Institution: Federal Public Service Public Health, unit ‘drugs’

Module name	Comments/suggestions	Justification for the comments
<i>A11 Legislative and institutional framework</i>	<p><i>Comprehensive approach to drug demand and supply reduction - Summary of any new strategies ... (list)</i></p> <p>Suggestion to bring more balance to the list and to add other strategies such as <i>access to controlled substances, minimizing adverse health and social consequences, proportionate sentencing, other cross cutting issues, ...</i></p> <p>or to work with broad strategies and to leave out the summing up.</p>	<i>To be more in line with balanced 7 chapter-structure of UNGASS outcome document 2016</i>
<i>A11 Legislative and institutional framework</i>	<p><i>Information on licit manufacturers - Details on licit manufacturers by type of substance</i></p> <p>Is it possible to have this data to be provided by the INCB?</p>	<i>To avoid double registration by the member states.</i>
<i>R14 National framework</i>	<p><i>National system on access to internationally controlled medication - Estimates available in quantification component:</i></p> <p>Data available with INCB?</p>	Click or tap here to enter text.

R16 - Access to medications	<p><i>Trends and new developments on availability of internationally controlled medications - Main challenges that prevent accessibility of internationally controlled medications (list):</i></p> <ul style="list-style-type: none"> - <i>“Lack of capacity of staff”: meaning is unclear. Capacity as in ‘amounts’ of as in ‘lack of knowledge/competence’?</i> 	To avoid different interpretations
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Country: Global (based in Canada)

Institution: Centre on Drug Policy Evaluation

Module name	Comments/suggestions	Justification for the comments
A01 Prevalence and extent of drug use	<p><i>The list of specific groups in “Information on drug use among specific groups of the population” should also explicitly include the following vulnerable groups: ethnic minorities, people in prison or detention, men who have sex with men (MSM), and transgender people.</i></p>	<p><i>Developing and disseminating “gender-sensitive and age-appropriate measures” (see paragraph 4.g of the UNGASS Outcome Document) requires accounting for the needs of women and girls, as well as MSM and transgender people, key populations as recognized by UNAIDS and WHO.</i></p> <p><i>People in prison or detention also constitute a vulnerable group recognized in the UNGASS Outcome Document. While data is tracked on people in prison in R01, it is important that basic information be collected annually.</i></p>

A01 Prevalence and extent of drug use	Allow for information to be included about main methods of consumption in the general population (as is included in “Information on drug use among specific groups of the population”).	Understanding and responding to consumption practices is an important component of health and social services for people who use drugs.
A01 Prevalence and extent of drug use	Request for information to be disaggregated by sex whenever possible, including in “Information on drug use among specific groups of the population.”	Relevant to paragraph 4.g in the UNGASS Outcome Document.
A01 Prevalence and extent of drug use	Request for information to be disaggregated by age whenever possible, including in “Information on drug use among specific groups of the population” and “Information on poly-drug use.”	<p>Relevant to paragraph 4.g in the UNGASS Outcome Document and paragraph 4.f, calling for the implementation of “age-appropriate practical measures, tailored to the specific needs of children, youth.”</p> <p>Tracking polydrug use among children and youth is critical to developing health and social services tailored to their needs and specific vulnerabilities.</p>
A02 People who inject drugs (PWID)	The list of specific groups in “Injecting drug use among specific groups of the population” should be expanded to include the vulnerable groups specified in A01 - persons with disabilities, people living in rural areas, indigenous people, migrants/internally displaced persons – as well as ethnic minorities, MSM, and transgender people.	<p>Enhance consistency across modules.</p> <p>Relevant to paragraph 4.g in the UNGASS Outcome Document.</p>
A02 People who inject drugs (PWID)	Request for information to be disaggregated by sex whenever possible, including in “Injecting drug use among specific groups of the population” and under “Prevalence of injecting drug use, by drug type” in “Estimates of total number of PWID.”	Relevant to paragraph 4.g in the UNGASS Outcome Document.

		<i>Complement previous question on “Prevalence of injecting drug use.”</i>
<i>A02 People who inject drugs (PWID)</i>	<i>Request for information to be disaggregated by age whenever possible, including in “Injecting drug use among specific groups of the population” and under “Prevalence of injecting drug use, by drug type” in “Estimates of total number of PWID.”</i>	<i>Relevant to paragraphs 4.g and 4.f in the UNGASS Outcome Document. Complement previous question on “Prevalence of injecting drug use.”</i>
<i>A03 People with drug use disorders</i>	<i>The list of specific groups in “Information on people with drug use disorders among specific groups of the population” should also explicitly include the following vulnerable groups: ethnic minorities, people in prison or detention, MSM, and transgender people.</i>	<i>Relevant to paragraph 4.g in the UNGASS Outcome Document. People in prison or detention also constitute a vulnerable group recognized in the UNGASS Outcome Document. While data is tracked on people in prison in R01, it is important that basic information be collected annually.</i>
<i>A03 People with drug use disorders</i>	<i>Request for information to be disaggregated by sex whenever possible, including in “Information on people with drug use disorders among specific groups of the population.”</i>	<i>Relevant to paragraph 4.g in the UNGASS Outcome Document.</i>
<i>A03 People with drug use disorders</i>	<i>Request for information to be disaggregated by age whenever possible, including in “Information on people with drug use disorders among specific groups of the population” and for major changes in people with drug use disorders under “New developments on people with drug use disorders.”</i>	<i>Relevant to paragraphs 4.g and 4.f in the UNGASS Outcome Document.</i>

<p>A03 People with drug use disorders</p>	<p><i>Request information on whether there are clear guidelines to assess whether a person suffers from drug use disorders, and who is in responsible for this assessment.</i></p>	<p><i>Relevant to paragraph 1.i of the UNGASS Outcome Document recognizing “drug dependence as a complex, multifactorial health disorder characterized by a chronic and relapsing nature.”</i></p>
<p>A04 Drug-related mortality</p>	<p><i>The list of specific groups in “Drug-related deaths and accidental poisoning in sub-population groups” should also explicitly include the following vulnerable groups: ethnic minorities, people in prison or detention, MSM, and transgender people.</i></p>	<p><i>Relevant to paragraph 4.g in the UNGASS Outcome Document.</i></p> <p><i>People in prison or detention also constitute a vulnerable group recognized in the UNGASS Outcome Document. While data is tracked on people in prison in R01, it is important that basic information be collected annually.</i></p>
<p>A04 Drug-related mortality</p>	<p><i>Request for information to be disaggregated by sex whenever possible, including in “Qualitative assessment of polydrug use,” “Drug-related deaths and accidental poisoning: Polydrug use,” and “Drug-related deaths and accidental poisoning in sub-population groups.”</i></p>	<p><i>Relevant to paragraph 4.g in the UNGASS Outcome Document.</i></p> <p><i>Reflects “importance of developing policies targeted at population groups which are more susceptible to drug-related deaths,” as explained in the purpose of this module.</i></p> <p><i>There are differences in polydrug use between men and women that must be considered in health and social services.</i></p>

<p><i>A04 Drug-related mortality</i></p>	<p><i>Request for information to be disaggregated by age whenever possible, including in “Ranking and trends in mortality,” “Qualitative assessment of polydrug use,” “Drug-related deaths and accidental poisoning: Polydrug use,” and “Drug-related deaths and accidental poisoning in sub-population groups.”</i></p>	<p><i>Relevant to paragraphs 4.g and 4.f in the UNGASS Outcome Document.</i></p> <p><i>Reflects “importance of developing policies targeted at population groups which are more susceptible to drug-related deaths,” as explained in the purpose of this module.</i></p> <p><i>There are differences in polydrug use based on the age of the person who uses drugs that must be considered in health and social services.</i></p>
<p><i>A04 Drug-related mortality</i></p>	<p><i>Information on polydrug use should be aligned with A01 by accepting responses in free text rather than a dropdown menu that might not provide sufficient flexibility.</i></p>	<p><i>Enhance consistency across modules.</i></p>
<p><i>A04 Drug-related mortality</i></p>	<p><i>Under “Number of drug-related deaths and accidental poisoning,” remove the note to give tramadol and fentanyl explicitly as options.</i></p> <p><i>Allow more flexibility in specifying relevant substances.</i></p>	<p><i>May become irrelevant if and when the drug market shifts to other drugs.</i></p> <p><i>Furthermore, in most intoxication cases, several studies have shown that the substance believed to be tramadol was another substance.</i></p>
<p><i>A04 Drug-related mortality</i></p>	<p><i>Request information on indirect deaths such as Hepatitis C, HIV/AIDS, and car accidents or violent deaths under the influence of drugs in this module or elsewhere in the ARQ.</i></p>	<p><i>Indirect mortality from drugs is highly relevant to measure in the ARQ.</i></p>

<p><i>A05 Drug-related treatment</i></p>	<p><i>The list of specific groups in “Access to treatment for specific groups of the population” should also explicitly include the following vulnerable groups: ethnic minorities, people in prison or detention, MSM, and transgender people.</i></p>	<p><i>Relevant to paragraph 4.g in the UNGASS Outcome Document.</i></p> <p><i>People in prison or detention also constitute a vulnerable group recognized in the UNGASS Outcome Document. While data is tracked on people in prison in R01, it is important that basic information be collected annually.</i></p>
<p><i>A05 Drug-related treatment</i></p>	<p><i>Request for information to be disaggregated by sex whenever possible, including in “New developments,” “Qualitative assessment of polydrug use,” “Treatment in relation to polydrug use,” and under “Number of clients by specific groups of the population” in “Access to treatment for specific groups of the population.”</i></p>	<p><i>Relevant to paragraph 4.g in the UNGASS Outcome Document.</i></p> <p><i>There are differences in polydrug use between men and women that must be considered in health and social services.</i></p>
<p><i>A05 Drug-related treatment</i></p>	<p><i>Request for information to be disaggregated by age whenever possible, including in “Ranking and trends in the provision of treatment,” “New developments,” “Treatment coverage,” “Qualitative assessment of polydrug use,” “Treatment in relation to polydrug use,” and “Access to treatment for specific groups of the population.”</i></p>	<p><i>Relevant to paragraphs 4.g and 4.f in the UNGASS Outcome Document.</i></p> <p><i>There are differences in polydrug use based on the age of the person who uses drugs that must be considered in health and social services.</i></p>
<p><i>A05 Drug-related treatment</i></p>	<p><i>Information on polydrug use should be aligned with A01 by accepting responses in free text rather than a dropdown menu that might not provide sufficient flexibility.</i></p>	<p><i>Enhance consistency across modules.</i></p>

<p><i>A05 Drug-related treatment</i></p>	<p><i>Under “Availability of data on treatment,” change “Availability of information/data treatment for drug use” to “Availability of information/data on treatment for drug use disorders.”</i></p>	<p><i>Relevant to paragraph 1.i of the UNGASS Outcome Document.</i></p> <p><i>Ensure consistency by noting difference between drug use and drug use disorders/drug dependence.</i></p>
<p><i>A05 Drug-related treatment</i></p>	<p><i>Under “Number of people in treatment by primary drug and intervention,” remove “Detoxification” from “Pharmacological” treatment intervention, differentiate between self-referral and referral by friends and family, and add “administrative referral” under “Source of referral.”</i></p> <p><i>Consider adding WHO-agreed definitions for the various forms of treatment.</i></p>	<p><i>Detoxification is not a pharmacological treatment.</i></p> <p><i>Relevant to paragraph 1.j of the UNGASS Outcome Document on voluntary participation of individuals in treatment.</i></p>
<p><i>A05 Drug-related treatment</i></p>	<p><i>Welcome the mention of SDG 3.5.1 and recommend that more mentions to relevant SDGs beyond SDG 3.5 are included throughout the revised ARQ to guide member states in the achievement of the 2030 Agenda for Sustainable Development.</i></p>	<p><i>Relevant to preamble of the UNGASS Outcome Document and paragraph 7.g.</i></p> <p><i>Recommend reaching out to UNDP for this exercise.</i></p>
<p><i>A08 Cultivation and eradication of illicit crops</i></p>	<p><i>“Total eradication of illicit crops” should disaggregate by voluntary and forced eradication.</i></p>	<p><i>Relevant to paragraph 7.b of the UNGASS Outcome Document.</i></p>
<p><i>A08 Cultivation and eradication of illicit crops</i></p>	<p><i>“Total eradication of illicit crops” should request information on whether chemicals are being used, and if so, which ones.</i></p>	<p><i>Relevant to SDG target 13.2 and SDG indicator 15.3.1.</i></p>

<p><i>A08 Cultivation and eradication of illicit crops</i></p>	<p><i>Request for information to be disaggregated according to whether cultivation and eradication activities are taking place on indigenous lands.</i></p>	<p><i>Relevant to paragraph 4.i of the UNGASS Outcome Document.</i></p>
<p><i>A10 Drug-related criminal justice process</i></p>	<p><i>Under “New developments in drug-related criminal situation in the country,” remove the request for information on not controlled emerging drugs.</i></p>	<p><i>Requesting information on not controlled drugs is irrelevant for the ARQ and outside the mandate of the UNODC.</i></p>
<p><i>A10 Drug-related criminal justice process</i></p>	<p><i>Add cultivation and production in the disaggregated items under “Formal contact,” “Prosecution,” and “Conviction.”</i></p> <p><i>Disaggregate trafficking further into low-, mid-, and high-level trafficking (and request definitions of what constitutes low-, mid-, and high-level trafficking in the country).</i></p>	<p><i>Cultivation and production are key drug supply activities that are criminalized in many countries. This is recognized in the definitions column and should be reflected in the ARQ.</i></p> <p><i>In order to gain a better understanding of who is in contact with the criminal justice system, it is key to disaggregate trafficking offences further. For instance, women are generally involved in low-level activities as drug couriers (see paragraph 4.d of the UNGASS Outcome Document) and this needs to be better understood.</i></p>
<p><i>A10 Drug-related criminal justice process</i></p>	<p><i>Under “Formal contact,” “ Prosecution,” and “Conviction,” request information on the number or proportion of persons in contact with the criminal justice system who have children (and how many on average).</i></p>	<p><i>Relevant to paragraph 4.f of the UNGASS Outcome Document.</i></p>
<p><i>A10 Drug-related criminal justice process</i></p>	<p><i>Under “Conviction,” add death penalty and corporal punishment to the categories.</i></p>	<p><i>Reflects the various forms of criminal sanctions used by countries.</i></p>

	<i>Request information on whether the country uses mandatory sentences and whether it uses mitigating or aggravating factors (and if so, specify which ones).</i>	<i>Relevant to paragraph 4.l of the UNGASS Outcome Document.</i>
<i>A10 Drug-related criminal justice process</i>	<i>The Metadata and Justification columns refer to tracking data on administrative sanctions. These need to be tracked in the ARQ, including any form of compulsory detention for people who use drugs, regular forced urine testing, and other forms of administrative sanctions.</i>	<i>Relevant to paragraphs 4.c and 4.o of the UNGASS Outcome Document.</i>
<i>A10 Drug-related criminal justice process</i>	<i>Track progress made against paragraph 4.o of the UNGASS Outcome Document on access to justice, such as by requesting information on: reported cases of arbitrary detention disaggregated by sex and age; percent of people accused of drug offences who received legal aid during trial disaggregated by sex and age; and, reported cases of violence against, and extrajudicial killings of, suspected drug offenders by law enforcement authorities disaggregated by sex and age.</i>	<i>Recommend reaching out to OHCHR for this exercise.</i>
<i>A11 Legislative and institutional framework</i>	<i>Under “New legal instruments,” add any new laws and regulations aiming to ensure better access to controlled substances for medical and scientific purposes, minimize the adverse health and social consequences of drug abuse, align drug policies with the 2030 Agenda for Sustainable Development, ensure more proportionate sentencing and/or alternatives to coercion or punishment for drug offenders, address the use of the death penalty for drug offences and address the use of corporal punishment for drug offences.</i>	<i>Relevant to preamble, paragraph 1.o, chapter 2, and paragraph 4.l of the UNGASS Outcome Document.</i>

A11 Legislative and institutional framework	Under “Comprehensive approach to drug demand and supply reduction,” add to minimize the health and social consequences of drug abuse and to improve access to controlled substances for medical and scientific purposes.	Relevant to paragraph 1.o and chapter 2 of the UNGASS Outcome Document.
R01 Prisons	Under “Persons held in prisons (PHIP)” and throughout the module, disaggregate possession and trafficking offences further (e.g., low-, mid-, and high-level trafficking).	In order to gain a better understanding of who is in contact with the criminal justice system, it is key to disaggregate offences further.
R01 Prisons	Under “Persons held in prisons (PHIP),” request information on the number or proportion of persons who have children (and how many on average).	Relevant to paragraph 4.f of the UNGASS Outcome Document.
R01 Prisons	Under “Persons held in prisons (PHIP),” add a question on whether pre-trial detention is mandatory or not.	This is essential information to better understand the global state of prisons and the proportion of prisoners incarcerated for drug offences.
R01 Prisons	Request for information to be disaggregated by sex whenever possible, including in “Service provision in prison settings” and “PHIP with drug use disorders.”	Relevant to paragraphs 4.b and 4.n in the UNGASS Outcome Document.
R01 Prisons	Under “Service provision in prison settings,” change “Treatment of drug use” and “Treatment of drug users” to “Treatment for drug use disorders.”	Relevant to paragraph 1.i of the UNGASS Outcome Document. Ensure consistency by noting difference between drug use and drug use disorders/drug dependence.
R01 Prisons	Under “Service provision in prison settings,” replace the list of “Essential interventions” with the list of 15 interventions	Align with the UNODC, ILO, UNDP, WHO and UNAIDS, “HIV prevention, treatment and

	<i>included in the comprehensive package of interventions, and consider adding naloxone provision.</i>	<i>care in prisons and other closed settings: A comprehensive package of interventions.”</i> <i>Relevant to paragraph 1.m of the UNGASS Outcome Document.</i>
<i>R02 Drug-related acute intoxication</i>	<i>The list of specific groups in “Information on drug-related acute intoxication among specific groups of the population” should also explicitly include the following vulnerable groups: ethnic minorities, people in prison or detention, MSM, and transgender people.</i>	<i>Relevant to paragraph 4.g in the UNGASS Outcome Document.</i> <i>People in prison or detention also constitute a vulnerable group recognized in the UNGASS Outcome Document.</i>
<i>R02 Drug-related acute intoxication</i>	<i>Request for information to be disaggregated by age whenever possible, including in “Ranking and trends in drug-related morbidity,” and “Information on drug-related acute intoxication among specific groups of the population.”</i>	<i>Relevant to paragraphs 4.g and 4.f in the UNGASS Outcome Document.</i>
<i>R02 Drug-related acute intoxication</i>	<i>Under “Availability and access to antagonist drugs registered in the country,” request information on access to naloxone and/or naltrexone in prison and detention settings and after imprisonment.</i>	<i>Relevant to paragraphs 1.k and 1.m of the UNGASS Outcome Document.</i>
<i>R02 Drug-related acute intoxication</i>	<i>Under “Number of episodes,” allow for information to be included on people just released from prison.</i>	<i>Available research shows that people who have just been released from prison are at particularly high risk of overdose.</i>
<i>R03 Core treatment services</i>	<i>Request information on whether minimum quality standards for drug dependence treatment and/or drug treatment facilities are available.</i>	<i>Relevant to paragraphs 4.c and 4.o of the UNGASS Outcome Document.</i>

