

23 December 2009

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Meeting of the expert group on data collection

Vienna, 12-15 January 2010

Item 3 of the provisional agenda*

**Content and structure of a revised, simple and efficient
reporting system**

Draft annual report questionnaire: part III

* UNODC/CND/EG.1/2010/1.

V.09-89422 (E)



Please recycle 

Part III: Extent, patterns and trends in drug use

Report of the Government of: _____

Reporting Year: _____

Completed on (date): _____

Please return completed questionnaire to: arq@unodc.org

The completed ARQ is due on: [date]

For technical support, contact:

	Phone	Fax	Email
UNODC Vienna	1800 123 456	1800 654 321	arqhelp@unodc.org
Regional offices:			
[list]			

NOTE

This is a printable version of the draft revised Annual Reports Questionnaire (ARQ). The revised ARQ 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 ARQ are presented on page 3; in the electronic version these definitions (and additional instructions) are repeated throughout the questionnaire, using the 'Comments' function in Excel. The Excel spreadsheet also uses 'drop-down lists' for some questions, allowing the respondent to simply select from a list the answer that is most appropriate for their country.

Instructions

The Annual Reports Questionnaire (ARQ) consists of four parts:

Part I: Legislation

Part II: Programmes

Part III: Extent, patterns and trends of drug use

Part IV: Illicit supply of drugs

This is Part III of the ARQ

Respondents are asked to **complete all questions**. Where no data are available, this should be indicated by inserting a line -- or writing 'don't know' in the appropriate cell. All questions refer to the Reporting Year, unless indicated otherwise.

Contributors

All persons who contribute to the completion of this ARQ are asked to provide their name, position and contact details, and indicate which questions they contributed to, in the Contributors section. This allows the UNODC to contact you, if further information or clarification is required.

Metadata

Contributors may refer to multiple sources in completing the ARQ. These sources may include published and unpublished reports, and/or routinely collected data from treatment, law enforcement or other agencies. All sources referred to during completion of the ARQ should be listed in the Metadata section, at the end of each Section in this questionnaire. This information helps the UNODC to interpret the information you provide.

About the questions

Part III of the ARQ asks for information at two levels, which recognises that not all countries have detailed data on all of the topics covered in the ARQ.

1. Summary expert opinions

These questions ask for broad, 'qualitative' information. All questions refer to the past calendar year, being the reporting period. If you have no data based on surveys, registers or formal estimation methods, the questions can be answered on the basis of the opinions of informed experts. These experts should be identified in the Contributors section.

2. Quantitative estimates

These questions ask for quantitative estimates. The ARQ includes standardised response categories, however should your data not conform to these categories they can still be included. Please simply indicate the categories used (for example age range, drug category) in the space provided. Estimates should be provided for the reporting year. Where this is not possible please include the most appropriate recent figures available. You should always specify the year of the estimate. If you do not have a national estimate you can specify an estimate for a part of the country or for a sub-population. If you have more than one such partial estimate, you should take the estimate that in your opinion is the best alternative for a recent national estimate. In such case you should also specify the geographical or population coverage of the estimate as simply but explicitly as possible, as well as the size of the reference population.

Several questions relate to drug classes or drug types. Whenever applicable, it is important that the information requested is reported for individual drugs. Although we have taken care to include all major drugs, the pre-coded lists might not fully suit the interests of your country. We therefore provide in each list the opportunity to add other drug classes or drug types. You may also use these open categories to insert alternative aggregate groups of drugs. For example: some questions list 'heroin' and 'other illicit opioids'; if you only have information on opioids without specification of types, you should specify 'any opioids' as 'other drugs'.

Definitions

Definitions of some key terms used in the ARQ follow.

