# Name of Drug Information System

# **Annual Meeting Report 2002**

Month date, year Location of meeting Country

(Insert Logos here)

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Month date, year Location of meeting Country

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The contents of this report represent the proceedings of the (insert meeting name) held in (insert meeting venue and date) which was supported by (insert funding and technical support agencies).
For further information contact: (insert contact details for network coordinator)
(Insert details of the authors and/or name of organisation producing the report Publisher, and the place and year of printing.)
For further access to further information and resources on drug information systems visit the UNDCP Global Assessment Programme on Drug Abuse (GAP) website at <a href="https://www.undcp.org">www.undcp.org</a> , email <a href="mailto:gap@undcp.org">gap@undcp.org</a> , or contact: Demand Reduction Section, UNDCP, P.O. Box 500, A-1400 Vienna, Austria.

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## Acknowledgements

### **Executive summary**

The executive summary of the report should contain a brief introduction to the network and meeting report, a general overall statement summarising the main findings from the meeting, followed by brief points stating specific trends for each drug category and other drug-related issues (e.g., number of aids diagnoses, HIV or Hepatitis B/C infection rates, deaths due to drugs, drug-related accidents etc.). This should then be followed by a summary of recommendations and follow-up actions for the network.

If your network meeting report is very brief it may be more appropriate to provide an abstract rather than an executive summary. An abstract should be about 150 words in length. It should contain a general overall statement of the findings followed by a one sentence statement for each drug category and for any other observation as for example: number of aids diagnoses, HIV or Hepatitis B/C infection rates, deaths due to drugs, drug-related accidents etc. and a sentence or two on the main conclusions/recommendations from the meeting.

**Background** 

Summary of drug situation

Recommendations

### Introduction

#### **Country/city information**

This should be a short section that describes factors unique to your city or country. It can include population demographics such as age, gender and race/ethnicity, geographic features, political or social events such as war or increasing economy. Include any factors that could be related to the city's drug abuse problems.

#### **Background to network**

### Information on drug consumption

Sources – List the sources and types of data used in the report. Wherever possible, explain any limitations or caveats surrounding these data elements. For each source, define two time periods that the data cover: the latest reporting period and the comparison reporting period.

Order of reporting – Establish an order for reporting findings from each data source. This order will be used for each report. For example:

- 1. Treatment admissions
- 2. Arrests
- 3. Deaths
- 4. Emergency department episodes
- 5. School or other surveys
- 6. Availability, price and purity
- 7. Seizures
- 8. Trafficking/distribution
- 9. Ethnographic/key informant/focus groups
- 10. Special studies

A suggested order is provided here as an example.

### Survey data

General population surveys

School or youth surveys

Specialised or focussed surveys

### **Existing data sources**

**Treatment data** 

Arrest and Seizure data

#### Other existing data

### **Qualitative data**

Key informant surveys	
Focus Groups	
In-depth interviews	
Ethnographic studies	
Other	

### Overview of drug situation and trends

#### Introduction:

This section could be used to give an overall summary of illicit drug use or a particular drug that has become a significant problem or one aspect of the data that is important such as drug-related accidents.

#### Primary drug problem

Begin with an overview statement about all indicators and, if available, the general direction of any trend. Elaborate with any information from qualitative information—key informants, focus groups or ethnographic studies.

Each subsequent paragraph could discuss the data from each data source. For consistency sake, the order of the paragraphs could follow the listing of the data sources mentioned above. It would be helpful to the reader to refer to any tables, charts or other exhibits included in the report.

In addition, a summary of any special studies can be included.

#### Second most important drug (and subsequent drugs)

Follow the above format...

A description of special studies and findings would add more detail about some aspect of the drug abuse problem in your city. University and government researchers in the city who are not part of the Integrated

Drug Information System network may be asked to contribute to this report. Credit for the research and any funding associated with the studies should be provided.

For the convenience of the reader, all tables, charts and other exhibits should be numbered and titled. The title should reflect the drug involved, the source of the data, the characteristic(s) included and the time period covered.

#### Summary of main trends

## **Future directions**

Priority areas for future development

Identification of needs in order to address priority areas

Policy implications for drug demand reduction activities

# **Conclusion and recommendations**

### References

# **Appendices**

# List of participants

# Completed ARQ and/or regional data collection questionnaire

# Annual Reports Questionnaire

# Part II Drug Abuse

# Extent, patterns and trends of drug abuse

Reporting Year	Report of the Government of
Reporting Year	
	Reporting Year

Name, address, telephone, telex, fax and e-mail of the person responsible for national drug abuse data in the country.

Name

Title/Position

**Address** 

Telephone Telex
Fax E-mail

Name, position, address, telephone, telex, fax and e-mail of the technical person responsible for the completion of Part II, if *different from above*.

