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Agenda item 5

Improving the collection, reporting and analysis of data to monitor the implementation of the Political **Declaration and Plan of Action on International** Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem

Annual report questionnaire: Part Three. Extent and patterns of and trends in drug use**

Note by the Secretariat

Pursuant to Commission on Narcotic Drugs resolution 52/12, a meeting of the expert group on data collection was held in Vienna from 12 to 15 January 2010 to review the current data collection tools and collection, collation, analysis and reporting processes. Pursuant to Commission decision 53/2, the Secretariat produced a revised version of the draft annual report questionnaire; the expert group held a meeting in Vienna from 11 to 13 October 2010 to finalize the questionnaire so that the Commission could adopt it at its reconvened fifty-third session. The Secretariat hereby transmits part three of the questionnaire; parts one, two and four will be made available in separate documents (E/CN.7/2010/19, E/CN.7/2010/20 and E/CN.7/2010/22).

V.10-57492* (E)





^{*} Reissued for technical reasons on 30 January 2012.

^{**} The present document was submitted after the date required by the 10-week rule as the meeting of the expert group on data collection was held from 11 to 13 October 2010.

Annual report questionnaire

Part Three. Extent and patterns of 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 annual report ques	stionnaire is due on: [date].

For technical support, contact:

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UNODC Vienna	1 800 123 456	1 800 654 321	arqhelp@unodc.org
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[list]			

Note

This is a printable version of the 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 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 and patterns of and trends in drug use

Part Four. Extent and patterns of and trends in drug crop cultivation and drug

manufacture and trafficking

This is part three of the 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 "not known" 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 responses they contributed to.

Metadata

Respondents may refer to multiple sources in completing the 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 the topics covered in the questionnaire, part three of the annual report questionnaire contains questions designed primarily to elicit quantitative information. When such quantitative information is not available, information on trends and situations may be provided, together with the source of that information.

Quantitative data or estimates

The questions are designed to elicit quantitative data or estimates. The 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. The year in which data were collected should always be specified. When such quantitative data or estimates are not available, the most recent figures may be provided.

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	The proportion of individuals in a specific population who are newly diagnosed as having a specific health condition (e.g. HIV) or problem in a given time period (e.g. one year). For example: 2 per cent of persons aged 34 years and older residing in London reported having used marijuana for the first time in 2000.
Prevalence	The proportion of individuals in a specific population with a given condition (e.g. HIV) or engaging in a particular type of behaviour (e.g. injecting drug use) in a given period. For example: 10 per cent of persons aged 34 years and older residing in London reported having used marijuana in 2000.
	The term "lifetime prevalence of drug use" refers to the proportion of individuals who have used a drug at least once in their lifetime.
	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.
	The term "past 30-day prevalence of drug use" refers to the proportion of individuals who used a drug at least once in the 30 days prior to the survey.
Reference population	The population to which an estimate applies (e.g. people aged 15-64 years, students aged 15-16 years, injecting drug users etc.).
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 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 pharmaceutical opioids, stimulants, tranquillizers 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
	Pharmaceutical opioids such as buprenorphine (e.g. Suboxone, Subutex), codeine, dextropropoxyphene, fentanyl, oxycodone (e.g. Oxycontin) hydrocodone (e.g. 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 (e.g. 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 tranquillizers (for	Benzodiazepines such as alprazolam (e.g. Xanax), clonazepam (e.g. Rivotril), diazepam (e.g. Valium), temazepam and flunitrazepam (e.g. Rohypnol)
non-therapeutic/non- prescription use)	Barbiturates such as allobarbital, barbital, phenobarbital, pentobarbital, secbutabarbital etc.
	Gamma-hydroxybutyric acid (GHB)
	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 those under national but not international control	Including gamma-butyrolactone (GBL), khat, piperazines (e.g. N-benzylpiperazine (BZP)), tramadol and ketamine

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 responses they have contributed to.