Diverted prescription drugs	<i>prescription drugs deflected from medical sources to the illegal market</i>
Drug class	<i>a category of drugs, such as illicit opioids or illicit amphetamine type stimulants. A drug class includes two or more specific drug types</i>
Drug diversion	<i>the deflection of prescription drugs from medical sources to the illegal market</i>
Drug-related AIDS death	<i>deaths among drug users where AIDS has been assessed as the direct underlying cause of death and drug injecting has been identified as the mode of transmission of HIV</i>
Drug-related morbidity	<i>diseases and other health problems associated with the use of illicit drugs</i>
Drug-related mortality	<i>deaths where illicit drug use is a direct or indirect contributing factor</i>
Drug treatment	<i>the process of intervention directed towards individual active drug users offered by providers of health, social or community services, aiming at ending or reducing the use of drugs or the negative consequences of drug use</i>
Drug type	<i>specific types of drugs within a drug class. For example, marijuana (herb) and hashish (resin) are drug types in the cannabis drug class</i>
Fatal drug overdose	<i>case of death where an overdose or intoxication with illicit drugs has been assessed as the direct underlying cause of death</i>
Homeless (person)	<i>person without stable or consistent accommodation</i>
Illicit drug	<i>any drug listed in the schedules to the international drug control conventions whose origin (that is, production, cultivation, sale or acquisition) was illicit or illegal</i>
Incidence	<i>the frequency with which an event (e.g., fatal drug overdose) occurs within a specified population (e.g., injecting drug users) within a specific period of time (e.g., one year)</i>
Injecting drug user (IDU)	<i>person who uses drugs exclusively or primarily by injecting route of administration</i>
Non-prescribed/non-therapeutic use of prescription drugs	<i>use of diverted prescription drugs OR use of one's own prescription drugs in a manner other than as prescribed by a medical practitioner</i>
Prescription drug	<i>any controlled substance that may be prescribed by a medical practitioner, whether used as prescribed or not</i>
Prevalence	<i>the proportion of individuals in a specified population with a given condition (e.g., HIV) or engaging in a particular behaviour (e.g., injecting drug use)</i>
Prisoner	<i>person held against their will by the State, as punishment for the commission of a crime</i>
Problem drug user	<i>drug user who is considered particularly problematic, chronic or in need of help/treatment</i>
Reference population	<i>the entire population to which an estimate applies</i>
Sex worker	<i>person engaging in sexual acts for the purposes of financial or other material gain</i>
Sharing	<i>sharing of needles or syringes means two or more people using the same needle or syringe to inject drugs, regardless of whether the equipment has been cleaned or disinfected</i>

Drug Classes and Types

Listed below are the drug classes and drug types included in the ARQ. In some cases, examples of particular drug types are provided, but these examples are NOT EXHAUSTIVE.

DRUG CLASS	DRUG TYPES
Any illicit drug	
Cannabis	<i>Cannabis herb (marijuana)</i> <i>Cannabis resin (hashish)</i>
Illicit opioids	<i>Heroin</i> <i>Opium</i> <i>Other illicit opioids (e.g., homebake)</i>
Cocaine	<i>Cocaine powder (salt)</i> <i>Crack cocaine and cocaine base</i> <i>Other cocaine types</i>
Illicitly manufactured amphetamine type stimulants (ATS)	<i>Amphetamine</i> <i>Methamphetamine</i> <i>Ecstasy type (e.g., MDMA, MDA, MDE/MDEA)</i> <i>Other illicit ATS (e.g., captagon, methcathinone, 4-MTA, 2C-B, MDBD)</i>
Non-prescribed/non-therapeutic use of prescription drugs†	<i>Prescription opioids (e.g., morphine, methadone, buprenorphine, suboxone, oxycodone, hydrocodone, fentanyl, codeine, pethidine, dextropropoxyphene, hydromorphone)</i> <i>Prescription stimulants (e.g., fenetylline, methylphenidate, phenmetrazine, amfepramone, pemoline, phentermine)</i> <i>Benzodiazepines (e.g., diazepam, alprazolam, temazepam, clonazepam)</i> <i>Other sedative hypnotics, including barbiturates (e.g., meprobamate, zolpidem, methaqualone, phenobarbital)</i> <i>Other diverted prescription drugs (e.g., tramadol, ketamine)</i>
Hallucinogens	<i>Lysergic acid diethylamide (LSD)</i> <i>Other hallucinogens (e.g., phencyclidine (PCP), mushrooms, tryptamines)</i>
Solvents and inhalants	
Other illicit drugs‡	<i>For example, gamma hydroxybutyrate (GHB), khat, piperazines (e.g., BZP)</i>

† Non-prescribed/non-therapeutic use refers to use of diverted prescription drugs OR use of one's own prescription drugs in a manner other than as prescribed by a medical practitioner.

‡ Drugs under national but not international control.

Contributors

INSTRUCTIONS: Provide details of all persons who contributed to completion of this ARQ. Each person should indicate which questions they have contributed to.

