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Expert group on data collection

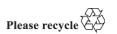
Vienna, 11-13 October 2010 Item 3 of the provisional agenda* Finalization of the content and structure of a revised, simple and efficient reporting system

> Revised draft annual report questionnaire: Part Three. Extent, patterns and trends in drug use

Note by the Secretariat

V.10-55445 (E)





^{*} UNODC/CND/EG.1/2010/9.

Revised draft annual report questionnaire

Part Three. Extent, patterns and trends in drug use

Report of the Government of	
Reporting year	
Completed on (date)	
Please return the completed quest	tionnaire to: arq@unodc.org
The completed revised draft annu	nal report questionnaire is due on: [date].

For technical support, contact:

	Telephone	Fax	E-mail
UNODC Vienna	1 800 123 456	1 800 654 321	arqhelp@unodc.org
Regional offices:			
[list]			

Note

This is a printable version of the revised draft annual report questionnaire, which is in the form of an Excel spreadsheet and is designed to be completed electronically. In this printable version, definitions of key terms used in the questionnaire are provided in the footnotes, whenever relevant; in the electronic version, these definitions (and additional instructions) are repeated throughout the questionnaire through the "Comments" function in Excel. The Excel spreadsheet also uses drop-down lists for some questions, allowing respondents to simply select from a list the answer that is most appropriate for their country.

Instructions

The revised draft annual report questionnaire consists of the following four parts:

Part One. Legislative and institutional framework

Part Two. Comprehensive approach to drug demand and supply reduction

Part Three. Extent, patterns and trends in drug use

Part Four. Extent, patterns and trends in drug cultivation, manufacture and

trafficking

This is part three of the revised draft annual report questionnaire.

Respondents are asked to complete all questions. Where no data are available, this should be indicated by inserting two dashes (--) or writing "don't know" in the appropriate cell. All questions refer to the reporting year, unless otherwise indicated.

Respondents

All countries are invited to identify a single focal point for reporting data on drugs. In exceptional and duly justified cases, respondents may identify additional technical contacts who may contribute to completing the questionnaire, indicating, if possible, which questions they contributed to.

Metadata

Respondents may refer to multiple sources in completing the revised draft annual report questionnaire. These sources may include published reports and/or data sets not in the public domain, including routinely collected data from treatment, law enforcement or other agencies. All sources referred to during the completion of the questionnaire should be listed in the section on metadata, which can be found at the end of each section of the questionnaire. This information helps UNODC to understand the information provided.

About the questions

In recognition of the fact that not all countries have detailed data on all of the topics covered in the questionnaire, part three of the revised draft annual report questionnaire asks for quantitative information and information about experts' perceptions of the situation and trends.

Quantitative data or estimates

The questions ask for quantitative data or estimates. The revised draft annual report questionnaire includes standardized response categories but, should the data available not conform to those categories, they can still be included. Simply indicate the categories used (e.g. age range, drug category) in the space provided. Quantitative data or estimates should be provided for the reporting year. Where this is not possible, please include the most appropriate recent figures available. The year in which the data were collected should always be specified. If national data or estimates are not available, data or an estimate for a part of the country or for a sub-group of the population can be indicated. If more than one such partial dataset

or estimate is available, the data or estimate that is believed to be the best alternative for recent national data or estimates should be used. In such cases, the geographical or population coverage of the data or estimate should be specified as simply and as explicitly as possible; similarly, the size of the population should also be specified, if relevant.

Several questions relate to classes or types of drugs. Whenever applicable, it is important that the information requested relate to individual drugs. Although care has been taken to include all major drugs, the pre-coded lists might not fully match the needs of every country. Therefore, in each list the opportunity has been provided to add other classes or types of drugs. These open categories can also be used to insert alternative groups of drugs. For example: some questions list "heroin" and "other illicit opioids"; if the only information available is on opioids in general (no types are specified), "any opioids" should be listed under "other drugs".

Technical notes

Some technical terms are explained below.

Technical terms

Incidence	are newly diagnosed as hav (e.g. HIV) or problem in a	ent of persons aged 34 years on reported having used				
Prevalence	a given condition (e.g. HIV type of behaviour (e.g. inje	r cent of persons aged 34 years				
		nce of drug use" refers to the tho have used a drug at least				
	The term "annual prevalence of drug use" refers to the proportion of individuals who used a drug at least once in the 12 months prior to the survey.					
	valence of drug use" refers to ls who used a drug at least once survey.					
Reference population	The entire population to wh	nich an estimate applies.				
Reporting year	The year	(to be indicated each year).				

Classes and types of drugs under international control (narcotic drugs and psychotropic substances)

Listed below are the classes and types of drugs included in the revised draft annual report questionnaire. In some cases, examples of particular drug types are provided, but the lists of these examples are not exhaustive.

Class of drug	Type of drug								
Any illicit drug	All illicit drugs and substances under international control, including prescription opioids, stimulants, tranquilizers and sedatives, that are misused or used for non-therapeutic purposes. Alcohol and tobacco are not included.								
Cannabis	Marijuana (herb)								
	Hashish (resin)								
Opioids	Heroin								
	Opium								
	Prescription opioids such as buprenorphine (Suboxone, Subutex), codeine, dextropropoxyphene, fentanyl, oxycodone (Oxycontin) hydrocodone (Vicodin), hydromorphone, methadone, morphine and pethidine								
	Other illicit opioids (e.g. "homebake")								
Cocaine	Powder (salt)								
	"Crack"								
	Other types of cocaine, such as coca paste, cocaine paste, cocaine base, basuco, paco and merla								
Amphetamine-type	Amphetamine								
stimulants	Methamphetamine								
	Prescription stimulants such as amfepramone, fenetylline, methylphenidate (Ritalin), pemoline, phenmetrazine, phentermine and dextroamphetamine								
	"Ecstasy"-type substances (e.g. MDA, MDE/MDEA, MDMA)1								
	Other illicit amphetamine-type stimulants (e.g. Captagon, methcathinone, 4-MTA, 2C-B, MDBD)								
Sedatives and tranquilizers (for	Benzodiazepines: alprazolam (Xanax), clonazepam (Rivotril), diazepam (Valium), temazepam and flunitrazepam (Rohypnol)								
non-therapeutic/non- prescription use)	Barbiturates: allobarbital, barbital, Phenobarbital, pentobarbital, secbutabarbital etc.								
prescription use;	Other sedative hypnotics: meprobamate, methaqualone (Mandrax) and zolpidem								