R03 Core treatment services	<i>Request information on whether there is a monitoring and evaluation system to supervise the effectiveness of drug treatment facilities, ensure adequate quality of treatment, and prevent cruel, inhuman, or degrading treatment or punishment.</i>	<i>Relevant to paragraphs 4.c and 4.o of the UNGASS Outcome Document.</i>
R04 Registered drug users	<i>The list of specific groups in “Total number of registered drug users for last two years, disaggregated” should also explicitly include the following vulnerable groups: ethnic minorities, people in prison or detention, MSM, and transgender people.</i>	<i>Relevant to paragraph 4.g in the UNGASS Outcome Document.</i> <i>People in prison or detention also constitute a vulnerable group recognized in the UNGASS Outcome Document.</i>
R05 Prevention of drug use	<i>The list of specific groups in “Ranking and trends in the provision of services for the prevention of drug use” should also explicitly include the following vulnerable groups: ethnic minorities, people in prison or detention, MSM, and transgender people.</i>	<i>Relevant to paragraph 4.g in the UNGASS Outcome Document.</i> <i>People in prison or detention also constitute a vulnerable group recognized in the UNGASS Outcome Document.</i>
R05 Prevention of drug use	<i>Request for information to be disaggregated by sex whenever possible, including in “Ranking and trends in the provision of services for the prevention of drug use.”</i>	<i>Relevant to paragraph 4.g in the UNGASS Outcome Document.</i>
R05 Prevention of drug use	<i>Request for information to be disaggregated by age whenever possible, including in “Ranking and trends in the provision of services for the prevention of drug use.”</i>	<i>Relevant to paragraphs 4.g and 4.f in the UNGASS Outcome Document.</i>
R05 Prevention of drug use	<i>Under “Monitoring and evaluation of prevention services,” request information on whether minimum quality standards for drug prevention are available.</i>	<i>Relevant to paragraph 1.c of the UNGASS Outcome Document.</i>

<p><i>R06 Prevention of infectious diseases</i></p>	<p><i>Make this an annual module, rather than a rotating one. If this is not possible, some key requests for information should be added to modules A02 and A04.</i></p> <p><i>Link requested information with SDG 3 (and relevant targets) whenever possible.</i></p>	<p><i>Essential to the implementation of recommendations from the 2009 Plan of Action (actions 4.i, 10.b, and 38.c) and UNGASS Outcome Document (paragraphs 1.k, 1.m, and 1.o).</i></p>
<p><i>R06 Prevention of infectious diseases</i></p>	<p><i>Request information on whether the possession of drug use/injection paraphernalia (e.g., needles and syringes, crack pipes) is subject to criminal sanctions and whether substances used for opioid agonist treatment (e.g., methadone, buprenorphine) are allowed or prohibited.</i></p>	<p><i>Relevant to paragraph 1.o of the UNGASS Outcome Document.</i></p>
<p><i>R06 Prevention of infectious diseases</i></p>	<p><i>Under “Ranking and trends in the provision of interventions for the prevention of infectious diseases,” and “New developments in the prevention of infectious diseases,” the types of interventions should list all 9 interventions promoted in the technical guide (2012).</i></p>	<p><i>Relevant to paragraph 1.o of the UNGASS Outcome Document.</i></p> <p><i>Align with the WHO, UNODC, and UNAIDS technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users – 2012 revision.</i></p>
<p><i>R06 Prevention of infectious diseases</i></p>	<p><i>Under “New developments in the prevention of infectious diseases,” change “an increase of financial resources” to “an increase or decrease in financial resources.”</i></p>	<p><i>Relevant to CND Resolution 60/8.</i></p>

	<i>Request information on spending, provided on a yearly basis, for each type of intervention included in the technical guide (2012).</i>	
<i>R06 Prevention of infectious diseases</i>	<i>Under “Coverage of interventions for the prevention of infectious diseases,” welcome the included definition of sex (M, F, Transgender) and propose to use this throughout and add MSM.</i>	<i>Reflects the key populations defined by UNAIDS.</i>
<i>R06 Prevention of infectious diseases</i>	<i>Under “Coverage of interventions for the prevention of infectious diseases,” suggest using number of needles distributed per PWID/year to measure coverage of NSPs (indicator 3.10 of the UNAIDS Global AIDS Monitor), coverage indicator proposed by the UNAIDS Global AIDS Monitoring (indicator 3.10) for OST coverage among OST, and coverage indicator proposed by the UNAIDS Global AIDS Monitoring (indicator 3.5C) for ART coverage</i>	<i>To ensure consistency in data collection within the UN.</i>
<i>R06 Prevention of infectious diseases</i>	<i>Under “Access of interventions to specific groups of the population,” note that the source for the disaggregation column is the 2016 Political Declaration on HIV/AIDS.</i>	<i>N/A</i>
<i>R08 Links between drug trafficking, corruption and other forms of organised crime</i>	<i>Under “Links between drug trafficking groups and corruption,” add reference to SDG Target 16.5 on reducing corruption and bribery.</i>	<i>Relevant to preamble of the UNGASS Outcome Document and paragraph 7.g.</i>
<i>R08 Links between drug trafficking, corruption and other forms of organised crime</i>	<i>Under “Terroristic groups and their level of involvement in drug trafficking,” only request information about terrorist groups which do engage in, or benefit from, drug trafficking.</i>	<i>Information on major terrorist groups which do not have ties with drug trafficking is irrelevant for the ARQ.</i>

		<i>Relevant to paragraph 3.k of the UNGASS Outcome Document.</i>
<i>R08 Links between drug trafficking, corruption and other forms of organised crime</i>	<i>Request information on the number of victims of intentional homicide per 100,000 population and disaggregate by sex and age.</i>	<i>Relevant to paragraph 3.a of the UNGASS Outcome Document and Target 16.1 of the SDGs.</i>
<i>R09 Supply reduction activities and international cooperation</i>	<i>Under “Cross-border cooperation,” request information on the number of extradition requests of drug offenders (foreigners or nationals) to/from other countries where the said drug offenders would be condemned to the death penalty and list main countries involved, by sent/received requests, and by status (approved, not approved, under consideration, unknown).</i>	<i>Relevant to preamble of the UNGASS Outcome Document which reaffirms “unwavering commitment to ensuring that all aspects of demand reduction and related measures, supply reduction and related measures, and international cooperation are addressed in full conformity with...international law and the Universal Declaration of Human Rights...all human rights, fundamental freedoms, the inherent dignity of all individuals and the principles of equal rights and mutual respect among States.”</i>
<i>R10 Alternative development</i>	<i>Under “Types of alternative development activities,” add activities including: mechanism(s) in place for the incorporation and participation of local communities (specify); measures aimed at promoting economic growth and supporting initiatives that contribute to poverty eradication and the sustainability of social and economic development (specify); and, measures aimed at improving access and legal titles to land for farmers and local communities (specify).</i>	<i>Relevant to paragraphs 7.b and 7.j of the UNGASS Outcome Document and SDG Targets 1.1, 1.4, 5.A, 6.6, and 13.2.</i>
<i>R10 Alternative development</i>	<i>Under “Total funds directed to alternative development activities,” request information on funding sustainability.</i>	<i>Relevant to paragraph 7 of the UNGASS Outcome Document.</i>

<i>R10 Alternative development</i>	<i>For “Socio-economic indicators of households in areas affected by illicit crop cultivation,” link with relevant SDGs.</i>	<i>Recommend reaching out to UNDP for this exercise.</i>
<i>R10 Alternative development</i>	<i>Request information on the poverty level of communities affected by illegal drug cultivation.</i>	<i>Relevant to paragraph 7 of the UNGASS Outcome Document and SDG indicator 1.1.1.</i>
<i>R11 Alternatives to conviction and punishment</i>	<i>Recommend that qualitative questions be requested throughout this module to better understand the scope and impacts of alternatives to conviction and punishment.</i>	<i>Relevant to paragraph 4.j of the UNGASS Outcome Document.</i>
<i>R11 Alternatives to conviction and punishment</i>	<i>Disaggregate possession and trafficking offences further (e.g., low-, mid-, and high-level trafficking).</i>	<i>In order to gain a better understanding of who is in contact with the criminal justice system, it is key to disaggregate offences further.</i>
<i>R11 Alternatives to conviction and punishment</i>	<i>Request information on whether people benefiting from alternatives to conviction or punishment have children (and how many on average).</i>	<i>Relevant to paragraph 4.f of the UNGASS Outcome Document.</i>
<i>R11 Alternatives to conviction and punishment</i>	<i>Request information on whether there are national guidelines or minimum quality standards on alternatives to conviction or punishment available.</i>	<i>Relevant to paragraphs 4.c and 4.j of the UNGASS Outcome Document.</i>
<i>R11 Alternatives to conviction and punishment</i>	<i>Disaggregate by own citizens/foreigners throughout and add disaggregation by indigenous people and ethnic minorities.</i>	<i>Indigenous people and ethnic minorities face specific vulnerabilities in prison and it is therefore critical to track whether they benefit from alternatives to conviction and punishment.</i>
<i>R11 Alternatives to conviction and punishment</i>	<i>Under “Formal contact,” allow for information to be included on the type of diversionary measure.</i>	<i>Relevant to paragraph 4.j of the UNGASS Outcome Document.</i>

<i>R11 Alternatives to conviction and punishment</i>	<i>Under “Prosecution” and “Conviction,” allow for information to be included on each type of alternative to conviction or punishment (e.g. criteria for enrolment, rules and requirements, expected outcomes, evidence of effectiveness).</i>	<i>Relevant to paragraph 4.j of the UNGASS Outcome Document.</i>
<i>R12 New psychoactive substances identified</i>	<i>Request information on treatment for drug use disorders and measures aimed at minimizing the health and social consequences of drug use specific to NPS.</i>	<i>Relevant to paragraph 5.d of the UNGASS Outcome Document.</i>
<i>R13 Illicit financial flows and money laundering</i>	<i>Consider merging this module with R08 on “Links between drug trafficking, corruption and other forms of organized crime.”</i>	<i>N/A</i>
<i>R14 National framework</i>	<i>When requesting information on “Policy/strategy,” also request information on whether there are other regulations, guidelines, and minimum quality standards.</i>	<i>Monitor if there are any forms of guidelines around the quality and evidence-base of services and programs.</i>
<i>R14 National framework</i>	<i>Request information on: existing mechanisms for the involvement of civil society, affected farmers, women and other affected communities in the design, implementation, monitoring, and evaluation of drug policies; existing laws, policies, and regulations aiming to reduce discrimination in access to healthcare for people who use drugs; existing laws, policies, and regulations aiming to eliminate arbitrary arrest and detention of suspected drug offenders; existing laws, policies, and regulations aiming to eliminate acts of torture and other inhuman, degrading treatment or punishment, including corporal punishment against drug offenders; and, existing laws, policies, and regulations aiming to eliminate impunity.</i>	<i>Relevant to preamble, paragraphs 1.a, 1.d, 1.k, 4.b, 4.c, 4.g, 4.o, 7.l, and 9 of the UNGASS Outcome Document, as well as CND Resolutions 61/8 and 61/11, and SDG 16 (targets 16.2, 16.3, and 16.A).</i>

<i>R14 National framework</i>	<i>Under “National alternative development strategy,” request information on whether the strategy includes links to the 2030 Agenda for Sustainable Development.</i>	<i>Relevant to preamble of the UNGASS Outcome Document and paragraph 7.g.</i>
<i>R14 National framework</i>	<i>Under “National alternative development strategy,” request information on whether alternative development programs are developed in rural and/or in urban areas.</i>	<i>Relevant to paragraph 7.j of the UNGASS Outcome Document.</i>
<i>R14 National framework</i>	<i>Add “Existence of specific policy/strategy for specific groups of the population” to “National system on prevention of drug-related infectious diseases.”</i>	<i>Women and youth who use drugs are among those most vulnerable to contracting infectious diseases and remain an underserved population.</i>
<i>R14 National framework</i>	<i>Under “National system on treatment of drug users,” include NGOs as possible other institutions involved.</i>	<i>Relevant to paragraph 9 of the UNGASS Outcome Document.</i>
<i>R14 National framework</i>	<i>For “National system on treatment of drug users,” change “drug users” to “drug use disorders.”</i>	<i>Relevant to paragraph 1.i of the UNGASS Outcome Document.</i> <i>Ensure consistency by noting difference between drug use and drug use disorders/drug dependence.</i>
<i>R14 National framework</i>	<i>Under “National system on treatment of drug users,” remove “Detoxification” from “Pharmacological” treatment interventions.</i>	<i>Detoxification is not a pharmacological treatment.</i>

	<i>Consider adding WHO-agreed definitions for the various forms of treatment.</i>	
<i>R14 National framework</i>	<i>Under “National system on access to internationally controlled medication,” the list of specific groups in “Diversification of services and inclusion of specific groups of the population in the legislation” should also explicitly include the following vulnerable groups: ethnic minorities, people in prison or detention, MSM, and transgender people.</i>	<i>Relevant to paragraph 4.g in the UNGASS Outcome Document. People in prison or detention also constitute a vulnerable group recognized in the UNGASS Outcome Document.</i>
<i>R14 National framework</i>	<i>Under “National system on access to internationally controlled medication,” request information on efforts to remove policy, legal, structural, and technical barriers to access to controlled medicines over the reporting period.</i>	<i>Relevant to paragraph 2.a of the UNGASS Outcome Document.</i>
<i>R16 - Access to medications</i>	<i>Request information on: coverage of training for healthcare professionals on palliative care and the treatment of moderate to severe or chronic pain with controlled medicines; percent of people suffering from moderate to severe or chronic pain receiving controlled medicines (disaggregated by age and gender); and, percent of medical and nursing schools providing palliative care and pain management training in their curriculum.</i>	<i>Relevant to chapter 2 of the UNGASS Outcome Document.</i>
<i>R16 - Access to medications</i>	<i>Under “Main 3 restrictions on the access of the population to internationally controlled medications” in “Restrictions to access to internationally controlled medications,” consider a dropdown menu listing barriers identified in the UNGASS Outcome Document (i.e., burdensome legislation or regulations, limited financial resources (affordability), lack of training or</i>	<i>Relevant to chapter 2 of the UNGASS Outcome Document.</i>

	<i>awareness of health care professionals, problems in sourcing, fear of prosecution or sanctions).</i>	
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Country: Chile

Institution: SENDA

Module name		Comments/suggestions	Justification for the comments
Choose an item.	<i>A05 Drug-related treatment: coverage of treatment</i>	<i>Disaggregation for age</i>	<i>Coverage by specific population in treatment</i>
Choose an item.	<i>A01 Prevalence and extend of drug: new development</i>	<i>Disaggregation for age</i>	<i>The new development (type and use) could by different age</i>
Choose an item.	<i>A03 People with Dug Use Disorder:Availability of mechanism for identifying people</i>	<i>Identify of test or instrument which detect the Drug use disorder</i>	<i>Exist different test of drug use disorder</i>
Choose an item.	<i>A09: Proce and purity of drugs:prices</i>	<i>Disaggregation: Identify where</i>	<i>Price could chance depend the part of country</i>
Choose an item.	<i>A10:legislative and institutional framework</i>	<i>Identify the year of new legal instument</i>	<i>For context</i>

Country: China

Institution: China National Narcotics Control Commission

Module name	Comments/suggestions	Justification for the comments
A01 Prevalence and extent of drug use R04 Registered drug users	To make registered drug users module as a part of A01 instead of as a rotating module	Registered drug using number is collected annually in some countries, but not for the prevalence of drug use.
A01 Prevalence and extent of drug use	Not too much disaggregation is suggested, not only in this module, but also to many others such as A03.	The disaggregation is too much in detail, far beyond the capacity of data collection in many countries. The same problem exists in many modules. Sex workers are illegal in most counties.
A05 Drug related treatment	Free text to answer treatment coverage is suggested to be allowed, or as a supplementary to statistical data.	Some countries take different statistical approach to collect information. E.g. China collects data annually regarding hospital beds for drug users and number of drug users receiving MMT.
A06 Seizure	An option to provide supplementary description to total seizure shall be allowed. An option to provide supplementary data on disaggregation of drug types shall be allowed.	Ketamine and some certain NPS are listed drugs in many countries, which might be quite different from the schedules of 1961 and 1971 conventions. E.g. Ketamine has been scheduled nearly 20 years ago and its seizure in China is quite large.
R05 Prevention of drug use R09 Supply reduction activities and international cooperation R14 National framework	<i>Move to annual modules.</i>	<i>It's essential to reflect drug situation and efforts at local and international level to address and counter drug problems.</i>

Country: France

Module name	Comments/suggestions	Justification for the comments
Choose an item.	<i>A suggestin to limit, as a first step, the number of annual thematic questionnaires by focusing on A1 (prevalence), A4 (drug-related mortality), A5 (drug-related treatment), A6 (seizures), A10 (criminal justice process) and A11 (legislative and institutional framework).</i>	<i>- As the first aim of this ARQ review is to streamline and simplify this questionnaire in order to allow more Member States to complete it (to have more data available and a more precise picture of the drug situation worldwide), it might be very ambitious to expect all countries around the world to respond in a complete and precise manner to 11 annual thematic questionnaires + 16 rotating modules + 3 statistical files. In addition, for many questions, "open text" responses are expected, which requires to spend more time drafting them (contrarily to statistical data). Rotating modules are also very detailed, which will require to dedicate much more time than currently needed to respond to the current ARQ. treatment in</i>
Choose an item.	<i>- As the second aim of this ongoing review is to strengthen the ARQ in order to collect more qualitative data in order to have a more precise understanding of the world drug situation, we suggest to develop a modular system allowing countries that have more advance data collection systems to provide more elaborate data, for instance by responding to the other annual thematic modules available on the consultation's website.</i>	<i>Same as above.</i>

Country: Italy

Institution: Fondazione Villa Maraini

Module name	Comments/suggestions	Justification for the comments
A02 People who inject drugs (PWID)	<i>Suggestion to add also newly diagnosed HCV cases</i>	<i>In some countries the HCV prevalence among PWIDs is very high</i>
A03 People with drug use disorders	<i>Give a clearer definition of what is meant with people with drug use disorders, and the difference with problem drug users</i>	<i>If each country uses a different approach, there is the risk of having non comparable data</i>
A04 Drug-related mortality	<i>Include a question about the prevalence of deaths related to injecting drug use and non-injecting drug use</i>	<i>This information is important for developing targeted policies and interventions</i>
A04 Drug-related mortality	<i>Add a question about the proportion of deaths for which an emergency intervention/naloxone was not available</i>	<i>This information is important to assess the added-value of naloxone programmes</i>
A05 Drug-related treatment	<i>Suggestion to disaggregate data of total number of people in treatment between first-time entrants, continuous clients and re-entering</i>	<i>This will give a qualitative assessment of treatment in terms of access, retention in care and successful treatment rate</i>
A10 Drug-related criminal justice process	<i>Suggestion to collect data also on number of persons with drug-related criminal offences who are referred to treatment centres and not to prison</i>	<i>Some countries have this option, so they should be given the possibility to report this data</i>
R01 Prisons	<i>Include an option to compare the prevalence of HIV, HCV, HBV, TB among PWIDs and the general population of PHIP</i>	<i>This will give an indication about the main route of transmission inside prisons</i>
R02 Drug-related acute intoxication	<i>Add a question about number of non-fatal overdoses due to timely emergency intervention/availability of antagonist drugs</i>	<i>This information is useful to assess the level of availability and coverage of overdose prevention programmes</i>
R03 Core treatment services	<i>Add an option to provide data on the kind of treatment provided (pharmacological, psychological, social, etc.)</i>	<i>Some countries can have several treatment facilities, but only one typology of treatment approach</i>

Country: Germany

Module name	Comments/suggestions	Justification for the comments
<i>R10 Alternative development</i>	<p>We suggest to consider the module „alternative development“ as an annual module instead of a rotating module. This is due to the fact that despite the relevance the UNGASS Outcome Document 2016 attributes to development-oriented drug policy approaches in a lone-standing chapter, none of the proposed annual modules refers to development approaches so far. Their inclusion into the regular, annual ARQ modules would better serve to mirror the international community’s commitment towards broadening the pillars of drug policy beyond the traditional supply – demand reduction categories and create stronger linkages between drug policy and the Sustainable Development Goals, as requested by numerous international drug policy documents.</p>	