Focal point

Name	Position	Agency	Telephone	Fax	E-mail

Additional technical contacts (optional)

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

Prevalence of drug use: general population

 For question situation in the rep 					used to support your assessr	ment of the
General pop School popu Drug seizuro Expert consi Indirect esti Treatment ro Hospital adr Register of o	ulation s es ultation mate egister missions drug use	urvey (y	ear of su	rvey		
Class and type of drugs					Question	
			2		3	4
		your	drug been country i orting ye	n the	Rank these classes of drugs" 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
		Yes	No	Not		
Cannabis				known		
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						

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Tranquillizers 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 purposes 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 (e.g. 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.

Class and type of drugs						Que	stion					
				5						6		
		ach clas	s of di	e preval rugs cha ing year	nged in			ach typ	e of di		lence of nged in	
	Large increase	Some increase	Stable	Some decrease	Large decrease	Not known	Large increase	Some increase	Stable	Some	Large decrease	Not known
Cannabis Marijuana (herb) Hashish (resin) Other types of cannabis (specify)												
Opioids Opium Heroin												

Pharmaceutical opioids ^c (non-prescription/non-therapeutic use) Other illicit opioids (specify)							
Powder (salt) "Crack" Other types of cocaine (specify) ^d							
Amphetamine-type stimulants Amphetamine Methamphetamine "Ecstasy"-type substances							
Prescription stimulants ^e (non-prescription/non-therapeutic use) Other illicit amphetamine-type stimulants (specify) ^f							
(specify)							
Tranquillizers 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)							

^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.

The term "change in prevalence" refers to the change observed since the last reporting year. For instance, if the prevalence was estimated at 3.6 per cent in 2006 and changed to 3.9 per cent in 2007, the change over the reporting year would be of about 8 per cent. Such a change could be characterized as representing "some increase" in prevalence.

^c Pharmaceutical 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 Prescription stimulants may include preparations containing amfepramone, fenetylline, methylphenidate, pemoline, phenmetrazine and phentermine.

f Other illicit amphetamine-type stimulants may include preparations such as Captagon, methcathinone, 4-MTA, 2C-B, MDBD etc.

g Benzodiazepines may include preparations such as alprazolam, clonazepam, diazepam, temazepam and flunitrazepam (e.g. Rohypnol).

^h Barbiturates may include preparations containing allobarbital, barbital, phenobarbital, pentobarbital, secbutabarbital etc.

ⁱ Other sedative hypnotics may include preparations containing meprobamate, methaqualone, zolpidem etc.

^j 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?

If your country does not provide quantitative data for questions 9-12, please provide a detailed rationale to support your answers to questions 2-4 above by describing the source of information used, the nature and number of key informants and any other indicators used in your assessment of the situation.

population
users: general
_
drug
Ŧ
number o
revalence/n

Pr	evalenc	Prevalence/number of	of drug users: general population	s: genera	ıl popula	ation	,				
7.	Do you	Do you have data on the	the prevalence or number of drug users among the general population?	number of d	rug users a	mong the ge	neral popul	ation?			
	Yes, for Yes, for No (go	Yes, for the whole population Yes, for part of the population No (go to question 13)	lation Lation								
<i>∞</i>	(a) In	In which year were the data collected?	e the data colle	cted?							
	(b) W	Which part of the	e country or the population is covered by the data?	population is	s covered b	y the data?_					
	(c) W	What is the size or	of the general population to which the estimates $apply?$	opulation to	which the e	stimates app	ly?				
	(b) W	What is the source of the data you are reporting?	of the data yo	u are reporti	ng?						
		General population survey Indirect estimate	n survey								
		Treatment register Register of drug users Other (specify:	sers								
						Question	ion				
			6			10	•			11	
		What is the I	What is the lifetime prevalence among the general population?	nce among n?	What is	What is the annual prevalence among the general population?	evalence ar pulation?	nong the	What is th among t	What is the past 30-day prevalence among the general population, if applicable?	revalence ulation,
Preferred age range: 15-64 years Age range used:	5-64 years										
Class and type of drugs	f drugs	Male (%)	Female (%)	Total (%)	Male (%)	Female (%)	Total (%)	Estimated number of users	Male (%)	Female (%)	Total (%)
Any illicit drug ^a											
Cannabis Marijuana (herb)											
Hashish (resin)											
Other types of cannabis (specify)	abis										
					•				•		