	Name	Position	Agency	Phone	Fax	Email	Questions contributed to
<i>Example</i>	<i>Mr John Smith</i>	<i>Chief Statistician</i>	<i>Office of Drug Control</i>	<i>+44 221 6573</i>	<i>+44 221 6001</i>	<i>j.smith@odc.gov</i>	<i>Q6-9, 10-13</i>
Contributor #1							
Contributor #2							
Contributor #3							
Contributor #4							
Contributor #5							

Prevalence of Drug Use: General Population

	Q1			Q2	Q3
	Has this drug been used in your country in the past year?			Rank these drug classes in order of prevalence of use in the past year	WITHIN each drug class, rank drug types in order of prevalence of use in the past year
	No	Yes	Don't know		
Cannabis					
Marijuana (herb)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Hashish (resin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Illicit opioids					
Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Opium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other illicit opioid (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Cocaine					
Powder (salt)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Crack and base	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other cocaine type (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Illicitly manufactured amphetamine type stimulants (ATS)					
Amphetamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Methamphetamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Ecstasy type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other illicit ATS (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Non-prescribed/non-therapeutic use of prescription drugs					
Prescription opioids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Prescription stimulants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Benzodiazepines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other sedative hypnotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other misused prescription drugs (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Hallucinogens					
LSD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other hallucinogens (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Solvents and inhalants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other illicit drugs (specify)					
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

	Q4						Q5					
	Has the prevalence of use of each drug CLASS changed in the past year?						Has the prevalence of use of each drug TYPE changed in the past year?					
	Large increase	Some increase	No great change	Some decrease	Large decrease	Don't know	Large increase	Some increase	No great change	Some decrease	Large decrease	Don't know
Cannabis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana (herb)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hashish (resin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illicit opioids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other illicit opioid (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Powder (salt)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crack and base	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other cocaine type (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illicitly manufactured amphetamine type stimulants (ATS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other illicit ATS (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-prescribed/non-therapeutic use of prescription drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription opioids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription stimulants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other sedative hypnotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other misused prescription drugs (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallucinogens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LSD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other hallucinogens (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solvents and inhalants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other illicit drugs (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

METADATA

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

Prevalence/Number of Drug Users: General Population

Q6 Do you have an estimate of the prevalence or number of drug users among the general population?

- ☐ No (go to Q10)
☐ Yes, for the whole population
☐ Yes, for part of the population

Q7 For which year does the estimate apply? _____

Which part of the country or the population is covered by the estimate? _____

What is the estimated size of the reference population for which the estimate applies? _____

What is the source of the data on which your estimate is based?

- ☐ General population survey
☐ School survey
☐ Indirect estimate
☐ Register of drug users
☐ Other (specify _____)

	Q8				Q9			
	What is the estimated LIFETIME prevalence of use per 100 among the general population? Specify separately for males and females.				What is the estimated prevalence of use per 100 among the general population IN THE REPORTING YEAR? Specify separately for males and females.			
	Preferred age range: 15-64 years Age range used: _____				Preferred age range: 15-64 years Age range used: _____ Preferred timeframe: 12 months Timeframe used: _____			
	Number of users	% of population	% of males	% of females	Number of users	% of population	% of males	% of females
Any illicit drug								
Cannabis								
Marijuana (herb)								
Hashish (resin)								
Illicit opioids								
Heroin								
Opium								
Other illicit opioid (specify)								

Cocaine								
Powder (salt)								
Crack and base								
Other cocaine type (specify)								

Illicitly manufactured amphetamine type stimulants (ATS) *								
Amphetamine								
Methamphetamine								
Ecstasy type								
Other illicit ATS (specify)								

Non-prescribed/non-therapeutic use of prescription drugs								
Prescription opioids								
Prescription stimulants								
Benzodiazepines								
Other sedative hypnotics								
Other misused prescription drugs (specify)								

Hallucinogens

LSD

Other hallucinogens (specify)

Solvents and inhalants**Other illicit drugs (specify)**

* do the figures reported for use of illicit ATS include non-prescribed/non-therapeutic use of prescription stimulants? Yes / No (circle one)

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

Prevalence/Number of Drug Users: Youth Population

Q10 Do you have an estimate of the prevalence or number of drug users among the youth population?

- ☐ No (go to Q15)
☐ Yes, for the whole population
☐ Yes, for part of the population

☐ **Q11** For which year does the estimate apply? _____

☐ Which part of the country or sub-population is covered by the estimate? _____

☐ What is the estimated size of the reference population for which the estimate applies? _____

☐ What is the source of the data on which your estimate is based?