Country: Germany

Institution: GIZ i.A. BMZ

Module name	Comments/suggestions	Justification for the comments
<i>R10 Alternative development</i>	<p><i>Item 2 (List of AD projects) Instruction/Definition: “AD project”</i> <i>Suggestion to broaden the definition of AD project</i></p>	<p><i>Inclusion of broader AD approaches with a view to the promotion of the SDGs and</i></p>

	<p>AD project : projects that aim at the same time to:</p> <ul style="list-style-type: none"> -improve the quality of life of farmers / households, AND -reduce or prevent the cultivation of illicit crops <i>or address the underlying root causes of illicit drug economies</i> 	<p>towards the use of human development indicators to evaluate and analyze AD projects (UNGASS Outcome Doc, Preamble and Chapter 7, recommendation g)</p>
R10 Alternative development	<p>Item 3 (Types of AD activities) Disaggregation Suggestion to include other relevant AD activities into the list, such as:</p> <ul style="list-style-type: none"> <i>Strengthening of rule of law and good governance (specify)</i> - <i>access to credit mechanisms, to land and land titling (specify)</i> - <i>value chain development and promotion of access to markets (specify)</i> 	<p>Inclusion of broader AD approaches in contrast to crop substitution-only projects. All types of suggested additional AD activities can be found in Chapter 7 UNGASS Outcome Document (Recommendations 7 a.,b.,j.)</p>
R10 Alternative development	<p>Item 6 (Total funds directed to alternative development activities) Disaggregation Suggestion to include “<i>private sector</i>” into the category “source of funds”</p>	<p>Private sector involvement in AD projects constitutes a crucial factor in their success and longterm sustainability (see UNGASS outcome doc, 7 i.,l.)</p>
R10 Alternative development	<p>Item 8 (Number of beneficiaries of alternative development projects) Description Suggestion to add “<i>Proportion of female beneficiaries</i>” after “Proportion of indigenous beneficiaries”</p>	<p>EWG:</p> <p>Expand beyond area under illicit cultivation and include information on socio-economic indicators, such as gender, indigenous communities and environment</p> <p>The relevance of gender-sensitive AD programming has been recognized explicitly in UNGASS 2016, Chapter 7, recommendation j as well as in Chapter 4 g.,</p>

		<i>(mainstreaming gender into all stages of development, implementation, monitoring and evaluation of drug policies)</i>
<i>R10 Alternative development</i>	<i>Suggestion to include an additional item after item 2 (list of AD projects): List of other projects to address drug-related socioeconomic issues related to the illicit manufacture and production of and trafficking in drugs</i>	<i>The UNGASS Outcome document Chapter 7 contains recommendations that go beyond rural alternative development to address illicit drug crop cultivation (e.g. h., k.). Drug policy measures that address sustainable urban development and that provide alternative means of income to tackle the causes and consequences of manufacture, production and trafficking need to be addressed by states. However, there is a lack of solid data on the scope and existence of projects and programmes that address these issues with a development-approach beyond illicit cultivation. As these recommendations are for the first time brought up in the UNGASS Outcome document 2016, the ARQ reform process opens a window for the first systematic collection of these new approaches and can substantively foster analysis and mutual learning from these projects. This new item might further contribute to member states' reporting requirements within the 2030 Agenda for Sustainable Development, especially with a view to SDG 16 (peaceful and just societies) and 11 (inclusive, safe, resilient and sustainable cities)</i>

Country: Germany

Institution: Institut für Therapieforschung

Module name	Comments/suggestions	Justification for the comments
<i>A01 Prevalence and extent of drug use</i>	We would suggest not to use the categories “large increase/some increase” etc., but to use the actual prevalence rates at least for A01. We would suggest to consider this option for A02, A03, A04 and A05 as well.	This is more of a general methodological question regarding the definition of the categories “Large increase/Some increase/ Stable/Some decrease/Large decrease”, not just for A01. But we are very sceptical about it for A01, since prevalence rates of illicit drugs in the general population and even in specific groups (if you even have that data) are usually quite low. We would not consider an increase of 0.1% to 0.2% “large” in any meaningful way. We would probably not even rate it a real increase and rather assume it’s a fluctuation that may be caused by survey / estimation methods, unless the trend continues in the next years and is statistically significant. Yet following the definition this would be rated as a “large” increase, leading to questionable conclusions.
<i>A06 Seizures and trafficking</i>	Regarding Trends: we would suggest to either not show trends or to add information on how much police work has been done	Since the annual amounts of drugs being seized by the police is strongly linked to the extent of police work in that area, the

	in that area. Since we know that this information is not available, we would suggest to at least add a caveat on this.	presentation of trends without any extra information doesn't seem to be very meaningful.
<i>R04 Registered drug users</i>	Which additional information will be gained through this module? As far as we can see, information on all people who use drugs and are registered in any kind of system (i.e. treatment register, hospital admissions, drug law offences) will be part of the other modules, so this seems redundant to us. If anything, we would expect this module to open up more questions, i.e. if countries report information here that differs from the information they report in the annual modules.	Click or tap here to enter text.

Country: India

Institution: Wellbeing Foundation Registered Trust No.1055/2009

Module name	Comments/suggestions	Justification for the comments
<i>R13 Illicit financial flows and money laundering</i>	<i>A control on financial inflow in the phrama business is to be made</i>	<i>No data available at present</i>
<i>A01 Prevalence and extent of drug use</i>	<i>More population of school and college students are brought to the drug use and abuse</i>	<i>Data available but less number of advocacies done in preventive action</i>
<i>A05 Drug-related treatment</i>	<i>Few institutions are engaged in drug related treatment and rehabilitation of the victims</i>	<i>Not brought to the notice of family members and drug use is kept as secret</i>
<i>A10 Drug-related criminal justice process</i>	<i>Imprisonment is the criminal justice process</i>	<i>But still trafficking and sales at rural levels prevailing and not controlled</i>

<i>R01 Prisons</i>	<i>Drug abusers and sellers are brought under criminal proceedings and imprisoned</i>	<i>Where it is network business and dlinking the network is difficult and free flow of substance supply</i>
<i>R04 Registered drug users</i>	<i>Registered drug users are the patients and the pharma dealers</i>	<i>Unauthorised sales of psycho trophic drugs and others</i>
<i>R05 Prevention of drug use</i>	<i>Close watch on children and their peer grup by the parents,teachers and the neighbourhood persons and relatives and others may prevent the traffic of handling of drugs by the youth and children</i>	<i>Human relations and social tolerance is necessary for unity in the society which will help for controlling and preventing of grug movement</i>
<i>R06 Prevention of infectious diseases</i>	<i>Injecting drugs causing infectious diseases</i>	<i>Preventive care is necessary</i>
<i>R07 Sales of drugs using Internet and related technologies</i>	<i>This channel has to be blocked</i>	<i>This would bring in new users which is a warning to the decline of social values</i>
<i>R03 Core treatment services</i>	<i>More service centers and social organisations are to take care of the treatment and recovery of the abusers from the practices</i>	<i>Social responsibility has to be created among the society</i>
<i>R08 Links between drug trafficking, corruption and other forms of organised crime</i>	<i>Drug trafficking leads to all types of corruption and other forms of organised crimes including domestic violence, crimes against women and children etc. Including grabbing of properties of women and vulnerable groups</i>	<i>All types of crimes have link with the drug trafficking in one way or other and a fair understanding on the criminal intimidation is necessary while investigating any crime for that matter especially crimes against women and their properties, vulnerable group like persons living with mental health issues and disabled ones</i>
<i>R09 Supply reduction activities and international cooperation</i>	<i>Reduction activities are necessary where in with the international co operation and domestic alw has to be made towards stringent punishments on the criminals and drug traffickers and due care and help is to be given to victims and for their recovery</i>	<i>Stric enforcement of Law and order, special teams and squads to trap the drug traffickers, markerts and direct and indirect links to the act and attitude among public and stringent punishment is the only remedy</i>
<i>R10 Alternative development</i>	<i>Practice of values and education and campaingns and awareness camps on drug and substance uses and its effects on quality life</i>	<i>Values and good practices at home and out side home in society for a healthy thinking, life and practices</i>
<i>R11 Alternatives to conviction and punishment</i>	<i>Over population, less opportunities for employmentcut throat competition in life , Poverty and easy money making thoughts and attitude for luxury life is behind the money makers and</i>	<i>Strict polulation control, education and value creation, more opportunities for livelihood etc. Are necessary</i>

	<i>more jobs are to created more on education and creating value systems in the minds of people is necessary</i>	
<i>R12 New psychoactive substances identified</i>	<i>New psycho active substances identified where they become alternate to the existing use of drugs</i>	<i>New psycho active substances are to be discouraged</i>
<i>R13 Illicit financial flows and money laundering</i>	<i>This is one way of easy inflow of illicit finance and money laundering practices which directly affect the economic growth of a country and ruine of society</i>	<i>A sudden increase in illicit inflow of money leads for a direct and indirect effect on economic growth and development of any country</i>
<i>R14 National framework</i>	<i>National policies and enforcement of law is essential</i>	<i>A chain of action is desirable in enforcement and policy implementation is necessary and the drug traffic network is to be disconnected at everypoint of action</i>
<i>R15 Innovative methods of data collection</i>	<i>Direct data collection by the government, non government and civil society organisations and prisons, de addiction centers, hospitals where the victims are admitted for medical care, rehabilitation centers, Police and other agencies involved in drug traffic preventive organisations</i>	<i>The recovered persons may be involved in helping others to get rid of drug practices</i>
<i>R16 - Access to medications</i>	<i>More centers for medical help is needed</i>	<i>Family members, friends, peers, relatives, neibhours and others need to help the victims to get accesses to the medical centers and medical treatment to come out of the practice and evil</i>
<i>Background paper session I - Capacity building priorities</i>	<i>The victims on recovery need to be helped with capacity building trainng for livelihood as they missed it in the past life of drug use practices</i>	<i>Alternate livelihood practice is to be the priority of capacity building of victims</i>

Country: Latvia

Institution: The Centre for Disease Prevention and Control of Latvia

Module name	Comments/suggestions	Justification for the comments
A06 Seizures and trafficking	<p><i>Seizures (II) un L2.</i></p> <p><i>In the current seizure section, the possibilities of seizures reporting are limited, for example, it is not possible to add new lanes if there are more seizures in a given drug group than the recording capabilities. All seizures, including new psychoactive substances, should be able to be reported. In general, the proposed L2 form should be expanded as there may be more types of drugs in each group.</i></p>	<p><i>Can not report all the seizures in the current form.</i></p>
A06 Seizures and trafficking	<p><i>Mixtures of substances, such as methamphetamine and amphetamine, are often seized, but the methodology does not explain how to report such seizures, add to one or the other substance, or separately?</i></p>	<p><i>Methodological uncertainties, data not comparable.</i></p>
A07 Clandestine laboratories	<p><i>There should be more detailed guidelines for completing the section.</i></p>	<p><i>Methodological uncertainties, data not comparable.</i></p>
A08 Cultivation and eradication of illicit crops	<p><i>In the section on cannabis cultivation it is possible to mark 'indoor' and 'outdoor'. Often cultivated in greenhouses in Latvia. Which section should include the plants grown in greenhouses?</i></p>	<p><i>Methodological uncertainties, data not comparable.</i></p>
A08 Cultivation and eradication of illicit crops	<p><i>The section on cultivation and eradication estimates is complex and Latvia can not fill it in. Perhaps this section can be simplified.</i></p>	<p><i>Simplification of reporting.</i></p>
A10 Drug-related criminal justice process	<p><i>There are administrative and criminal offenses in Latvia (criminal liability), but it is not clear whether only criminal offenses or criminal offenses together with administrative offenses should be reported in the section. It should be possible to report both types of infringement separately.</i></p>	<p><i>Methodological uncertainties, data not comparable.</i></p>
R07 Sales of drugs using Internet and related technologies	<p><i>(III) In the current form, it is possible to report the transportation of drugs purchased via the Internet through a postal service. Information on other routes of transportation should also be collected.</i></p>	<p><i>Extending of reporting.</i></p>

Country: Malaysia

Institution: Malaysian Alliance for Drug Policy Reform

Module name	Comments/suggestions	Justification for the comments
<i>A01 Prevalence and extent of drug use</i>	<i>On the module/topic sheet</i>	Click or tap here to enter text.
<i>A02 People who inject drugs (PWID)</i>	<i>On the module/topic sheet</i>	Click or tap here to enter text.
<i>A03 People with drug use disorders</i>	<i>On the module/topic sheet</i>	Click or tap here to enter text.
<i>A04 Drug-related mortality</i>	<i>On the module/topic sheet</i>	Click or tap here to enter text.
<i>A05 Drug-related treatment</i>	<i>On the module/topic sheet</i>	Click or tap here to enter text.
<i>A11 Legislative and institutional framework</i>	<i>On the module/topic sheet</i>	Click or tap here to enter text.
<i>Background paper session i-capacity building priorities</i>		

Country: Mexico

Institution: National Institute of Statistics and Geography (INEGI)

Module name	Comments/suggestions	Justification for the comments
<p><i>Background paper session I - Capacity building priorities</i></p>	<p><i>Priority A should include the exchange of technical assistance. Priority A should consider allocation of financial resources to develop drug statistics surveys and other related statistical projects, as well as to implement mechanisms to ensure an statistics update. (INEGI)</i></p>	<p><i>In addition to e-training, customized and specific technical assistance, according to the specific needs of the country, it is important to guarantee the quality of statistics and its comparability according to international standards. Scarcity of financial resources affects the quality of drug statistics in many countries. A major problem to analyse drug trafficking and consumption is the absence of updated and reliable data. (INEGI)</i></p>
<p><i>Background paper session I - Capacity building priorities</i></p>	<p><i>Priority B, trainings should include methodological guidelines on the implementation of early warning systems and price estimation. (INEGI)</i></p>	<p><i>It is necessary to develop institutional capacities in these areas due to a diversity of methodologies to measure the price of drugs, as well as the limited experience in the implementation of early warning systems.</i></p> <p><i>It is essential to develop guidelines to evaluate the quality of data coming from administrative records, in order to improve data analysis and interpretation.</i></p> <p><i>About survey data, it is important to have a guide for the evaluation of indicators'</i></p>

		<i>representativeness (external validity). (INEGI)</i>
<i>Background paper session I - Capacity building priorities</i>	<i>Priority C, the methodological guide should consider strengthening the analysis skills and the dissemination of results. (INEGI)</i>	
<i>Background paper session I - Capacity building priorities</i>	<p><i>Priority D, should specify that methods must be aligned to international standards, and should establish that national reports on drugs must be updated. (INEGI)</i></p> <p><i>Priority D, about national drug observatories, it is important to promote mechanisms that guarantee an optimal investment of public resources. It is desirable to disseminate the experience of the most advanced observatories. (INEGI)</i></p>	<p><i>It is necessary to make these clarifications due to the implementation of heterogenous methodologies. The updating of reports should be a priority for the countries themselves.</i></p> <p><i>The strengthening of drug statistics can only be carried out with a clear commitment of government investment. (INEGI)</i></p>
<i>All modules</i>	<p><i>We suggest developing a general glossary in order to clarify concepts included in the questionnaire. It would be desirable to give examples and details to guarantee an uniform comprehension. (INEGI)</i></p> <p><i>When asking for indicators, it is necessary to request details about the computing formula. For example, what would be the denominator of the “Prevalence of injecting drug use” indicator? By the same token, informants should specify the temporality of the indicator (i.e. if it refers to the previous year or a more extended period). (INEGI)</i></p> <p><i>ARQ should offer guidance on what type of institutions (governmental or non-governmental) could have information about the topics addressed by the questionnaire. If there are</i></p>	<p><i>To improve the quality and comparability of information, it is important to create mechanisms that help in the interpretation of all topics included in the instrument. It is also vital that informants can report the information in an easy, homogeneous, efficient way and at the lowest possible cost. (INEGI)</i></p>

	<p><i>several sources on the same item, it should be beneficial to orient on how to add the information for the report. (INEGI)</i></p> <p><i>It is recommended to evaluate the possibility that some parts of an annual module can be used on a rotating basis, with the aim of making the data collection process efficient. For example, it is possible to have an annual and a rotating version of "A01: Prevalence and extent of drug use" which in the latter includes "Information on drug use among specific groups of the population", given that this information is not always collected periodically. (INEGI)</i></p>	<p><i>Specific groups of the population have specific needs regarding issues such as access to treatment, drug use, and the prevention of infectious diseases, among others. It is suggested to have a separate module for these people. (INEGI)</i></p>
<i>A01 Prevalence and extent of drug use</i>	<p><i>To determine the years considered as "recent years". This can also be applied in other sections. (INEGI)</i></p>	<p><i>Some of the countries may consider the last measurement as recent years, so setting the years to report information will encourage countries to develop statistical projects to measure the prevalence of drug use. (INEGI)</i></p>
<i>A01 Prevalence and extent of drug use</i>	<p><i>To include a specific question about the minimum data disaggregation in space and spatial terms. (INEGI)</i></p>	<p><i>The "Report of the Expert Working Group on Improving Drug(INEGI) Statistics and Strengthening of the ARQ" states "... is needed to make maximum use of the information at the national and subnational levels...".</i></p> <p><i>Normally this data does not have as much diffusion as required. Many researchers, governments, and organizations could be interested in exploring highly disaggregated data from different countries. (INEGI)</i></p>
<i>A01 Prevalence and extent of drug use</i>	<p><i>In addition to the prevalence, it is suggested to ask the number of people who use drugs (numerator) and the population at risk (denominator). (INEGI)</i></p>	<p><i>This information can be useful to generate additional indicators. (INEGI)</i></p>
<i>A01 Prevalence and extent of drug use</i>	<p><i>To expand the age group "Youth" of people aged 15 to 17, to "Young" considering people aged 18 to 29, and to include the group "Adolescents", people aged 12 to 15. (INEGI)</i></p>	<p><i>Prevalence for the age group "Youth" are very low, compromising data representativeness if the information comes</i></p>

		<i>from the survey. It is suggested to ask for two subgroups: in adolescent population (12 to 17 years old) and young adults (18 to 29 years old). The latter group is where the highest prevalences have been observed. (INEGI)</i>
<i>A01 Prevalence and extent of drug use</i>	<i>The ranges of age for household and school surveys are not equivalent for all countries. Data disaggregation should be free. (CENAPI)</i>	<i>For some countries, ranges of age differ. (CENAPI)</i>
<i>A01 Prevalence and extent of drug use</i>	<i>Apply ranges of age for school surveys. In Mexico there are data for elementary school (fifth and sixth grade) (CENAPI)</i>	<i>The survey in schools has been carried out in the adolescent population (12 to 17 years old). The last survey also included population aged 10 to 17 years old. So the age range could remain open (CENAPI)</i>
<i>A02 People Who Inject Drugs (PWID)</i>	<i>Regarding the availability of estimates on prevalence of infectious diseases in the country, it is vital to specify what infectious diseases matter is addressed. (INEGI)</i> <i>On this topic, it could be relevant to include the item "Injecting drug use among specific groups of the population" in the module "Information on drug use among specific groups of the population". (INEGI)</i>	
<i>A03 People with drug use disorders</i>	<i>It is recommended to furnish a specific and scientific concept of "people with drug use disorders". To measure changes in new developments on people with drug use disorders, it is suggested to inquire about two years, especially in terms of sex, gender or other socioeconomic dimensions. (INEGI) In the question "Major changes in people with drug use disorders", it is proposed to include violence, suicide attempt, and other risk behaviours.</i>	<i>To eliminate prejudices, stigmas, and strengthen the right of free development of personality should be encouraged. It is very important to differentiate problematic uses and non-problematic uses of drugs. (INEGI)</i>