Opioids		
Opium		
Heroin Pharmaceutical opioids ^b (non-prescription/		
Other illicit opioids (specify)		
Cocaine Powder (salt)		
"Crack"		
Other types of cocaine (specify) ^c		
	 -	
Amphetamine-type stimulants		
Amphetamme Methamphetamine		
"Ecstasy"-type substances		
Prescription stimulants ^d (non-prescription/ non-therapeutic use)		
Other illicit stimulants (specify) ^e		
Tranquillizers and sedatives (non-prescription/non-therapeutic use)		
Benzodiazepines/ Barkiturates ^g		
Other (specify) h		
Поположения		_
LSD		
Other hallucinogens (specity)		
		_
Solvents and inhalants		
		_
Other drugs such as those under national but not international control (specify)'		

- Excluding alcohol and tobacco, but including controlled substances that are misused or used for non-therapeutic purposes.
- Pharmaceutical opioids may include preparations containing buprenorphine, codeine, dextropropoxyphene, fentanyl, hydrocodone, hydromorphone, methadone, morphine, oxycodone and pethidine.
 - 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)).
 - 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, methoathinone, 4-MTA, 2C-B, MDBD etc.
- Benzodiazepines may include preparations such as alprazolam, clonazepam, diazepam, temazepam and flunitrazepam (e.g. Rohypnol).
 - Barbiturates may include preparations containing allobarbital, barbital, phenobarbital, pentobarbital, secbutabarbital etc.
- Other drugs such as those under national but not international control may include substances such as gamma-butyrolactone (GBL), khat, piperazines Other sedative hypnotics may include preparations containing meprobamate, methaqualone, zolpidem etc. (e.g. N-benzylpiperazine), tramadol and ketamine.

4	
Question 12	
If your country maintains a register of drug users, what is the estimated number of drug users registered for each of the following drugs?	at is the estimated number of lowing drugs?
Class of drugs	Number of registered drug users
Any illicit drug ^a	
Cannabis	
Opioids	
Cocaine	
Amphetamine-type stimulants	
Tranquillizers and sedatives	
Hallucinogens	
Solvents and inhalants	
Other drugs such as those under national but not international control (specify)	

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

Metadata

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

youth
users:
drug
\mathbf{f}_{0}
'number
lence/
reva

				17	What is the past 30-day prevalence among youth, if applicable?			Male (%) Female (%) Total (%)					
ان ا	1 by the data? 1y?				alence			Total (%)					
Do you have data on the prevalence or number of drug users among youth? Yes, for the whole population Yes, for part of the population No (go to question 18)	In which year were the data collected? Which part of the country or sub-group of the population is covered by the data? What is the size of the youth population to which the estimates apply? What is the source of the data you are reporting?		Question	16	What is the annual prevalence among youth?			Female (%)					
nber of drug us	d?nup of the populion to which the reporting?	sers)			What is			Male (%)					
alence or nur	data collecte try or sub-grc youth populai	vey ster of drug u			valence			Total (%)					
a on the prevale population the population on 18)	In which year were the data collected?Which part of the country or sub-group of the powhat is the size of the youth population to which What is the source of the data you are reporting?	School survey General population survey Indirect estimate Treatment or other register of drug users Other (specify:		15	the lifetime prevalence among youth?			Female (%)					
Do you have data on the preva Yes, for the whole population Yes, for part of the population No (go to question 18)		School survey General populatic Indirect estimate Treatment or othe			What is the lamo			Male (%)					
13. Do	14. (a) (b) (c) (d)					Preferred age range: 15-16 years Age range used:	Class and type of drugs		Any illicit drug ^a Cannabis Marijuana (herb)	Hashish (resin) Other types of cannabis (specify)	Opioids	Opium Heroin	Pharmaceutical opioids ^b (non-prescription/non-therapeutic use)