- ☐ General population survey
☐ School survey
☐ Indirect estimate
☐ Register of drug users
☐ Other (specify _____)

Q12					Q13			
What is the estimated LIFETIME prevalence of use per 100 among YOUNG PEOPLE? Specify separately for males and females.					What is the estimated prevalence of use per 100 among YOUNG PEOPLE in the REPORTING YEAR? Specify separately for males and females.			
Preferred age range: 15-16 years Age range used: _____					Preferred age range: 15-16 years Age range used: _____ Preferred timeframe: 12 months Timeframe used: _____			
	Number of users	% of population	% of males	% of females	Number of users	% of population	% of males	% of females
Any illicit drug								
Cannabis								
Marijuana (herb)								
Hashish (resin)								
Illicit opioids								
Heroin								
Opium								
Other illicit opioid (specify)								
Cocaine								
Powder (salt)								
Crack and base								
Other cocaine type (specify)								
Illicitly manufactured amphetamine type stimulants (ATS) *								
Amphetamine								
Methamphetamine								
Ecstasy type								
Other illicit ATS (specify)								
Non-prescribed/non-therapeutic use of prescription drugs								
Prescription opioids								
Prescription stimulants								
Benzodiazepines								
Other sedative hypnotics								
Other misused prescription drugs (specify)								

Hallucinogens

LSD

Other hallucinogens (specify)

Solvents and inhalants**Other illicit drugs (specify)**

* do the figures reported for use of illicit ATS include non-prescribed/non-therapeutic use of prescription stimulants? Yes / No (circle one)

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

Injecting Drug use

	Q14			Q15						Q16
	Has there been practice of injecting among drug users in the past year?			What has been the trend in injecting over the past year?						Has there been sharing of needles or syringes among drug injectors in the past year?
	No	Yes	Don't know	Large increase	Some increase	No great change	Some decrease	Large decrease	Don't know	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know
Any illicit drug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Illicit opioids				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Q17 What has been the trend in the past year in sharing needles or syringes among injecting drug users? <input type="checkbox"/> Large increase <input type="checkbox"/> Some increase <input type="checkbox"/> No great change <input type="checkbox"/> Some decrease <input type="checkbox"/> Large decrease <input type="checkbox"/> Don't know
Opium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other illicit opioid (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Cocaine				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Powder (salt)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Crack and base	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other cocaine type (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Illicitly manufactured amphetamine type stimulants (ATS)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Amphetamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Methamphetamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ecstasy type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other illicit ATS (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Non-prescribed/non-therapeutic use of prescription drugs				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prescription opioids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prescription stimulants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Benzodiazepines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other sedative hypnotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other misused prescription drugs (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Hallucinogens				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LSD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other hallucinogens (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Solvents and inhalants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other illicit drugs (specify)										
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

METADATA

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

Injecting Drug Users

Q18 Do you have an estimate of the total number of injecting drug users in your country?

- ☐ No (go to Q23)
☐ Yes, for the whole country
☐ Yes, for part of country or sub-population

Q19 For which year does the estimate apply? _____

Which part of the country or sub-group of drug users is covered by the estimate?

What is the estimated size of the reference population for which the estimate applies?

	Q20	Q21	Q22
	What is the estimated PERCENTAGE of users of each drug that INJECT that drug?	What is the estimated total NUMBER OF INJECTORS of each drug?	What is the estimated PERCENTAGE of active injecting drug users who shared needles or syringes the LAST TIME they injected?
			Preferred timeframe: last time injected Timeframe used:
	% of users	Number of injectors	% of IDU sharing
Any illicit drug			
Illicit opioids			
Heroin			
Opium			
Other illicit opioid (specify)			
Cocaine			
Illicit ATS *			
Amphetamine			
Methamphetamine			
Ecstasy type			
Other illicit ATS (specify)			
Non-prescribed/non-therapeutic use of prescription drugs			
Prescription opioids			
Prescription stimulants			
Benzodiazepines			
Other sedative hypnotics			
Other misused prescription drugs (specify)			
Hallucinogens			
Solvents and inhalants			
Other illicit drugs (specify)			

* do the figures reported for use of illicit ATS include non-prescribed/non-therapeutic use of prescription stimulants? Yes / No (circle one)

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

Problem Drug Users

Q23 Do you have an estimate of the number of problem drug users in your country?

- ☐ No (go to Q29)
☐ Yes, for the whole country
☐ Yes, for part of country or sub-population

Q24 For which year does the estimate apply? _____

Which part of the country or sub-population is covered by the estimate?