A03 People with drug use disorders	To include the kind of drug disorder: dependence, addiction, withdrawal. (INEGI)	This information differentiates the population with high-risk problematic consumption from those with low-risk experimental consumption. (INEGI)
A03 People with drug use disorders	To include the item "Information on people with drug use disorders among specific groups of the population" in the module "Information on drug use among specific groups of the population". (INEGI)	To obtain additional information for the rotating module "Information on drug use among specific groups of the population" (INEGI)
A04 Drug-related mortality	In alignment to ICD-10, it is suggested to define a classification of direct and indirect deaths related to drug use. (INEGI)	To draft a handbook on what causes are related to direct and indirect deaths and how they are estimated according to international best practices that support the approval of measurement criteria. (INEGI)
A04 Drug-related mortality	In the section "New developments", it is worthy to exemplify the changes in specific populations in terms of sex, gender or other socioeconomic dimensions, to be considered by the informants. (INEGI)	It is important to make these specifications for informants' consideration when responding to the questionnaire, since these are open responses. (INEGI)
A04 Drug-related mortality	To include items on "Drug-related mortality" in the rotating module "Information on drug use among specific groups of the population" (INEGI)	
A04 Drug-related mortality	For México, it's no easy to specify the most common combinations of drugs causing drug-related deaths. It is registered through ICD 10 with code F19 (CENAPI)	The management of ICD 10 obstacles obtaining more information by type of drugs (CENAPI)
A05 Drug-related treatment	To include items on "access to treatment for specific groups of the population" in the rotating module "Information on drug use among specific groups of the population"	
A05 Drug-related treatment	An option to provide episode data should be allowed. (CENAPI)	Some countries do not have data on clients. (CENAPI)
A05 Drug-related treatment	In Access to treatment for specific-groups of the population, the concept of Living status is not clear. It could have selection options, including examples, that help to place people in the	The living status are different between countries. (CENAPI)

	<i>right living status being comparable between countries. (CENAPI)</i>	
<i>A06 Seizures and trafficking</i>	<i>To consider disaggregating “seizure volume” according to the means of trafficking transport by type of drug. (INEGI)</i>	<i>This information allows to identify the key points in drug trafficking, which favours to focus the design of actions for the control of illicit drugs supply.</i>
<i>A06 Seizures and trafficking</i>	<i>To add specific questions about drug trafficking on the Internet(INEGI)</i>	<i>The “Report of the Expert Working Group on Improving Drug Statistics and Strengthening of the ARQ” states “Participants agreed that the use of the Internet for drug trafficking and selling is a growing phenomenon and should be properly monitored”. (INEGI)</i>
<i>A06 Seizures and trafficking</i>	<i>There is not specific item in the questionnaire to consider Fentanyl in the classification of illicit opioids. (CENAPI)</i>	<i>Fentanyl insurances in Mexico are not linked to drug diversions. Currently, they are being considered in the category of others, this is because there is no item related to other types of drugs within the opioid classification. (CENAPI)</i>
<i>A07 Clandestine laboratories</i>	<i>To integrate a specific question about wastewater analysis. (INEGI)</i>	<i>The “Report of the Working Group of Experts on Drug Improvement Statistics and Strengthening of the ARQ” tackles the relevance of having this type of analysis. (INEGI)</i>
<i>A08. Cultivation and eradication of illicit crops</i>	<i>It is recommended to specify the year of reference for estimates on cultivation and production. (INEGI)</i>	
<i>A08 Cultivation and eradication of illicit crops</i>	<i>To include the description of which criminal groups are involved in the cultivation of illicit crops. (INEGI)</i>	<i>The presence of criminal groups or other ones is a risk factor that encourages the cultivation of illicit crops; however, it is also related to the context of violence arisen from dispute of territories. (INEGI)</i>

A08 Cultivation and eradication of illicit crops	To add questions about crop detection techniques (satellite images, LiDAR, etc.). (INEGI)	Can help to identify areas of opportunity in countries with old detection techniques. (INEGI)
A08 Cultivation and eradication of illicit crops	The “illicit opium crops” is the only item in which an official estimate can be provided. (CENAPI)	The Mexican government and the Illicit Crop Monitoring Program of the United Nations Office on Drugs and Crime (UNODC) have worked jointly on the MEXK54 project “Illicit Crops Monitoring System in the Mexican Territory”. Implementing a methodology that provides estimates regarding illicit opium crops in national territory. (CENAPI)
A09 Price and purity of drugs	To specify the year of reference for Trends. To inquire about the method used to measure drug purity in the item “New developments in drug prices and purities”. (INEGI)	This information contributes to the identification of the existence and use of specialized forensic laboratories. (INEGI)
A10 Drug-related criminal justice process	To include the “number of persons who have not received sentencing for drug-related criminal offenses” in the item “Conviction” (INEGI)	Statistics on the “number of persons who have not received sentencing for drug-related criminal offenses” is relevant for assessing the effectiveness of the criminal justice system. (INEGI)
A10 Drug-related criminal justice process	The information provided in the item of detainees refers to people made available to a ministerial authority. (CENAPI)	It is important to indicate that the statistical information provided refers to persons made available to an authority, this does not imply that they have been convicted. (CENAPI)
A11 Legislative and institutional framework	To improve the way in which the information is presented, we suggest the possibility of presenting documentation in an attached file or in a format design for that purpose (CENAPI)	The current space is insufficient (CENAPI)
A11 Legislative and institutional framework	To evaluate the possibility of including more than one authority depending on the different areas of competence (CENAPI)	In Mexico, the questionnaire is answered of many authorities, each one responsible for its subject. (CENAPI)

<i>R01 Prisons</i>	<i>For the rotating modules, it is necessary to clarify the periodicity of data collection. (INEGI)</i>	<i>It is recommended to define periodicity of the data for countries to prepare the information in advance. (INEGI)</i>
<i>R01 Prisons</i>	<i>It is suggested to draft a handbook about how to measure and control drug use in prisons, as well as their treatment, so countries can have records on these issues. (INEGI)</i>	<i>Countries will find it difficult to have records and measures on drug use in prison.</i>
<i>R02 Drug-related acute intoxication</i>	<i>This section could be implemented as an annual module. (INEGI)</i>	<i>This information is essential to establish treatment priorities and to monitor morbidity. (INEGI)</i>
<i>R02 Drug-related acute intoxication</i>	<i>It is difficult to specify the most common combinations of drugs causing acute intoxication. It is registered through ICD 10 with code F19 (CENAPI)</i>	<i>The management of ICD 10 does not allow obtaining more information by type of drugs (CENAPI)</i>
<i>R03 Core treatment services</i>	<i>This section can be part of the module A05. (INEGI)</i>	<i>By integrating this module annually, the main treatments can be continuously monitored. (INEGI)</i>
<i>R04 Registered drug users</i>	<i>This information might coincide with that of module A01; however, we consider more convenient to inquire about the drug use prevalence in specific groups through this module. In this module, it can also be inquired about other types of drug uses, such as medicinal, and the different available products' varieties. (INEGI)</i>	<i>It is an indirect technique to estimate the drug use prevalence. The measurement of drug use prevalence in module A01 may not consider non-recreational drugs, depending on the measurement technique. (INEGI)</i>
<i>R05 Prevention of drug use</i>	<i>To include a question for the age of drug use initiation. (INEGI)</i>	<i>The age of drug use initiation is used to identify another specific group on which prevention efforts should focus and to evaluate the performance of prevention strategies. (INEGI)</i>
<i>R08 Links between drug trafficking, corruption and other forms of organised crime</i>	<i>To include a relative measure of public officials being prosecuted or convicted for obstruction of justice linked to drug trafficking groups. (INEGI)</i>	<i>The relative measure makes comparisons between countries possible.</i>
<i>R09 Supply reduction activities and international cooperation</i>	<i>To include in the description the agencies or countries that collaborated in actions of "Cross-border cooperation" and "International technical cooperation". (INEGI)</i>	<i>By knowing the countries and agencies that have signed multilateral and bilateral drug conventions, it is possible to identify the mechanisms of collaboration aimed to</i>

		<i>reduce the supply or demand of illicit drugs. (INEGI)</i>
<i>R09 Supply reduction activities and international cooperation</i>	<i>To include the number of extradite persons involved in drug-related crimes (foreigners and nationals). (INEGI)</i>	<i>Additional information about this item. (INEGI)</i>
<i>R11 Alternatives to conviction and punishment</i>	<i>It is suggested to be implemented as an annual module. (INEGI)</i>	<i>The items that conform the module are public safety and justice prosecution information which are collected from administrative records, whose information is available annually. (INEGI)</i>
<i>R12 New psychoactive substances identified</i>	<i>To include an option about the existence of an Early Warning System. (INEGI)</i>	<i>An Early Warning System is essential for the identification of new psychoactive substances. Therefore, it becomes relevant to know the countries that have already one and that could respond to items. (INEGI)</i>
<i>R14 National framework</i>	<i>It is important to clarify what kind of offenses is referring (CENAPI)</i>	<i>In Mexico, they can refer to two types of offenses, administrative or constitutive of crime, so it is important to clarify (CENAPI)</i>
<i>R16 - Access to medications</i>	<i>It is recommended to know how these parameters will be determined and if the reports made to the INCB will be taken as a starting point (CENAPI)</i>	<i>The module presented does not make a difference (CENAPI) It is suggested to define the method of calculation (CENAPI)</i>
<i>R16 - Access to medications</i>	<i>It is suggested to define the method of calculation (CENAPI)</i>	<i>It is suggested to define the method of calculation (CENAPI)</i>
<i>R16 - Access to medications</i>	<i>It would be desirable to have some type of standardized questionnaire so that the information is comparable and the analysis is exhaustive. (CENAPI)</i>	<i>A standard model is required (CENAPI)</i>
<i>R16 - Access to medications</i>	<i>Provide more precision about this question (CENAPI)</i>	<i>It is suggested to provide greater clarity of the concept "access and existence of parallel markets. (CENAPI)</i>
<i>Choose an item.</i>	<i>"L1-List of drugs and types for prevalence". In "Other types of cannabis", it is recommended to include the option "other types of edible consumptions and oils". (INEGI)</i>	<i>There are many ways to consume cannabis, not just in cookies. Even more, cannabis consumption could be made through oil or</i>

		<i>on local skin. This type of consumption should be considered in the list. (INEGI)</i>
Choose an item.	<p><i>"L1-List of drugs and types for prevalence".</i></p> <p><i>To add a question about volatile solvents. (INEGI)</i></p>	<p><i>The "Report of the Working Group of Experts on Drug Improvement Statistics and the strengthening of ARQ identifies some information needs, such as" Data on vulnerable population". Volatile solvents (for example, lacquer or varnish) are normally used by homeless people, even when collecting this information could be very difficult, it is an important item for the report. (INEGI)</i></p>
Choose an item.	<i>To include fentanyl in some list (Additional Files). (INEGI)</i>	<i>Fentanyl has a considerable consumption rise and is a potential opium substitute. (INEGI)</i>

Mission Permanente du Royaume du Maroc
Auprès des Organisations Internationales
Vienne



البعثة الدائمة للمملكة المغربية
لدى المنظمات الدولية
فيينا

N° 406

S.B

URGENT

La Mission Permanente du Royaume du Maroc auprès des Organisations Internationales à Vienne présente ses compliments à l'Office des Nations Unies contre la Drogue et le Crime (ONUDC), et a l'honneur de lui faire parvenir, ci-joint, la contribution des autorités marocaines compétentes concernant les consultations mondiales sur le Questionnaire relatif au rapport annuel sur les drogues (ARQ).

La Mission Permanente du Royaume du Maroc auprès des Organisations internationales à Vienne saisit cette occasion pour renouveler à l'Office des Nations Unies contre la Drogue et le Crime (ONUDC) l'assurance de sa haute considération.



Vienne, le 19 août 2019

يشرفني أن أوافيكم ببعض الملاحظات والاقتراحات في الموضوع:

أولا- بخصوص مشروع استبيان التقرير السنوي:

- الملاحظ أن مشروع استبيان التقرير السنوي كسابقه من الاستبيانات السنوية، لا يعطي للدول المستبينة مجالا للتعليق على البيانات والمعطيات التي تنقلها إلى الاستبيان. علما بأن بعض تلك المعطيات لا يمكن فهمها فهما صحيحا وكاملا من دون الحصول على تفسير أو تعليق من دولة المصدر.

لذلك، يقترح جعل الاستبيان السنوي استبيانا مفتوحا من خلال إضافة خانة للتعليق بجانب كل سؤال من الأسئلة، وتخصيص محور كامل ضمن الاستبيان للتعليق على مضامين هذا الأخير وإتاحة المجال للدولة المستبينة من أجل الإدلاء بتفسيراتها ووجهات نظرها. ويجب عند إعداد التقرير السنوي الإشارة إلى تلك التعاليق ووجهات النظر وأخذها بعين الاعتبار، وعرض مشروع التقرير السنوي على

الدول قصد الاطلاع وإبداء وجهات نظرها حول مضامينه من جديد قبل إعداد الصيغة النهائية.

- يقترح تخصيص محور آخر ضمن الاستبيان لإدراج معطيات وبيانات وإحصاءات إضافية لم تكن موضوع سؤال محدد.

ثانيا- بخصوص أولويات دعم القدرات لتطوير نظام المعلومات المتعلقة بالمخدرات على المستوى الوطني وعلى مستوى التقارير السنوية:

يقترح على المستوى الوطني دعم قدرات العاملين في مجال رصد ظاهرة جرائم المخدرات عبر:

- دعم وتوجيه الدول من أجل إحداث مرصد وطنية للإجرام تعنى برصد الظاهرة الإجرامية عموما وجرائم المخدرات على وجه الخصوص، من خلال تجميع المعطيات الإحصائية بالتعاون وتنسيق مع باقي الجهات القضائية والأمنية والإدارية ووضع مؤشرات تتبع تطور الجريمة، وإعداد قاعدة بيانات خاصة بالمعطيات الرقمية، والقيام بأبحاث ودراسات علمية حول الجريمة والعقوبة، ودراسة حالات العود مع اقتراح الحلول الكفيلة لمعالجتها، والمساهمة في عملية التخطيط الجنائي قصد الرفع من جودة المنظومة القانونية الجنائية.

ويقترح جعل هذه المرصد الوطنية هي نقطة الاتصال والمخاطب الرسمي داخل كل دولة للإجابة عن الاستبيانات الدولية ومنها الاستبيان السنوي المتعلق بالمخدرات.

هذا، وتجدر الإشارة إلى أن مشروع إحداث المرصد الوطني للإجرام يعد خيارا استراتيجيا للمملكة المغربية ويعد من بين الأوراش الكبرى التي تعمل وزارة العدل على تنزيلها وإخراجها لحيز الوجود، بالنظر للدور الهام والطلائعي الذي سيلعبه مستقبلا ضمن منظومة العدالة الجنائية ببلادنا، حيث سيعنى برصد وتتبع تطور مؤشرات الجريمة على الصعيد الوطني من خلال جمع المعطيات الإحصائية بالتعاون وتنسيق مع باقي الجهات القضائية والأمنية والإدارية ووضع مؤشرات تتبع تطورها وإعداد قاعدة بيانات خاصة بالمعطيات الإحصائية، والقيام بأبحاث ودراسات علمية حول الجريمة والعقوبة، ودراسة حالة العود واقتراح السبل الكفيلة لمعالجتها، والمساهمة في التخطيط الجنائي عن طريق اقتراح الحلول الكفيلة للوقاية من

الجريمة ومكافحتها، وكذا تقديم مقترحات بشأن المنظومة القانونية الجنائية. وقد تم وضع التصور النهائي للمرصد الوطني للإجرام، ومن المرتقب الإعلان عن إحداثه قريبا، حيث ينتظر فقط الإعلان عن الهيكلة الجديدة لوزارة العدل ل يتم بعد ذلك إخراج المرصد لحيز الوجود، على اعتبار أن التصور الحالي لمشروع المرسوم المتعلق بإحداث المرصد الوطني للإجرام جعل منه وحدة إدارية ضمن هياكل مديرية الشؤون الجنائية والعفو بهذه الوزارة.

- تنظيم دورات تكوينية متخصصة لفائدة العاملين في مجال رصد ظاهرة المخدرات عموما وجرائم المخدرات على وجه الخصوص، لا سيما في مجال التدبير التشاركي وبناء الفريق وتشخيص الكفاءة المهنية للمرصد الوطني للإجرام وأدوات وآليات التحليلات الإحصائية والتنبؤية خاصة تلك المتصلة برسم الخرائط ونظم المعلومات....

Country: Norway

Institution: Norwegian Institute of Public Health

Module name	Comments/suggestions	Justification for the comments
A01 Prevalence and extent of drug use	<i>Procedures for determining trends in prevalence of drug use should be clearly specified</i>	<i>Similar approaches will improve comparability</i>
A01 Prevalence and extent of drug use	<i>Trends based on different sources in different countries where statistical significance of change is not known should not be compared or presented as the true situation</i>	<i>'Large' increase or decrease may not be statistically significant in surveys. Expert opinions may be limited by little data available. This comment relates to all modules where such information is asked for</i>
A01 Prevalence and extent of drug use	<i>Specify sub-group of drug users for ranking and other topics: recreational (household/population surveys) and problem/high-risk/dependent</i>	<i>Ranking of drugs and other topics will vary by sub-group</i>
A02 People who inject drugs (PWID)	<i>Difficult to fill out information on subgroups and diseases among PWID</i>	<i>The national figure of PWID are estimated while there is hopefully one non-representative local survey on HIV, HCV, HCB and Tub among PWID</i>
A03 People with drug use disorders	<i>Ask for persons in (specialized) treatment for drug use disorders, see A05</i>	<i>Such figures are available, while the number of persons with drug use disorders are not</i>
A05 Drug-related treatment	<i>Only summary figures for main diagnosis, gender, age and first entry to treatment can be reported</i>	<i>Several questions require detailed analysis of data from a national registry. This is</i>

		<i>costly and require resources that are not available</i>
<i>R01 Prisons</i>	<i>The amount of information asked for is way beyond what is available and it will be expensive and time consuming to collect</i>	<i>This relates also to R02-R07 + probably to the other forms asking for detailed information regarding individual drug and drug related behaviour in the justice sector</i>

Country: Poland

Institution: National Bureau for Drug Prevention

Module name	Comments/suggestions	Justification for the comments
<i>A01 Prevalance</i>	<i>An option to provide other age groups than proposed should be included</i>	<i>Some countries have studies with others group e.g ESPAD 17-18, Youth Survey 18, GPS 15-75.</i>
<i>A9 Prices and Purity</i>	<i>An option to provide mean (average) price should be allowed. In this case the mean definition should be add.</i>	<i>Some countries do not have typical drug prices but they might have the mean prices.</i>
<i>R12 NPS</i>	<i>An option to provide NPS national definition may be usefull</i>	<i>Different countries can may different NPS definition therefor they may report substances which are not in the scope of international NPS defitnion.</i>
<i>R05 Prevention</i>	<i>An option to provide information about implemention and/ or set up the standards in prevention (National or international e.g. the International Standards on Drug Use Prevention) should be allowed (e.g as a free text).</i>	<i>Standards seem to be one of the crucial element in implementation of the evidence-base prevention therefor it will be good to hava a tool to collect an information about this implementation.</i>

R05 Prevention	An more option to provide information about evaluation prevention programs could be interested to have	Some countries counducted an evaluation of prevention programs (e.g. process, outcome, impact). However still evaluation is not so much common approche in prevention area. It will be interested to know how spread is evaluation approche in prevention field.
R05 Prevention	<p>Statistical data or provision level:</p> <ul style="list-style-type: none"> • Full • Extensive • Limited • Rare • No provision • Not known <p>It will be diifcult to have statistical data in this area. In Europe (EMCDDA and Reitox) mostly we are using an expert opinion to provide this data. However "Expert opinion" is not so much reliable source/tool of information to assess the coverage of prevention services</p>	Click or tap here to enter text.
R05 Prevention	Prevention of Drug Use definition may be usefull for persons filled out ARQ in aim to avoid missunderstaning what should be reported.	Click or tap here to enter text.
R09	An option to provide a short description of main national LEA working in drug supply reduction should give a background information	Click or tap here to enter text.
A10	These two groups possession / trafficking were proposed in A10 therefore we need a definions how to clasife drug cases in these two category. The topic for discussion is an issue to make a separate category: drug using which now will be in the group of possession offences/offenders. here to enter text.	In same countries drug using is not forbidden and separate category can allow to monitor number of offences which are cover drug users. ap or tap here to enter text.

