



## Annual Reports Questionnaire

### Part Three. Extent and patterns of and trends in drug use

Report of the Government of:

Reporting Year:

Completed on (date):  (dd/mm/yyyy)

Please upload completed questionnaire to: <https://arq.unodc.org/>

The completed annual report questionnaire is due on: **March 31, 2016**

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**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 reduction;
- Part Three. Extent, patterns 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*

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<b>Incidence</b>	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.
<b>Prevalence</b>	<p>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.</p> <p>The term “lifetime prevalence of drug use” refers to the proportion of individuals who have used a drug at least once in their lifetime.</p> <p>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.</p> <p>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.</p>
<b>Reference population</b>	The population to which an estimate applies (e.g. people aged 15-64 years, students aged 15-16 years, injecting drug users etc.).
<b>Reporting year</b>	The year _____ (to be indicated each year).

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## 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.

<b>Class of drug</b>	<b>Type of drug</b>
<b>Any illicit drug</b>	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.
<b>Cannabis</b>	Marijuana (herb) Hashish (resin)  Other types of cannabis including synthetic cannabinoid receptor agonists (e.g. JWH_018, AM-2201)
<b>Opioids</b>	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", AH-7921)
<b>Cocaine</b>	Powder (salt) "Crack"  Other types of cocaine, such as coca paste, cocaine paste, cocaine base, <i>basuco</i> , <i>paco</i> and <i>merla</i>
<b>Amphetamine-type stimulants</b>	Amphetamine 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) <sup>1</sup> Other illicit amphetamine-type stimulants (e.g. Captagon, methcathinone, mephedrone (4-MMC), methylone (bk-MDMA), 3,4-methylenedioxypropylvalerone (MDPV), 1-benzylpiperazine (BZP), 2C-B)
<b>Sedatives and tranquillizers (for non-therapeutic / non-prescription use)</b>	Benzodiazepines such as alprazolam (e.g. Xanax), clonazepam (e.g. Rivotril), diazepam (e.g. Valium), temazepam and flunitrazepam (e.g. Rohypnol) Barbiturates such as allobarbitol, barbitol, phenobarbitol, pentobarbitol, secbutabarbitol etc. Gamma-hydroxybutyric acid (GHB) Other sedative hypnotics: meprobamate, methaqualone (Mandrax) and zolpidem
<b>Hallucinogens</b>	Lysergic acid diethylamide (LSD) Other hallucinogens (e.g. phencyclidine (PCP), compounds of the NBOMe-series and dimethyltryptamine (DMT))
<b>Solvents and inhalants</b>	

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<b>Other drugs such as those under national but not international control</b>	Including gamma-butyrolactone (GBL), mushrooms with psychoactive properties, tramadol and substances also known as "new psychoactive substances" such as, p-methoxymethamphetamine (PMMA), 1-(3-chlorophenyl)piperazine (mCPP), $\alpha$ -Pyrrolidinopentiophenone ( $\alpha$ -PVP), ketamine, methoxetamine, khat, or salvia divinorum. <sup>2</sup>
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<sup>1</sup> MDA=methylenedioxyamphetamine; MDEA=3,4-methylenedioxyethylamphetamine; MDMA=methylenedioxymethamphetamine.  
<sup>2</sup> Regarding the naming of new psychoactive substances, please refer to the UNODC report "The challenge of new psychoactive substances", Annex, accessible at [https://www.unodc.org/documents/scientific/NPS\\_Report.pdf](https://www.unodc.org/documents/scientific/NPS_Report.pdf)

# 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)

	Name	Position	Agency	Telephone	Fax	E-mail	Questions contributed to
Example	<i>Mr. John Smith</i>	<i>Chief Statistician</i>	<i>Office of Drug Control</i>	<i>+44 221 6001</i>	<i>+44 221 6573</i>	<i><a href="mailto:jsmith@odc.gov">jsmith@odc.gov</a></i>	<i>6-9 and 10-13</i>
Contributor 1							
Contributor 2							
Contributor 3							
Contributor 4							
Contributor 5							

# Prevalence of drug use: General Population

**1. For questions 2-6, please specify the rationale used to support your assessment of the situation in the reporting year:  
(Select YES or NO for each section)**

Yes	General population survey	2015	(year of survey)
Select one:	School population survey		(year of survey)
Select one:	Drug seizures		
Select one:	Expert consultation		
Select one:	Indirect estimate		
Select one:	Treatment register		
Select one:	Hospital admissions		
Select one:	Register of drug users		
Select one:	Other (specify)		

Class and type of drugs	Question				
	2	3	4	5	6
	Has this drug been used in your country in the reporting year?	Rank these classes of drugs <sup>a</sup> 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	How much has the prevalence of use of each class of drugs changed in the reporting year? <sup>i,k</sup>	How much has the prevalence of use of each type of drug changed in the reporting year? <sup>i,k</sup>
<b>Cannabis</b>		1		Stable	
Marijuana (herb)	Yes		1		Stable
Hashish (resin)	No				Select one:
Other types of cannabis (specify)					Select one:
	Select one:				Select one:
<b>Opioids</b>		5		Some decrease	
Opium	Yes				Some decrease
Heroin	Yes				Some decrease
Pharmaceutical opioids <sup>b</sup> (non-prescription/non-therapeutic use)	Yes				Some decrease
Other illicit opioids (specify)					Select one:
Tramadol	Yes				Select one:
<b>Cocaine</b>				Not known	
Powder (salt)	No				Select one:
"Crack"	Not known				Select one:
Other types of cocaine (specify) <sup>c</sup>					Select one:
	Select one:				Select one:



<b>Amphetamine-type stimulants</b>		2		Some increase	
Amphetamine	Yes		2		Some increase
Methamphetamine	Yes		3		Some increase
"Ecstasy"-type substances	Yes		4		Some increase
Prescription stimulants <sup>d</sup> (non-prescription/non-therapeutic use)	Select one:				Select one:
Other illicit amphetamine-type stimulants (specify) <sup>e</sup>					
	Select one:				Select one:
<b>Tranquilizers and sedatives</b> (non-prescription/non-therapeutic use)		4		Stable	
Benzodiazepines <sup>f</sup>	Yes		5		Stable
Barbiturates <sup>g</sup>	Yes		6		Stable
Other sedative hypnotics (specify) <sup>h</sup>					
	Yes				Select one:
<b>Hallucinogens</b>		6		Not known	
LSD	No				Stable
Other hallucinogens (specify)					
Mushroom	Yes				Stable
<b>Solvents and inhalants</b>				Some decrease	
<b>Other drugs such as those under national but not international control (specify)<sup>i</sup></b>					
Ketamine	Yes	7		Some increase	
Dextromethorpan	Yes	3		Some increase	
	Select one:			Select one:	

## Metadata

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

The survey of Illicit Drugs Abuse in Indonesian Household of 2015

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.

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- a* For the purposes of this questionnaire, alcohol and tobacco are not included.
- b* Pharmaceutical 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, MDDC 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* Including gamma-butyrolactone (GBL), mushrooms with psychoactive properties, tramadol and substances also known as "new psychoactive substances" such as JWH-018, JWH-073, mephedrone (4-MMC), 3,4-methylenedioxypropylamphetamine (MDPV), p-methoxymethamphetamine (PMMA), 1-(3-chlorophenyl)piperazine (mCPP), 1-benzylpiperazine (BZP), ketamine, khat, or salvia divinorum. Regarding the naming of new psychoactive substances, please refer to the UNODC Report "The challenge of new psychoactive substances" Annex, accessible at: [https://www.unodc.org/documents/scientific/NPS\\_Report.pdf](https://www.unodc.org/documents/scientific/NPS_Report.pdf)
- j* "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.
- k* 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.



<b>Amphetamine-type stimulants</b>	1,01%	0,05%	0,51%	0,27%	0,00%	0,13%			
Amphetamine									
Methamphetamine	0,72%	0,05%	0,37%	0,20%	0,00%	0,09%			
"Ecstasy"-type substances	0,45%	0,03%	0,23%	0,05%	0,00%	0,03%			
Prescription stimulants <sup>d</sup> (non-prescription/non-therapeutic use)									
Other illicit amphetamine-type stimulants (specify) <sup>e</sup>									
<b>Tranquilizers and sedatives</b> (non-prescription/non-therapeutic use)	0,64%	0,10%	0,36%	0,35%	0,05%	0,19%			
Benzodiazepines <sup>f</sup>	0,22%	0,04%	0,12%	0,04%	0,00%	0,02%			
Barbiturates <sup>g</sup>	0,23%	0,09%	0,16%	0,03%	0,04%	0,03%			
Other sedative hypnotics (specify) <sup>h</sup>									
<b>Hallucinogens</b>	0,16%	0,04%	0,10%	0,01%	0,00%	0,01%			
LSD	0,01%	0,02%	0,02%	0,00%	0,00%	0,00%			
Other hallucinogens (specify)									
Mushroom	0,10%	0,02%	0,06%	0,01%	0,00%	0,01%			
<b>Solvents and inhalants</b>	0,04%	0,01%	0,03%	0,01%	0,00%	0,01%			
<b>Other drugs such as those under national but not international control (specify)<sup>i</sup></b>									
Dextromethorpan	0,03%	0,01%	0,02%	0,11%	0,01%	0,60%			
Ketamine	0,03%	0,01%	0,02%	0,01%	0,00%	0,01%			

### 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?

Class of drugs	Number of registered drug users
Any illicit drug <sup>a</sup>	51.930
Cannabis	5.871
Opioids	2.046
Cocaine	433
Amphetamine-type stimulants	20.754
Tranquilizers and sedatives	5.268
Hallucinogens	3.798
Solvents and inhalants	413
<b>Other drugs such as those under national but not international control (specify)</b>	
Polydrugs	9.024
Depressants	2.024
Metadon/Buprenorphin	754

## Metadata

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

The survey of Illicit Drugs Abuse in Indonesian Household of 2015

National Narcotics Board, Ministry of Health, and Ministry of Social Affairs, 2015

- <sup>a</sup> Excluding alcohol and tobacco, but including controlled substances that are misused or used for non-therapeutic purposes.
- <sup>b</sup> Pharmaceutical opioids may include preparations containing buprenorphine, codeine, dextropropoxyphene, fentanyl, hydrocodone, hydromorphone, methadone, morphine, oxycodone and pethidine.
- <sup>c</sup> 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)).
- <sup>d</sup> Prescription stimulants may include preparations containing amfepramone, fenetylline, methylphenidate, pemoline, phenmetrazine and phentermine.
- <sup>e</sup> Other illicit amphetamine-type stimulants may include preparations such as Captagon, methcathinone, 4-MTA, 2C-B, MDBD etc.
- <sup>f</sup> Benzodiazepines may include preparations such as alprazolam, clonazepam, diazepam, temazepam and flunitrazepam (e.g. Rohypnol).
- <sup>g</sup> Barbiturates may include preparations containing allobarbital, barbital, phenobarbital, pentobarbital, secbutabarbital etc.
- <sup>h</sup> Other sedative hypnotics may include preparations containing meprobamate, methaqualone, zolpidem etc.
- <sup>i</sup> Including gamma-butyrolactone (GBL), mushrooms with psychoactive properties, tramadol and substances also known as "new psychoactive substances" such as JWH-018, JWH-073, mephedrone (4-MMC), 3,4-methylenedioxypropylvalerone (MDPV), p-methoxymethamphetamine (PMMA), 1-(3-chlorophenyl)piperazine (mCPP), 1-benzylpiperazine (BZP), ketamine, khat, or salvia divinorum. Regarding the naming of new psychoactive substances, please refer to the UNODC Report "The challenge of new psychoactive substances" Annex, accessible at: [https://www.unodc.org/documents/scientific/NPS\\_Report.pdf](https://www.unodc.org/documents/scientific/NPS_Report.pdf)

