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Drug demand reduction

Optimizing systems for collecting information and identifying the best practices to counter the demand for illicit drugs

Report of the Executive Director**

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** For technical reasons the present report was submitted after the date required by the 10-week rule.

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I. Introduction

1. At its forty-fifth session, the Commission on Narcotic Drugs adopted resolution 45/13, entitled "Optimizing systems for collecting information and identifying the best practices to counter the demand for illicit drugs", in which it called upon the Executive Director of the United Nations International Drug Control Programme (UNDCP) to summarize, in a series of papers to be presented to the Commission at its forty-sixth session, the current state of implementation of activities for the reduction of demand for illicit drugs throughout the world, incorporating flexible guidelines on best practices and taking into account cultural specificities; also called upon the Executive Director to prepare, for consideration by the Commission at its forty-sixth session, a costed programme of work for the period 2003-2008, based on the strategic framework for the implementation of the Action Plan for the Implementation of the Declaration on the Guiding Principles of Drug Demand Reduction (General Assembly resolution 54/132, annex), with the aim of: (a) improving national and global information systems for reporting on activities for the reduction of demand for illicit drugs; (b) facilitating the sharing of information on best practices in activities for the reduction of demand for illicit drugs; and (c) supporting Member States seeking expertise in developing their own strategies and activities for the reduction of demand for illicit drugs; and requested the Executive Director to submit to the Commission at its forty-sixth session a report on progress achieved in strengthening the Global Assessment Programme on Drug Abuse in order to develop minimum methodological criteria that make possible the collection and comparison of data at the national and international levels.

2. The present report is submitted pursuant to that request. It contains a review of the implementation of activities in demand reduction, including information on activities being carried out within the framework of the Global Assessment Programme on Drug Abuse, and a programme of work for the period 2003-2008. A series of flexible guidelines on best practices in key areas of demand reduction are contained in addenda to the report.

II. Implementation of activities for the reduction of demand for illicit drugs

3. At its twentieth special session, the General Assembly adopted a Political Declaration (resolution S-20/2, annex) in which Member States committed themselves to establishing 2003 as a target date for new or enhanced drug demand reduction strategies and programmes and to achieving significant and measurable results in the field of drug demand reduction by 2008.

4. At the special session, the General Assembly also adopted a Declaration on the Guiding Principles of Drug Demand Reduction (resolution S-20/3, annex) and at its fifty-fourth session the Assembly adopted an Action Plan for Implementation of the Declaration (resolution 54/132, annex), in which it assigned UNDCP a clear role in the promotion of effective demand reduction strategies and programmes. The Action Plan specifically charged the Programme with three core tasks in providing demand reduction-related assistance to Member States:

(a) To facilitate the sharing of information on best practice strategies and programmes;

(b) To provide guidance and assistance for the development of demand reduction strategies and programmes in line with the guiding principles of drug demand reduction;

(c) To provide assistance for the establishment of national information systems, including data on regionally and internationally recognized core indicators.

5. Since the special session in 1998, Member States, intergovernmental organizations, regional organizations and civil society have been working to achieve the goals contained in the Political Declaration. Monitoring progress by Member States towards the goals pertaining to demand reduction is done largely through the annual reports questionnaire as far as patterns and trends in the abuse of drugs are concerned and through the biennial reports questionnaire as regards the implementation of demand reduction strategies and programmes that adhere to the Declaration on the Guiding Principles of Drug Demand Reduction.

6. An analysis of the data from the responses of Member States to the annual reports questionnaire and the biennial reports questionnaire over the period 1998-2002 produces a mixed picture. Some countries, especially those where consistent and sustained demand reduction interventions have been implemented, have shown that those measures can significantly reduce drug abuse and its adverse health and social consequences. Because of the prevention efforts related to the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), injecting drug abuse is decreasing in several countries, the average age of injecting drug abusers is rising and prevalence rates are stable or falling, at least in most developed countries. Abuse of methylenedioxyamphetamine (MDMA, commonly known as Ecstasy), which has escalated in many European countries, is showing signs of stabilization in a number of countries. Nevertheless, specifically in relation to the long-term goal to achieve significant and measurable results in the field of demand reduction by the year 2008, there are some alarming emerging patterns and trends in drug abuse and related problems worldwide.