Country: Singapore

Institution: Central Narcotics Bureau

Module name	Comments/suggestions	Justification for the comments
<i>A01 Prevalence and extent of drug use</i>	<i>For the additional sections on drug use among specific groups of the population, suggest to check for the current rate of returns for the existing requirements and thereafter decide whether to include this additional sub-sections for specific groups of the population.</i>	<i>Some countries already have difficulties establishing prevalence rates given that their prevalence rates are based on indicators such as arrest figures. Hence, it may not be practical to impose additional requirements.</i>
<i>A03 People with drug use disorders</i>	<i>Propose to remove this section from ARQ</i>	<i>This section seems to indicate that there is a sub-section of drug users who need treatment for drug use disorders within the general population of drug users, as opposed to addressing the issue of drug addiction for all drug users.</i> <i>In addition, this section appears to frame substance abuse as a medical condition, focusing only on the pharmacological aspect of substance use disorder while negating the need to address/provide treatment for the psychosocial aspect of the drug abuse.</i> <i>From the previous ARQ EGM, we understand that the objective of this exercise is to improve the capacity to measure the</i>

		<i>existing indicators rather than including additional new indicators to measure, thus increasing the reporting load of countries. In this regard, we prefer not to introduce this section on people with drug use disorders which is a concept that frames the drug problem as solely a medical issue.</i>
<i>R03 Core treatment services</i>	<i>Remove indicator on number of beds</i>	<i>Different countries have different modes of treatment and not all countries treat drug abuse as solely a medical problem.</i> <i>In addition, the indicator on the number of beds does not appear to be useful as it only quantifies the availability of space and to measure sleeping capacity of a drug treatment centre while not really focusing on the quality of the drug treatment provided.</i>
<i>R11 Alternatives to conviction and punishment</i>	<i>Remove indicators relating to 'formal contact' or 'alternatives'</i>	<i>No proper definition of the introduction of new terms which make it difficult for countries to determine the inputs for this section.</i>

Country: Slovakia

Institution: National Drug Enforcement Unit, National Crime Agency, Presidium of the Police Force

Module name	Comments/suggestions	Justification for the comments
A07 Clandestine laboratories	By size – medium (0,5 kg – 10 kg), industrial (10+ kg)	Based on the national experience f.e. for production of 10 kg of methamphetamine an industrial equipment of the laboratory is needed

Country: Spain

COMENTARIOS GENERALES RELACIONADOS CON LA CUMPLIMENTACIÓN DE LOS CUESTIONARIOS Y SU ENVÍO

En relación con la cumplimentación de los cuestionarios ARQ, con el fin de reducir la carga de las notificaciones de los países, se realizan los siguientes comentarios:

1. El plazo para la evolución de la propuesta de indicadores no ha sido en algunos casos suficiente para evaluar todos los indicadores debido a que muchos son obtenidos de diferentes fuentes de datos.
2. Aunque es de bien valorado que no todos los indicadores se recojan con una periodicidad anual, no especifican la periodicidad de los rotacionales, a este respecto se propone:
 - a. En general una periodicidad quinquenal

b. Que no se soliciten todos en el mismo año

3. Coordinar la recogida de indicadores y cuestionarios con otras agencias. En el caso de los países miembro de la UE que notificamos al OEDT (EMCDDA), los datos que sean equivalentes que se faciliten desde el observatorio.

En el tema de enfermedades infecciosas asociadas al consumo de drogas se podría obtener información del European Centre for Disease Prevention and Control (ECDC)

4. Trabajar en la armonización de la definición de los indicadores comunes o similares a fin de notificarlos una sola vez y que se intercambien los datos o se realice un trabajo en red entre las agencias. Este sería el caso de la recogida de datos de NSP, los países pertenecientes a la UE ya notifican las nuevas detecciones de estas sustancias al OEDT mediante el Sistema de Alerta Temprana. El OEDT les podría pasar una base con los datos necesarios, sin que los países tuviesen que recopilarlos en otro formato.
5. Adaptar los cuestionarios o Excel de recogida de datos a las regiones o en su defecto que exista una pestaña del tipo: NO DATOS DISPONIBLES, INDICADOR NO RELEVANTE, NO APLICABLE y se pase al siguiente bloque de datos.
6. Mejora de los formatos de recogida de datos. Uso plataforma digital en la que puedas ir almacenado los datos según los vas cumplimentando. Una vez completado el formulario se enviaría de forma directa mediante un enlace de envío. Se pueden utilizar claves de acceso para los distintos usuarios (estos cuestionarios son cumplimentados por varios Departamentos).
7. No incluir, en ningún caso, la recogida de datos con periodicidad inferior a un año. La mayoría de las fuentes de datos tienen periodos de recogida anual, bianual o quinquenal (encuestas).
8. Elaborar definiciones de medidas inespecíficas tales como: importante, alguno, estable, bajo, medio alto y no dejarlo completamente a la subjetividad del notificador.

Country: Spain

Institution: Government Delegation for the National Plan on Drugs

Module name	Comments/suggestions	Justification for the comments
A01 Prevalence and extent of drug use	<i>Drug type: I1 List of drug classes and types for prevalences. Demand and supply. We think GHB (Gamma-hydroxybutyrate) and GBL should be included</i>	<i>We observe an increased use of these substances among LGTB groups in the context of chemsex</i>
A01 Prevalence and extent of drug use	<i>Drug type: I1 List of drug classes and types for prevalences. Demand and supply. We think all cathinones should be included together in the same separated group</i>	<i>We observe cathinones in the amphetamines group (Mephedrone, Methcathinone, Cathinone) and they also appear in the NPS group (Khat, synthetic cathinones...). As their use is increasing among LGTBgroups in the context of chemsex. We consider there should be a different separated group for all of them.</i>
A01 Prevalence and extent of drug use	<i>Drug type: I1 List of drug classes and types for prevalences. Demand and supply. We think examples should be included in solvents and inhalants</i>	<i>It is a wide group with very different substances and examples should be added such as: glue, solvents, poppers, nitrites, gasoline...</i>
A01 Prevalence and extent of drug use	<i>Ranking and trends of drug use. We think this measurement is not objective (Large increase, Some increase, Stable, Some decrease, Large decrease, Unknown) and countries should only give prevalences</i>	<i>Each country should give consumption prevalences and not a description of the extent of use because depending of the criteria used, these descriptions can be very different depending on the country.</i>
A01 Prevalence and extent of drug use	<i>Household drug use surveys are not good for giving data of drug prevalence in youth population</i>	<i>As young people are at schools, school surveys are better to obtain data from this young group of people</i>
A01 Prevalence and extent of drug use	<i>Household drug use surveys. An age range of 65 or older should be included</i>	<i>We have seen there is an increase consumption of drugs in 65 year old people or older.</i>
A01 Prevalence and extent of drug use	<i>School or university surveys. There isn't any age range for school surveys and we think there should be an age range from 14 to 18 years old.</i>	<i>As there are age ranges for household surveys there should be age ranges for school surveys and we think the best age range is from 14 to 18 years old.</i>
A02 People who inject drugs (PWID)	<i>Ranking and trends in injecting drug use. We think this measurement is not objective (Large increase, Some increase, Stable, Some decrease, Large decrease, Unknown) and countries should only give prevalences .</i>	<i>Each country should give consumption prevalences and not a description of the extent of use because depending of the criteria used, these descriptions can be very different depending on the country.</i>

A04 Drug-related mortality	<i>Trends in mortality. We think this measurement is not objective (Large increase, Some increase, Stable, Some decrease, Large decrease, Unknown) and countries should only give number of deaths and percentage of country coverage .</i>	<i>In the mortality indicator is very important to know the percentage of coverage because there could be an increase in deaths due to a better notification and better coverage of the indicator, not because there is more people dying due to drugs.</i>
A05 Drug-related treatment	<i>Access to treatment for specif groups of the population: it is not a standar item to register in the centers</i>	<i>Access to treatment is universal and the data it is not collected systematically in the centers. Only in specific studies for academic reasons</i>
A06 Seizures and trafficking	<i>Introduction: To include new types of drugs it has to be iin account the technical difficulty with SENDA. Look for alterntive source of data</i>	<i>In SENDA it nos possible to introduce information related with non-controlled substances</i>
A06 Seizures and trafficking	<i>New developments in drug trafficking, It is the same problem that above. Look for alterantive source of data</i>	<i>Only it is possible to inform about controlled substances</i>
A06 Seizures and trafficking	<i>Create a network with the OEDT (EMCDDA) so that they can provide NPS data directly</i>	<i>EU countries report about NPS in the market trhough the Early Warnisg System to the OEDT (EMCDDA). It would be logic tha ONUDD collect the data from them instead that countries has to repite the data notification.</i>
A06 Seizures and trafficking	<i>Trafficking routes and main transpot models. Eliminate this item or the quarterly report about drugs trafficking routes</i>	<i>Reports about trafficking routes are provided with a quarterly periodicity. It nos acceptable that you ask in an annual base to report the data in anhoter questionnaire. Stablish prodecures with other UNODC departments or other agencies in networking. Countries support an excesive burden of notification</i>
A06 Seizures and trafficking	<i>Clarify definitions: origin country</i>	<i>We fully agree with the reflection in the justifications. Country of manufacturing and departure country have to be considered as originacountry</i>
A08 Cultivation and eradication of illicit crops	<i>It is difficult to get information about cultivation of illicit crops</i>	<i>Not data availilable</i>
A08 Cultivation and eradication of illicit crops	<i>It is not possible to differentiate between plants eradicated in indoor and outdoor crops</i>	<i>Our sources of data do not permit obtain this differentiate</i>
A08 Cultivation and eradication of illicit crops	<i>Information regarding the yields of cultivated areas cannot be provided,</i>	<i>We only can provide information about the number of plants and the amount of marijuana seized</i>
A09 Price and purity of drugs	<i>Clarify the Item relative to Prices and Purities, when in the description they refer to Typical, minimum and</i>	<i>The proposal categories are very few specific</i>

	<i>maximum. It would be better collect the categories: dosis, grames and kilogrames</i>	
<i>R01 Prisons</i>	<i>Most of these data are notified to the EMCDDA (EMCDDA), the data can be uploaded with the periodicity established to this agency</i>	<i>EU countries report about prisons to the OEDT (EMCDDA). It would be logic tha ONUDD collect the data from them instead that countries has to repite the data notification.</i>
<i>R02 Drug-related acute intoxication</i>	<i>Most of these data are notified to the EMCDDA (EMCDDA), the data can be uploaded with the periodicity established to this agency</i>	<i>EU countries report about acute intoxications to the OEDT (EMCDDA). It would be logic tha ONUDD collect the data from them instead that countries has to repite the data notification.</i>
<i>A03 People with drug use disorders</i>	<i>Most of these data are notified to the EMCDDA (EMCDDA), the data can be uploaded with the periodicity established to this agency</i>	<i>EU countries report about drug use disordres to the OEDT (EMCDDA). It would be logic tha ONUDD collect the data from them instead that countries has to repite the data notification.</i>
<i>R04 Registered drug users</i>	<i>Most of these data are notified to the EMCDDA (EMCDDA), the data can be uploaded with the periodicity established to this agency</i>	<i>EU countries report about registerd drug users to the OEDT (EMCDDA). It would be logic tha ONUDD collect the data from them instead that countries has to repite the data notification.</i>
<i>R05 Prevention of drug use</i>	<i>Data related to Treatment in homeless: difficult to fill in</i>	<i>It is difficult collect data on this group of population and in some cases does not exist.</i>
<i>R05 Prevention of drug use</i>	<i>Data related with migrants: difficult over in indocumented</i>	<i>Some services attend people with no diferencias between locals and migrants</i>
<i>R07 Sales of drugs using Internet and related technologies</i>	<i>Not evaluated due to lack of time</i>	<i>The deadline provided has been very sott to be able to assess this item with the different police officers of the matter.</i>
<i>R08 Links between drug trafficking, corruption and other forms of organised crime</i>	<i>We report data about this subject to EUROPOL that can provide directly the data directly to UNODC through a network</i>	<i>It is diffciult to report data with other estructure differnte at the one used in EUROPOL criteria for organized crime and its links included in the document ENFOPOL 35 REV2.</i>
<i>R08 Links between drug trafficking, corruption and other forms of organised crime</i>	<i>Data related with Terroristic groups and their level of involvement in drug trafficking are sensitive</i>	<i>The Unit responsible for this data should value at the time the opportunity and convenience to facilitate them.</i>

<i>R09 Supply reduction activities and international cooperation</i>	<i>Difficulties to provide data about Forensic intelligence</i>	<i>Our source of data do not permit to report about this subject</i>
<i>R09 Supply reduction activities and international cooperation</i>	<i>Cross-border cooperation</i>	<i>We completely agree with the consideration of reviewing this section</i>
<i>R10 Alternative development</i>	<i>Shoud have a tag at the beginning to be able to select the option if it is applicable</i>	<i>There are countries in wchich this option it is not applicable</i>
<i>R11 Alternatives to conviction and punishment</i>	<i>This subject only has to be collected in r14 National Framwork as it is . To eliminate it or only include statistical data of implementation and type. Anotheroptio it is to include a tag: Not relevant in evey level</i>	<i>Every country can have a different approache to implement this measures and can not respond the three leves propose (Polica, Preosecutos, Court). For instance in our country the only one who can applied it , is the judge, prosecutor can propose instead of a sentence, and the measure has to be accepted by the convicted.</i>
<i>R12 New psychoactive substances identified</i>	<i>Create a network with the OEDT (EMCDDA) so that they can provide NPS data directly</i>	<i>EU countries report about NPS in the market trthrough the Early Warnisg System to the OEDT (EMCDDA). It would be logic thad UNDOC collect the data from them instead that countries has to report twice the same data.</i>
<i>R12 New psychoactive substances identified</i>	<i>There is an impossibility technical difficulty to provided data related with New developments and trends in NPS</i>	<i>The ystem for Analysis, Evaluation and Exploitation of Drug Data (SENDA in Spanish) does not turn over information on seizures of non-FISCALIZED substances - most of the NSPs-), which allows to detect important changes in NSP traffic, as well as new types of Recent drugs on the market, major changes in countries of origin, transit, destinations, etc .; and therefore of the trends that present this type of substances</i>
<i>R13 Illicit financial flows and money laundering</i>	<i>Not evaluated due to lack of time</i>	<i>The deadline provided has been very sott to be able to assess this item with the different departments involved in this matter</i>
<i>R14 National framework</i>	<i>Prevention on drug infections disease. Implement a worknet tos obtain data directly form the ECDC (European Centre for Disease Prevention and Control) for EU members</i>	<i>Take in acoount that a lot of coountris have developed Surveillance Systems for Transmisible Diseases, and in the cases of UE this data are reported to the ECDC.</i>

Country: Sri Lanka

Institution: National Dangerous Drugs Control Board

Module name	Comments/suggestions	Justification for the comments
A05 Drug-related treatment	<i>In some treatment settings (Not at all) total number of people in treatment cannot be categorized properly as first time and re entering and discrepancies may be occurred between categories.</i>	<i>It is difficult to identify the re-admitted clients in every admission as they are time to time admitted to different treatment settings and provide incorrect details.</i>
A02 People who inject drugs (PWID)	<i>some countries have not estimation on people who inject drugs in every year. But there will be qualitative evidence and specific details on emerging trends on injecting drug use. Such informations can be provided as free text. provided details cannot be generalized for total population in the country as the information may be unique for some region or small group of population.</i>	<i>some countries do not update Estimations on each and every target groups as they have lack of resources.</i>
Background paper session I - Capacity building priorities	<i>It would be better to include the methodological framework for developing and designing drug abuse monitoring system at national level.</i>	<i>member countries are already maintaining drug abuse monitoring systems and updating considering the emerging trends. But technical and methodological guidance are needed to improve such information systems</i>
Background paper session I - Capacity building priorities	<i>It would be better to develop standardized format for reporting qualitative data under the Priority D</i>	<i>special and well designed format is needed to report qualitative data on unique cases and emerging trends on drug abuse. picture or video uploading facilities should be included in such format.</i>

Country: Sweden

Institution: Public Health Agency of Sweden

Module name	Comments/suggestions	Justification for the comments
Choose an item.		Click or tap here to enter text.
Choose an item.	<i>General comment: A large part of the information reported in ARQ is also reported by EU members to EMCDDA. It would be valuable if double reporting could be avoided, as it is often very time consuming. Today some information (e.g NPS) is collected from the EMCDDA, so a clarification which parts/modules EU members possibly don't need to report would be good. The questions are sometimes very detailed and can therefore be more difficult to answer compared to the current document.</i>	Click or tap here to enter text.
<i>R11 Alternatives to conviction and punishment</i>	<i>Sweden is wondering about the options for prosecuted and convicted and would like a clarification of what kind of information that is expected for the category "prosecuted" and what the difference is between the both categories.</i>	Click or tap here to enter text.
<i>A01 Prevalence and extent of drug use</i>	<i>In general it is high level of detail in many modules and questions which can make it more difficult to answer the questions, for example to measure daily prevalence.</i>	
<i>Background paper session I - Capacity building priorities</i>	<i>The lists of drug classes for supply and prevalence are not designed in the same way. It would be appreciated if the order of the drugs will be the same in the both papers and that the same terminology is used. We would be pleased if the examples of different drug types will be the same and that the examples are more detailed than just (for example) "THC". A more detailed explanation of examples and a better similarity will make it easier to fill in, and to avoid misinterpretations and double reporting.</i>	Click or tap here to enter text.