## Prevalence/number of drug users: youth

13	Do you have data on the prevalence or number of drug users among youth?	Yes, for part of the population	
14	a) In which year were the data collected?	2015	
	b) Which part of the country or the population is covered by the data?	20 provinces in Indonesia	
	c) What is the size of the reference population to which the data apply?		
	d) What is the source of the data you are reporting?	Other (specify)	Youth (10-25 yearsold) in household survey

Proffered age range: 15-16 years Age range used: 10-25 years	Questions								
	15			16			17		
	What is the lifetime prevalence among youth?			What is the annual prevalence among youth?			What is the past 30-day prevalence among youth, if applicable?		
	Class and type of drugs	Male (%)	Female (%)	All (%)	Male (%)	Female (%)	All (%)	Male (%)	Female (%)
<b>Any illicit drug<sup>a</sup></b>	2,31%	0,40%	1,29%	1,27%	0,12%	0,66%			
<b>Cannabis</b>	1,18%	0,08%	0,59%	0,45%	0,00%	0,21%			
Marijuana (herb)	1,18%	0,08%	0,59%	0,45%	0,00%	0,21%			
Hashish (resin)									
Other types of cannabis (specify)									
<b>Opioids</b>	0,45%	0,04%	0,23%	0,45%	0,00%	0,21%			
Opium	0,14%	0,00%	0,16%	0,00%	0,00%	0,00%			
Heroin	0,09%	0,00%							
Pharmaceutical opioids <sup>b</sup> (non-prescription/non-therapeutic use)									
Other illicit opioids (specify)									
Tramadol	0,32%	0,04%	0,17%	0,27%	0,04%	0,15%			
<b>Cocaine</b>	0,00%	0,00%	0,00%	0,00%	0,00%	0,00%			
Powder (salt)									
"Crack"									
Other types of cocaine (specify) <sup>c</sup>									
<b>Amphetamine-type stimulants</b>	0,86%	0,04%	0,42%	0,41%	0,00%	0,19%			
Amphetamine	0,05%	0,00%	0,02%	0,05%	0,00%	0,02%			
Methamphetamine	0,59%	0,04%	0,30%	0,32%	0,00%	0,15%			
"Ecstasy"-type substances	0,32%	0,00%	0,15%	0,05%	0,00%	0,02%			

Prescription stimulants <sup>d</sup> (non-prescription/non-therapeutic use)									
Other illicit amphetamine-type stimulants (specify) <sup>e</sup>									
<b>Tranquilizers and sedatives</b> (non-prescription/non-therapeutic use)	0,41%	0,04%	0,21%	0,23%	0,00%	0,11%			
Benzodiazepines <sup>f</sup>	0,27%	0,04%	0,17%	0,09%	0,00%	0,15%			
Barbiturates <sup>g</sup>	0,14%	0,00%	0,06%	0,00%	0,00%	0,00%			
Other sedative hypnotics (specify) <sup>h</sup>									
<b>Hallucinogens</b>	0,09%	0,00%	0,04%	0,00%	0,00%	0,00%			
LSD				0,00%	0,00%	0,00%			
Other hallucinogens (specify)									
<b>Solvents and inhalants</b>	0,14%	0,00%	0,06%	0,00%	0,00%	0,00%			
<b>Other drugs such as those under national but not international control (specify)<sup>i</sup></b>									
Dextromethorpan	0,36%	0,08%	0,21%	0,23%	0,00%	0,13%			

## Metadata

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

Second Analysis Data : the survey of Illicit Drugs Abuse in Indonesian Household of 2015 (10-25 years old)

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

<sup>b</sup> Pharmaceutical opioids may include preparations containing buprenorphine, codeine, dextropropoxyphene, fentanyl, hydrocodone, hydromorphone, methadone, morphine, oxycodone and pethidine.

<sup>c</sup> 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)).

<sup>d</sup> Prescription stimulants may include preparations containing amfepramone, fenetylline, methylphenidate, pemoline, phenmetrazine and phentermine.

<sup>e</sup> Other illicit amphetamine-type stimulants may include preparations such as Captagon, methcathinone, 4-MTA, 2C-B, MDBD etc.

<sup>f</sup> Benzodiazepines may include preparations such as alprazolam, clonazepam, diazepam, temazepam and flunitrazepam (e.g. Rohypnol).

<sup>g</sup> Barbiturates may include preparations containing allobarbitol, barbital, phenobarbitol, pentobarbitol, secbutabarbitol etc.

<sup>h</sup> Other sedative hypnotics may include preparations containing meprobamate, methaqualone, zolpidem etc.

