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Report of the United Nations Office on Drugs and Crime on drug statistics: improving quality and availability

Note by the Secretary-General

In accordance with Economic and Social Council decision 2013/235, the Secretary-General has the honour to transmit to the Statistical Commission for its information the report of the United Nations Office on Drugs and Crime on improving the quality and availability of drug statistics. It was prepared by the Office in consultation with, and drawing upon contributions from, the World Health Organization, the World Customs Organization, the Inter-American Drug Abuse Control Commission, the European Monitoring Centre for Drugs and Drug Addiction and the World Health Organization/Centers for Disease Control and Prevention Global Tobacco Surveillance System. The report provides an outline of the current status and challenges faced by countries and international and regional organizations in the collection and reporting of data on the supply and use of drugs. It also contains a set of proposed actions to improve the availability and quality of drug statistics at the national, regional and international levels for consideration by the Commission.

* [E/CN.3/2014/1](#).



Report of the United Nations Office on Drugs and Crime on drug statistics: improving quality and availability

I. Introduction

1. The international drug control conventions¹ form the basis of statistical reporting on drug use and supply. States parties thereto are required to furnish reports on the working of the conventions within each of their territories, in particular on significant developments in efforts to combat the abuse of and trafficking in illicit substances.

2. The availability of high-quality data on drug use and supply remains key to a fuller understanding of the drug situation at the national, regional and global levels and, therefore, the success of the conventions.

3. Data on drug indicators not only provide a necessary tool for planning, monitoring and evaluating drug policies nationally, but also serve as the basis for reviewing international and regional plans of action and strategies.

A. International and regional mandates on drug statistics

4. While many resolutions have been adopted by the General Assembly and the Commission on Narcotic Drugs² to improve the availability and quality of drug statistics, the most recent mandate emanates from the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, which was adopted by the Commission at the high-level segment of its fifty-second session, in March 2009.

5. In the Plan of Action, States Members of the United Nations recognized the lack of data, particularly on the rapidly changing nature and the extent of drug use, and the lack of systematic monitoring and evaluation by Governments of the coverage and quality of drug demand reduction measures. Governments were requested to increase their efforts to collect and report data through improved methods for objective national assessments of the drug situation (see [A/64/92-E/2009/98](#), sect. II.A).

6. Similarly, the Hemispheric Drug Strategy adopted by the Organization of American States provides a mandate for the Inter-American Drug Abuse Control Commission, stating that member States are to “establish and/or strengthen national observatories on drugs, or similar technical offices, to develop national drug information systems and promote scientific research to generate, collect, organize, analyse and disseminate information for the purpose of contributing to decision-

¹ The Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, the Convention on Psychotropic Substances of 1971 and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

² Most recently, the Commission on Narcotic Drugs adopted resolution 54/9 on improving quality and building monitoring capacity for the collection, reporting and analysis of data on the world drug problem and policy responses to it.

making and to implementing evidence-based drug policies and strategies that reflect the situation in each country”.

7. The European Union drugs strategy for 2013-2020 also aims at contributing “to a better understanding of all aspects of the drugs phenomenon and of the impact of measures in order to provide sound and comprehensive evidence-base for policies and actions”, as well as to a better dissemination of monitoring and research and evaluation results at the European Union and national levels through harmonization of methodologies, networking and closer cooperation.

8. Similarly, in response to the seriousness of the tobacco epidemic, the States members of the World Health Organization (WHO) adopted the WHO Framework Convention on Tobacco Control, the first treaty negotiated under the auspices of WHO. With 177 States parties as at October 2013, the Convention provides a foundation and context for the development and implementation of tobacco control policy. The 38 articles of the Convention legally bind States parties to abide by its measures to reduce supply and demand.