Country: Thailand

Institution: Mae Fah Luang Foundation

Module name	Comments/suggestions	Justification for the comments
<i>R10 Alternative development</i>	<i>Type of AD activities should allow more non-crop substitution programs as part of livelihood development.</i>	<i>There are various non-farming livelihood development activities to be promoted to replace illicit crop cultivation, e.g. livestock development program, value-added product development, handicraft, depending on the existing local wisdom and potential</i>
<i>R10 Alternative development</i>	<i>Average income of direct beneficiaries (i.e. illicit crop farmers) before and after the intervention should be collected. Or specifically income from illicit cultivation should be compared to income from AD program activities promoted.</i>	<i>To really measure the impact and effectiveness of the AD program</i>
<i>R10 Alternative development</i>	<i>Level of average annual income that enables direct beneficiaries, and family members where applicable, to survive, should be collected, as well as current proportion of income from illicit crop cultivation and licit activities</i>	<i>In order to understand the real situation, problems and needs on the ground, and set target</i>
<i>R10 Alternative development</i>	<i>Indicators of households in areas affected by illicit cultivation should expand along the line of SDGs</i>	<i>Improvement of overall livelihood of direct beneficiaries is key to sustainable alternative development programs</i>

<i>R10 Alternative development</i>	<i>Information on stakeholders should be collected i.e.roles of government, NGO, private sector, community</i>	<i>In order to understand current situation, problems, limitation, and to improve the program in the future</i>
<i>R10 Alternative development</i>	<i>Information on existence of national economic development plan/strategy to push forward rural development program in those locations, should be collected</i>	<i>To measure whether it helps to ensure sustainable alternative development in the long run</i>
<i>R10 Alternative development</i>	<i>A clear link between AD projects impact and intended outcome on (reduced illicit crop cultivation area) is not available</i>	<i>No way to really measure effectiveness of AD program</i>

Country: Global (based in the UK)

Institution: International Drug Policy Consortium

Module name	Comments/suggestions	Justification for the comments
<i>A01 Prevalence and extent of drug use</i>	<i>Suggest requesting information on methods of consumption for the general population (as is requested for specific groups of the population).</i>	<i>The method of consumption is very important to inform the health and social response to such use. See:</i>
<i>A01 Prevalence and extent of drug use</i>	<i>The list of specific groups under ‘Information on drug use among specific groups of the population’ should include ‘ethnic minorities’, ‘people in prison or detention’, as well as ‘MSM’ and ‘transgender’. Also provide a possibility of disaggregating the information by sex whenever relevant.</i>	<i>Developing and disseminating ‘gender-sensitive and age-appropriate’ measures requires taking into account the needs of women and girls, but also MSM and transgender people, who are also recognised as key populations by UNAIDS and WHO – see para 4.g of the UNGASS OD. People in prison or detention also constitute a particularly vulnerable group recognise in the UNGASS OD. Although data is tracked on people in prison in R01, it is important that basic information be collected on a yearly basis.</i>

A01 Prevalence and extent of drug use	Under 'Information on policy-drug use': also disaggregate the information by 'age'.	See para 4.f of the UNGASS OD, calling on the implementation of 'age-appropriate practical measures, tailored to the specific needs of children, youth'. Tracking trends in poly-drug use among children and youth is particularly important to design and implement health policies and programmes tailored to their needs and specific vulnerabilities.
A02 People who inject drugs (PWID)	Under 'Estimates of total number of PWID' 'by drug type': ensure that information is also disaggregated by sex and age.	This is to complement the previous question on overall 'Prevalence of injecting drug use'.
A02 People who inject drugs (PWID)	Under 'Newly diagnosed HIV cases among PWID', 'Metadata' column: remove 'Reference Age Group (preferred 15-64)'.	This specification is not relevant since the age ranges are indicated in the column 'Disaggregation'
A02 People who inject drugs (PWID)	<p>Under 'Injecting drug use among specific groups of the population': use the same specific groups as in A01 (persons with disabilities, people living in rural areas, indigenous people, migrants/internally displaced persons, homeless people, sex workers, as well as ethnic minorities, people in prison or detention, MSM and transgender).</p> <p>Data for each specific group should be disaggregated by sex when relevant.</p>	This is to ensure consistency with all modules.
A03 People with drug use disorders	Under 'New developments on people with drug use disorders', request also 'major changes' in terms of age.	Para 4.f of the UNGASS OD.
A03 People with drug use disorders	Under 'Information on people with drug use disorders among specific groups of the population': use the same specific groups as in other modules: persons with disabilities, people living in rural areas, indigenous people, migrants/internally displaced persons, homeless people, sex workers, as well as ethnic minorities,	This is to ensure consistency between all modules.

	<p><i>people in prison or detention, MSM and transgender.</i></p> <p><i>Data for each specific group should be disaggregated by sex when relevant.</i></p>	
A03 People with drug use disorders	<p><i>Add a question on whether there are clear guidelines to assess whether a person suffers from drug use disorders, and who is in charge of this assessment.</i></p>	<p><i>Para 1.i of the UNGASS OD recognises ‘drug dependence as a complex, multifactorial health disorder characterized by a chronic and relapsing nature’.</i></p>
A04 Drug-related mortality	<p><i>Under ‘Ranking and trends in mortality’: also provide the option of disaggregating the information by age.</i></p>	<p><i>See Para 4.f of the UNGASS OD.</i></p>
A04 Drug-related mortality	<p><i>Under ‘Qualitative assessment of polydrug use’: provide the option of disaggregating the information by sex and age.</i></p> <p><i>Furthermore, information on polydrug use is requested as free text in A01. For the sake of consistency, do we want to do the same in A04, rather than provide a dropdown menu which might not provide sufficient flexibility – and apply the same method for the relevant questions throughout the modules.</i></p>	<p><i>There are differences in polydrug use between men and women, and according to the age of the person who uses drugs. These must be taken into account to design drug programmes.</i></p>
A04 Drug-related mortality	<p><i>Under ‘Number of drug-related deaths and accidental poisoning’, ‘Disaggregation’ column: remove the note ‘Tramadol and Fentanyl to be explicitly given as an option’.</i></p>	<p><i>Explicitly highlighting tramadol and fentanyl here might run the danger of this becoming irrelevant if and when the illicit drug market shifts to other drugs. Furthermore, in most intoxication cases, several studies have shown that the substance believed to be tramadol was in fact another substance altogether (e.g., see this article). Suggest granting more flexibility for member states to highlight substances in a more flexible way.</i></p>
A04 Drug-related mortality	<p><i>Under ‘Drug-related deaths and accidental poisoning: polydrug use’: provide the option to disaggregate the information by age and gender.</i></p>	<p><i>This is to reflect ‘the importance of developing policies targeted at population groups which are more susceptible to drug-related deaths’, as explained in the ‘purpose’ section of this module.</i></p>

A04 Drug-related mortality	<p><i>Under 'Drug-related deaths and accidental poisoning in sub-population groups', add ethnic minorities, people in prison or detention, MSM and transgender.</i></p> <p><i>Data for each specific group should be disaggregated by sex whenever relevant.</i></p>	<i>This is to ensure consistency with A01, A02, A03 and A04.</i>
A05 Drug-related treatment	<i>Under 'Ranking and trends in the provision of treatment': also disaggregate information by age.</i>	<i>Para 4.f of the UNGASS OD.</i>
A05 Drug-related treatment	<i>Under 'New developments', column 'Definitions / Specific instructions': ask that developments be also reported regarding the age and sex of those seeking treatment.</i>	<i>Chapter 4 of the UNGASS OD.</i>
A05 Drug-related treatment	<p><i>Under 'Treatment coverage': also disaggregate the data by age.</i></p> <p><i>Welcome the mention to SDG 3.5.1 – recommend that more mentions to relevant SDGs be included throughout the revised ARQ (not just SDG 3.5) to guide member states in the achievement of the 2030 Agenda for Sustainable Development.</i></p>	<p><i>Para 4.f of the UNGASS OD.</i></p> <p><i>Preamble of the UNGASS OD, para 7.g of the UNGASS OD.</i></p> <p><i>Recommend reaching out to UNDP for this exercise, or to review pp. 96-107 of this report; or review the contribution of the EU Civil Society Forum on the ARQ review.</i></p>
A05 Drug-related treatment	<i>Information on polydrug use is requested as free text in A01. For the sake of consistency, do we want to do the same in A04 and A05, rather than provide a dropdown menu which might not provide sufficient flexibility?</i>	<i>Para 1.i of the UNGASS OD.</i>
A05 Drug-related treatment	<i>Under 'Qualitative assessment of polydrug use': disaggregate information by age and sex</i>	<i>Para 4.f and 4.b of the UNGASS OD.</i>
A05 Drug-related treatment	<i>Under 'Availability of data on treatment', rephrase 'Availability of information/data treatment for drug use' as 'Availability of information/data on treatment for drug use disorders'.</i>	<i>To ensure consistency with the terminology used in this module and by UNODC, and mark the difference between drug use and drug use disorders/drug dependence.</i>

<p>A05 Drug-related treatment</p>	<p><i>Under ‘Number of people in treatment by primary drug and intervention’:</i> add ‘Opioid agonist treatment’ under the list of pharmacological treatment interventions. Also remove ‘Detoxification’ from ‘pharmacological’ treatment as it is not a pharmacological treatment. Consider adding a clear reference to the definition used for the various forms of treatment – and consider using WHO-agreed definitions.</p> <p><i>Under ‘Source of referral’:</i> - Differentiate between self-referral, and referral by friends and family (these should be two separate entries) - Add ‘administrative referral’ in the list.</p>	<p><i>To complement the various forms of ‘medication-assisted therapy’ interventions for opioid dependence (ref in para 1.o of the UNGASS OD) and to reflect the definition provided by the UNODC for this section.</i></p> <p><i>This is to reflect para 1.j of the UNGASS OD on voluntary participation of individuals in treatment.</i></p>
<p>A05 Drug-related treatment</p>	<p><i>Under ‘Access to treatment for specific groups of the population’, ‘Number of clients by socio-economic characteristics’:</i> Also disaggregate by age.</p>	<p><i>Para 4.f of the UNGASS OD.</i></p>
<p>A05 Drug-related treatment</p>	<p><i>Under ‘Access to treatment for specific groups of the population’, ‘Number of clients by specific groups of the population’:</i> Add, under ‘specific groups’ ethnic minorities, people in prison or detention, MSM and transgender.</p> <p><i>Data for each specific group should be disaggregated by sex when relevant.</i></p>	<p><i>This is to ensure consistency with A01, A02, A03, A04 and A05</i></p>
<p>A08 Cultivation and eradication of illicit crops</p>	<p><i>The section on ‘Total eradication of illicit crops’ should disaggregate data collected between ‘voluntary’ and ‘forced’ eradication.</i></p> <p><i>The section should also request member states to report on:</i></p>	<p><i>See para 7.b of the UNGASS OD.</i></p>

	<p>- whether eradication is manual or aerial (see metadata section)</p> <p>- whether chemicals are being used, and if so, which ones. This can be linked back to SDG target 13.2 and SDG indicator 15.3.1.</p> <p>Data on eradication should be disaggregated according to whether such activities (cultivation and eradication) are taking place on indigenous lands.</p>	<p>See para 4.i of the UNGASS OD.</p>
A10 Drug-related criminal justice process	<p>Under 'New developments in drug-related criminal situation in the country': remove the request for information on 'not controlled' emerging drugs.</p>	<p>Requesting information from member states on not controlled drugs is outside of the mandate of the UNODC, and within the mandate of the WHO.</p>
A10 Drug-related criminal justice process	<p>Under 'Formal contact': add 'cultivation' and 'production' under the disaggregated items.</p> <p>The 'trafficking' offences should be disaggregated further into low-, mid- and high-level trafficking (with requirements to define what constitutes low-mid-high level trafficking in the given country)</p> <p>This disaggregation should be applied in all relevant sections of the modules (especially A10 and R01).</p>	<p>Cultivation and production are key 'drug supply' activities which are criminalised in a number of countries. This is, in fact, recognised in the definitions column, and should be reflected in the ARQ itself.</p> <p>In order to gain a better understanding of who is in contact with the criminal justice system, it is key to disaggregate 'trafficking' offences further. For instance, women are generally involved in low-level activities as drug couriers (see para 4.d) and this needs to be better understood.</p>
A10 Drug-related criminal justice process	<p>Under 'Formal contact', 'Prosecution' and 'conviction', add a question (Type II or III) to track the number or proportion of persons in contact with the criminal justice system who have children (and how many on average).</p>	<p>This is to reflect para 4.f of the UNGASS Outcome Document. It is also to better document the impacts of incarceration of parents on children. See, for instance, this study in eight Latin American and Caribbean countries.</p>

<p><i>A10 Drug-related criminal justice process</i></p>	<p><i>Under ‘Conviction’: add ‘Death penalty’ and ‘corporal punishment’ in the ‘Categories’ proposed.</i></p> <p><i>Under ‘Conviction’, also track (as a Type II request for information):</i></p> <ul style="list-style-type: none"> <i>- whether the State makes use of mandatory sentences</i> <i>- whether it makes use of mitigating or aggravating factors (and if so, specify which).</i> 	<p><i>This is to reflect the various forms of criminal sanctions being used by member states, and to reflect para 4.1 of the UNGASS OD.</i></p>
<p><i>A10 Drug-related criminal justice process</i></p>	<p><i>The Metadata and Justification sections both refer to tracking data on administrative sanctions. Those would need to be tracked somewhere in the ARQ, either here or elsewhere, including any form of compulsory detention for people who use drugs, regular forced urine testing, and other forms of administrative sanctions.</i></p>	<p><i>See para 4.c and 4.o of the UNGASS Outcome Document.</i></p>
<p><i>A10 Drug-related criminal justice process</i></p>	<p><i>This section should track progress made against para 4.o of the UNGASS OD on access to justice. Below are some proposed indicators, but we suggest reaching out to OHCHR experts to elaborate those further in a way that would be acceptable for member states – as a Type III request for information:</i></p> <ul style="list-style-type: none"> <i>- Reported cases of arbitrary detention by sex, age</i> <i>- % of people accused of drug offences who received legal aid during trial, by sex, age</i> <i>- Reported cases of violence against, and extrajudicial killings of, suspected drug offenders by law enforcement authorities, by sex and age.</i> 	<p><i>See Para 4.o of the UNGASS OD and OHCHR report on UNGASS implementation and human rights 2018.</i></p>
<p><i>A11 Legislative and institutional framework</i></p>	<p><i>Under ‘New legal instruments’, also track:</i></p>	<p><i>Chapter 2 of the UNGASS OD, para 1.o of the UNGASS OD, Preamble of the UNGASS OD, para 4.1 of the UNGASS OD.</i></p>

	<ul style="list-style-type: none"> - Any new laws and regulations relating to ensuring better access to controlled substances for medical and scientific purposes - Any new laws and regulations aiming at minimizing the adverse health and social consequences of drug abuse. - Any new laws and regulations aiming to align drug policies with the 2030 Agenda for Sustainable Development. - Any new laws and regulations aiming at ensuring more proportionate sentencing and/or alternatives to coercion or punishment for drug offenders. - Any new laws and regulations regarding the use of the death penalty for drug offences. - Any new laws and regulations regarding the use of corporal punishment for drug offences. 	
A11 Legislative and institutional framework	<p>Under 'Comprehensive approach to drug demand and supply reduction': add</p> <ul style="list-style-type: none"> - 'to minimize the health and social consequences of drug abuse' - 'to improve access to controlled substances for medical and scientific purposes'. 	Chapter 2 of the UNGASS OD, para 1.o of the UNGASS OD.
R01 Prisons	<p>Under 'Persons held in prisons PHIP' and throughout the module: disaggregate 'possession' and 'trafficking' offences further (see comment on module A10).</p> <p>Under 'Persons held in prison': also track the number or proportion of those who have children, and how many they have on average.</p>	<p>See comment on module A10.</p> <p>This is to reflect para 4.f of the UNGASS Outcome Document. It is also to better document the impacts of incarceration of parents on children. See, for instance, this study in eight Latin American and Caribbean countries.</p>

	<p><i>In this section, add a question on whether pre-trial detention is mandatory or not as a Type II request for information.</i></p> <p><i>In this section, consider making the request for 'Total number of PHIP' and 'PHIP for drug-related offences' a Type I information request (instead of Type III).</i></p>	<p><i>This is essential information to better understand the global state of prisons and the proportion of prisoners incarcerated for drug offences.</i></p>
R01 Prisons	<p><i>Under 'Service provision in prison settings': Disaggrgate data by sex and male/female prisons.</i></p> <p><i>Also replace 'Treatment of drug use' and 'Treatment of drug users' with 'Treatment for drug use disorders' for consistency in terminology.</i></p> <p><i>Finally, replace the list of 'Essential interventions' under 'Disaggregation' with the list of 15 interventions included in the comprehensive package of interventions, and consider adding naloxone provision to the list.</i></p> <p><i>Consider making this section a Type II request for information (instead of Type III).</i></p>	<p><i>The UNGASS OD recognises the need to expand services for women in prison, and to apply the Bangkok Rules. See para 4.b, 4.n of the UNGASS OD.</i></p> <p><i>See para 1.m of the UNGASS OD.</i></p>
R01 Prisons	<p><i>Under 'PHIP with drug use disorders': disaggregate the data by sex.</i></p>	<p><i>See para 4.b and 4.n of the UNGASS OD.</i></p>
R02 Drug-related acute intoxication	<p><i>Under 'Ranking and trends in drug-related morbidity': consider disaggregating the information by age.</i></p>	<p><i>See para 4.f of the UNGASS OD.</i></p>
R02 Drug-related acute intoxication	<p><i>Under 'Availability and access to antagonist drugs registered in the country': Add a question on access to naloxone and/or naltrexone in prison and detention settings.</i></p>	<p><i>See para 1.k and 1.m of the UNGASS OD.</i></p>

R02 Drug-related acute intoxication	<i>Under 'Number of episodes': consider requesting disaggregated data on people just released from prison.</i>	<i>Available research shows that people who have just been released from prison are at particularly high risk of overdoses, in particular in the first two weeks after release.</i>
R02 Drug-related acute intoxication	<i>Under 'Information on drug-related acute intoxication among specific groups of the population': add to the list of 'specific groups': ethnic minorities, people in prison or detention, MSM and transgender</i>	<i>To ensure consistency with annual modules.</i>
R03 Core treatment services	<i>Consider adding a question on whether minimum quality standards for drug dependence treatment and/or for drug treatment facilities are available at local/national level.</i> <i>Also consider adding a question about whether there is a monitoring and evaluation system in place to supervise the effectiveness drug treatment facilities, ensure adequate quality of treatment and prevent possible acts of cruel, inhuman or degrading treatment or punishment.</i>	<i>See para 4.c of the UNGASS OD. This is also to respond to the concern, by some governments, about treatment quality (see Justification column).</i>
R05 Prevention of drug use	<i>Under 'Ranking and trends in the provision of services for the prevention of drug use': add to the 'specific groups': ethnic minorities, people in prison or detention, MSM and transgender. To this list, also add women, children and youth.</i>	<i>To ensure consistency with annual modules.</i>
R05 Prevention of drug use	<i>Under 'Monitoring and evaluation of prevention services': consider adding a question on whether minimum quality standards for drug prevention exist at local/national level.</i>	<i>See para 1.c of the UNGASS OD.</i>
R06 Prevention of infectious diseases	<i>Consider making this an annual module, rather than a rotating one. If this is not possible, some key Type I requests for information should be added to modules A02 and A04.</i>	<i>This module is essential to the implementation of a number of recommendations from both the 2009 PoA (action 4.i, 10.b, 38.c) and the 2016 UNGASS OD (para 1.k, 1.m, 1.o)</i>

	<p>Also cross-link requested information with SDG 3 (and relevant targets) whenever possible.</p>	
R06 Prevention of infectious diseases	<p>Consider adding a Type II request for information in this module on:</p> <ul style="list-style-type: none"> - whether the possession of drug use/injection paraphernalia (e.g. needles and syringes, crack pipes, etc.) is subject to criminal sanctions - whether substances used of OST (e.g. methadone, buprenorphine) are allowed, or prohibited in the country's legislation. 	<p>This is to reflect para 1.o of the UNGASS OD.</p>
R06 Prevention of infectious diseases	<p>Under 'Ranking and trends in the provision of interventions for the prevention of infectious diseases': the types of interventions listed under the 'Disaggregation' column should list all 9 interventions promoted in the 2012 technical guidance.</p>	<p>To be consistent with the 2012 technical guidance, and para 1.o of the UNGASS OD.</p>
R06 Prevention of infectious diseases	<p>Under 'New developments in the prevention of infectious diseases': same comment as above for the list of types of interventions.</p> <p>Regarding 'specification of changes that might have occurred': amend 'an increase of financial resources...' with 'a change in the financial resources...' or 'an increase or decrease in financial resources...'.</p> <p>Consider making this section a Type I request for information.</p> <p>Consider also adding a Type II request for information regarding information on spending, provided on a yearly basis, for each type of intervention included in the 2012 technical guide.</p>	<p>Same as above.</p> <p>See CND Resolution 60/8.</p> <p>See CND Resolution 60/8.</p>

