

## Goal 3

**Target number:** 3.5

**Indicator Number and Name:** 3.5.1 Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders

**Agency:** UNODC and WHO

**Has work for the development of this indicator begun?**

Yes.

This indicator refers to two main types of substance use disorders - those related to illicit drugs and those related to alcohol – and each of the custodian agencies has led the work on the respective area of expertise (illicit drugs<sup>1</sup> for UNODC and alcohol for WHO). Several preparatory activities have continued to be implemented in a coordinated manner and with mutual support, in particular in what concerns the methodological development.

For treatment related to illicit drug use disorders, the work on this indicator builds upon methodological developments related to the Annual Report Questionnaire (ARQ), the comprehensive data collection on illicit drugs managed by UNODC, as mandated by the drug conventions, and under the supervision of the UN Commission on Narcotic Drugs. A first review of concepts and data availability in relation to both numerator (treatment utilization and/or availability) and denominator (treatment needs) was conducted by UNODC in the 4<sup>th</sup> quarter of 2017. The review showed the variability of concepts in use and the need to identify a common framework through testing and technical discussion (see [http://www.unodc.org/documents/data-and-analysis/statistics/Drugs/Background\\_paper\\_session\\_II\\_ARQ\\_Technical\\_assessment.pdf](http://www.unodc.org/documents/data-and-analysis/statistics/Drugs/Background_paper_session_II_ARQ_Technical_assessment.pdf)).

For treatment related to alcohol and other substance use disorders, extensive work is regularly done at WHO within the scope of the Global Status Report on Alcohol and Health, the Global Information System on Alcohol and Health (GISAH) and the periodic data collection through the ATLAS on Substance Use (ATLAS-SU). Through such initiatives comprehensive information on alcohol-related health indicators - including on treatment of substance use disorders - is collected. Furthermore, following recommendation of the WHO Technical Advisory Group on Alcohol and Drug Epidemiology (TAG-ADE), a working group on treatment coverage was established with the task to oversee the development of feasible methods to estimate treatment coverage, by applying the concept of Universal Health Coverage (UHC) to substance use disorders, which includes, among others, global data on normative treatment needs of people with alcohol and other substance use disorders.

The Inter Agency Technical Working Group on Drug Epidemiology (IATWG-DE) was established in August 2016 under the leadership of UNODC and WHO, and with UNAIDS, EMCDDA, OAS/CICAD, Council of Europe/Pompidou Group, African Union, ECOWAS as other participating organizations. This group is a valuable resource to develop the methodology for measuring and reporting on the SDG indicator. Furthermore, in February 2018 WHO hosted a Meeting on Monitoring Universal Health Coverage for Alcohol and Drug Use Disorders in Geneva. The meeting brought together a wide range of international experts and representatives of relevant organizations to discuss a framework for the measurement at the population level of UHC and treatment coverage for alcohol and drug use disorders

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<sup>1</sup> The term ‘illicit drugs’ refers here to controlled psychoactive substances and prescription drugs used for non-medical purposes

**Who are the entities, including national and international experts, directly involved and consulted in developing the methodology/and or data collection tools?**

UNODC and WHO are leading the development of the indicator's methodology by involving respective national constituencies in the phase of consultation and validation. The involvement of national experts at all stages of this work, from methodology development to data collection and validation, will be conducted through the network of focal points and institutions nominated by Member States.

On illicit drugs, a first technical review and discussion on this indicator took place in January 2018, as part of a large Expert Consultation organised by UNODC on the revision of the ARQ. Technical representatives of 52 countries and 5 international organisations (including WHO) attended the consultation (see: <http://www.unodc.org/unodc/en/data-and-analysis/statistics/expert-consultation-on-arq.html>). The involvement of national focal points will continue through the phases of testing and finalisation of the methodology. The UNODC Scientific Advisory Group on the World Drug Report will also contribute to the development process of the indicator.

In relation to alcohol and other substance use disorders, the following entities will contribute to the process: WHO Expert Panel on Drug Dependence and Alcohol Problems, the network of WHO Collaborating Centres, and the WHO Technical Advisory Group on Alcohol and Drug Epidemiology (TAG-ADE). Furthermore, there is an ongoing close cooperation within the Department of Mental Health and Substance Abuse on treatment coverage estimation between Substance Abuse unit (MSB) and Evidence Research and Action on Mental and Brain disorders unit (MER). There are two tracks of parallel activities on preparing methodology for: (1) the indicator 3.5.1. on treatment coverage for substance use disorders and (2) the indicator 3.8.1 on treatment coverage for severe mental disorders. This continuous coordination of efforts will assure the development of sound methodology taking the complexity of the mental health area into account.