<sup>i</sup> Including gamma-butyrolactone (GBL), mushrooms with psychoactive properties, tramadol and substances also known as "new psychoactive substances" such as JWH-018, JWH-073, mephedrone (4-MMC), 3,4-methylenedioxypropylvalerone (MDPV), p-methoxymethamphetamine (PMMA), 1-(3-chlorophenyl)piperazine (mCPP), 1-benzylpiperazine (BZP), ketamine, khat, or salvia divinorum. Regarding the naming of new psychoactive substances, please refer to the UNODC Report "The challenge of new psychoactive substances" Annex, accessible at: [https://www.unodc.org/documents/scientific/NPS\\_Report.pdf](https://www.unodc.org/documents/scientific/NPS_Report.pdf)

## Injecting drug use\*

Class and type of drugs	Question		
	18	19	20
	Has there been drug use by injection in the reporting year?	What has been the trend with regard to injecting drug use in the reporting year? <sup>a</sup>	Has there been sharing of needles or syringes among injecting drug users in the reporting year? <sup>b</sup>
			Yes
<b>Any illicit drug<sup>c</sup></b>	Yes	Some increase	<b>21</b>
<b>Opioids</b>	Yes	Some increase	<b>Has there been sharing of injecting drug paraphernalia other than needles and syringes among injecting drug users in the reporting year?<sup>b</sup></b>
Opium	No	Not known	
Heroin	Yes	Some increase	
Pharmaceutical opioids <sup>d</sup> (non-prescription/non-therapeutic use) Other illicit opioids (specify)	Yes	Some increase	
Buprenorphine	Yes	Some increase	<b>22</b>
<b>Cocaine</b>	No	Not known	<b>What has been the trend in the sharing of needles or syringes among injecting drug users in the reporting year?<sup>b</sup></b>
Powder (salt) "Crack"	No	Not known	
Other types of cocaine (specify) <sup>e</sup>	No	Not known	
	Select one:	Select one:	Some increase
<b>Amphetamine-type stimulants</b>	Yes	Some increase	
Amphetamine	No	Not known	
Methamphetamine	Yes	Some decrease	
Prescription stimulants <sup>f</sup> (non-prescription/non-therapeutic use) Other illicit amphetamine-type stimulants (specify) <sup>g</sup>	No	Not known	
	Select one:	Select one:	
<b>Tranquilizers and sedatives</b> (non-prescription/non-therapeutic use)	Yes	Some increase	
Benzodiazepines <sup>h</sup>	Yes	Some increase	
Barbiturates <sup>i</sup> Other sedative hypnotics (specify) <sup>j</sup>	Yes	Some increase	
Liquid Valium	No	Large decrease	
<b>Other drugs such as those under national but not international control (specify)<sup>k</sup></b>			
	Select one:	Select one:	
	Select one:	Select one:	
	Select one:	Select one:	



## Metadata

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

Rapid survey of behavior among drug injecting people in 4 cities, 2015, Indonesia National AIDS Commission

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.

- 
- \* An "injecting drug user" is a person who injects drugs for non-medical purposes.
  - 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).
  - i Barbiturates may include preparations containing allobarbital, barbital, phenobarbital, pentobarbital, secbutabarbital etc.
  - j Other sedative hypnotics may include preparations containing meprobamate, methaqualone, zolpidem etc.
  - k Including gamma-butyrolactone (GBL), mushrooms with psychoactive properties, tramadol and substances also known as "new psychoactive substances" such as JWH-018, JWH-073, mephedrone (4-MMC), 3,4-methylenedioxypropylvalerone (MDPV), p-methoxymethamphetamine (PMMA), 1-(3-chlorophenyl)piperazine (mCPP), 1-benzylpiperazine (BZP), ketamine, khat, or salvia divinorum. Regarding the naming of new psychoactive substances, please refer to the UNODC Report "The challenge of new psychoactive substances" Annex, accessible at: [https://www.unodc.org/documents/scientific/NPS\\_Report.pdf](https://www.unodc.org/documents/scientific/NPS_Report.pdf)

## Injecting drug users

23	Do you have data on the total number of injecting drug users in your country?	Yes, for part of country or sub-population
24	a) In which year were the data collected?	2014
	b) Which part of the country or sub-group of the population is covered by the data?	33 Provinces
	c) What is the size of the population to which the estimates apply?	35.575
	d) What is the source of the data you are reporting? (select all that apply)	
	Behavioural survey	Yes
	Treatment and other register of drug users	Select YES if it applies:
Indirect estimates	Yes	
General population survey	Select YES if it applies:	
Other (specify)	Yes	Mapping survey of drug-injecting person

Class and type of drugs	Question		
	25	26	27
	What percentage of users of each drug injects that drug?	What is the estimated number of people who inject each drug?	What percentage of injecting drug users shared needles or syringes? <sup>a</sup>
			Preferred time frame: <i>last time injected</i> Time frame used: Last time injected
<b>Any illicit drug<sup>b</sup></b>		35575	9,00%
<b>Illicit opioids</b>			
Heroin	84,40%	30024	
Opium	6,90%	2455	
Pharmaceutical opioids <sup>c</sup> (non-prescription/non-therapeutic use)	22,00%	7827	
Other illicit opioids (specify)			
<b>Cocaine</b>			
Powder (salt)			
"Crack"			
Other types of cocaine (specify) <sup>d</sup>			
<b>Amphetamine-type stimulants</b>			
Amphetamine	79,10%	28139	
Methamphetamine	4,90%	1743	
Prescription stimulants <sup>e</sup> (non-prescription/non-therapeutic use)			

Other illicit amphetamine-type stimulants (specify) <sup>f</sup>		
<b>Tranquillizers and sedatives</b> (non-prescription/non-therapeutic use)		
Benzodiazepines <sup>g</sup>	14,10%	5015
Barbiturates <sup>h</sup>		
Other sedative hypnotics (specify) <sup>i</sup>		
<b>Other drugs such as those under national but not international control (specify)<sup>j</sup></b>		

## Metadata

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

Behaviour rapid survey among people who inject drug and mapping report in year 2014, Indonesia National AIDS Commission

<sup>a</sup> 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.