<p><i>R06 Prevention of infectious diseases</i></p>	<p><i>Under 'Coverage of interventions for the prevention of infectious diseases': welcome the definition of 'Sex' included here (M, F, Transgender) and propose to use this disaggregation throughout, while also adding MSM to this list.</i></p>	<p><i>To reflect the key populations defined by UNAIDS.</i></p>
<p><i>R06 Prevention of infectious diseases</i></p>	<p><i>Under 'Coverage of interventions for the prevention of infectious diseases':</i></p> <ul style="list-style-type: none"> <i>- Suggest using number of needles distributed per PWID/year to measure coverage of NSPs (indicator 3.10 of the UNAIDS Global AIDS Monitor).</i> <i>- Suggest using the coverage indicator proposed by the UNAIDS Global AIDS Monitoring (indicator 3.10) for OST coverage among OST.</i> <i>- Suggest using the coverage indicator proposed by the UNAIDS Global AIDS Monitoring (indicator 3.5C) for ART coverage</i> 	<p><i>To ensure consistency in data collection within the UN.</i></p>
<p><i>R06 Prevention of infectious diseases</i></p>	<p><i>Under 'Access of interventions to specific groups of the population': note that the Source in the 'Disaggregation' column should be the '2016 Political Declaration on HIV/AIDS'.</i></p>	<p><i>N/A</i></p>
<p><i>R08 Links between drug trafficking, corruption and other forms of organised crime</i></p>	<p><i>Under 'Links between drug trafficking groups and corruption': add a reference to SDG Target 16.5 'Substantially reduce corruption and bribery in all their forms'</i></p>	<p><i>See preamble of the UNGASS OD referring to the 2030 Agenda for Sustainable Development.</i></p>
<p><i>R08 Links between drug trafficking, corruption and other forms of organised crime</i></p>	<p><i>Under 'Terroristic groups and their level of involvement in drug trafficking': consider only requesting information about terrorist groups which do engage in, or benefit from, drug trafficking, as tracking information on major terrorist groups which do not have ties with drug trafficking activities is irrelevant for the ARQ.</i></p>	<p><i>See para 3.k of the UNGASS OD.</i></p>

	<i>Information here is not attributed to any Type. Consider adding it as a Type III information request.</i>	
<i>R08 Links between drug trafficking, corruption and other forms of organised crime</i>	<i>Under 'Availability of studies/research/surveys': include this as a Type III information request (for now, this is not specified).</i>	<i>To ensure consistency with the other modules.</i>
<i>R08 Links between drug trafficking, corruption and other forms of organised crime</i>	<i>This module should include a question on the number of victims of intentional homicide per 100,000 population, by sex and age.</i>	<i>This is to track progress made against para 3.a of the UNGASS and can be linked to Target 16.1 of the SDGs.</i>
<i>R09 Supply reduction activities and international cooperation</i>	<i>Under 'Cross-border cooperation': include a Type III request for information: 'Number of extradition requests of drug offenders (foreigners or nationals) to/from other countries where the said drug offenders would be condemned to the death penalty. List 3 main countries involved, by sent/received requests, and by status (approved, not approved, under consideration, unknown).</i>	<i>See preamble of the UNGASS OD which reaffirms 'unwavering commitment to ensuring that all aspects of demand reduction and related measures, supply reduction and related measures, and international cooperation are addressed in full conformity with.... International law and the Universal Declaration of Human Rights... all human rights, fundamental freedoms, the inherent dignity of all individuals and the principles of equal rights and mutual respect among States'. See also Action 22.c of the PoA, as well as international human rights law regarding the right to life.</i>
<i>R10 Alternative development</i>	<i>'List of AD projects conducted during the reporting period': this should be a Type I request for information, as is the 'Types of alternative development activities' right below. For the justification, link back to UNGASS OD paras 7, 7.b, 7.h, 7.j.</i>	<i>See UNGASS OD para 7, 7.b, 7.h, 7.j.</i>
<i>R10 Alternative development</i>	<i>Under 'Types of alternative development activities': under Type of activities, add: - Mechanism(s) in place for the incorporation and participation of local communities (specify) - Measures aimed at promoting economic growth and supporting initiatives that contribute to</i>	<i>See para 7.b and 7.j of the UNGASS OD.</i>

	<p><i>poverty eradication and the sustainability of social and economic development (specify)</i></p> <p><i>- Measures aimed at improving access and legal titles to land for farmers and local communities (specify).</i></p> <p><i>Link these development-oriented activities with SDG Targets 1.1, 1.4, 5.A, 6.6, 13.2.</i></p>	
<i>R10 Alternative development</i>	<i>Under 'Total funds directed to alternative development activities': consider adding a Type III request for information on funding sustainability (free text).</i>	<i>See para 7 of the UNGASS OD.</i>
<i>R10 Alternative development</i>	<i>For the 'Socio-economic indicators of households in areas affected by illicit crop cultivation' section: consider linking back to relevant SDGs.</i>	<i>See Preamble of the UNGASS OD and para 7, 7.b, 7.h, 7.j. Consider reaching out to UNDP for a list of relevant SDGs.</i>
<i>R10 Alternative development</i>	<i>In this Module, consider requesting Type III information on the poverty level of communities affected by illegal drug cultivation (possible use of SDG indicator 1.1.1)</i>	<i>See para 7, 7.a, 7.b of the UNGASS OD.</i>
<i>R11 Alternatives to conviction and punishment</i>	<i>The introduction to this module explains that no qualitative questions are asked here because this module is an extended version of the 'DRC module' (R14). However, R14 will request information 'at a lower frequency' than other modules. We recommend that qualitative questions be requested throughout this module to better understand the scope and impacts of alternatives to conviction and punishment.</i>	<i>This is to reflect para 4.j of the UNGASS OD. Also Action 15.a of the PoA.</i>
<i>R11 Alternatives to conviction and punishment</i>	<i>Throughout the module, further disaggregate 'Possession' and 'Trafficking' offences. (see comment on module A10).</i>	<i>See comment on module A10.</i>

	<p><i>Throughout the module, also consider tracking information on whether people benefiting from alternatives to conviction or punishment have children, and if so, how many on average.</i></p> <p><i>Also consider disaggregating between own citizens/foreigners, but also indigenous people and ethnic minorities.</i></p> <p><i>Finally, add a question (Type II) on whether there are national guidelines or minimum quality standards in place at local/national level on alternatives to conviction or punishment.</i></p>	<p><i>This is to reflect para 4.f of the UNGASS Outcome Document. It is also to better document the impacts of incarceration of parents on children. See, for instance, this study in eight Latin American and Caribbean countries: http://www.cwslac.org/nnapes-pdd/en#informes</i></p> <p>Indigenous people and ethnic minorities face specific vulnerabilities in prison and it is therefore critical to track whether they can, and do, benefit from alternatives to conviction and punishment.</p> <p>This is to reflect para 4.c and 4.j of the UNGASS OD.</p>
<i>R11 Alternatives to conviction and punishment</i>	<i>Under 'Formal contact': provide the option (Type III request for information) to specify what 'Diversionary measure' is being implemented with the possibility of offering free text.</i>	<i>This is to reflect para 4.j of the UNGASS OD.</i>
<i>R11 Alternatives to conviction and punishment</i>	<i>Under 'Prosecution' and 'conviction', add a Type III request for information to provide further information on each type of alternatives to conviction or punishment (e.g. criteria for enrolment, rules and requirements, expected outcomes, evidence of effectiveness).</i>	<i>This is to reflect para 4.j of the UNGASS OD.</i>
<i>R12 New psychoactive substances identified</i>	<i>This module should include a set of questions on the existence of treatment for drug use disorders and of measures aimed at minimizing the health and social consequences of drug use.</i>	<i>This is to reflect para 5.d of the UNGASS OD.</i>
<i>R13 Illicit financial flows and money laundering</i>	<i>Instead of having a module dedicated exclusively to illicit financial flows and money laundering, it might be more effective to merge this module with R08 on 'Links between drug trafficking, corruption and other forms of organized crime'.</i>	

R14 National framework	Sections requesting information on 'Policy/strategy' should also request information on whether there are other regulations, guidelines and minimum quality standards in place.	This is to track whether there are any forms of guidelines around the quality and evidence-base of services and programmes in place.
R14 National framework	<p>In this section, add:</p> <ul style="list-style-type: none"> - A question on existing mechanisms for the involvement of civil society, affected farmers, women and other affected communities in the design, implementation, monitoring and evaluation of drug policies (as a Type II request for information). - A question on existing laws, policies, regulations aiming to reduce discriminations in access to healthcare for people who use drugs. - A question on existing laws, policies, regulations aiming to eliminate arbitrary arrest and detention of suspected drug offenders. - A question on existing laws, policies, regulations aiming to eliminate acts of torture and other inhuman, degrading treatment or punishment, including corporal punishment against drug offenders. - A question on existing laws, policies, regulations aiming to eliminate impunity. 	<p>This is to reflect the Preamble, para 1.a, 7.l and 9 of the UNGASS OD.</p> <p>This is to reflect para 1.d, 1.k, 4.b, 4.g, as well as CND Resolution 61/8 and 61/11.</p> <p>To reflect the contents of para 4.c and 4.o of the UNGASS OD – as well as SDG 16 (targets 16.2, 16.3 and 16.A).</p>
R14 National framework	<p>Under 'National alternative development strategy': ask an open-ended question on whether the strategy includes links to the 2030 Agenda for Sustainable Development.</p> <p>Also consider asking whether alternative development programmes are developed in rural and/or in urban areas.</p>	<p>See Preamble of the UNGASS OD.</p> <p>See para 7.j of the UNGASS OD.</p>

<p>R14 National framework</p>	<p><i>Under ‘National system on prevention of drug-related infectious diseases’:</i></p> <ul style="list-style-type: none"> - After ‘Formal policies adopted on prevention of infectious diseases’, add ‘include specific information on any age- and gender-sensitive policies adopted on prevention of infectious diseases’. Or alternatively, use the same formulation as in the treatment section below ‘Existence of specific policy/strategy for specific groups of the population’. - Remove ‘(as a prevention to IDUs)’ after ‘OST policy’. - At the end of the ‘Central coordinating entity and other institutions involved...’, include ‘(including NGOs if they are involved)’ – consider doing this throughout the module. 	<p><i>Women and youth who use drugs are among those most vulnerable to contracting infectious diseases, and remain an under-served population.</i></p> <p><i>What is being said is unclear here. OST is not a prevention to IDU but, as the document clarifies, as a prevention measure to drug-related infectious diseases.</i></p> <p><i>This is to ensure consistency with the next section ‘National system on prevention of drug use’ (although there, revise the text which refers to ‘treatment delivery’ instead of ‘prevention programme delivery’?)</i></p>
<p>R14 National framework</p>	<p><i>For ‘National system on treatment of drug users’:</i> Use the terminology ‘drug use disorders’ instead of ‘drug users’.</p> <p><i>Remove ‘Detoxification’ and add ‘Opioid agonist maintenance’ from the list under ‘Pharmacological’ treatment options (Also clarify which UN-agreed definition is being used to define ‘pharmacological’ treatment’ – suggestion to use that provided by the WHO).</i></p> <p><i>Under ‘Diversification of services and inclusion of specific groups...’: include ethnic minorities, MSM, transgender and people in prison or detention in the list.</i></p>	<p><i>This is to ensure consistency in terminology used by UNODC and to acknowledge the fact that only 1 in 10 people who use drugs on average will develop drug dependence.</i></p> <p><i>Suggest using the WHO-agreed definition of pharmacological (and other forms of) treatment here.</i></p> <p><i>For consistency with other modules.</i></p>

<p>R14 National framework</p>	<p><i>Under ‘National system on access to internationally controlled medication’: add a request for information on whether any efforts have been made to remove policy, legal, structural and technical barriers to ensure improved access to controlled medicines over the reporting period.</i></p>	<p><i>This is to track progress against para 2.a of the UNGASS OD.</i></p>
<p>R16 - Access to medications</p>	<p><i>In this module, also consider tracking:</i></p> <ul style="list-style-type: none"> <i>- Coverage of training for healthcare professionals on palliative care and the treatment of moderate to severe or chronic pain with controlled medicines.</i> <i>- % of people suffering from moderate to severe or chronic pain receiving controlled medicines (disaggregated by age and gender)</i> <i>- % of medical and nursing schools providing palliative care and pain management training in their curriculum.</i> 	<p><i>This is to track progress against para 2.a, 2.d, 2.e, 2.g of the UNGASS OD.</i></p>
<p>R16 - Access to medications</p>	<p><i>Under ‘Restrictions to access to internationally controlled medications: under ‘Main 3 restrictions on the access of the population to internationally controlled medications’, consider a drop-down menu that lists the barriers that have been identified in the UNGASS OD, such as: burdensome legislation or regulations, limited financial resources (affordability), lack of training or awareness of health care professionals, problems in sourcing, fear of prosecution or sanctions.</i></p>	<p><i>See Chapter 2 of the UNGASS OD.</i></p>

Country: Global (based in the UK)

Institution: Harm Reduction International

Module name	Comments/suggestions	Justification for the comments
A01 Prevalence and extent of drug use	<i>The list of specific groups under 'Information on drug use among specific groups of the population' should include disaggregation by ethnicity, 'people in prison or detention', as well as 'MSM' and 'transgender'. Where relevant, these should be further disaggregated by sex.</i>	<p><i>Ensure consistency.</i></p> <p><i>Ensure more detailed and disaggregated information is available, which will be essential in designing effective and appropriate services.</i></p> <p><i>People in prison or detention also constitute a particularly vulnerable group. Although data is tracked on people in prison in R01, it is important that basic information be collected on a yearly basis.</i></p>
A01 Prevalence and extent of drug use	<i>Under Household drug use surveys: data on prevalence of drug use in the general and youth population also disaggregate by methods of consumption for the general population (as is requested for specific groups of the population).</i>	<i>The method of consumption is very important to inform the health and social response to such use.</i>
A02 People who inject drugs (PWID)	<i>Under 'Injecting drug use among specific groups of the population', also disaggregate by use the same specific groups as in A01 (persons with disabilities, people living in rural areas, indigenous people, migrants, MSM, transgender, disaggregation by ethnicity). Further disaggregate by sex when relevant.</i>	<i>Ensure consistency between modules.</i>

A03 People with drug use disorders	<p><i>Under 'Information on people with drug use disorders among specific groups of the population', also disaggregate by: indigenous people, minorities, people in prison or detention, MSM, transgender people, disaggregation by ethnicity.</i></p> <p><i>When relevant, further disaggregate by sex.</i></p>	<i>Ensure consistency between modules.</i>
A04 Drug-related mortality	<p><i>Under 'Drug-related deaths and accidental poisoning in sub-population groups', add disaggregation by ethnicity, people in prison or detention, MSM and transgender.</i></p> <p><i>Data for each specific group should be disaggregated by sex whenever relevant.</i></p>	<i>Ensure consistency between modules.</i>
A04 Drug-related mortality	<i>Under 'Number of drug-related deaths and accidental poisoning', 'Disaggregation' column: remove the note 'Tramadol and Fentanyl to be explicitly given as an option'.</i>	<i>Not justified/not necessary</i>
A05 Drug-related treatment	<i>Under 'Number of people in treatment by primary drug and intervention' add 'People undergoing treatment as a consequence of court orders or administrative decisions'</i>	<i>Evaluate human rights compliance</i>
A05 Drug-related treatment	<p><i>Under 'Number of people in treatment by primary drug and intervention': add 'Opioid agonist treatment' under the list of pharmacological treatment interventions and remove 'Detoxification' from 'pharmacological' treatment.</i></p> <p><i>Under 'Source of referral':</i></p> <ul style="list-style-type: none"> - Differentiate between self-referral, and referral by friends and family (these should be two separate entries) - Add 'administrative referral' in the list. 	<p><i>Inconsistency with definition provided by the UNODC for this section.</i></p> <p><i>Detoxification is not a pharmacological treatment.</i></p>
A05 Drug-related treatment	<p><i>Under 'Source of referral':</i></p> <ul style="list-style-type: none"> - Differentiate between self-referral, and referral by friends and family - Add 'judicial' and 'administrative referral' (courts/administrative bodies). 	<i>Evaluate human rights compliance</i>
A05 Drug-related treatment	<i>Under 'Access to treatment for specific groups of the population', 'Number of clients by specific groups of the population' Add, under 'specific groups'</i>	<i>Ensure consistency between modules.</i>

	<p><i>disaggregation by ethnicity, people in prison or detention, MSM, and transgender.</i></p> <p><i>Data for each specific group should be disaggregated by sex when relevant.</i></p>	
<i>A10 Drug-related criminal justice process</i>	<i>Under 'New developments in drug-related criminal situation in the country': remove the request for information on 'not controlled' emerging drugs.</i>	<i>Requesting information from member states on not controlled drugs is outside of the mandate of the UNODC, and within the mandate of the WHO.</i>
<i>A10 Drug-related criminal justice process</i>	<i>Review the disaggregation by crime. Instead of "total/possession/trafficking" data should be required for each category of crime identified in the metadata section (e.g. data should be asked for possession, use, purchase, cultivation, manufacturing,...)</i>	<i>Better understanding of the main drug crimes for which people enter in contact with the criminal justice process</i>
<i>A10 Drug-related criminal justice process</i>	<i>Under 'conviction', add categories of punishment: life imprisonment, death penalty, corporal punishment.</i> <i>Introduce further disaggregation by whether the sentence is mandatory</i>	<i>Better understanding of the criminal justice process in the country and whether the principle of proportionality is respected</i> <i>Evaluate human rights compliance</i>
<i>A10 Drug-related criminal justice process</i>	<i>Under 'Prosecution', add an indicator/disaggregate by number of people in pre-trial detention while prosecuted</i>	<i>Better understanding of the criminal justice process in the country and whether the principle of proportionality is respected</i>
<i>A10 Drug-related criminal justice process</i>	<p><i>Add category 1 indicator on the death penalty, including:</i></p> <ul style="list-style-type: none"> <i>- Death penalty provision in domestic legislation (specification of drug offences for which the death penalty can be imposed, and whether the imposition is discretionary or mandatory)</i> <i>- Number of people under final sentence of death for drug offences</i> <i>- Number of people executed for drug offences</i> <p><i>Disaggregate by: age, gender, nationality</i></p> <p><i>In alternative, it can be added to A10</i></p>	<i>Evaluate human rights compliance</i>

<i>A11 Legislative and institutional framework</i>	<i>Under 'New legal instruments' add: Ratification of relevant international/regional treaties, including human rights conventions</i>	<i>Better understanding of legislative framework</i>
<i>R01 Prisons</i>	<i>Under 'Number of prisons where essential interventions for the prevention and treatment of infectious diseases have been implemented', review definition of 'essential interventions to include naloxone availability'</i>	<i>In line with WHO recommendations on HIV prevention, diagnosis, treatment and care for key populations</i>
<i>R01 Prisons</i>	<i>Number of prisons where key interventions to prevent drug use have been implemented. Describe main 3 interventions: replace with "3 evidence-based interventions"</i>	<i>Ensure compliance with human rights standards</i>
<i>R01 Prisons</i>	<i>Ensure consistency throughout the questionnaire with regards to the disaggregation by drug (at the moment there are inconsistencies. E.g. see People who inject drugs (PWID) among PHIP and Drug use within prisons)</i>	<i>Ensure consistency</i>
<i>R02 Drug-related acute intoxication</i>	<i>Include prisoners among response options for populations with access to antagonists</i>	<i>Prisoners have particular need for access to harm reduction services</i>
<i>R02 Drug-related acute intoxication</i>	<i>Add prison health services and emergency medical services among medical services with antagonists typically available</i>	<i>Prisoners have particular need for access to harm reduction services</i>
<i>R02 Drug-related acute intoxication</i>	<i>Include prisoners in data on number of non-fatal acute intoxications</i>	<i>Prisoners have particular need for access to harm reduction services</i>
<i>R03 Core treatment services</i>	<i>Information on the number of facilities → "Clients": disaggregate by patients/clients in treatment following a court order/administrative decision</i>	<i>Evaluate human rights compliance</i>
<i>R06 Prevention of infectious diseases</i>	<i>Consider making this an annual module, rather than a rotating one. If this is not possible, some key Type I requests for information should be added to modules A02 and A04. Also cross-link requested information with SDG 3 (and relevant targets) whenever possible.</i>	<i>This module is essential to the implementation of a number of recommendations from both the 2009 PoA (action 4.i, 10.b, 38.c) and the 2016 UNGASS OD (para 1.k, 1.m, 1.o)</i>
<i>R06 Prevention of infectious diseases</i>	<i>Consider adding a Type II request for information in this module on: - whether the possession of drug use/injection paraphernalia (e.g. needles and syringes, crack pipes, etc.) is subject to criminal sanctions</i>	<i>This is to reflect para 1.o of the UNGASS OD.</i>