¹ MDA=methylenedioxyamphetamine; MDEA=3,4-methylenedioxyethylamphetamine; MDMA=methylenedioxymethamphetamine.

Hallucinogens	Lysergic acid diethylamide (LSD)								
	Other hallucinogens (e.g. phencyclidine (PCP), mushrooms with psychoactive properties, tryptamines)								
Solvents and inhalants									
Other drugs such as	Including gamma-butyrolactone (GBL), khat, piperazines								
those under national	(e.g. N-benzylpiperazine (BZP)), tramadol and ketamine								
but not international control									

Respondents

Instructions

Provide details on the focal point charged with reporting drug data for your country. In the exceptional cases in which technical contacts have been identified, you may wish to list them in the table entitled "additional technical contacts", indicating, if possible, which questions they have contributed to.

Focal point

Name	Position	Agency	Telephone	Fax	E-mail

Additional technical contacts (optional)

	Name	Position	Agency	Telephone	Fax	E-mail	Questions contributed to
Example	Mr. John Smith	Chief Statistician	Office of Drug Control	+44 221 6573	+44 221 6001	j.smith@odc.gov	6-9 and 10-13
Contributor 1							
Contributor 2							
Contributor 3							
Contributor 4							
Contributor 5							

Prevalence of drug use: general population

Class and type of drugs	Question									
		1		2	3					
	you re	s drug beer r country i porting yea	n the ar?	Rank these classes of drugs ^a in order of prevalence of use in the reporting year	Rank the drug types within each class of drugs in order of prevalence of use in the reporting year					
	No	Yes	Don't know							
Cannabis Marijuana (herb) Hashish (resin)										
Other types of cannabis (specify)										
Opioids Opium Heroin Prescription opioids ^b										
(non-prescription/non-therapeutic use)										
Other illicit opioids (specify)										
Cocaine Powder (salt) "Crack" Other types of cocaine (specify) ^c										
Amphetamine-type stimulants Amphetamine Methamphetamine "Ecstasy"-type substances	_ _ _		_ _ _							
Prescription stimulants ^d (non-prescription/non-therapeutic use) Other illicit amphetamine-type										
stimulants (specify) ^e										
Tranquilizers and sedatives (non-prescription/non-therapeutic use) Benzodiazepines ^f Barbiturates ^g	_ _		_ _							
Other sedative hypnotics (specify) ^h										
Hallucinogens LSD Other hallucinogens (specify)										
Solvents and inhalants										

Other drugs such as those under national but not international control (specify) ⁱ		

- ^a For the purpose of this questionnaire, alcohol and tobacco are not included.
- ^b Prescription opioids may include preparations containing buprenorphine, codeine, dextropropoxyphene, fentanyl, hydrocodone, hydromorphone, methadone, morphine, oxycodone and pethidine.
- ^c Other types of cocaine include coca paste and cocaine paste, cocaine base, *basuco*, *paco*, *merla* etc. (based on the Multilateral Evaluation Mechanism of the Inter-American Drug Abuse Control Commission (CICAD)).
- d Prescription stimulants may include preparations containing amfepramone, fenetylline, methylphenidate, pemoline, phenmetrazine and phentermine.
- ^e Other illicit amphetamine-type stimulants may include preparations such as Captagon, methcathinone, 4-MTA, 2C-B, MDBD etc.
- ^f Benzodiazepines may include preparations such as alprazolam, clonazepam, diazepam, temazepam and flunitrazepam (Rohypnol).
- g Barbiturates may include preparations containing allobarbital, barbital, phenobarbital, pentobarbital, secbutabarbital etc.
- ^h Other sedative hypnotics may include preparations containing meprobamate, methaqualone, zolpidem etc.
- ⁱ Other drugs such as those under national but not international control may include substances such as *gamma*-butyrolactone (GBL), khat, piperazines (e.g. N-benzylpiperazine), tramadol and ketamine.

Class and type of drugs		Question										
				4						5		
		ch clas	s of di	e preval rugs cha ng year:	nged in		How much has the prevalence of use of each type of drug changed in the reporting year? ^{a, b}					
	Large increase	Some increase	Stable	Some decrease	Large decrease	Don't know	Large increase	Some increase	Stable	Some decrease	Large decrease	Don't know
Cannabis Marijuana (herb) Hashish (resin) Other types of connabis (greatify)												
Other types of cannabis (specify)												
Opioids Opium Heroin Prescription opioids ^c												
(non-prescription/ non-therapeutic use) Other illicit opioids (specify)												
Cocaine Powder (salt) "Crack"												
Other types of cocaine (specify) ^d												
Amphetamine-type stimulants Amphetamine Methamphetamine "Ecstasy"-type substances Prescription stimulants ^e												

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			. //			/ H.		1/	71		•	/	,