<sup>b</sup> For the purposes of this questionnaire, alcohol and tobacco are not included.

<sup>c</sup> Pharmaceutical opioids may include preparations containing buprenorphine, codeine, dextropropoxyphene, fentanyl, hydrocodone, hydromorphone, methadone, morphine, oxycodone and pethidine.

<sup>d</sup> 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)).

<sup>e</sup> Prescription stimulants may include preparations containing amfepramone, fenetylline, methylphenidate, pemoline, phenmetrazine and phentermine.

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

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

<sup>h</sup> Barbiturates may include preparations containing allobarbitol, barbital, phenobarbital, pentobarbital, secbutabarbitol etc.

<sup>i</sup> Other sedative hypnotics may include preparations containing meprobamate, methaqualone, zolpidem etc.

<sup>j</sup> Including gamma-butyrolactone (GBL), mushrooms with psychoactive properties, tramadol and substances also known as "new psychoactive substances" such as JWH-018, JWH-073, mephedrone (4-MMC), 3,4-methylenedioxypropylvalerone (MDPV), p-methoxymethamphetamine (PMMA), 1-(3-chlorophenyl)piperazine (mCPP), 1-benzylpiperazine (BZP), ketamine, khat, or salvia divinorum. Regarding the naming of new psychoactive substances, please refer to the UNODC Report "The challenge of new psychoactive substances" Annex, accessible at: [https://www.unodc.org/documents/scientific/NPS\\_Report.pdf](https://www.unodc.org/documents/scientific/NPS_Report.pdf)

## Severe/problem drug users\*

28	Do you have data regarding the number of severe/problem drug users in your country?	Yes, for part of country or sub-population		
29	a) In which year were the data collected?	2014		
	b) Which part of the country or sub-group of the population is covered by the data?	33 Provinces		
	c) What definition of "severe/problem drug user" applies to the data?	People Who Inject Drugs		
	d) What was the sample size to which the data apply?	11575		
	e) What is the source of the data you are reporting? (select all that apply)			
		Behavioural survey	Yes	
		Treatment and other register of drug users	Select YES if it applies:	
	Indirect estimates	Yes		
	General population survey	Select YES if it applies:		
	Other (specify)	Yes	Mapping in 68 cities	
f) Please select the estimation method used (i.e. indirect methods)? (select all that apply)	Capture-recapture	Select YES if used		
	Multiplier benchmark treatment	Select YES if used		
	Multiplier benchmark police	Select YES if used		
	Multiplier benchmark mortality	Select YES if used		
	Other (specify):	Extrapolation regression model	Yes	
30	What is the number of severe/problem drug users in your country?	35575		
	a) Opioids:	23545		
	b) Cocaine:			
	c) 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?	
Proffered time frame: 12 months		Time frame used:	Main drugs	Prevalence
Persons held in prisons <sup>a</sup>	176.754	14,80%	1. -	
			2. -	
			3. -	
Persons in prostitution	64.635	25,20%	1. ecstasy	16,76%
			2. methamphetamine	9,29%
			3. cannabis	4,81%
Homeless people	30.019		1.	
			2.	
			3.	
Other high-risk groups (specify)				
transgender	35.349		1.	
			2.	
			3.	
ex-prisoner	109.114		1.	
			2.	
			3.	

### Metadata

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

Ministry of Social Affairs, 2014

Directorate General of Corrections, Ministry of Law and Human Rights, 2015

Survey on Prevention and Eradication of Drug Abuse and Illicit Trafficking in Narcotics (P4GN) Among Women Sex Workers 2010

Survey on Street Children 2010

Note :

Homeless People, transgender and ex-convicts using 2014 data

<sup>a</sup> "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, pre-trial 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.

## New developments in drug use

**34** Have any new drugs or new patterns of drug use been observed in the past year?

Yes

**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?

1) Methylone (MDMC), 2) Mephedrone (4-MMC), 3) Pentedrone, 4) 4-MEC, 5) MDPV, 6) Ethcathinone (N-ethylcathinone), 7) MPHP, 8) Khat Plant contains Cathinone dan Cathine, 9) JWH-018, 10) XLR-11, 11) 5-fluoro, 12) AKB 48, 13) MAM 2201, 14) DMA (Dimethylam-phetamine), 15) 5-APB, 16) 6-APB, 17) PMMA, 18) 2C-B, 19) DOC, 20) 25I-NBOMe, 21) 25B-NBOMe, 22) 25C-NBOMe, 23) 4 APB, 24) BZP, 25) AmCPP, 26) TFMPP, 27)  $\alpha$ MTM Kratom contains mitragynine dan speciogynine, 28) Ketamin, 29) Methoxetamin, 30) Ethylone (bk-MDEA, MDEC), 31) Buphedrone, 32) 5-MeO-MiPT, 33) FUB-144, 34) AB-CHMINACA, 35) AB-FUBINACA and 36) Subuxon diluted with Valium which is used by injection drug users, 37) 5-fluoro AKB 48, 38) CB 13, 39) 4-chlorometchatinone 40) FUB-AMB 41) AB-PINACA 42) THJ-2201 43) THJ-018

**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.

Although new drugs have emerged like Methylone (MDMC), Mephedrone (4-MMC), Pentedrone, etc, there is no change in the type of drug use in 2015. Marijuana, methamphetamine and benzodiazepines still ranked as the highest prevalence.