9. To develop, implement and evaluate country-specific tobacco control measures successfully, an efficient and systematic surveillance mechanism to monitor the tobacco epidemic is necessary. This is emphasized in article 20 (2) of the WHO Framework Convention on Tobacco Control, by which parties are to “establish, as appropriate, programmes for national, regional and global surveillance of the magnitude, patterns, determinants and consequences of tobacco consumption and exposure to tobacco smoke” and, towards this end, “should integrate tobacco surveillance programmes into national, regional and global health surveillance programmes so that data are comparable and can be analysed at the regional and international levels, as appropriate”.

B. Current status of development of drug indicators

10. Over the past two decades, there have been initiatives at the international and regional levels to develop a set of indicators for national-level reporting of drug use and supply.

11. At its forty-third session, in March 2000, the Commission on Narcotic Drugs endorsed a paper on principles, structures and indicators of drug information systems. The document reported the consensus view expressed by the technical experts from international bodies and regional networks who attended a meeting supported by the United Nations International Drug Control Programme and hosted by the European Monitoring Centre for Drugs and Drug Addiction.

12. The consensus, referred to as the “Lisbon consensus”, pertains to a set of key epidemiological indicators to be used for monitoring drug use. The indicators were selected based on the following criteria:

- (a) The information was strategically important;
- (b) The scientific understanding of how data should be collected on the topic was sufficient to allow the development of a standardized indicator;
- (c) Information was currently available from a significant number of countries and/or the potential exists to increase the number of countries reporting on these strategically important areas.

Key epidemiological indicators of drug use (Lisbon consensus)

- Drug consumption among the general population (estimates of prevalence and incidence)
- Drug consumption among youth (estimates of prevalence and incidence)
- High-risk drug abuse (estimates of the number of persons using drugs by injection, the proportion engaging in high-risk behaviour and estimates of the number of persons using drugs daily)
- Service utilization for drug problems (number of individuals seeking help for a drug problem)
- Drug-related morbidity (prevalence of HIV, hepatitis B and hepatitis C) among users of illicit drugs
- Drug-related mortality (deaths directly attributable to drug use)

13. As regards monitoring drug supply, there has been no similar consensus on the indicators. Nevertheless, to have a comprehensive understanding of the drug supply situation, indicators need to include data on the quantities of drugs seized (together with information on countries of origin, transit and destination and methods of transportation), the price and purity of substances at the wholesale and retail levels, the illicit drug market, drug-related offences, illicit cultivation and production and illicit manufacture.³ Although most of the supply indicators are administrative data from law enforcement agencies, much work has to be done to standardize and harmonize them at various levels.

14. The Council of the European Union has also acknowledged that there is a need for key drug supply indicators at the European Union level. They should be developed around a set of subindicators, including seizures, purity and content, drug prices, drug production facilities dismantled, drug law offences, drug availability in the population and market size.⁴

15. Moreover, in the current global situation, the emergence of new psychoactive substances (i.e. those not under international control) has prompted responses at the international, regional and national levels. The Commission on Narcotic Drugs, in its resolution 56/4, recognized that the establishment of a global early warning system, taking advantage of existing regional mechanisms, as appropriate, and providing timely reporting on the emergence of new psychoactive substances, could benefit Member States' understanding of and responses to the complex and changing market for those substances.

³ Based on the set of indicators contained in part IV of the UNODC annual reports questionnaire, pertaining to the extent and patterns of and trends in drug crop cultivation and drug manufacture and trafficking.

⁴ See www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/jha/139606.pdf.

C. Current situation with regard to regional and global data collection activities

16. Currently, there are many mechanisms for collecting and reporting data on drug use, health consequences and the drug supply situation at the regional and international levels, some of which are briefly discussed below.