Other illicit opioids (specify)		
		ΙΓ
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 stimulants (specify) ^e		
		1
Tranquillizers and sedatives (non-prescription/		
Benzodiazepines		Π
Barbiturates ^g Other (specify) ^h		
Hallucinogens LSD Other hallucinogens		
Colyonte and inholoute		1 [
Solvents and innalants		1
Other drugs such as those under national but not international control (specify)		
		1 l
^a Excluding alcohol and	^a Excluding alcohol and tobacco, but including controlled substances that are misused or used for non-therapeutic purposes.	
		ì

- Pharmaceutical opioids may include preparations containing buprenorphine, codeine, dextropropoxyphene, fentanyl, hydrocodone, hydromorphone, methadone, morphine, oxycodone and pethidine.
- 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)).
 - Prescription stimulants may include preparations containing amfepramone, fenetylline, methylphenidate, pemoline, phenmetrazine and phentermine.
- Other illicit amphetamine-type stimulants may include preparations such as Captagon, methcathinone, 4-MTA, 2C-B, MDBD etc.
- Benzodiazepines may include preparations such as alprazolam, clonazepam, diazepam, temazepam and flunitrazepam (e.g. Rohypnol).
 - Barbiturates may include preparations containing allobarbital, barbital, phenobarbital, pentobarbital, secbutabarbital etc.
 - 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							Que	estion	1	
VI 8		18				1	19			20
	use rep	by injecthe the porting	year?		gard t	as beer o injec repor	ting d	rug us		Has there been sharing of needles or syringes among injecting drug users in the reporting year? □ Yes □ No □ Not known
	Yes	No	Not known	Large increase	Some increase	Stable	Some decrease	Large decrease	Not known	Has there been sharing of injecting drug paraphernalia other than needles and syringes among injecting drug users in the reporting year? ^b Yes No Not known
Any illicit drug ^c										22
Opioids Opium Heroin Pharmaceutical 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)										Some decrease Large decrease Not known
(specify)										
Amphetamine-type stimulants Amphetamine Methamphetamine Prescription stimulants										
(non-prescription/ non-therapeutic use)										
Other illicit stimulants (specify) ^g	_	_	_		_	_	_	_	_	
	Ц	ш	Ц		ш	ш	Ц	ш	ш	
Tranquillizers and sedatives (non-prescription/ non-therapeutic use) Benzodiazepines ^h Barbiturates ⁱ Other (specify) ^j										

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

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.
- b Injecting drug paraphernalia used to prepare drugs for use include cookers, water cups, filters, spoons, swabs, ampoules and other containers used for drug preparation, storage and transport.
- ^c For the purposes of this questionnaire, alcohol and tobacco are not included.
- ^d Pharmaceutical 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 (e.g. Rohypnol).
- ¹ Barbiturates may include preparations containing allobarbital, barbital, phenobarbital, pentobarbital, secbutabarbital etc.
- ¹ 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?
If your country does not provide quantitative data for questions 25 and 26, please provide a detailed rationale to support your answers to questions 18-22 above by describing the source of information used, the nature and number of key informants and any other indicators used in your assessment of the situation.

Injecting drug users

23.	Do you h	ave data on the	total number of injecting	g drug users in your cou	ntry?
	Yes, for p	he whole country of country of question 28)	y r sub-population		
24.	(b) Wh (c) Wh (d) Wh	aich part of the contact is the size of that is the source thavioural survey eatment and othe irect estimates the irect population that it is the contact in the irect estimates the irect population that is the contact in the irect estimates the i	the population to which of the data you are repo- r register of drug users	the population is covere the estimates apply? rting?	d by the data?
Class and typ	e of drug	s		Question	
			25 What percentage of users of each drug injects that drug?	26 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
Any illicit drug ^b Illicit opioids Heroin Opium Pharmaceutical (non-prescript Other illicit opio	ion/non-ther	·)			time injected Time frame used:
Other types of c Amphetamine-ty Amphetamine Methamphetamin Prescription stir (non-prescript Other illicit stin	pe stimulan ine nulants ^f .ion/non-thei	ts ^e			