As mentioned earlier, inter-agency consultations will happen through the IATWG-DE, which will also contribute to the overall coordination of methodological development.

**What is the involvement of or how do you plan to involve National Statistical Systems in the development of the methodology?**

National statistical systems dealing with drug and health statistics are fully involved through the network of focal points and institutions during the respective processes of data collection and validation undertaken by UNODC and WHO. The engagement in the current plan of work is taking place within existing frameworks of on-going data collections and review activities thereto. UNODC and WHO interact with technical experts from national statistical systems indicated by governments.

**Please briefly describe the process of developing the methodology for the indicator**

The two components of this indicator, respectively on treatment of disorders related to illicit drug and to alcohol use disorders, pose specific methodological and operational challenges, as the two phenomena have very different epidemiological features, institutional/regulatory frameworks and data collection/production streams. The development of the two components will be conducted in close coordination by UNODC and WHO.

More specifically, for the component on illicit drugs, the plan envisaged (subject to availability of resources) includes:

- a systematic review of existing methodologies and national data for the indicator, including a literature review (4<sup>th</sup> quarter 2018);

- conducting a pilot data collection in volunteer countries to test feasibility and relevance of selected methodological options to produce national data to be used for the component on illicit drugs (1<sup>st</sup> and 2<sup>nd</sup> quarter 2019)
- finalization of the methodology including the development of technical guidelines for Member States to produce relevant data (3<sup>rd</sup> quarter 2019).

For the component on alcohol and other substance use disorders, the envisaged workplan is as follows:

- (1) To produce preliminary estimations and to inform model development work. This will begin by grouping together countries based on key characteristics relevant to the provision of services for substance use disorders, and to select several countries from each group. These countries will become a starting point for piloting the approaches to coverage estimations based on available predictors of service availability, utilisation and prevalence of substance use disorders.
- (2) Existing tools for data collection will be revised and adjusted to the needs of the project and include indicators relevant for coverage estimations. These tools can be used to better understand the availability, accessibility and quality of databases for coverage estimations in different regions and countries. In addition to these tools, the WHO will initiate inter-governmental data mapping activities to identify information available from different international organizations (WHO, UNAIDS, IHME, EMCDDA, Global Fund, USID, and others) and Member States.
- (3) A global mapping exercise (database mapping) will be performed. It will consist of (a) a scoping review of the literature and (b) extensive consultations with National Statistical Bodies to explore availability, accessibility and quality of country-level data on service utilization that will be used to produce regional and country-level coverage estimates. Additional systematic literature reviews can be performed to gain more information on estimates of prevalence, service capacity (the number of treatment facilities and their size), and utilization (the number of people in treatment).
- (4) Information collected through data collection tools and literature reviews will be used to, more precisely, cluster countries into homogeneous groups with similar characteristics. These include prevalence of SUDs, capacity of treatment systems and their focus, development of treatment systems, income of countries, modes of care delivery, legislative systems (in case there is underreporting due to laws which penalize the behaviour), the type and quality of HIS, and availability of data.
- (5) One or two countries per group will be included into the targeted activities. Methods for the assessment will include both quantitative (indirect methods, limited surveys of particular samples of respondents, facility surveys, secondary data analysis) and qualitative (key informant consultations, focus groups with specialists, policy makers, hidden populations of people with substance use disorders) in order to triangulate available sources of evidence.
- (6) Mathematical models created and piloted for these selected countries will be applied in different resource settings and will be extrapolated to similar countries.
- (7) Produced estimates will be validated through the established network of WHO focal points to ensure data accuracy.
- (8) Based on all previous steps, it will be possible to build capacity, improve data collection, report and analyse to improve coverage estimations, and monitor on an annual basis.
- (9) The project will provide the platform for future regular monitoring and updating of treatment coverage to explore trends in the years that follow.

The project will consist of two phases (preparatory and performance). As described above, the preliminary stage will begin by grouping countries based on available data (e.g. based on the prevalence of substance use disorders and the treatment resources) and by mapping available data for coverage estimations (scoping and systematic literature reviews, data collection from Member States).