Other illicit amphetamine-type stimulants												
(specify) ^f												
Tranquilizers and sedatives	_	_	_	_								
(non-prescription/non-therapeutic use) Benzodiazepines ^g Barbiturates ^h												
Other sedative hypnotics (specify) ⁱ												
Hallucinogens LSD												
Other hallucinogens (specify)												
Solvents and inhalants												
Other drugs such as those under national but not international control (specify) ⁱ												
 a "Stable" refers to an estimated variation between 5 and 10 per cent; "large increases the term "change in prevalence" refers estimated at 3.6 per cent in 2006 and che cent. Such a change could be characteric. c Prescription opioids may include prepart hydromorphone, methadone, morphine, dother types of cocaine include coca pase Evaluation Mechanism of the Inter-Ame. c Prescription stimulants may include preparation the include preparation. f Other illicit amphetamine-type stimulants. g Benzodiazepines may include preparations of the include preparations. 	ase" and to the clanged to zed as retrations consiste and coerican Disparation at smay it consistents may it containing reparation to the containing reparation at the containing reparation a	I "large hange of of 3.9 per epresent containing one and cocaine pure about the containing allowed as alpring allowed to the containing allowed the containing allowed to the containing allowed to the containing allowed to the containing allowed the containi	decreased because the control of the	se" refer d since t n 2007, ome increnorphi ine. ocaine that of comfepran ations su, clonaz barbital meprob control	r to an esthe last rethe charrease" in ne, code base, bas mmissionone, fer ach as Cazepam, del, phenoto mante, n	stimated v reporting y nge over the prevalence sine, dextr suco, paco in (CICAE netylline, su aptagon, r iazepam, su barbital, p methaqual	ariation year. Fo he repor- ce. opropos o, merla O)). methylp methcatl temazep entobar one, zol	of mon r instan rting ye xyphene etc. (ba bhenida hinone, pam and bital, so lpidem	te than I ce, if the ar would be, fentar assed on te, pemo 4-MTA I flunitrecbutabasetc.	10 per can per	cent. alence was around staround staro	as 8 per ne, 1 razine etc. nol).
Metadata												
What sources of information (published and un	ipublish	ed) wer	e referr	ed to in	answeri	ing these o	question	ıs?				

Prevalence/number of drug users: general population

6.	Do y	ou have data on the prevalence or number of drug users among the general population?
	Yes,	go to question 12) for the whole population for part of the population
7.	(a)	In which year were the data collected?
	(b)	Which part of the country or the population is covered by the data?
	(c)	What is the size of general population to which the estimates apply?
	(d)	What is the source of the data you are reporting?
	Indir Treat Regi	eral population survey ect estimate timent register ster of drug users r (specify:)

				Ques	tion				
	8			9	9			10	
			What is			mong the			
Male (%)	Female (%)	Total (%)	Male (%)	Female (%)	Total (%)	Estimated number of users	Male (%)	Female (%)	Total (%)
	the g	What is the lifetime prevale the general populati	What is the lifetime prevalence among the general population?	What is the lifetime prevalence among the general population? What is	What is the lifetime prevalence among the general population? What is the annual propulation? What is the annual propulation?	What is the lifetime prevalence among the general population? What is the annual prevalence a general population?	What is the lifetime prevalence among the general population? Male (%) Female (%) Total (%) Male (%) Female (%) Total (%) Estimated number of	What is the lifetime prevalence among the general population? What is the annual prevalence among the general population? What is the annual prevalence among the general population? What is the annual prevalence among the general population? What is the annual prevalence among the general population? What is the lifetime prevalence among the general population? What is the annual prevalence among the general population? Male (%) Female (%) Total (%) Estimated number of	What is the lifetime prevalence among the general population? What is the annual prevalence among the general population? What is the annual prevalence among the general population? What is the past 30-day among the general population? Male (%) Female (%) Total (%) Female (%) Total (%) Estimated number of

Opioids Opium Heroin

Cocaine

LSD

"Crack"

- ^a Excluding alcohol and tobacco, but including controlled substances that are misused or used for non-therapeutic purposes.
- ^b Prescription opioids may include preparations containing buprenorphine, codeine, dextropropoxyphene, fentanyl, hydrocodone, hydromorphone, methadone, morphine, oxycodone and pethidine.
- ^c Other types of cocaine include coca paste and cocaine paste, cocaine base, *basuco*, *paco*, *merla* etc. (based on the Multilateral Evaluation Mechanism of the Inter-American Drug Abuse Control Commission (CICAD)).
- d Prescription stimulants may include preparations containing amfepramone, fenetylline, methylphenidate, pemoline, phenmetrazine and phentermine.
- ^e Other illicit amphetamine-type stimulants may include preparations such as Captagon, methcathinone, 4-MTA, 2C-B, MDBD etc.
- f Benzodiazepines may include preparations such as alprazolam, clonazepam, diazepam, temazepam and flunitrazepam (Rohypnol).
- ^g Barbiturates may include preparations containing allobarbital, barbital, phenobarbital, pentobarbital, secbutabarbital etc.
- h Other sedative hypnotics may include preparations containing meprobamate, methaqualone, zolpidem etc.
- ¹ Other drugs such as those under national but not international control may include substances such as *gamma*-butyrolactone (GBL), khat, piperazines (e.g. *N*-benzylpiperazine), tramadol and ketamine.

Ouestion 11

If your country maintains a register of drug users, what is the estimated number of drug users registered for each of the following drugs?

Class of drugs	Number of registered drug users
Any illicit drug ^a	
Cannabis	
Opioids	
Cocaine	
Amphetamine-type stimulants	
Tranquilizers and sedatives	
Hallucinogens	
Solvents and inhalants	
Other drugs such as those under national but not international	
control (specify)	
	_

Metadata

What sources of information (published and unpublished) were referred to in answering these questions?