Tranquillizers and sedatives (non-prescription/non-therapeutic use) Benzodiazepines ^h Barbiturates ⁱ Other (specify) ⁱ	
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.
- $^{\it b}$ For the purposes of this questionnaire, alcohol and to bacco are not included.
- ^c Pharmaceutical opioids may include preparations containing buprenorphine, codeine, dextropropoxyphene, fentanyl, hydrocodone, hydromorphone, methadone, morphine, oxycodone and pethidine.
- 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 Please specify whether the figures reported for use of illicit amphetamine-type stimulants include the non-prescribed/non-therapeutic use of prescription stimulants.
- 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 (e.g. Rohypnol).
- ¹ Barbiturates may include preparations containing allobarbital, barbital, phenobarbital, pentobarbital, secbutabarbital etc.
- ¹ 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?

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users
drug
blem
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evere,
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28.	Do y	Do you have data regarding the number of severe/problem drug users in your country?
	Yes, Yes, No (g	Yes, for the whole country Yes, for part of country or sub-population No (go to question 34)
29.	(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?
	(p)	What was the sample size to which the data apply?
	(e)	What is the source of the data you are reporting?
		Behavioural survey Treatment and other register of drug users General population survey Other (specify:
	(f)	Please select the estimation method used (i.e. indirect methods)? (Check all that apply.)
		Capture-recapture Multiplier benchmark treatment Multiplier benchmark police Multiplier benchmark mortality Other (specify:
30.	Wha	What is the estimated number of severe/problem drug users in your country?
	(a)	Opioids:
	(p)	Cocaine:
	(3)	Amphetamine-type stimulants:

^{*} 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.

High-risk groups

High-risk groups		Question	
	31	32	33
	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.
			3. 5.
Persons in prostitution			1.
			2.
			3.
Homeless people			I.
			2.
			3.
Other high-risk groups (specify)			
			1.
			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

34. Have any new drugs or new patterns of drug use been observed in the reporting year?
□Yes □No (go to question 37)
35. 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?
36. Use the space below to document any other developments in the prevalence and patterns of drug use in your country over the reporting
year.
Metadata

Drug-related morbidity

	the reporting year: (C	, 1		in your assessment	of the situation in	
	School populat Drug seizures Expert consulta Indirect estima Treatment regi Hospital admis Register of dru	te ster	survey)		
			Ques	stion 38		
	Н	as the prevalence o			O .	\mathbf{g}
				in the reporting ye		
Infection	Large increase	Some increase	Stable	Some decrease	Large decrease	Not known
Hepatitis B						
Hepatitis C						
HIV						
Tuberculosis (act						
	fers to an estimated vari and 10 per cent; "large					
	infections listed in qu Yes, for the wh	ole population group or part of the p	J	injecting drug user	s with any of the	

Infection		Ques	stion	
	40	41	42	43
	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? ^a	What is the estimated number of persons held in prisons, with each infection?"
Hepatitis B				
Hepatitis C				
HIV				
Tuberculosis				

^a The percentage should be reported for the entire prison population (not just for injecting drug users).

44. (a) (b)	In which year were the data referred to in question 40 collected? Which part of the country or sub-group of injecting drug users is covered by the
estimate?	·································
(c)	What was the sample size of the population to which the estimate applies?
(d)	What is the source of the data you are reporting?
	Behavioural survey Treatment and other register of drug users Indirect estimates General population survey Other (specify:)
Metadata What sources of information (published and unpublished) were referred to in answering these questions?