Work by international organizations

United Nations Office on Drugs and Crime

17. Much of the information available on the global drug situation is submitted through the annual reports questionnaire, which States parties to the international drug control conventions must complete.⁵ The United Nations Office on Drugs and Crime (UNODC) serves as the secretariat of the Commission on Narcotic Drugs. The questionnaire is divided into four parts: part I pertains to the administrative and legal measures taken by Member States to implement the international drug control conventions; part II concerns the implementation of the Plan of Action; part III contains data on drug use and health consequences reported against the key epidemiological indicators (Lisbon consensus); and part IV pertains to drug supply statistics, including drug trafficking, production and cultivation. In addition to completing the questionnaire, States parties are required to report data on significant individual drug seizures during a year. The data reported are compiled biannually and are available online.⁶

18. To improve understanding of the extent and evolution of illicit crops, UNODC, under its Illicit Crop Monitoring Programme, works in partnership with affected Member States to monitor the illicit cultivation of coca, opium poppy and cannabis. UNODC supports Member States in planning and implementing satellite surveys, yield surveys and conversion studies on the production of heroin and cocaine, thus improving the capacity of Member States to generate, analyse and report data on illicit crop cultivation and illicit drug production.

19. To contribute to an improved understanding and effective assessment of the synthetic drugs situation and distribution and use patterns, the Global Synthetics Monitoring: Analyses, Reporting and Trends (SMART) programme improves the capacity of targeted Member States to generate, manage, analyse, report and use information on illicit synthetic drugs. It currently covers South-East Asia and Latin America.

20. Under a project on the Afghan opiate trade, information and data are continuously collected to analyse trends in the production and supply of and trafficking in opiates originating in Afghanistan. The project also assesses the impact of the trade on national governance, public health and security, in addition to assisting countries in developing, establishing or enhancing local research capacity.

21. Published annually since 1997, the *World Drug Report* is the main publication of UNODC. It serves as a vehicle to disseminate data on the global drug situation

⁵ The information is primarily contained in the *World Drug Report* and the reports to the Commission on Narcotic Drugs. It is also supplemented by other sources of data, including the European Monitoring Centre for Drugs and Drug Addiction and the Inter-American Drug Abuse Control Commission (through the Inter-American Uniform Drug Use Data system).

⁶ See www.unodc.org/unodc/en/organized-crime/bi-annual-seizure-reports.html.

collected through the various initiatives described above. It contains comprehensive information on estimates and trend analysis in production, trafficking and consumption for the four major drug types (opiates, cocaine, cannabis and amphetamine-type stimulants), enabling the international community to define its priorities with regard to the control of illicit drugs.

22. UNODC endeavours to ensure that its data collection initiatives also develop national-level collection capacity. In addition, to build capacity and improve data on drug supply, drug use and associated harm, it has developed a separate programme on monitoring and information on drug supply statistics and epidemiology, which was endorsed by the Commission on Narcotic Drugs in its resolution 54/9. The extent of capacity development initiatives varies by region and country, however, and is limited by the availability of extrabudgetary resources provided by Member States.

World Health Organization

23. The production and dissemination of health statistics are core activities of WHO, as set out in the Constitution. WHO compiles and disseminates a broad range of statistics. Such statistics play a key role in advocacy on health issues, monitoring and evaluation of health programmes and provision of technical assistance to countries. In the context of substance abuse, the Global Health Observatory includes a global information system on resources for the prevention and treatment of substance use disorders that maps and monitors health system resources at the country level to respond to health problems stemming from psychoactive substance use.⁷ The system was developed in the framework of a global project implemented by the Management of Substance Abuse team in the Department of Mental Health and Substance Abuse. It includes data on the prevalence of substance use disorders, substance-related mortality, the burden of disease attributable to alcohol and illicit drug use, psychoactive substances at treatment entry and the availability of epidemiological data collection systems.

24. The Global Information System on Alcohol and Health is another tool for assessing and monitoring the health situation and trends relating to alcohol consumption, alcohol-related harm and policy responses in countries.⁸ The information regularly collected from States members of WHO, complemented by data from other sources, including population-based surveys and research findings, is presented in periodic global status reports on alcohol and health that include country profiles.⁹

25. WHO implements several surveillance activities in the context of monitoring risk factors for non-communicable diseases and risk behaviour among young people that could serve as appropriate population-based surveillance platforms for monitoring alcohol and other substance use in populations, including what is known as the “STEPwise approach to surveillance” and the global school-based student health survey that is conducted in collaboration with the Centers for Disease Control and Prevention in the United States of America.¹⁰

⁷ See www.who.int/substance_abuse/activities/atlas/en/index.html.