^a Excluding alcohol and tobacco, but including controlled substances that are misused or used for non-therapeutic purposes.

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-	٠
9	>
-	7
	7

Prev	alence/nui	nber of dr	ug users:	youth					
12.	Do you have d	ata on the prev	alence or nu	mber of drug u	sers among you	th?			
	No (go to ques Yes, for the wh Yes, for part of	nole population							
13.	(a) In which	year were the	data collecte	d?	_·				
	(b) Which p	art of the coun	itry or sub-gro	oup of the popu	alation is covere	ed by the data?		·	
	(c) What is	the size of you	th population	to which the	estimates apply?			·	
	(d) What is	the source of t	he data you a	re reporting?					
	School survey General popula Indirect estima Treatment or o Other (specify	ite other register o)					
					Question	1			
		14			15			16	
		the lifetime pro among youth?		What i	s the annual pre- among youth?	valence	What is t	he past 30-day p among youth?	revalence
Preferred age range: 15-16 years Age range used: Class and type of drugs									
	Male (%)	Female (%)	Total (%)	Male (%)	Female (%)	Total (%)	Male (%)	Female (%)	Total (%)
Any illicit drug ^a Cannabis Marijuana (herb) Hashish (resin) Other types of cannabis (specify)									
Opioids									
Opium Heroin									
Prescription opioids ^b (non-prescription/ non-therapeutic use) Other illicit opioids									
(specify)									

Cocaine							
Powder (salt)							
"Crack"							
Other types of cocaine							
(specify) ^c							
(specify)							
		I .	I.	l .		I	<u>I</u>
Amphetamine-type							
stimulants							
Amphetamine							
Methamphetamine							
"Ecstasy"-type							
substances							
Prescription							
stimulants ^d							
(non-prescription/							
non-therapeutic use)							
Other illicit stimulants							
(specify) ^e							
Tranquilizers and							
sedatives							
(non-prescription/							
non-therapeutic use)							
Benzodiazepines ^f							
Barbiturates ^g							
Other (specify) ^h							
Hallucinogens							
LSD							
Other hallucinogens							
(specify)							
		1		I			
Solvents and inhalants							
Other drugs such as		1					
those under national							
but not international							
control (specify)							
	1	•					

^a Excluding alcohol and tobacco, but including controlled substances that are misused or used for non-therapeutic purposes.

^b Prescription opioids may include preparations containing buprenorphine, codeine, dextropropoxyphene, fentanyl, hydrocodone, hydromorphone, methadone, morphine, oxycodone and pethidine.

^c Other types of cocaine include coca paste and cocaine paste, cocaine base, basuco, paco, merla etc. (based on the Multilateral Evaluation Mechanism of

- the Inter-American Drug Abuse Control Commission (CICAD)).
- ^d Prescription stimulants may include preparations containing amfepramone, fenetylline, methylphenidate, pemoline, phenmetrazine and phentermine.
- ^e Other illicit amphetamine-type stimulants may include preparations such as Captagon, methcathinone, 4-MTA, 2C-B, MDBD etc.
- f Benzodiazepines may include preparations such as alprazolam, clonazepam, diazepam, temazepam and flunitrazepam (Rohypnol).
- ^g Barbiturates may include preparations containing allobarbital, barbital, phenobarbital, pentobarbital, secbutabarbital etc.
- ^h Other sedative hypnotics may include preparations containing meprobamate, methaqualone, zolpidem etc.
- Other drugs such as those under national but not international control may include substances such as *gamma*-butyrolactone (GBL), khat, piperazines (e.g. *N*-benzylpiperazine), tramadol and ketamine.

Metadata

What sources of information (published and unpublished) were referred to in answering these questions?

Injecting drug use*

Class and type of drugs	Question									
		17		18						19
	d inj	s there rug use ection i orting	by n the year?		gard to	injec		end wi ug use ar?ª		Has there been sharing of needles or syringes among injecting drug users in the reporting year? ^b
	No	Yes	Don't know	Large increase	Some	Stable	Some	Large decrease	Don't know	□No □Yes □Don't know
Any illicit drug ^c										•
Opioids Opium Heroin Prescription opioids ^d			_ _ _							What has been the trend in the sharing of needles or syringes among injecting drug users in the reporting year? ^b
(non-prescription/ non-therapeutic use)										
Other illicit opioids (specify)										☐ Large increase☐ Some increase☐ Stable
Cocaine Powder (salt) "Crack" Other types of cocaine (specify)e										☐ State of Some decrease ☐ Large decrease ☐ Don't know
(specify)										
Amphetamine-type stimulants Amphetamine Methamphetamine Prescription stimulants ^f										
(non-prescription/ non-therapeutic use)										
Other illicit stimulants (specify) ^g										
Tranquilizers and sedatives (non-prescription/ non-therapeutic use) Benzodiazepines ^h Barbiturates ⁱ Other (specify) ^j										
	ш	Ц	Ц		ш	ш	ш	ш		
Other drugs such as those under national but not international control (specify) ^k										

a "Stable" refers to an estimated variation of under 5 per cent; "some increase" and "some decrease" refer to an estimated variation of between 5 and 10 per cent; "large increase" and "large decrease" refer to an estimated variation of more than 10 per cent.

^{*} An "injecting drug user" is a person who injects drugs for non-medical purposes.