### Metadata

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

Drug Testing Laboratory, National Narcotic Board, 2015

The survey of Illicit Drugs Abuse in Indonesian Household of 2015

## Drug-related morbidity

**37** For question 38, please specify the rationale used in your assessment of the situation in the reporting year:  
(select YES for all that apply.)

Select YES if it applies:	General population survey (year of survey):	
Select YES if it applies:	School population survey (year of survey):	
Select YES if it applies:	Drug seizures	
Select YES if it applies:	Expert consultation	
Select YES if it applies:	Indirect estimate	
Select YES if it applies:	Treatment register	
Select YES if it applies:	Hospital admissions	
Select YES if it applies:	Register of drug users	
Yes	Other (specify):	Integrated behavioral and biological rapid survey, 2015

**38** Has the prevalence of each of the infections listed below changed among injecting drug users in the reporting year?<sup>a</sup>

Hepatitis B	Large decrease
Hepatitis C	Some decrease
HIV	Large decrease
Tuberculosis (active)	Some decrease

**39** Do you have an estimate of the percentage of injecting drug users with any of the infections listed in question 38?

Yes, for a sub-group or part of the population

Infection	Question			
	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? <sup>b</sup>	What is the estimated number of persons held in prisons, with each infection? <sup>b</sup>
Hepatitis B	6,20%	2.196		
Hepatitis C	43,54%	15.490		
HIV	8,04%	2.861	0,23%	404
Tuberculosis (active)	12,10%	4.305	0,47%	836

44	a) In which year were the data referred to in question 40 collected?	2015		
	b) Which part of the country or sub-group of injecting drug users is covered by the estimate?	11 provinces, 22 cities/regencies		
	c) What was the sample size of the population to which the estimate applies?	1231		
	d) What is the source of the data you are reporting? (select YES for all that apply.)			
		Behavioural survey	Select YES if it applies:	
		Treatment and other register of drug users	Yes	
	Indirect estimates	Select YES if it applies:		
	General population survey	Select YES if it applies:		
	Other (specify:)	Yes	Integrated behavioral and biological rapid survey, 2015	

## Metadata

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

Directorate of Health Services and Inmates and Detainee Care, Directorate General of Corrections, Ministry of Law and Human Rights, 2013  
 Integrated behavioral and biological survey, 2015 (Ministry of Health, National AIDS of Commission )

<sup>a</sup> "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.

<sup>b</sup> The percentage should be reported for the entire prison population (not just for injecting drug users).



## Drug-related morbidity

<b>45</b>	<b>Do you routinely collect data on the number of non-fatal drug-related consequences for health in your country?</b>
Yes, for a sub-group or part of the population	

<b>46</b>	<b>On which consequences for health do you collect data? (Select YES for all that apply)</b>				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;"><i>Select YES if it applies:</i></td> <td style="padding: 2px;">Non-fatal drug overdoses<sup>1</sup></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Yes</td> <td style="padding: 2px;">Drug-related hospital emergency room visits<sup>2</sup></td> </tr> </table>		<i>Select YES if it applies:</i>	Non-fatal drug overdoses <sup>1</sup>	Yes	Drug-related hospital emergency room visits <sup>2</sup>
<i>Select YES if it applies:</i>	Non-fatal drug overdoses <sup>1</sup>				
Yes	Drug-related hospital emergency room visits <sup>2</sup>				

<b>47</b>	<b>a) In which year were the data referred to in question 46 collected?</b>	2015
	<b>b) Which part of the country or sub-group is covered by the estimate?</b>	

Consequences for health	Question
	<b>48</b>
	<b>What is the number of non-fatal drug-related episodes recorded during the reporting period?</b>
Non-fatal drug overdoses	
Drug-related hospital emergency room visits	936

<b>Metadata</b>
What sources of information (published and unpublished) were referred to in answering these questions?
Drug Dependency Hospitals, 2015

<sup>1</sup> 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](http://www.who.int/substance_abuse/terminology/who_lexicon/en)).

<sup>2</sup> "Drug-related emergency room visits" are made in cases of overdoses, for detoxification, to address withdrawal symptoms, drug-related accidents and trauma, and to treat any related mental health conditions that a drug user may present (see information of the Drug Abuse Warning Network available from <https://dawninfo.samhsa.gov>).

## Drug-related mortality\*

Class and type of drugs	Question		
	49	50	51
	Have there been reports of drug-related deaths in the reporting year?	Rank these drugs in order of their importance as a primary cause of drug-related deaths	What has been the trend over the reporting year with regard to drug-related deaths compared with the previous reporting year? <sup>a</sup>
<b>Any illicit drug<sup>b</sup></b>	No		Not known
<b>Cannabis</b>	Select one:		Select one:
<b>Opioids</b>	Select one:		Select one:
Heroin/morphine	Select one:		
Opium	Select one:		
Pharmaceutical opioids <sup>c</sup>	Select one:		
Other illicit opioids (specify)	Select one:		
<b>Cocaine</b>	Select one:		Select one:
<b>Amphetamine-type stimulants</b>	Select one:		Select one:
Amphetamine/Methamphetamine	Select one:		
Prescription stimulants <sup>d</sup>	Select one:		
"Ecstasy"-type substances	Select one:		
Other stimulants (specify) <sup>e</sup>	Select one:		
<b>Tranquilizers and sedatives</b>	Select one:		Select one:
Benzodiazepines <sup>f</sup>	Select one:		
Barbiturates <sup>g</sup>	Select one:		
Other sedative hypnotics (specify) <sup>h</sup>	Select one:		
<b>Hallucinogens</b>	Select one:		Select one:
<b>Solvents and inhalants</b>	Select one:		Select one:
<b>Other drugs such as those under national but not international control (specify)<sup>i</sup></b>	Select one:		Select one:
	Select one:		Select one:
	Select one:		Select one:

## 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 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" 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.
- 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* Including gamma-butyrolactone (GBL), mushrooms with psychoactive properties, tramadol and substances also known as "new psychoactive substances" such as JWH-018, JWH-073, mephedrone (4-MMC), 3,4-methylenedioxypropylvalerone (MDPV), p-methoxymethamphetamine (PMMA), 1-(3-chlorophenyl)piperazine (mCPP), 1-benzylpiperazine (BZP), ketamine, khat, or salvia divinorum. Regarding the naming of new psychoactive substances, please refer to the UNODC Report "The challenge of new psychoactive substances" Annex, accessible at: [https://www.unodc.org/documents/scientific/NPS\\_Report.pdf](https://www.unodc.org/documents/scientific/NPS_Report.pdf)

## Drug-related mortality

<b>52</b>	Do you have data regarding the number of drug-related deaths in your country?	No (go to question 58)
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<b>53</b>	a) In which year were the data referred to in question 52 collected?	
	b) 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 total number of drug-related deaths? <sup>a</sup>	What is the number of fatal drug overdoses? <sup>b</sup>	What is the number of drug-related HIV/AIDS deaths? <sup>c</sup>
<b>Any illicit drug<sup>d</sup></b>			
<b>Cannabis</b>			
<b>Opioids</b>			
Heroin/morphine			
Opium			
Pharmaceutical opioids <sup>e</sup>			
Other opioids (specify)			
<b>Cocaine</b>			
<b>Amphetamine-type stimulants</b>			
Amphetamine/Methamphetamine			
Prescription stimulants <sup>f</sup>			
"Ecstasy"-type substances			
Other stimulants (specify) <sup>g</sup>			
<b>Tranquilizers and sedatives</b>			
Benzodiazepines <sup>h</sup>			
Barbiturates <sup>i</sup>			
Other sedative hypnotics (specify) <sup>j</sup>			
<b>Hallucinogens</b>			
<b>Solvents and inhalants</b>			
<b>Other drugs such as those under national but not international control (specify)<sup>k</sup></b>			

<b>57</b>	<b>What proportion of these deaths were for polydrug use?</b>		

**Criteria**

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?

- a* "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.
- j* Other sedative hypnotics may include preparations containing meprobamate, methaqualone, zolpidem etc.
- k* Including gamma-butyrolactone (GBL), mushrooms with psychoactive properties, tramadol and substances also known as "new psychoactive substances" such as JWH-018, JWH-073, mephedrone (4-MMC), 3,4-methylenedioxypyrovalerone (MDPV), p-methoxymethamphetamine (PMMA), 1-(3-chlorophenyl)piperazine (mCPP), 1-benzylpiperazine (BZP), ketamine, khat, or salvia divinorum. Regarding the naming of new psychoactive substances, please refer to the UNODC Report "The challenge of new psychoactive substances" Annex, accessible at: [https://www.unodc.org/documents/scientific/NPS\\_Report.pdf](https://www.unodc.org/documents/scientific/NPS_Report.pdf)

## Drug treatment\*

Class of drugs	Questions		
	58	59	60
	Have people received treatment for problems with this class of drugs in the past year?	Rank these drugs in order of their importance as the primary reason for receiving treatment	Has there been any change in the number of people receiving treatment for each drug? <sup>a</sup>
Any illicit drug (total) <sup>b</sup>	Yes		<i>Select one:</i>
Cannabis	Yes		2 Stable
Opioids	Yes		1 Some increase
Cocaine	Yes		6 Stable
Amphetamine-type stimulants	Yes		3 Some decrease
Sedatives and tranquilizers	Yes		4 Some decrease
Hallucinogens	Yes		5 Stable
Solvents and inhalants	Yes		7 Some increase
<b>Other drugs such as those under national but not international control (specify)<sup>c</sup></b>			
	<i>Select one:</i>		<i>Select one:</i>
	<i>Select one:</i>		<i>Select one:</i>
	<i>Select one:</i>		<i>Select one:</i>

### Metadata

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

Drug Dependency Hospitals and Center for Rehabilitation, National Narcotics Board, 2015

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" 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.

<sup>a</sup> "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.

<sup>b</sup> For the purposes of this questionnaire, alcohol and tobacco are not included.

c Including gamma-butyrolactone (GBL), mushrooms with psychoactive properties, tramadol and substances also known as "new psychoactive substances" such as JWH-018, JWH-073, mephedrone (4-MMC), 3,4-methylenedioxypropylamphetamine (MDPV), p-methoxymethamphetamine (PMMA), 1-(3-chlorophenyl)piperazine (mCPP), 1-benzylpiperazine (BZP), ketamine, khat, or salvia divinorum. Regarding the naming of new psychoactive substances, please refer to the UNODC Report "The challenge of new psychoactive substances" Annex, accessible at: [https://www.unodc.org/documents/scientific/NPS\\_Report.pdf](https://www.unodc.org/documents/scientific/NPS_Report.pdf)

## Drug treatment

<b>61</b>	Do you have any data regarding the number of people receiving drug treatment in your country?	Yes, for part of the country or some treatment facilities
<b>62</b>	a) In which year were the data referred to in question 61 collected?	2014-2016
	b) Which part of the country or what types of treatment facilities are covered by the data?	Jakarta, Banda Aceh, East Java, East Kalimantan,