What is the estimated size of the reference population for which the estimate applies?

Q25 What is the estimated number of problem drug users in your country? _____

Q26 What definition of 'problem drug user' applies to the estimate in Q25 and how was it calculated?

High Risk Groups

Q27		Q28	
What is the estimated PERCENTAGE of each group that used an illicit drug IN THE REPORTING YEAR? <i>Preferred timeframe: 12 months</i> <i>Timeframe used:</i> _____		What is the MAIN or PRIMARY drug of concern in each high risk group?	
	% used any drug	Main drug of concern (tick ONE)	
Injecting drug users	<div>100%</div>	<input type="checkbox"/> Cannabis <input type="checkbox"/> Illicit opioids <input type="checkbox"/> Cocaine <input type="checkbox"/> Illicit ATS <input type="checkbox"/> Prescription drugs	<input type="checkbox"/> Hallucinogens <input type="checkbox"/> Solvents & inhalants <input type="checkbox"/> Other illicit drugs (specify) _____
Sex workers	<div></div>	<input type="checkbox"/> Cannabis <input type="checkbox"/> Illicit opioids <input type="checkbox"/> Cocaine <input type="checkbox"/> Illicit ATS <input type="checkbox"/> Prescription drugs	<input type="checkbox"/> Hallucinogens <input type="checkbox"/> Solvents & inhalants <input type="checkbox"/> Other illicit drugs (specify) _____
Prisoners	<div></div>	<input type="checkbox"/> Cannabis <input type="checkbox"/> Illicit opioids <input type="checkbox"/> Cocaine <input type="checkbox"/> Illicit ATS <input type="checkbox"/> Prescription drugs	<input type="checkbox"/> Hallucinogens <input type="checkbox"/> Solvents & inhalants <input type="checkbox"/> Other illicit drugs (specify) _____
Homeless people	<div></div>	<input type="checkbox"/> Cannabis <input type="checkbox"/> Illicit opioids <input type="checkbox"/> Cocaine <input type="checkbox"/> Illicit ATS <input type="checkbox"/> Prescription drugs	<input type="checkbox"/> Hallucinogens <input type="checkbox"/> Solvents & inhalants <input type="checkbox"/> Other illicit drugs (specify) _____

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

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Blood Borne Viruses

Q34 Has the prevalence of each of these infections among IDU changed in the past year?

	Large increase	Some increase	No great change	Some decrease	Large decrease	Don't know
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis V	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q35 Do you have an estimate of the PERCENTAGE of IDU with any of the infections listed in Q34?

- ☐ No (go to Q39)
☐ Yes, for the whole population
☐ Yes, for subgroup or part of population

Q36 For which year does the estimate apply? _____

Which part of the country or sub-group of IDU is covered by the estimate?

What is the estimated size of the reference population for which the estimate applies?

Q37		Q38
What is the estimated number of IDU with each infection?		What is the estimated PERCENTAGE of IDU with each infection?
Number of IDU		% of IDU
Hepatitis B		
Hepatitis V		
HIV		

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

Drug-Related Mortality

	Q39		Q40	Q41						
	Have there been reports of drug-related deaths in the past year?		Rank these drugs in order of their importance as a primary cause of death in drug-related deaths.	What has been the trend over the past year in drug-related deaths?						
	No	Yes		Large increase	Some increase	No great change	Some decrease	Large decrease	Don't know	
Any illicit drug	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Illicit opioids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heroin	<input type="checkbox"/>	<input type="checkbox"/>								
Opium	<input type="checkbox"/>	<input type="checkbox"/>								
Other illicit opioid (specify)	<input type="checkbox"/>	<input type="checkbox"/>								
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Powder (salt)	<input type="checkbox"/>	<input type="checkbox"/>								
Crack and base	<input type="checkbox"/>	<input type="checkbox"/>								
Other cocaine (specify)	<input type="checkbox"/>	<input type="checkbox"/>								
Illicit ATS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Amphetamine	<input type="checkbox"/>	<input type="checkbox"/>								
Methamphetamine	<input type="checkbox"/>	<input type="checkbox"/>								
Ecstasy type	<input type="checkbox"/>	<input type="checkbox"/>								
Other illicit ATS (specify)	<input type="checkbox"/>	<input type="checkbox"/>								
Non-prescribed/non-therapeutic use of prescription drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prescription opioids	<input type="checkbox"/>	<input type="checkbox"/>								
Prescription stimulants	<input type="checkbox"/>	<input type="checkbox"/>								
Benzodiazepines	<input type="checkbox"/>	<input type="checkbox"/>								
Other sedative hypnotics	<input type="checkbox"/>	<input type="checkbox"/>								
Other misused prescription drugs (specify)	<input type="checkbox"/>	<input type="checkbox"/>								
Hallucinogens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Solvents and inhalants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other illicit drugs (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

METADATA

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

Drug-Related Mortality

Q42 Do you have an estimate of the NUMBER of drug-related deaths in your country?