- b The term "sharing needles and syringes" includes the sharing of needles, syringes and other injecting paraphernalia and practices.
- ^c For the purpose of this questionnaire, alcohol and tobacco are not included.
- d Prescription opioids may include preparations containing buprenorphine, codeine, dextropropoxyphene, fentanyl, hydrocodone, hydromorphone, methadone, morphine, oxycodone and pethidine.
- ^e Other types of cocaine include coca paste and cocaine paste, cocaine base, basuco, paco, merla etc. (based on the Multilateral Evaluation Mechanism of the Inter-American Drug Abuse Control Commission (CICAD)).
- f Prescription stimulants may include preparations containing amfepramone, fenetylline, methylphenidate, pemoline, phenmetrazine and phentermine.
- g Other illicit amphetamine-type stimulants may include preparations such as Captagon, methcathinone, 4-MTA, 2C-B, MDBD etc.
- ^h Benzodiazepines may include preparations such as alprazolam, clonazepam, diazepam, temazepam and flunitrazepam (Rohypnol).
- ⁱ Barbiturates may include preparations containing allobarbital, barbital, phenobarbital, pentobarbital, secbutabarbital etc.
- ^j Other sedative hypnotics may include preparations containing meprobamate, methaqualone, zolpidem etc.
- ^k Other drugs such as those under national but not international control may include substances such as *gamma*-butyrolactone (GBL), khat, piperazines (e.g. N-benzylpiperazine), tramadol and ketamine.

Metadata
What sources of information (published and unpublished) were referred to in answering these questions?

Injecting drug users

21.	Do you have data on the	e total number of injecting	ng drug users in your coun	try?
	No (go to question 26) Yes, for the whole cour Yes, for part of country	or sub-population		
22.	(a) In which year we	ere the data collected?	·	
	(b) Which part of the	e country or sub-group of	the population is covered	by the data?
	(c) What is the size	of the population to which	h the estimates apply?	
	(d) What is the source	ce of the data you are repo	orting?	
	Behavioural survey Treatment and other re Indirect estimates General population sur School survey Other (specify:	-	_)	
Class and typ	e of drugs		Question	
		23	24	25
		What percentage of users of each drug injects that drug?	What is the estimated number of people who inject each drug?	What percentage of injecting drug users shared needles or syringes? ^a
				Preferred time frame: last time injected Time frame used:
Any illicit drug ^b Illicit opioids Heroin Opium Prescription opi (non-prescript Other illicit opio	tion/non-therapeutic use)			
Amphetamine-ty Amphetamine Methamphetami Prescription stir (non-prescription	ine nulants ^f :ion/non-therapeutic use)			
Amphetamine Methamphetami Prescription stir (non-prescript	ine nulants ^f			

Tranquilizers and sedatives (non-prescription/non-therapeutic use) Benzodiazepines ^h Barbiturates ⁱ Other (specify) ^j	
Other drugs such as those under national but not international control (specify) ^k	

- ^a The question should ideally refer to current injecting drug users (persons who have injected drugs in the 30 days prior to responding to the questionnaire) who shared needles, syringes or other injecting paraphernalia the last time they injected.
- ^b For the purpose of this questionnaire, alcohol and tobacco are not included.
- ^c Prescription opioids may include preparations containing buprenorphine, codeine, dextropropoxyphene, fentanyl, hydrocodone, hydromorphone, methadone, morphine, oxycodone and pethidine.
- d Other types of cocaine include coca paste and cocaine paste, cocaine base, basuco, paco, merla etc. (based on the Multilateral Evaluation Mechanism of the Inter-American Drug Abuse Control Commission (CICAD)).
- ^e Do the figures reported for use of illicit amphetamine-type stimulants include the non-prescribed/non-therapeutic use of prescription stimulants? Yes / No (circle one).
- f Prescription stimulants may include preparations containing amfepramone, fenetylline, methylphenidate, pemoline, phenmetrazine and phentermine.
- g Other illicit amphetamine-type stimulants may include preparations such as Captagon, methcathinone, 4-MTA, 2C-B, MDBD etc.
- ^h Benzodiazepines may include preparations such as alprazolam, clonazepam, diazepam, temazepam and flunitrazepam (Rohypnol).
- ⁱ Barbiturates may include preparations containing allobarbital, barbital, phenobarbital, pentobarbital, secbutabarbital etc.
- ^j Other sedative hypnotics may include preparations containing meprobamate, methaqualone, zolpidem etc.
- ^k Other drugs such as those under national but not international control may include substances such as *gamma*-butyrolactone (GBL), khat, piperazines (e.g. *N*-benzylpiperazine), tramadol and ketamine.

Metadata
What sources of information (published and unpublished) were referred to in answering these questions?

26.	Do you have data regarding the number of severe/problem drug users in your country?								
	No (go to question 32) Yes, for the whole country Yes, for part of country or sub-population								
27.	(a)	In which year were the data collected?							
	(b) Which part of the country or sub-group of the population is covered by the data?								
	(c)	What definition of "severe/problem drug user" applies to the data?							
	(d)	What was the sample size to which the data apply?							
	(e)	What is the source of the data you are reporting?							
	Beha	vioural survey							
	Treat	ment and other register of drug users							
	Indire	ect estimates							
	Gene	ral population survey							
	Schoo	ol survey							
	Other	(specify:)							
28.	What	is the estimated number of severe/problem drug users in your country?							

High-risk groups

High-risk groups		Question	
	29	30	31
	What is the estimated number of people in each high-risk group in your country?	What is the estimated annual prevalence within each group of any illicit drug use?	What is the annual prevalence of the three main drugs within each high-risk group?
		Preferred time frame: 12 months	
		Time frame used:	
Persons held in prisons ^a			1.
			2.
			3.
Persons in prostitution			1.
			2.
			3.
Homeless people			1.
			2.
			3.

^{*} For the purposes of this questionnaire, "severe/problem drug users" are people who engage in the high-risk consumption of drugs, for example people who inject drugs, people who use drugs on a daily basis and/or people diagnosed as drug dependent, based on clinical criteria contained in the *International Classification of Diseases* (tenth revision) of the World Health Organization and the *Diagnostic and Statistical Manual of Mental Disorders* (fourth edition) of the American Psychiatric Association, or any similar criteria or definition that might be used.