	<i>- whether substances used of OST (e.g. methadone, buprenorphine) are allowed, or prohibited in the country's legislation.</i>	
<i>R06 Prevention of infectious diseases</i>	<i>Under 'Ranking and trends in the provision of interventions for the prevention of infectious diseases': the types of interventions listed under the 'Disaggregation' column should list all 9 interventions promoted in the 2012 technical guidance.</i>	<i>To be consistent with the 2012 technical guidance, and para 1.o of the UNGASS OD</i>
<i>R06 Prevention of infectious diseases</i>	<p><i>Under 'New developments in the prevention of infectious diseases': same comment as above for the list of types of interventions.</i></p> <p><i>Regarding 'specification of changes that might have occurred': amend 'an increase of financial resources...' with 'a change in the financial resources...' or 'an increase or decrease in financial resources...'.</i></p> <p><i>Consider making this section a Type I request for information.</i></p> <p><i>Consider also adding a Type II request for information regarding information on spending, provided on a yearly basis, for each type of intervention included in the 2012 technical guide.</i></p>	<p><i>To be consistent with the 2012 technical guidance, and para 1.o of the UNGASS OD.</i></p> <p><i>See CND Resolution 60/8.</i></p> <p><i>See CND Resolution 60/8.</i></p>
<i>R06 Prevention of infectious diseases</i>	<i>Include all interventions from the comprehensive package in the WHO 2012 Technical Guide. HIV testing; STI prevention; condoms for PWID; targeted information; prevention and treatment of viral hepatitis; prevention and treatment of TB all missing.</i>	<i>Comprehensive package includes all services, as such all should be monitored.</i>
<i>R06 Prevention of infectious diseases</i>	<i>Add third 90 - % virally suppressed among PWID on ART</i>	<i>In keeping with 90-90-90 targets</i>
<i>R06 Prevention of infectious diseases</i>	<i>Funding of programmes for the prevention of infectious diseases should be in Type I not II</i>	<i>Funding information is crucial in order to plan for and implement prevention of infectious diseases.</i>
<i>R06 Prevention of infectious diseases</i>	<i>Information on spending (on annual basis) for each disaggregated intervention should be requested from Member States</i>	<i>Funding information is crucial in order to plan for and implement prevention of infectious diseases.</i>

R06 Prevention of infectious diseases	Consider adding a Type I request for information on whether the possession of drug use paraphernalia (e.g. needles and syringes, crack pipes, etc.) is subject to criminal sanctions	Para 1.o of the UNGASS OD.
R06 Prevention of infectious diseases	Under 'Coverage of interventions for the prevention of infectious diseases': - Suggest using number of needles distributed per PWID/year to measure coverage of NSPs (indicator 3.10 of the UNAIDS Global AIDS Monitor). - Suggest using the coverage indicator proposed by the UNAIDS Global AIDS Monitoring (indicator 3.10) for OST coverage among OST. - Suggest using the coverage indicator proposed by the UNAIDS Global AIDS Monitoring (indicator 3.5C) for ART coverage	To ensure consistency in data collection within the UN.
R06 Prevention of infectious diseases	Under 'Access of interventions to specific groups of the population': note that the Source in the 'Disaggregation' column should be the '2016 Political Declaration on HIV/AIDS'.	N/A
R14 National framework	<p>For 'National system on treatment of drug users': Use the terminology 'drug use disorders' instead of 'drug users'.</p> <p>Remove 'Detoxification' and add 'Opioid agonist maintenance' from the list under 'Pharmacological' treatment options (Also clarify which UN-agreed definition is being used to define 'pharmacological' treatment' – suggestion to use that provided by the WHO).</p> <p>Under 'Diversification of services and inclusion of specific groups...': include disaggregation by ethnicity, MSM, transgender and people in prison or detention in the list.</p>	<p>This is to ensure consistency in terminology used by UNODC and to acknowledge the fact that only 1 in 10 people who use drugs on average will develop drug dependence.</p> <p>Suggest using the WHO-agreed definition of pharmacological (and other forms of) treatment here.</p> <p>For consistency with other modules.</p>
R14 National framework	Unlawful activities involving controlled substances: Move to annual (A11 or A10)	Important information

<p>R14 National framework</p>	<p><i>In this section, add:</i></p> <ul style="list-style-type: none"> - A question on existing mechanisms for the involvement of civil society, affected farmers, women and other affected communities in the design, implementation, monitoring and evaluation of drug policies (as a Type II request for information). - A question on existing laws, policies, regulations aiming to reduce discriminations in access to healthcare for people who use drugs. - A question on existing laws, policies, regulations aiming to eliminate arbitrary arrest and detention of suspected drug offenders. - A question on existing laws, policies, regulations aiming to eliminate acts of torture and other inhuman, degrading treatment or punishment, including corporal punishment against drug offenders. - A question on existing laws, policies, regulations aiming to eliminate impunity. 	<p><i>This is to reflect the Preamble, para 1.a, 7.l and 9 of the UNGASS OD.</i></p> <p><i>This is to reflect para 1.d, 1.k, 4.b, 4.g, as well as CND Resolution 61/8 and 61/11.</i></p> <p><i>To reflect the contents of para 4.c and 4.o of the UNGASS OD – as well as SDG 16 (targets 16.2, 16.3 and 16.A).</i></p>
<p>R14 National framework</p>	<p><i>Under ‘National system on access to internationally controlled medication’: add a request for information on whether any efforts have been made to remove policy, legal, structural and technical barriers to ensure improved access to controlled medicines over the reporting period.</i></p>	<p><i>This is to track progress against para 2.a of the UNGASS OD.</i></p>
<p>R16 - Access to medications</p>	<p><i>Under ‘Restrictions to access to internationally controlled medications: under ‘Main 3 restrictions on the access of the population to internationally controlled medications’, consider a drop-down menu that lists the barriers that have been identified in the UNGASS OD, such as: burdensome legislation or regulations, limited financial resources (affordability), lack of training or awareness of health care professionals, problems in sourcing, fear of prosecution or sanctions.</i></p>	<p><i>See Chapter 2 of the UNGASS OD.</i></p>

Country: Global

Institution: UN Development Programme

Module name	Comments/suggestions	Justification for the comments
<i>A01 Prevalence and extent of drug use</i>	Consider including transgender people, men who have sex with men, prisoners and racial and ethnic minorities in specific groups in the section on disaggregation in the item, “Information on drug use among specific groups of the population”	Outcome Document, para. 1(k) recommends promotion, implementation of treatment services for prisoners; 1(o) recommends access to treatment in prison; 4(b) access to health services in prison; 4(g) mainstreaming a gender perspective and developing and disseminating “gender sensitive measures;” 4(i) access to treatment in prison; UNAIDS terminology guidelines, noting that UNAIDS considers gay men and other men who have sex with men, sex workers and their clients, transgender people, people who inject drugs and prisoners and other incarcerated people as the main key population groups; SDG target 3.5 and indicator 3.5.1; Policy brief on HIV prevention, treatment and care in prisons.
<i>A02 People who inject drugs (PWID)</i>	Consider including the same specific groups as in A01: persons with disabilities, people living in rural areas; indigenous people; migrants/internally displaced persons; homeless people; sex workers; transgender people, men who have sex with men, prisoners and racial and ethnic minorities.	Consistency between A01, A02
<i>A03 People with drug use disorders</i>	Consider including the same specific groups as in A01 and A02: persons with disabilities, people living in rural areas; indigenous people; migrants/internally displaced persons; homeless people; sex workers; transgender people, men who have sex with men, prisoners and racial and ethnic minorities.	Consistency between A01, A02, A03
<i>A04 Drug-related mortality</i>	Consider adding an item asking about policies on prevention and treatment of drug overdose and access to naloxone to address opioid overdose.	UNGASS Outcome Document, para. 1(m) recommends that countries “(m) Promote the inclusion in national drug policies, in accordance with national legislation and as appropriate, of elements for the

		prevention and treatment of drug overdose, in particular opioid overdose, including the use of opioid receptor antagonists such as naloxone to reduce drug-related mortality;" SDG target 3.5 and indicator 3.5.1
<i>A04 Drug-related mortality</i>	Consider including the same specific groups as in A01, A02, A03: persons with disabilities, people living in rural areas; indigenous people; migrants/internally displaced persons; homeless people; sex workers; transgender people, men who have sex with men, prisoners and racial and ethnic minorities.	Consistency between A01, A02, A03, A04
<i>A04 Drug-related mortality</i>	Consider including the same specific groups as in A01, A02, A03: persons with disabilities, people living in rural areas; indigenous people; migrants/internally displaced persons; homeless people; sex workers; transgender people, men who have sex with men, prisoners and racial and ethnic minorities.	Consistency between A01, A02, A03, A04
<i>A05 Drug-related treatment</i>	We welcome the mention of SDG indicator 3.5.1 on the coverage of treatment for substance use disorders and suggest that relevant SDGs, targets and indicators be included throughout, where relevant	UNGASS Outcome Document, preamble and paragraph 4(g)

<p><i>A05 Drug-related treatment</i></p>	<p>Consider including the same specific groups as in A01, A02, A03, A04: persons with disabilities, people living in rural areas; indigenous people; migrants/internally displaced persons; homeless people; sex workers; transgender people, men who have sex with men, prisoners and racial and ethnic minorities.</p>	<p>Consistency between A01, A02, A03, A04, A05</p>
<p><i>A08 Cultivation and eradication of illicit crops</i></p>	<p>In the item “Total Eradication of illicit crops,” consider information by method of eradication, including:</p> <ul style="list-style-type: none"> - Whether eradication is voluntary or forced - Whether eradication is manual or aerial - Whether chemicals are used in eradication and if so, which ones - whether chemicals are being used, and if so, which ones. This can be linked back to SDG target 13.2 and SDG indicator 15.3.1. 	<p>UNGASS Outcome Documents, paras. 4(i), 7(b); SDG targets 8.8, 13.2 and indicator 15.3.1</p>
<p><i>A08 Cultivation and eradication of illicit crops</i></p>	<p>Data on eradication should be disaggregated according to whether such activities (cultivation and eradication) are taking place on indigenous lands.</p>	<p>UNGASS Outcome Documents, paras. 4(i), 7(b); SDG target 2.3 8.8, 13.2 and indicator 15.3.1; United Nations Declaration on the Rights of Indigenous Peoples</p>
<p><i>A11 Legislative and institutional framework</i></p>	<p>Consider adding an item asking about criminal justice responses to drug-related crimes that ensure legal guarantees and due process safeguards, as described in paragraph 4(o) of the UNGASS Outcome Document.</p>	<p>UNGASS Outcome Document, para. 4(o); SDG target 16.3</p>

<p><i>A11 Legislative and institutional framework</i></p>	<p>Consider adding an item about alternatives to conviction or punishment, for example, “Legislation, regulations or policies adopted to ensure more proportionate penalties and alternatives to incarceration for drug offences”</p>	<p>UNGASS Outcome Document, para. 4(o); SDG target 16.3; OHCHR Report on the implementation of the joint commitment to effectively addressing and countering the world drug problem with regard to human rights</p>
<p><i>R04 Registered drug users</i></p>	<p>Consider including the same specific groups as in A01, A02, A03, A04: persons with disabilities, people living in rural areas; indigenous people; migrants/internally displaced persons; homeless people; sex workers; transgender people, men who have sex with men, prisoners and racial and ethnic minorities.</p>	<p>Consistency with A01, A02, A03, A04, A05.</p>
<p><i>R04 Registered drug users</i></p>	<p>In “Path of entry in registries”, consider disaggregating by whether registration was mandatory or voluntary.</p>	<p>UNGASS Outcome Document, paras. 4(a), 4(b), 4(c), 4(o); SDG target 16.3; OHCHR, Study on the impact of the world drug problem on the enjoyment of human rights, UN Doc. A/HRC/30/65 (2015), paras. 24, 35.</p>
<p><i>R04 Registered drug users</i></p>	<p>Consider adding an item on access to registry information, disaggregating who has access to registry information (e.g., police, hospital staff, government licensing agencies) and consequences of being registered (e.g., loss of drivers’ or other licenses), whether the information is otherwise shared and with whom and whether registration was mandatory or voluntary.</p>	<p>UNGASS Outcome Document, paras. 4(a), 4(b), 4(c), 4(o); SDG target 16.3; OHCHR, Study on the impact of the world drug problem on the enjoyment of human rights, UN Doc. A/HRC/30/65 (2015), paras. 24, 35.</p>

<i>R06 Prevention of infectious diseases</i>	Consider including the same specific groups as in A01, A02, A03, A04, A05: persons with disabilities, people living in rural areas; indigenous people; migrants/internally displaced persons; homeless people; sex workers; transgender people, men who have sex with men, prisoners and racial and ethnic minorities.	Consistency between A01, A02, A03, A04, A05, R04
<i>R06 Prevention of infectious diseases</i>	Consider including information about harm reduction for non-injection drug use.	UNGASS Outcome Document, para. 1(o); SDG target 3.3 and indicator 3.1 (Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations)
<i>R10 Alternative development</i>	Consider adding an item about poverty status in communities affected by illegal drug cultivation, for example, percentage of people living below the poverty line in communities affected by illegal drug cultivation.	UNGASS Outcome Document paras. 7; 7(a), 7(b); SDG indicators 1.1.1, 1.1.2
<i>R10 Alternative development</i>	Consider adding an item about access and legal titles to land in communities affected by illicit cultivation, for example, number or percentage of people in areas affected by illegal cultivation with secure rights to land measured by percentage of people with documented or recognized evidence of tenure and disaggregated by sex, indigenous status.	UNGASS Outcome Document paras. 3(b), 5(v), 7(b); SDG targets 1.1, 1.2 and indicators 1.1.1 and 1.2.1; Human Development Report, Multidimensional Poverty Index: Developing Countries
<i>R10 Alternative development</i>	Consider adding an item about access to licit markets in areas affected by illicit crop cultivation, for example, “Increase in access to licit markets for products derived from local cultivation, production and manufacture in areas affected by illegal crop cultivation.”	UNGASS para. 7(j), SDG target 1.4 and indicator 1.4.2 (Proportion of total adult population with secure tenure rights to land, (a) with legally recognized documentation, and (b) who perceive their rights to land as secure, by sex and type of tenure); SDG 5, target 5(a) and indicator 5.1.a (5.a.1(a)Proportion of total agricultural population with ownership or secure rights over agricultural land, by sex)
<i>R16 - Access to medications</i>	In the item “Restrictions to access to internationally controlled medications, “ column two asks for the “Main 3 restrictions on the access of the population to internationally	UNGASS Outcome Document 7(b) and SDG target 9.3 (increase the access of small-scale industrial and other enterprises, in particular in developing countries, to financial services, including affordable credit, and their integration into value chains and markets)

	controlled medications.” Consider providing as examples the barriers that have been identified in the UNGASS Outcome Document and the INCB, including: burdensome legislation or regulations; limited financial resources (affordability); lack of training or awareness of health care professionals; problems in sourcing; fear of prosecution or sanctions	
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Country: USA

Institution: Office of National Drug Control Policy

Module name	Comments/suggestions	Justification for the comments
A03 People with drug use disorders	Unclear what degree qualifies as a “change”	Click or tap here to enter text.
A04 Drug-related mortality	How to handle polydrug deaths with diverse toxicities?	Cocaine and heroin involved deaths have risen sharply due to fentanyl
A09 Price and purity of drugs	Are prices pure or impure?	Click or tap here to enter text.
R01 Prisons	Does survey include “drug use before prison”?	These data are currently collected aperiodically by USA.
R09 Supply reduction activities and international cooperation	Very vague requirements	Click or tap here to enter text.
R11 Alternatives to conviction and punishment	Is the interest more “new” developments or continuing programmatic measures	Click or tap here to enter text.
R15 Innovative methods of data collection	Include routinely collected government or private data such as workplace drug testing positives or prescription drug sales	Click or tap here to enter text.

Country: Zimbabwe

Institution: Zimbabwe Civil liberties and Drug Network

Module name	Comments/suggestions	Justification for the comments
A01 Prevalence and extent of drug use	<i>Need for more data through population size estimates on the prevalence and extent of drug use.</i>	<i>Most countries especially in sub sahara Africa do not have credible data on this.</i>
A05 Drug-related treatment	<i>A need for the total medical treatment of people who use drugs.</i>	<i>People who use drugs are discriminated in hospital set ups. Need to train personnel and establish special units for treating people who use drugs.</i>
R11 Alternatives to conviction and punishment	<i>This should be implemented were possible in the criminal justice system.</i>	<i>People who use drugs are viewed as criminals for drug use. Better ways should be found to bring them back to society through alternative methods rather than “killing” one’s career. In some countries once convicted of drug use, you are no longer employable.</i>
A02 People who inject drugs (PWID)	<i>Need programs like NSP to curb spread of HIV/AIDS</i>	<i>Most countries in Sub Saharan Africa not implementing this.</i>
A03 People with drug use disorders	<i>Need for medical,behavioural and socio support</i>	<i>A course for concern in mist countries.</i>
A10 Drug-related criminal justice process	<i>Should respect the human rights of drug users and natural justice should prevail.</i>	<i>People who use drugs are not accorded rights to defend themselves.</i>
R05 Prevention of drug use	<i>Must be encouraged especially amongst the school going age or under age groups.</i>	<i>Need to preserve the future of children and vulnerable groups.</i>

<i>R08 Links between drug trafficking, corruption and other forms of organised crime</i>	<i>Stiffer penalties to perpetrators</i>	<i>Brings chaos and anarchy to societies.</i>
<i>A11 Legislative and institutional framework</i>	<i>Need for drug policy reform from the punitive approach on users to a humane approach. Need for drug master plans in member states.</i>	<i>It's a neglected area in Sub Saharan Africa and other parts of the developing world.</i>
<i>R13 Illicit financial flows and money laundering</i>	<i>Stiff penalties to perpetrators</i>	<i>Perpetuates crime in societies.</i>
<i>R14 National framework</i>	<i>Need for drug master plans in relationship to regional plans</i>	<i>Help to curb illicit drug use.</i>
<i>R12 New psychoactive substances identified</i>	<i>Must be identified further and arrest the manufacturers</i>	<i>A menace to the new generation.</i>
<i>R15 Innovative methods of data collection</i>	<i>Must be encouraged and developed</i>	<i>Gives a cutting edge to solve drug related challenges.</i>
<i>R16 - Access to medications</i>	<i>People with chronic illnesses should be helped thru novel medications that ease excruciating pain.</i>	<i>Chronic patients need help.</i>
<i>R10 Alternative development</i>	<i>Should be encouraged</i>	<i>SDGS should be met.</i>
<i>R07 Sales of drugs using Internet and related technologies</i>	<i>Should be discouraged</i>	<i>Obliterated societies.</i>
<i>R01 Prisons</i>	<i>Need great attention in improving their conditions to curb spread of infectious diseases. The Mandela Rule must carry the day.</i>	<i>Prisons are breeding ground for unending epidemics like HCV,HIV/AIDs</i>
<i>R06 Prevention of infectious diseases</i>	<i>Must be encouraged</i>	<i>Everyone has a right to good health.</i>
<i>A07 Clandestine laboratories</i>	<i>Should be closed and owners arrested.</i>	<i>They bring about unregistered medicines and drugs.</i>
<i>R04 Registered drug users</i>	<i>Neded to continuously help them with treatment until they are fine.</i>	<i>Drug users can be healed and come back to society</i>