Drug-related morbidity

			48
		Consequences for health	Question
	(b)	Which part of the country or sub-grou	p is covered by the estimate?
47.	(a)	In which year were the data referred to	o in question 46 collected?
		-fatal drug overdoses ² g-related hospital emergency room visits	3
46.	On	which consequences for health do you co	ollect data? (Check all that apply.)
	Yes,	for the whole population for a sub-group or part of the populatio (go to question 48)	n
45. healt		you routinely collect data on the number your country?	of non-fatal drug-related consequences for

Consequences for health	Question
	48
	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	

Metadata

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	Questi											
	4	9	50		51							
	Have there been reports of drug-related deaths in the reporting year?		drug-related importance as a primary deaths in the cause of drug-related			What has been the trend over the reporting year with regard to drug-related deaths compared with the previous reporting year?"						
	Yes	No		Large increase	Some increase	Stable	Some	Large decrease	Not known			
Any illicit drug ^b Cannabis Opioids Heroin/morphine Opium Pharmaceutical opioids ^c Other opioids (specify)												
Amphetamine-type stimulants Amphetamine/methamphetamine Prescription stimulants ^d "Ecstasy"-type substances Other stimulants (specify) ^e												
Tranquillizers and sedatives Benzodiazepines ^f Barbiturates ^g Other sedative hypnotics (specify) ^h	_ _ _	_ _ _										
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 purposes of this questionnaire, alcohol and tobacco are not included.
- ^c Pharmaceutical 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 (e.g. 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.

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ИЦ	C	ıa	u	а	ıa	

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

If your country does not provide quantitative data for questions 54-56, please provide a detailed rationale to support your answers to questions 49 and 50 above by describing the source of information used, the nature and number of key informants and any other indicators used in your assessment of the situation.

Drug-related mortality

52.	Do y	you have data regarding the number of drug-related deaths in your country?
	Yes,	for the whole population for a sub-group or part of the population go to question 58)
53.	(a) (b)	In which year were the data referred to in question 52 collected? Which part of the country or sub-group of the population is covered by the data?
	(c)	What is the size of the reference population to which the data apply?

Class and type of drugs	Question					
	54	55	56 What is the number of drug-related HIV/AIDS deaths?			
	What is the total number of drug-related deaths? ^a	What is the number of fatal drug overdoses? ^b				
Any illicit drug ^d						
Cannabis						
Opioids						
Heroin/morphine		<u> </u>	<u> </u>			
Opium		<u> </u>	<u> </u>			
Pharmaceutical opioids ^e						
Other opioids (specify)		<u> </u>				
Cocaine						
Amphetamine-type stimulants						
Amphetamine/methamphetamine						
Prescription stimulants ^f						
"Ecstasy"-type substances						
Other stimulants (specify) ^g						
Town williams and addison						
Tranquillizers and sedatives Benzodiazepines ^h			 			
Barbiturates ⁱ						
Other sedative hypnotics (specify)						
Hallucinogens						
Solvents and inhalants						
Other drugs such as those under national but not international control (specify) ^k						
57. What proportion of these deaths were for polydrug use?		1 1				

[&]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 the International Classification of Diseases (tenth revision) of the World Health Organization or a country's own definitions

and practices.

- b In a "fatal drug overdose", an overdose or drug intoxication has been assessed as being the direct underlying cause of death. Such cases can be identified from general mortality registers based on the International Classification of Diseases (tenth revision) of the World Health Organization or a similar classification system, or from special mortality registers (if they include drug overdoses as a separate category), whichever system is applicable to a given country.
- ^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 purposes of this questionnaire, alcohol and tobacco are not included.
- ^e Pharmaceutical 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 (e.g. Rohypnol).
- ⁱ Barbiturates may include preparations containing allobarbital, barbital, phenobarbital, pentobarbital, secbutabarbital etc.
- ¹ 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.

	•	4		•	
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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>	The section of their importance of their impor		60							
			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					
	Yes	No			Large increase	Some increase	Stable	Some	Large decrease	Not known
Any illicit drug (total) ^b										
Cannabis										
Opioids										
Cocaine										
Amphetamine-type stimulants										
Sedatives and tranquillizers										
Hallucinogens										
Solvents and inhalants										
Other drugs such as those under national but not international control (specify) ^c										
			1 1							

[&]quot;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.