Other high-risk groups (specify)		
		1. 2. 3.
		1. 2. 3.

^a "Persons held in prisons" are all persons held in public and privately financed institutions where persons are deprived of their liberty. These include penal, correctional, pretrial and psychiatric facilities that are part of the criminal justice system. The term does not apply to non-criminal prisoners held for administrative reasons, including persons held pending investigation into their immigration status.

Metadata

What sources of information (published and unpublished) were referred to in answering these questions?

New developments in drug use

32. Have any new drugs or new patterns of drug use been observed in the reporting year?
□No (go to question 35) □Yes
33. Which new drugs or patterns of drug use have been observed? In which population groups have these new drugs or patterns of drug use emerged?
34. Use the space below to document any other developments in the prevalence and patterns of drug use in your country over the reporting year.
year.
Metadata What sources of information (published and unpublished) were referred to in answering these questions?

Drug-related morbidity

	Question 35										
	Ha	s the prevalence o			_	ıg					
		injecti	ng drug users	in the reporting yo	ear? ^a						
Infection	Large increase	Some increase	Stable	Some decrease	Large decrease	Don't know					
Hepatitis B											
Hepatitis C											
HIV											
Tuberculosis (active)											
^a "Stable" refers to an estimated variation of under 5 per cent; "some increase" and "some decrease" refer to an estimated variation between 5 and 10 per cent; "large increase" and "large decrease" refer to an estimated variation of more than 10 per cent.											
36. Do you have an estimate of the percentage of injecting drug users with any of the infections listed in question 35?											
	No (go to questi Yes, for the who Yes, for a sub-g		oopulation								
37.	(a) In which	year were the data r	eferred to in qu	estion 38 collected	?						
esti		rt of the country or	• .		is covered by the						
	(c) What was	the sample size of th	e population to	which the estimate a	applies?						
	(d) What is the	e source of the data	you are report	ing?							
□ Behavioural survey □ Treatment and other register of drug users □ Indirect estimates □ General population survey □ School survey □ Other (specify:											

Infection		Que	Question					
	38	39	40	41				
	What is the estimated prevalence (%) of each infection among injecting drug users?	What is the estimated number of injecting drug users with each infection?	What is the estimated prevalence (%) of each infection among persons held in prisons?	What is the estimated number of persons held in prisons, with each infection?				
Hepatitis B								
Hepatitis C								
HIV								
Tuberculosis								

1	M	eı	fa	h	91	fo

What sources of information (published and unpublished) were referred to in answering these questions?

Drug-related morbidity

42. healtl	-	ou routinely collect data on the number of non-fatal drug-related consequences fo our country?							
	Yes,	to to question 46) for the whole population for a sub-group or part of the population							
43.	On which consequences for health do you collect data (tick all that apply)?								
		fatal drug overdoses ² -related hospital emergency room visits ³							
44.	(a) (b)	In which year were the data referred to in question 43 collected? Which part of the country or sub-group is covered by the estimate?							

Consequences for health	Question
	45
	What is the number of non-fatal drug-related episodes recorded during the reporting period?
Non-fatal drug overdoses	
Drug-related hospital emergency room visits	

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IVI	СІИ	uzi	14

What sources of information (published and unpublished) were referred to in answering these questions?

² An "overdose" is the use of any drug in such quantities as to produce acute adverse physical or mental effects. Overdoses may have transient or lasting (non-fatal) effects or result in death (see the lexicon of alcohol and drug terms of the World Health Organization, available from www.who.int/substance_abuse/terminology/who_lexicon/en).

³ "Drug-related emergency room visits" are made in cases of overdoses, for detoxification, to address withdrawal symptoms, drug-related accidents and trauma, and to treat any related mental health conditions that a drug user may present (see information of the Drug Abuse Warning Network available from https://dawninfo.samhsa.gov).

Drug-related mortality*

Class and type of drugs	Question									
	4	16	47	48						
	repo drug- death	ere been rts of related s in the ng year?	Rank these drugs in order of their importance as a primary cause of drug-related deaths		What has been the trend over the reporting year with regard to drug-related deaths? ^a					
	No	Yes		Large increase	Some increase	Stable	Some	Large decrease	Don't know	
Any illicit drug ^b Cannabis Opioids Heroin/morphine Opium Prescription opioids ^c Other opioids (specify)										
Amphetamine-type stimulants Amphetamine/methamphetamine Prescription stimulants "Ecstasy"-type substances Other stimulants (specify)e							0		0	
Tranquilizers and sedatives Benzodiazepines ^f Barbiturates ^g Other sedative hypnotics (specify) ^h	_ _ _	0								
Hallucinogens										
Solvents and inhalants										

^{* &}quot;Drug-related mortality" refers to deaths directly or indirectly caused by the intake of illicit drugs and psychotropic substances. The use of illicit drugs and psychotropic substances can lead indirectly to deaths in cases of drug-induced violence and traffic accidents. The standards used for recording drug-related deaths or mortality may include ICD 10 or a country's own definitions and practices.