⁸ See www.who.int/gho/alcohol/en/index.html.

⁹ See www.who.int/substance_abuse/publications/global_alcohol_report/en/index.html.

¹⁰ See www.who.int/chp/steps/en and www.who.int/chp/gshs/en.

World Health Organization/Centers for Disease Control and Prevention Global Tobacco Surveillance System

26. The Global Tobacco Surveillance System, initiated in 1999, systematically tracks tobacco use and key tobacco control policy measures using globally standardized protocols. It comprises three survey tools: the Global Youth Tobacco Survey, the Global Adult Tobacco Survey and the Tobacco Questions for Surveys. The surveys are repeated every four to five years. The Global Tobacco Surveillance System enhances countries' capacity to design, implement and evaluate tobacco control interventions. It assists countries in addressing selected demand-related articles of the WHO Framework Convention on Tobacco Control. It also provides data for systematic monitoring and tracking of the progress of six evidence-based tobacco control measures, known as "MPOWER".¹¹ The measures correspond to one or more of the demand reduction provisions included in the Convention.

27. The Global Youth Tobacco Survey is a nationally representative, school-based survey of students in grades associated with ages 13 to 15 years and is designed to produce cross-sectional estimates for each country. The Global Adult Tobacco Survey is a nationally representative household survey of persons 15 years of age or older. Both use a standard core questionnaire, a sample design and data collection and management protocols. The Tobacco Questions for Surveys are a subset of the core questionnaire of the Global Adult Tobacco Survey that can be included in any health, social or other national survey.

28. The Global Adult Tobacco Survey is carried out in 180 countries or sites, while the Global Youth Tobacco Survey has been conducted twice in 60 countries or sites, three times in 40 countries or sites and four times in 10 countries or sites. The Global Adult Tobacco Survey has been carried out in 33 countries, with a repeat survey in 3 countries. The Tobacco Questions for Surveys have been integrated into 10 country surveys and conducted as a stand-alone survey in 13 Chinese cities.

World Customs Organization

29. Given that information and intelligence exchange is one of the pillars of its enforcement strategy, the World Customs Organization has set up a global network of regional intelligence liaison offices. There are currently 11 such offices covering the six regions of the World Customs Organization. Each office is a regional centre for collecting, analysing and supplementing data, in addition to disseminating information on trends, *modi operandi*, routes and significant cases of fraud. The aim of this mechanism is to enhance the effectiveness of global information and intelligence exchange and cooperation between all customs services tasked with combating transnational crime. The mechanism is supported by the Customs Enforcement Network, which is a global data and information-gathering, analysis and communication system for intelligence purposes. The Network maintains an

¹¹ MPOWER stands for: Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco use; Warn about the dangers of tobacco; Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

Internet-based, limited-access database that contains 13 headings and products covering the main fields of customs enforcement activity.¹²

30. The mechanism operates on three levels. At the national level, national contact points gather information on seizures (e.g. of drugs) and enter it into the Customs Enforcement Network. At the regional level, the regional intelligence liaison offices study and evaluate international seizures, verify the accuracy of data supplied by national contact points and issue alerts, among other things. At the international level, the secretariat of the World Customs Organization is responsible for the central management of the Network by using, operating and maintaining the system as a global information and intelligence tool for the regional intelligence liaison offices. The World Customs Organization periodically conducts global strategic and tactical analyses based on information available in the Network, circulates a summary of its analyses in its annual reports, offers training and technical assistance to the regional intelligence liaison offices and their members and shares strategic information with other international organizations engaged in combating organized crime.