 $^{^{\}it b}$ For the purposes of this questionnaire, alcohol and to bacco 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.

Metadata

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

If your country does not provide quantitative data for questions 63 and 64, please provide a detailed rationale to support your answers to questions 58 and 59 above by describing the source of information used, the nature and number of key informants and any other indicators used in your assessment of the situation.

Drug treatment

61.		ou have any data regarding the number of people receiving drug treatment in your
	Yes,	for the whole country for part of the country or some treatment facilities go to question 70)
62.	(a)	In which year were the data referred to in question 61 collected?
data?	(b)	Which part of the country or what types of treatment facilities are covered by the
Note	Ques	stions 63-66 refer to the year specified in question 62 (a).

Class and type of drugs	Question								
••	63	64	65	66					
	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									
Pharmaceutical 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)									
Tranquillizers and sedatives									
Benzodiazepines ^g									
Barbiturates ^h									

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Other sedative hypnotics (specify) ⁱ				
Hallucinogens				
LSD				
Other hallucinogens (specify)				
Solvents and inhalants				
Other drugs such as those under		<u> </u>		
other drugs such as those under national but not international control (specify)				
What proportion of people were treated for polydrug use?				
 a In this question, the numbers a national reporting requiremen b For the purposes of this questical or The "primary drug" is the maid Pharmaceutical opioids may in hydromorphone, methadone, reduction of the Evaluation Mechanism of the Prescription stimulants may in and phentermine. g Benzodiazepines may include (e.g. Rohypnol). h Barbiturates may include prepi Other sedative hypnotics may other drugs such as those und khat, piperazines (e.g. N-benzelen). 	ts. ionnaire, alcohol and tobac in drug used by a person as nclude preparations contai morphine, oxycodone and ge coca paste and cocaine p Inter-American Drug Abus nclude preparations contain preparations such as alpra parations containing alloba include preparations contained for national but not interna	cco are not included. Ind for which he or she is soming buprenorphine, code pethidine. In aste, cocaine base, basuco se Control Commission (Coming amfepramone, fenety) I would be a control to the commission of the commission	eeking treatment. ne, dextropropoxyphene, , paco, merla etc. (based of EICAD)). Iline, methylphenidate, pe pam, temazepam and flun ital, pentobarbital, secbuta aqualone, zolpidem etc.	fentanyl, hydrocodone, on the Multilateral moline, phenmetrazine itrazepam
	total number of peop abuse of substances otl			ople in

36 V.10-57492

If the answer is yes, please specify the substances not under international control for

which people are in treatment (______).

	68. What is the estimated proportion of receiving treatment in your country? None or almost none A minority About half The majority All or almost all Not known	drug users in need of treatment that are currently
	Definitions	Question 69
		What definition of "people in drug treatment" applies to the responses provided to questions 62-66?
	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.	
Metadat	a	
What source	ces of information (published and unpublished) were ref	Perred to in answering these questions?

Collecting data and monitoring capacity

Registers, surveys and rapid Question							
situation assessments	70						
	(a) Does your country collect the following data regarding drug use and treatment?						
	Yes	No					
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 morbidity							
Register on drug-related mortanty	⊔	Ш					
		en does your coun rug use and its he			a collection activities	S	
	Never	Once a year	Every two	Every three	Every six or		
			years	to five years	more years		
Surveys	_	_	_	_	_		
General population survey							
School population survey							
Survey among drug users							
Survey among prisoners							
Indirect estimates							
Rapid situation assessments							
Other data collections (specify)							
(*F******************************							
Registers, surveys and rapid	d			Question			
situation assessments				71			
		How suitable do y	ou think the fo	ollowing data so	urces are for estimat	ing the	
		NT 4		tion in your cou			
		Not very	So	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		ä					
		_		_	_		
Rapid situation assessments							
Other data collections (specify)							

72. 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?
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
bring to the attention of UNODC. If your comment relates to a specific question in
the questionnaire, please refer to the corresponding question number.