Name

Title/Position

**Address** 

Telex

Fax

This questionnaire contains the following sections:

1

Prevalence of drug abuse among the general population, pages 4-7, questions Q1-Q9

2

3

**Injecting drug abuse,** pages 10-11, questions Q15-Q22

4

Severe drug abuse, page 12, questions Q23-Q28

5

New developments in prevalence and patterns of drug abuse, pages 13-14, questions Q29-Q32

6

Drug-related morbidity, page 15, questions Q33-Q38.

7

Drug-related mortality, pages 16-17, questions Q39-Q47

8

Drug treatment, pages 18-19, questions Q48-Q58

9

Data collection capacity, page 20, questions Q59-Q61

The sections ask for information at two distinguished levels, which recognises the fact that at present many countries do not yet have detailed data on these topics

#### · Summary expert opinions

The questions at this level ask for broad general 'qualitative' information. All questions refer to the past year, being the reporting period. The questions do not require actual data; 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. This *should allow all countries to respond*.

#### Quantitative estimates

The questions at this level ask for quantitative statistical estimates. The ARQ includes standardized response categories - the *Global Standardized Data- set (GSD)*. 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 of such partial estimates, 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 explicit as possible, as well as the size of the reference population.

For easy recognition a different background colour is used for quantitative estimates.

### **General instructions for completion**

- Many questions have pre-coded response categories and you only have to mark the appropriate boxes. Most other questions require to fill in rank order numbers, numbers or percentages.
- 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 relevant for the topic concerned, 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 use these open categories also to insert alternative aggregate groups of drugs. For example: some questions list 'heroin' and 'other opioids'; if you only have information on opioids without specification of types, you should specify 'any opioids' as 'other drugs'.
- In all tables you should leave cells blank if you do not know the answer or cannot provide the required figure.
   All empty cells will be interpreted as 'no information available'. If a figure would result in the value zero, please specify this as 0.
- Instructions for specific questions are provided in boxes alongside the questions. In several places in the questionnaire we have provided open text boxes to add remarks and comments on the topic. For this purpose you can also use the empty pages at the end of the questionnaire.
- For further notes and definitions of technical terms used in this form please refer to the accompanying 'The ARQ, a Lexicon of Terms and Guidance Notes'.

	O1	Q2	Q3	
Complete Q2 and Q3 only when there has been use of the drug in the past year (Q1 =YES)	drug been used tineur -country in the past year?	How are drug classes ranked order of prevalence?	Within each drug class separately, how are drug types ranked in order of prevalence?	Ranking of drugs: Start in Q2 with 1 for the most prevalent class of drugs, 2 for the second most prevalent class, etc. If necessary, you can assign equal rank numbers to more than one class of drug. Continue with ranking individual
Class of drugs Type of drugs	NO YES	Put in numerical order	Put in numerical order	drug types in Q3 in order of prevalence within each drug class separately.
Cannabis type				ставо верагателу.
Marijuana (herbal)				
Hashish (resin)				
Opioids				
Heroin				
Opium				
Other				
Cocaine type				
Powder (Salt)				
Crack				
Other				
Amphetamine type				
Amphetamine				
Methamphetamine				
'Ecstasy' type				
Sedatives & Tranquillisers*				
Barbiturates				
Benzodiazepines				
LSD				
Other				
Solvents & inhalants				
Other drugs				

# Prevalence of drug abuse among the general population

	Q4	Q5
Complete Q4 and Q5 only when there been use of the drug in the past year	What has been the trend over the	What has been the trend over the past year in prevalence of each drug type?
Class of drugs Type of drugs	Large Some No great Some Large increase increase change decrease decrease	Large Some No great Some Large increase increase change decrease decrease
Cannabis type		
Marijuana (herbal)		
Hashish (resin)		
Opioids		
Heroin		
Opium		
Other		
Cocaine type		
Powder (Salt)		
Crack		
Other		
Amphetamine type		
Amphetamine		
Methamphetamine		
'Ecstasy' type		
Sedatives & Tranquillisers*		
Barbiturates		
Benzodiazepines		
Hallucinogens		
LSD		
Other		
Solvents & inhalants		
Other drugs		

### QUANTITATIVE ESTIMATES

Q6	Q7
Do you have an estimate of drug prevalence among the general population?	For which year does the estimate apply? Which part of the country or the population is covered by the estimate?
Tick ONLY ONE	
No→ Proceed to Q10	
an estimate for the country as a whole	Year of the national estimate
Yes an estimate for a part of the country or a sub-population	Year of the partial estimate  Part of the country or sub-population for which the estimate applies
	Estimated size of the reference population for which the estimate applies