Other drugs such as those under national but not international control (specify) ⁱ						

- a "Stable" refers to an estimated variation of under 5 per cent; "some increase" and "some decrease" refer to an estimated variation of between 5 and 10 per cent; "large increase" and "large decrease" refer to an estimated variation of more than 10 per cent.
- ^b For the purpose of this questionnaire, alcohol and tobacco are not included.
- ^c Prescription opioids may include preparations containing buprenorphine, codeine, dextropropoxyphene, fentanyl, hydrocodone, hydromorphone, methadone, morphine, oxycodone and pethidine.
- d Prescription stimulants may include preparations containing amfepramone, fenetylline, methylphenidate, pemoline, phenmetrazine and phentermine.
- ^e Other illicit amphetamine-type stimulants may include preparations such as Captagon, methcathinone, 4-MTA, 2C-B, MDBD etc.
- f Benzodiazepines may include preparations such as alprazolam, clonazepam, diazepam, temazepam and flunitrazepam (Rohypnol).
- ^g Barbiturates may include preparations containing allobarbital, barbital, phenobarbital, pentobarbital, secbutabarbital etc.
- ^h Other sedative hypnotics may include preparations containing meprobamate, methaqualone, zolpidem etc.
- Other drugs such as those under national but not international control may include substances such as *gamma*-butyrolactone (GBL), khat, piperazines (e.g. N-benzylpiperazine), tramadol and ketamine.

Metadata
What sources of information (published and unpublished) were referred to in answering these questions?

Drug-related mortality

49. Do you have data rega	arding the number of drug-	related deaths in your cou	ntry?
☐ No (go to question 54☐ Yes, for the whole pop Yes, for a sub-group o			
50. (a) In which year w	vere the data referred to in	question 49 collected?	·
(b) Which part of the	ne country or sub-group of	the population is covered	by the data?
(c) What is the size	of the reference populatio	n to which the data apply?	?
Class and type of drugs		Question	
VI 8	51	52	53
	What is the total number of drug-related deaths? ^a	What is the number of fatal drug overdoses? ^b	What is the number of drug-related HIV/AIDS deaths? ^c
Any illicit drug ^d			
Cannabis Opioids			
Heroin/morphine			
Opium Prescription opioids ^e			
Other opioids (specify)			
Cocaine			
Amphetamine-type stimulants			
Amphetamine/methamphetamine			
Prescription stimulants ^f "Ecstasy"-type substances			
Other stimulants (specify) ^g			
T			
Tranquilizers and sedatives Benzodiazepines ^h			
Barbiturates ⁱ			
Other sedative hypnotics (specify) ^j			
Hallucinogens			
Solvents and inhalants			
Other drugs such as those under national but not international control $(specify)^k$			
54. What proportion of these deaths were for polydrug use?			
 "Drug-related mortality" refers to dea substances. The use of illicit drugs an violence and traffic accidents. The sta <i>International Classification of Diseas</i> and practices. In a "fatal drug overdose", an overdos death. Such cases can be identified frequently (tenth revision) of the World Health O 	and psychotropic substances can andards used for recording dru- ses (tenth revision) of the Wor- se or drug intoxication has be- om general mortality registers	n lead indirectly to deaths in orgerelated deaths or mortality and Health Organization or a common enactage of the direct space on the International Common enactage of the direct space on the International Common enactage of the Inte	cases of drug-induced may include the country's own definitions et underlying cause of Classification of Diseases
they include drug overdoses as a sepa			

- ^c In a "drug-related HIV/AIDS death", HIV/AIDS has been assessed as the direct underlying cause of death and injecting drugs has been identified as the mode of transmission of HIV.
- ^d For the purpose of this questionnaire, alcohol and tobacco are not included.
- ^e Prescription opioids may include preparations containing buprenorphine, codeine, dextropropoxyphene, fentanyl, hydrocodone, hydromorphone, methadone, morphine, oxycodone and pethidine.
- f Prescription stimulants may include preparations containing amfepramone, fenetylline, methylphenidate, pemoline, phenmetrazine and phentermine.
- g Other illicit amphetamine-type stimulants may include preparations such as Captagon, methcathinone, 4-MTA, 2C-B, MDBD etc.
- ^h Benzodiazepines may include preparations such as alprazolam, clonazepam, diazepam, temazepam and flunitrazepam (Rohypnol).
- ⁱ Barbiturates may include preparations containing allobarbital, barbital, phenobarbital, pentobarbital, secbutabarbital etc.
- ^j Other sedative hypnotics may include preparations containing meprobamate, methaqualone, zolpidem etc.
- k Other drugs such as those under national but not international control may include substances such as gamma-butyrolactone (GBL), khat, piperazines (e.g. N-benzylpiperazine), tramadol and ketamine.

•	PI	te	101	0
٠,				а

What international or national criteria have been used to define drug-related mortality in the country?

Metadata

What sources of information (published and unpublished) were referred to in answering these questions?

Drug treatment*

Class of drugs	Question									
<u> </u>	Have people received treatment for problems with this class of drugs in the reporting year? Have people Rank these drugs in order of their importance as the primary reason for receiving treatment.		57							
			drugs in order of their importance as the primary reason for receiving		Has there been any change in the number of people receiving treatment for each drug? ^a					
	No	Yes			Large increase	Some increase	Stable	Some	Large decrease	Don't know
Any illicit drug (total) ^b										
Cannabis										
Opioids										
Cocaine										
Amphetamine-type stimulants										
Sedatives and tranquilizers										
Hallucinogens										
Solvents and inhalants										
Other drugs such as those under national but not international control (specify) ^c				-						
				<u> </u> 						

a "Stable" refers to an estimated variation of under 5 per cent; "some increase" and "some decrease" refer to an estimated variation of between 5 and 10 per cent; "large increase" and "large decrease" refer to an estimated variation of more than 10 per cent.

Metadata

What sources of information (published and unpublished) were referred to in answering these questions?

^b For the purpose of this questionnaire, alcohol and tobacco are not included.

^c Other drugs such as those under national but not international control may include substances such as *gamma*-butyrolactone (GBL), khat, piperazines (e.g. *N*-benzylpiperazine), tramadol and ketamine.