Work by regional cooperation institutions

31. Initiatives undertaken by regional cooperation institutions, especially the European Monitoring Centre for Drugs and Drug Addiction and the Inter-American Drug Abuse Control Commission, have played a major role in enhancing the development, sharing and adoption of best practices with regard to data collection and reporting.

European Monitoring Centre for Drugs and Drug Addiction

32. The European Monitoring Centre for Drugs and Drug Addiction has established data collection and reporting mechanisms for the European Union, Norway and Turkey by developing data protocols with the help of expert groups and national drug focal points, operationalizing the protocols into data collection instruments, testing the instruments and collecting data through the national drug focal points of the Reitox network.

33. The Centre continues a rolling process of reviewing the protocols, data collection instruments and analysis that it undertakes in relation to five key epidemiological indicators: prevalence of drug use, treatment, drug-related infectious diseases, drug-related deaths and problem drug use. In addition, there are mature indicators in the areas of supply (seizures, drug law offences, prisons, price, purity and composition of tablets) and responses to drugs (harm reduction, health and social response, prevention and treatment systems). The Centre also collects, evaluates and disseminates relevant best practices.

34. The Centre has been at the forefront of developing a European-wide early warning system for new psychoactive substances. Data collection is being pursued in the areas of wastewater analysis and European-wide expert focus groups on

¹² Drugs, tobacco, alcoholic beverages, the Convention on International Trade in Endangered Species of Wild Fauna and Flora, intellectual property rights (counterfeiting), precursors, tax and duty evasion, weapons and explosives, currency, nuclear materials, hazardous material, pornography/paedophilia, and other prohibitions and restrictions (including works of art, stolen vehicles and anabolic steroids).

specific drug topics. Drug policy and public expenditure on drugs are both monitored through data collection and the work of expert groups.

35. The main outputs of the Centre are encapsulated in an annual European drug report package, which includes a report on trends and development, focused perspectives on drugs, a statistical bulletin, country overviews and health and social responses profiles. In addition, the Centre has published the *EU Drug Markets Report*, focusing on indicators of supply and supply reduction, while specific topics are covered in a broad range of publications available on the Centre's website.

Inter-American Drug Abuse Control Commission

36. The Inter-American Observatory on Drugs was created in 2000 as the statistics, information and research branch of the Inter-American Drug Abuse Control Commission with the aim of helping to promote and build a drug information network for the Americas that offers objective, reliable, up-to-date and comparative information so that member States can better understand, design and implement policies and programmes to confront the drug phenomenon in all its dimensions.

37. The Observatory helps countries to improve the collection and analysis of drug-related data through the promotion and establishment of national drug observatories and the use of standardized data systems and methodologies, in addition to providing scientific and technical training for and exchange of experiences among professionals working on the drug problem.

38. The Observatory's Inter-American Uniform Drug Use Data system, currently used in most Latin American and Caribbean States, is a set of standardized protocols for carrying out epidemiological surveys on drug use in the following populations and settings: high school students, university students, the general population, incarcerated adults, arrestees, juvenile offenders, treatment centres and emergency rooms. The Observatory's programme to develop drug information networks in States members of the Organization of American States is currently running in the Caribbean and Central America.

National institutions involved in the collection and dissemination of drug statistics

39. Currently, the national institutions that are responsible for the collection and dissemination of drug statistics vary by country and region. For most countries, the responsible institution is the national secretariat, commission or agency responsible for the control of drugs, which is, in many instances, part of the ministry of internal affairs. In the European Union, the European Monitoring Centre for Drugs and Drug Addiction works through the national drug focal points of the Reitox network. The national focal points in many countries are based within the ministries of health. The Inter-American Drug Abuse Control Commission also implements its network through drug observatories that could be based within the national agency responsible for drug control.