- ☐ No (go to Q47)
☐ Yes, for the whole population
☐ Yes, for subgroup or part of population

Q43 For which year does the estimate apply? _____

Which part of the country or sub-population is covered by the estimate?

What is the estimated size of the reference population for which the estimate applies?

	Q44	Q45	Q46
	What is the TOTAL number of drug-related deaths?	What is the estimated number of FATAL OVERDOSES only?	What is the estimated number of drug-related AIDS DEATHS?
Any illicit drug			
Illicit opioids			
Cocaine			
Illicit ATS			
Non-prescribed/non-therapeutic use of prescription drugs			
Hallucinogens			
Solvents and inhalants			
Other illicit drugs (specify)			

METADATA

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

Drug Treatment

	Q47		Q48			Q49					
	Have people received treatment for problems with these drugs in the past year?		Rank these drugs in order of their importance as the primary cause of receiving treatment.			Has there been any change in the NUMBER of people receiving treatment for these drugs?					
	No	Yes				Large increase	Some increase	No great change	Some decrease	Large decrease	Don't know
Any illicit drug	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannabis	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illicit opioids	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illicit ATS	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-prescribed/non-therapeutic use of prescription drugs	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallucinogens	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solvents and inhalants	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other illicit drugs (specify)											
_____	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

METADATA

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

Drug Treatment

Q50 Do you have an estimate of the NUMBER of people receiving drug treatment in your country?

- ☐ No (go to Q57)
☐ Yes, for entire country
☐ Yes, for part of country or some treatment facilities

Q51 For which year does the estimate apply? _____

Which part of the country or types of treatment facilities are covered by the estimate??

	Q52	Q53	Q54	Q55	Q56	Q57
	What is the estimated NUMBER of people receiving treatment for drug problems?	What PERCENTAGE of people in drug treatment are receiving treatment for the FIRST TIME?	What PERCENTAGE of people in drug treatment are FEMALE?	What PERCENTAGE of people in treatment are INJECTING DRUG USERS?	What is the MEAN (AVERAGE) AGE of people in drug treatment?	What is the estimated number of people who NEED TREATMENT for drug problems?
Any illicit drug						
Cannabis						
Illicit opioids						
Cocaine						
Illicit ATS *						
Non-prescribed/non-therapeutic use of prescription drugs						
Hallucinogens						
Solvents and inhalants						
Alcohol						
Other illicit drugs (specify)						

Q58

Definitions	What definition of 'drug treatment' applies to the figures reported in Q52-Q56 (tick ONE)?				
All people receiving treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People starting treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in treatment at census date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People discharged from treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* do the figures reported for use of illicit ATS include non-prescribed/non-therapeutic use of prescription stimulants? Yes / No (circle one)

METADATA

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

Data Collection and Monitoring Capacity

Q59						
HOW OFTEN does your country collect the following data regarding drug use and treatment?						
	Never	Once a year	Every 2 years	Every 3-5 years	Every 6-10 years	Less often
Registers						
National data collection on drug treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Register of problem drug users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Register on drug-related morbidity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Register on drug-related mortality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surveys						
General population prevalence surveys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School population prevalence surveys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surveys among drug users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surveys among prisoners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Qualitative Research						
Rapid situation assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other data collections (specify)						
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q60

What measures (if any) have been taken to IMPROVE DATA COLLECTION SYSTEMS to monitor drug use at a national level in your country? What are the main barriers to implementation of improved data collections systems?

Q61 Does your country have a DEDICATED, NATIONAL BODY to monitor the situation with illicit drugs?

- ☐ No national body exists
☐ Yes, a national body exists

Q62 Does your country have a DEDICATED BUDGET to implement a national strategy for drug demand reduction?

- ☐ No dedicated budget
☐ Yes, dedicated budget

METADATA

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

Additional Comments

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