^{* &}quot;Drug treatment" is any structured intervention aimed specifically at addressing a person's drug use, including stabilization or reduction of drug use, maintenance or abstinence regimes, behavioural therapy, medical or psychological interventions etc.

Drug treatment

58.	Do yo	ou have any data regarding the number of people receiving drug treatment in your
count	ry?	
	No (g	go to question 67)
	Yes, f	for the whole country
	Yes, f	for part of the country or some treatment facilities
59.	(a)	In which year were the data referred to in question 58 collected?
	(b)	Which part of the country or what types of treatment facilities are covered by the
data?		·
3.7	0	(* (0 (2

Note: Questions 60-63 refer to the year specified in question 59 (a).

Class and type of drugs	Question								
	60	61	62	63					
	What is the estimated number of people who received drug treatment? ^a	What percentage of people in drug treatment entered treatment for the first time ever?	What percentage of people in drug treatment are female?	What is the median age of people in drug treatment?					
Any illicit drug (total) ^b									
Primary drug ^c									
Cannabis									
Opioids									
Heroin									
Opium									
Prescription opioids (non-prescription/ non-therapeutic use) ^d									
Other illicit opioids (specify)									
Cocaine									
Other types of cocaine (specify) ^e									
Amphetamine-type stimulants									
Methamphetamine									
Amphetamine									
"Ecstasy"-type substances									
Prescription stimulants (non-prescription/									
non-therapeutic use) (specify) ^f									
Tranquilizers and sedatives									
Benzodiazepines ^g									
Barbiturates ^h									

Others sedative hypnotics (specify) ⁱ				
Hallucinogens				
LSD				
Other hallucinogens (specify)				
Solvents and inhalants				
Other drugs such as those under national but not international control (specify) ^j				
What proportion of people were treated for polydrug use?				
 a In this question, the numbers national reporting requiremer b For the purpose of this questi c The "primary drug" is the ma d Prescription opioids may incl hydromorphone, methadone, e Other types of cocaine includ Evaluation Mechanism of the f Prescription stimulants may i and phentermine. g Benzodiazepines may include prepiother sedative hypnotics may j Other sedative hypnotics may j Other drugs such as those und khat, piperazines (e.g. N-benz 	nts. connaire, alcohol and tobaccin drug used by a person and ude preparations containing morphine, oxycodone and person and person and person and person and person and person and properties of the preparations contains and person containing allohation include preparations containing allohation include preparations containing allohation and person containing allohation include preparations containing allohat	co are not included. Ind for which he or she is so go buprenorphine, codeine, pethidine. In aste, cocaine base, basuco see Control Commission (Coning amfepramone, fenety, its columns are partial, barbital, phenobarbaining meprobamate, methit itional control may included detamine.	eeking drug treatment. dextropropoxyphene, fen , paco, merla etc. (based of EICAD)). Illine, methylphenidate, pe pam, temazepam and flun ital, pentobarbital, secbuta aqualone, zolpidem etc. e substances such as gamma	tanyl, hydrocodone, on the Multilateral moline, phenmetrazine itrazepam (Rohypnol). abarbital etc. ta-butyrolactone (GBL),
treatment for alc	total number of peop cohol abuse? e specify the total numb		•	•
☐ No				
	ne estimated proportion ent in your country?	of drug users in need	of treatment that is cu	ırrently
☐ None or al ☐ A minority ☐ About halt ☐ The major ☐ All or alm ☐ Don't kno	f ity ost all			

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Definitions	Question
	66
	What definition of "people in drug treatment" applies
	to the responses provided to questions 59-63? ^a
All people receiving treatment in the reporting year	
People starting treatment in the reporting year	
People in treatment at census date	
People discharged from treatment	
Other (specify)	
^a Check all that apply.	
Metadata	
What sources of information (published and unpublished	hed) were referred to in answering these questions?

Collecting data and monitoring capacity

Registers, surveys and rapid	Question					
situation assessments	67					
	(a) Does your country collect the following data regarding drug use and treatment?					nent?
	No	Yes				
Registers						
National data on drug treatment						
Register of all drug users						
Register of problem drug users						
Register on drug-related morbidity Register on drug-related mortality						
Register on drug-related mortanty	ш	Ц				
	(b) How oft	en does your coun	try carry out t	he following dat	a collection activit	ies
		lrug use and its he				
	Never	Once a year	Every two	Every three	Every six or	
			years	to five years	more years	
6						
Surveys General population survey						
School population survey			ä		ä	
Survey among drug users	= =	ä	=	ä	ä	
Survey among prisoners	=			ä	ä	
Indirect estimates			ä	ä	Ē	
	_	_	_	_	<u>—</u>	
Rapid situation assessments						
Other data collections (specify)						
Registers, surveys and rapid				Question		
situation assessments				68		
		How suitable do y	ou think the fo	ollowing data so tion in your cou	urces are for estim	ating the
		Not very		mewhat	Very	
Registers						
National data collection on drug treatment						
Register of problem drug users						
Register on drug-related morbidity						
Register on drug-related mortality						
Surveys						
General population survey						
School population survey						
Survey among drug users						
Survey among prisoners						
Indirect estimates						
Rapid situation assessments						
Other data collections (specify)						
other data concentions (specify)						

	69. What measures (if any) have been taken to improve data collection systems for monitoring drug use at the national level in your country? What are the main barriers to implementing improved data collection systems?
	70. Does your country have a national body dedicated to monitoring the situation with regard to illicit drugs?
	☐ Yes ☐ No
Metadata What sources of	information (published and unpublished) were referred to in answering these questions?

Additional comments

Use the space below to make notes and comments, to clarify any information contained in this questionnaire and to document any other issues that you wish to draw to the attention of UNODC. If your comment relates to a specific question in the questionnaire, please refer to the corresponding question number.