II. Limitations and challenges in improving the quality and availability of drug statistics

40. The quality and availability of drug statistics vary considerably by country and region. While in the European Union and the Americas, regional mechanisms to promote the development of drug information systems have contributed substantially to the availability and standardization of drug statistics, in other regions, such as Asia and Africa, such mechanisms of regional cooperation are noticeably absent. Those are therefore the regions from which the availability of drug statistics is limited and, when they are available, the statistics are of varying degrees of quality.

41. Requirements to report at various levels and to various organizations, while seemingly related, result in countries reporting similar information in different formats to different organizations. There is also an overlap between the information needs of the country and of regional and international organizations. This state of affairs requires a clear distinction to be made between the development of information systems that are useful at the country level and the additional demands made on countries to establish international indicators. The burden of reporting under national, regional and international obligations results in what might be termed “reporting fatigue” and, at times, low rates of response and the provision of poor-quality information. Data reporting obligations therefore need not to be disproportionate and must have clear and demonstrable benefits for providers. This requires promoting coordination among stakeholders to develop a set of common indicators against which it is possible and practical for countries, in accordance with the specific level of development of their data collection systems, to collect and report data.

42. The major limitation (and, therefore, an area of development) remains the harmonization of a minimum set of drug use and supply indicators across the various drug information systems. Such indicators could make information on and analysis of drug trends comparable at the various levels.

43. International and regional organizations, such as the European Monitoring Centre for Drugs and Drug Addiction and the Inter-American Drug Abuse Control Commission, have developed, within their own areas of work, guiding principles, protocols and associated measures of achievement that provide a framework for improving the availability and quality of drug statistics. All international organizations and institutions responsible for drug data collection could, however, consider collaboration to develop one common set of protocols and guidelines.

Challenges at the national level in collection, analysis and reporting of data on drug use and supply

44. The challenges in developing drug information and monitoring systems and in making available high-quality drug statistics at the national level, especially in resource-constrained countries, are interlinked and involve or are dependent on a number of factors or causes.

45. For example, the resources allocated for monitoring, especially for collecting data on drug use and health consequences, as well as on supply indicators across countries, are not commensurate with the need and demand to collect and report drug data that could feed into policymaking mechanisms. Similarly, at the

international level, the resources available for the provision of targeted support to countries to develop drug information systems, through either peer or regional support mechanisms, remain inadequate compared with the needs.

46. In addition, a common phenomenon in resource-constrained countries is the poor development of institutions responsible for implementing responses to the drug problem and monitoring the drug situation. Moreover, the lack of continuity of skilled staff within the institutions presents additional challenges of sustaining initiatives that may have been supported by the international community. We must ask, therefore, whether institutions other than the national drug control authorities can be identified to take on the responsibility, partly or entirely, of collecting and reporting drug statistics.

47. Furthermore, coordination within national institutes, those responsible for collecting drug statistics at the State and federal levels or other public sector institutions, in addition to the national monitoring centres, such as national drug observatories (in regions where they exist), and the role of national statistical offices remain largely undefined.

48. The extent of drug use in a country can be gauged mainly through nationally representative drug use surveys. However, the significant resources required to implement national surveys and to repeat them periodically, especially in developing and resource-constrained countries, in addition to the methodological challenges in enquiring about drug use in countries where great stigma is attached to drug use or where drug use is highly criminalized, remain a major hindrance with regard to the availability of data on drug use.

49. A comprehensive understanding of the drug situation requires collecting and collating information from the various drug use and supply indicators, as contained in administrative data, special studies and surveys. At the national level, these methodological challenges remain unaddressed when it comes to developing an appropriate understanding of and, in that connection, methods of monitoring the various aspects of the drug situation from the multiple data sources, such as special studies for market analysis and investigations of drug control (availability of drugs, quantities of drugs consumed per capita by drug users, quantities of drugs seized, purity or prices at wholesale and retail levels); drug users in treatment or registered drug users compared with the extent of drug use in the general population; and the prevalence of HIV among people who inject drugs through routine screening of the at-risk population compared with integrated biobehavioural surveillance surveys.