The preparatory phase will pave the way for the full performance phase when, depending on the available data sources, several strategies will be implemented to produce, as accurately as possible, estimations of treatment coverage at the national levels. It is expected that the strategy of coverage

estimations will depend on data availability in a particular country. It will also include one of four approaches: (1) analysis based on raw data; (2) partial data imputation, based on available information; (3) data collection using a developed tool for rapid assessment and partial imputation based on generated information; (4) full data imputation based on available regional evidence.

**Please indicate new international standards that will need to be proposed and approved by an intergovernmental process (such as UNSC) for this methodology.**

For both components of the indicator, new statistical standards are required to define key concepts and measurements involved in the production of relevant statistics, i.e., defining different treatment modalities, measuring the number of people that are provided treatment according to minimal standards and the number of people in need of such treatment. Such international standards will be developed through the above-described process of work on the indicator and relevant statistical definitions and measurements will be submitted for review by national expert representatives, through the systems of national focal points and intergovernmental bodies respectively supporting and supervising the work of UNODC and WHO.

**When do you expect the methodological work on this indicator to be completed?**

Subject to the availability of financial resources (for both lines of work), the methodological work on the component on illicit drugs is expected to be completed by the end of 2019, while the methodological preparation of the component on alcohol is expected to be completed by the end of 2018. WHO and UNODC will collaborate on and coordinate their activities on the methodological work on this indicator.

**Are data and metadata already being collected from the National Statistical System for one or more components of this indicator?**

Yes.

**If yes, please describe:**

The reporting on the indicators by the Member States is mandated by the Drug Conventions and related intergovernmental bodies. UNODC data collection on drug epidemiology (including prevention and treatment) and some WHO key alcohol-related indicators is annual. Data collection by WHO on prevention and treatment resources for alcohol use disorders takes place every two to three years. Additional information is collected through systematic literature reviews and modelling activities for generating or improving the estimates of prevalence of substance use disorders in populations and treatment coverage at different levels of health systems. Lack of clear and common standards make currently available data not fit for producing comparable and comprehensive data for SDG Indicator 3.5.1.

**How do you plan to collect the data?**

The data will continue to be collected through data collections mandated by intergovernmental bodies. (it is planned that data for the component on illicit drugs will be collected starting in 2020 and data collection for the alcohol- and other substance-related component is planned to be ongoing in 2019-2020).

Additional information will be collected through literature reviews, expert consultations, passive surveillance of relevant data sources and rapid assessment tool in selected countries.

**If the indicator involves multiple components from different data sources, please describe how each individual component of the indicator will be collected here.**

The data will be collected from the institutions that manage the respective components of the indicators, i.e., administrative records on the number of people provided treatment and indirect methods on the estimates of people in need of treatment. In addition, data on the number of people entering and completing treatment, the number of treatment programs and their capacity and the percentage of patients involved in specific treatment modalities will be collected to provide a comprehensive overview of the drug treatment provision context.

Expected data coverage for this indicator is difficult to predict: for the component on illicit drugs, seventy countries on average provide data on treatment coverage through the ARQ, while the number of countries providing data on severe/problem drug users is significantly lower.

For the component on alcohol use disorders, the methodological approach being developed by WHO may allow to produce estimates covering most of the world population.

Ongoing collaboration and triangulation of data generated by UNODC and WHO may result in a good coverage of countries with estimated and validated (through the consultation process with Member States) data for this indicator.

**With what frequency is data expected to be collected?**

The frequency of data collection will remain the same as mandated by the intergovernmental bodies and described above (annual for illicit drugs component and annual or at least biennial for alcohol and other substance use component).

**Is there a process of data validation by countries in place or planned for this indicator?**

Yes

**If yes, please briefly describe:**

Both UNODC and WHO have an established policy to ensure Member States review the data compiled through their identified national institutions. Comments received from Member States are dealt with and resolved through one to one communication with the responsible entities in the Member States before data are published.

**If you have any additional comments that you believe would be helpful to IAEG-SDG members in analysing the work plan and methodological development of the indicator, please provide them here:**

Upon request of the UN Commission on Narcotic Drugs, UNODC has started a comprehensive technical process to review the ARQ, the main data collection tool on illicit drugs. Thus, the methodological development of Indicator 3.5.1 will benefit from a broad spectrum of activities embedded in this review process.

WHO is currently in the process of revising its monitoring and surveillance systems in key areas with a particular focus on indicators contributing to the UHC. The work on 3.5.1 indicator is aligned with the overall WHO actions on UHC, including the mainstreaming programmes of data collection and collaboration in the area.

*(as of July/August 2018)*