Note: Questions 63-66 refer to the year specified in question 62a

Class and type of drugs	Question			
	63	64	65	66
	What is the estimated number of people who received drug treatment? <sup>a</sup>	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?
<b>Any illicit drug<sup>b</sup></b>	1.321	6,95%		
<b>Primary drug<sup>c</sup></b>				
<b>Cannabis</b>	134			
<b>Opioids</b>				
Heroin				
Opium				
Pharmaceutical opioids (non-prescription/non-therapeutic use) <sup>d</sup>				
Other illicit opioids (specify)				
<b>Cocaine</b>	132			
Cocaine (salt and crack)				
Other types of cocaine (specify) <sup>e</sup>				
<b>Amphetamine-type stimulants</b>	370			
Methamphetamine				
Amphetamine				
"Ecstasy"-type substances				
Prescription stimulants (non-prescription/non-therapeutic use) (specify) <sup>f</sup>				



<b>Tranquilizers and sedatives</b>	112			
Benzodiazepines <sup>g</sup>				
Barbiturates <sup>h</sup>				
Other sedative hypnotics (specify) <sup>i</sup>				
<b>Hallucinogens</b>	421			
LSD				
Other hallucinogens (specify)				
<b>Solvents and inhalants</b>	65			
<b>Other drugs such as those under national but not international control (specify)<sup>j</sup></b>				
<b>What portion of people were treated for polydrug use?</b>				

<b>67</b>	Does the total number of people in treatment reported above include people in treatment for the abuse of substances other than those under international control?	No	
	If the answer is yes, please specify the substances not under international control for which people are in treatment		

<b>68</b>	What is the estimated proportion of drug users in need of treatment that are currently receiving treatment in your country?	The majority
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<b>Definitions</b>		<b>Question</b>	
		<b>69</b>	
		What definition of "people in drug treatment" applies to the responses provided to questions 62-66? (select YES for all that applies)	
All people receiving treatment in the reporting year		Yes	
People starting treatment in the reporting year		Yes	
People in treatment at census date		Yes	
People discharged from treatment		Yes	
Other (specify)		Select YES if it applies:	

## Metadata

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

Ministry of Health, 2015

- a* In this question, the numbers should refer to individuals who have received treatment and who would normally be included in national reporting requirements.
- b* For the purposes of this questionnaire, alcohol and tobacco are not included.
- c* The "primary drug" is the main drug used by a person and for which he or she is seeking treatment.
- 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* 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* Including gamma-butyrolactone (GBL), mushrooms with psychoactive properties, tramadol and substances also known as "new psychoactive substances" such as JWH-018, JWH-073, mephedrone (4-MMC), 3,4-methylenedioxypropylvalerone (MDPV), p-methoxymethamphetamine (PMMA), 1-(3-chlorophenyl)piperazine (mCPP), 1-benzylpiperazine (BZP), ketamine, khat, or salvia divinorum. Regarding the naming of new psychoactive substances, please refer to the UNODC Report "The challenge of new psychoactive substances" Annex, accessible at: [https://www.unodc.org/documents/scientific/NPS\\_Report.pdf](https://www.unodc.org/documents/scientific/NPS_Report.pdf)

## Collecting data and monitoring capacity

Registers, surveys and rapid situation assessments	Question	
	70	
	a) Does your country collect the following data regarding drug use and treatment?	
<b>Registers</b>		
National data on drug treatment	Yes	
Register of all drug users	Yes	
Register of problem drug users	Yes	
Register on drug-related morbidity	Yes	
Register on drug-related mortality	No	
	b) How often does your country carry out the following data collection activities regarding drug use and its health and social consequences?	
<b>Surveys</b>		
General population survey	Every three to five years	
School population survey	Every three to five years	
Survey among drug users	Every three to five years	
Survey among prisoners	Never	
Indirect estimates	Every three to five years	
<b>Rapid situation assessments</b>	Once a year	
<b>Other data collections (specify)</b>		
Behavioral rapid survey of drugs-injecting person	Once a year	
Survey on drugs abuse at work place	Every three to five years	
Community-based drugs dependency treatment evaluation survey	Every two years	

Registers, surveys and rapid situation assessments	Question	
	71	
	How suitable do you think the following data sources are for estimating the drug situation in your country?	
<b>Registers</b>		
National data collection on drug treatment	Somewhat	
Register of problem drug users	Somewhat	
Register on drug-related morbidity	Somewhat	
Register on drug-related mortality	Not very	

### Surveys

General population survey	Very
School population survey	Very
Survey among drug users	Very
Survey among prisoners	Somewhat
Indirect estimates	Very

### Rapid situation assessments

Select one:

### Other data collections (specify)

Behavioral rapid survey of drug-injecting person	Very
	Select one:
	Select one:

## 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?

Measures :

1. Improvement of data collection from 33 Provinces by Drug Information System of the National Narcotics Board
2. Implementation of ID Card system for drug use registration by the Ministry of Social Affairs
3. Continued implementation of compulsory reporting/registration of drug users program (IPWL)
4. Implementation of voluntary reporting/registration of drug users program

Constraints :

1. Lack of human resources capacity for data collection.
2. Stigma of drug users in the society and family.
3. Implementation of depenalization of drug abusers.
4. Inadequate infrastructure and facilities (e.g. limited bed capacity)

### Metadata

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

Center for Health Research University of Indonesia, National Narcotics Board, National AIDS Commission, and Ministry of Social Affairs

## ADDITIONAL COMMENTS

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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.

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