50. Similarly, methodological challenges remain with regard to the identification of new psychoactive substances and their monitoring through sources other than the established sources of information on drug use and supply.

51. Other methodological challenges in undertaking comprehensive drug market analysis include reconciling data on drug use with that of supply and the associated problems of estimating the quantities of drugs used per capita and of adjusting seizure data for purity. This problem is made more acute by the lack of standardized, measurable and routinely produced supply-side indicators that disentangle the law enforcement component from the component of drug availability, especially at the national level and for substances such as cannabis and amphetamine-type stimulants.

III. Way forward and needed action

52. The development of indicators to monitor the drug situation could be described as an evolutionary rather than revolutionary process, requiring the goodwill and resources of individual countries, along with support, coordination and sharing of best practices at the central level.

53. While improving the quality and availability of data on drug use and supply is a goal of global, regional and national initiatives, such initiatives are at various levels of development, meaning that the immediate steps that are appropriate and may possibly deliver the greatest return will depend on the country and regional context.

54. The following sections provide a brief description of some proposed actions that stem from the foregoing discussion. The actions can be led by UNODC, in partnership with international and regional organizations, to improve the availability and quality of drug statistics at various levels.

A. Improving methodologies

55. While existing guidelines and methodological toolkits developed by UNODC (especially through the Global Assessment Programme on Drug Abuse), WHO, the European Monitoring Centre for Drugs and Drug Addiction and the Inter-American Drug Abuse Control Commission address issues of data collection using various drug indicators, it is recommended that expert groups be established to review the existing guidelines and consolidate them and, where needed, develop guidelines on:

(a) Providing advocacy information, especially for policymakers, with regard to the benefits of improved availability and coverage of drug-related statistics for data providers;

(b) Developing a compendium of good practice to set up and improve the quality and coverage of supply indicators, including administrative data on drug seizures, aggregate and individual drug seizures (extent of reporting and coverage across geographical regions and organizations, at both the national and local levels), data on prices and purity of drugs at the retail and wholesale levels, and reporting of trends in trafficking of drugs, cultivation, production and manufacture of illicit substances and diversion of precursor chemicals;

(c) Setting up and improving data collection on treatment demand, drug-related mortality, estimation of high-risk drug use, including those injecting, and drug-related morbidity;

(d) Conducting surveys on drug use in the general population and in-school or out-of-school young people, in resource-constrained countries and countries where there is stigma attached to drug use or where drug use is criminalized, especially given that existing guidelines on drug use surveys do not address some of these aspects, including developing a toolkit for this purpose;

(e) Ensuring compliance with ethical standards, including use of harmonized indicators and with regard to access to data after a set period for the institutions involved and not involved (similar to a registry of clinical trials);

(f) Establishing early warning systems that look at emerging trends and new psychoactive substances;

(g) Developing models for drug market analysis, based on network flow theory and triangulation of data sources, as well as models specific to drug use that take into account demographic breakdowns and evolution over time, for the purpose of drug use prevalence estimates, ideally differentiating among countries on the basis of affluence, proximity to known source countries and trafficking routes, in addition to stages of the epidemic.

B. Promoting and reinforcing the role of national statistical offices

56. National statistical offices are responsible for the coordination of national statistics and have expertise in producing high-quality data. In many countries, however, they have not been involved in the collection and reporting of drug statistics. There is therefore a need to promote and reinforce their role:

(a) In the collection and coordination of drug statistics, supporting a continuous dialogue between the offices and other national institutions engaged in the collection and reporting of drug statistics;

(b) So that they are more engaged in the field of drug statistics, including in developing standards, providing technical support to individual agencies and coordinating the dissemination of data;

(c) In the implementation of population-based alcohol, tobacco and drug surveys within the framework of national statistical systems.¹³

C. Developing capacity to improve data collection and reporting

57. The demands and needs of countries and regions with regard to capacity development vary by the degree of development of drug information systems and prior assistance received, in addition to the lead national or regional institution responsible for drug use and supply data. Some capacity-development initiatives need to include the following:

(a) Capacity development and training in priority regions or countries for national statistical offices, national drug observatories and other entities on implementing data collection activities on drug use and supply indicators, as well as to foster better communication and collaboration between stakeholders at the national level, such as national statistical offices and national drug observatories;

(b) Support in implementing and promoting drug use surveys and improving the quality of data on drug seizures, price and purity;

(c) Support in developing a comprehensive assessment of policy and health service responses to substance use, establishing baselines and targets and monitoring the situation;

¹³ For example, national statistical offices have been involved in implementing a national household survey on drug use (Pakistan) and in implementing global tobacco surveys (multiple countries).

(d) Support in improving data on substance use or integrating those data into national health information systems, ensuring regular collection and analysis of core data relevant for decision-making and for monitoring changes over time;

(e) Integrating and linking monitoring and surveillance activities on alcohol, tobacco and illicit and prescription drugs;

(f) Developing monitoring mechanisms to assess the public health impact of programmes and policies relating to substance use, in addition to engaging in advocacy in that regard;

(g) Supporting the building of national capacity for monitoring and evaluating programmes and policies, based on the economic and cultural conditions of subpopulations, in addition to engaging in advocacy in that regard;

(h) Supporting existing projects in countries or regions to improve the quality and availability of drug statistics.

D. Improving international data collection and analysis

58. The lack of coordination at the national level and the requests from international organizations requiring input from multiple institutions and various national entities responsible for reporting similar data to different organizations may lead to inconsistency in the national data reported. In this context, it is suggested that there is a need:

(a) To appoint national technical focal points on data collection and reporting;¹⁴

(b) To develop national and regional information systems that integrate information on substance use and public health;

(c) To improve coordination and partnership with international and regional organizations in data collection and reporting in order to simplify and streamline data collection and reporting from countries and avoid duplication, as well as to endorse international guidelines and standards for improved quality of drug statistics;

(d) To foster dialogue and consultations between regional and international stakeholders before publishing regional or global data. When national data are to be published, they should be previously reviewed by other institutions with similar capacity so that potential misinterpretations of results and misuse of data, among other things, can be avoided;

(e) To revive data exchange and consolidation with regard to drug statistics, including individual drug seizure data, among international and regional organizations such as UNODC, WHO, the World Customs Organization, the

¹⁴ For some regional organizations such as the European Monitoring Centre for Drugs and Drug Addiction and the Inter-American Drug Abuse Control Commission, national focal points or persons have been nominated. For others, especially for submission of the annual reports questionnaire to UNODC, they are not in place. The experiences of the Centre and the Commission of working through national focal points have shown distinct advantages in the extent of reporting, as well as in the availability and quality of national data on drug use and supply.

European Monitoring Centre for Drugs and Drug Addiction and the Inter-American Drug Abuse Control Commission, so as to avoid inconsistency in the data reported;

(f) To consider strategies to improve the geographical coverage and availability of high-quality data on drug use and supply indicators from regions where they are lacking;

(g) To develop tools for monitoring and evaluating programmes and to build monitoring and evaluation capacity that can be tailored to the economic and cultural conditions of each country;

(h) To create, at the regional and international levels, a database of surveys so that essential elements can be monitored and duplication avoided.

IV. Conclusions

59. The Statistical Commission may wish to take note of the way forward and needed action, including priority areas, to improve data on drug use and supply and, in particular, to take note of the need:

(a) To establish a joint working group of the Statistical Commission and the Commission on Narcotic Drugs to develop standards and guidelines for the priority indicators;

(b) For national statistical offices to take a leading role within their mandates as repositories of official statistics in ensuring the quality of drug statistics and promoting coordination between entities responsible for the collection and reporting of drug statistics;

(c) To invite stakeholders to review the regional and international mechanisms for collection, analysis and reporting of drug statistics with a view to streamlining the processes.