7. The total number of drug abusers worldwide was estimated in 2002 to be about 185 million, equivalent to 3.1 per cent of the global population or 4.3 per cent of the population aged 15 and above, the most widely consumed substance (some 147 million users) being cannabis, followed by the amphetamine-type stimulants (33 million people using amphetamines, notably methamphetamine and amphetamine, and 7 million using Ecstasy), cocaine (13 million people) and opiates (some 13 million people, of whom about 9 million were using heroin). The estimates are higher compared with the mid-1990s. This is essentially the result of higher estimates of methamphetamine abuse in South-East Asia. Estimates are also higher for Ecstasy, as its abuse has spread from Western Europe to many other parts of the world. Not too much should be read into changes in the estimates for other drugs, however, since the higher figures often do not reflect changes in drug abuse, but simply changes in the method of calculation. Nevertheless, many countries have changed and/or improved their national estimates in recent years and further changes can still be expected as countries switch from simple “guestimates” of experts working in the field to estimates based on scientific studies. All this

underlines the fact that global estimates and global trends should be treated with a degree of caution.

8. Nevertheless, even considering the limitations of data collection in almost all countries, prevalence of illicit drug abuse is higher among younger age groups than among older ones, with the highest levels of abuse among those between 18 and 25 years of age. Worldwide, drug abuse also continues to be more widespread among males than females, although increases in drug abuse levels among females have been reported in recent years.

9. While cannabis is still the main drug abused by youth worldwide, amphetamine-type stimulants are increasingly becoming the drugs of choice among 15- and 16-year-olds. In terms of health problems, it is estimated that between 5 and 10 per cent of all HIV infections worldwide can be attributed to injecting drug abuse, with particular concentrations in Eastern Europe and Central and South-East Asia and worrying emerging trends in Indonesia and parts of Latin America.

10. Since 1998, the majority of Member States are reporting through the annual reports questionnaire an increase in the abuse of all categories of drugs. While it is true that demand reduction activities require long-term investment and that a period of five years is not sufficient to effect sustainable change in behaviour patterns among at-risk populations or to assess fully the impact of treatment and rehabilitation interventions, there is a strong indication that current demand reduction efforts need to be strengthened further.

11. Over the past four years (data from the annual reports questionnaire are available up to 2001), cannabis has remained the most abused drug worldwide. Its abuse has remained stable at relatively high prevalence rates in some developed countries, but has increased—mostly from a lower baseline—in developing countries. The perception of the risk associated with cannabis abuse appears to have diminished because of a series of campaigns, media messages and public statements, in particular in some developed countries, aimed at presenting the drug as associated with positive medical effects and relatively minor side effects. Certain segments of society also seem to have a more tolerant attitude towards the abuse of cannabis.

12. Heroin and opium abuse has also increased in many countries since 1998. Injection of heroin has appeared in new regions (developing countries and countries with economies in transition), fuelling the spread of HIV infection. While heroin injection was stable or even decreasing in Western Europe, there have been reports of an increase in heroin smoking. This also holds true for the United States of America.

13. Since 1998, there has been an increase in the abuse of cocaine in Latin America and the Caribbean. Some declines in the major market of the United States have been noted, while an increase has been registered in Australia and European countries and even, though from a low baseline, in some African countries.

14. The abuse of synthetic drugs has increased worldwide over the past five years. Methamphetamine abuse in Asia continued to grow. Ecstasy abuse stabilized at relatively high prevalence rates in Western Europe, but increased significantly in the United States and started to appear also in other regions (e.g. Central and Eastern Europe).

15. As far as progress in achieving the goal of setting up new or enhanced drug demand reduction strategies and programmes by 2003 is concerned, a detailed analysis of the information provided by Member States through the biennial reports questionnaire in the reporting periods 1998-2000 and 2000-2002 is provided in an addendum to the second biennial report of the Executive Director (E/CN.7/2003/2/Add.1).

16. Drawing on that report, it is particularly noteworthy that since 1998 there has been a significant increase in the number of Member States reporting the existence of comprehensive national demand reduction strategies (89 per cent in the period 2000-2002, up from 84 per cent in the period 1998-2000). Furthermore, the proportion of those Member States which also reported that their national strategies incorporated the Guiding Principles of Drug Demand Reduction increased from 68 per cent in the period 1998-2000 to 96 per cent in the period 2000-2002.

17. More and more demand reduction activities in Member States are also reported to be based on an assessment of the drug abuse situation and analysis of data (up from 74 per cent in the period 1998-2000 to 84 per cent in the period 2000-2002). More mechanisms for surveillance have been put in place and there has also been an increase in the number of national databases on drug demand reduction.

18. A significant increase in the decentralization of demand reduction activities to the local level and a greater involvement of civil society has been noted. Also, Member States have reported an increase in demand reduction programmes seeking the active collaboration of and involving networking mechanisms at the local level.

19. Prevention programmes have increased their coverage, in particular those dealing with the development of life skills and the provision of alternatives to drug abuse and those being implemented in health centres and correctional systems.

20. It is particularly noteworthy that there has been an overall decrease in the proportion of States that report offering treatment services. This may not represent an actual decrease, but may be due to the fact that States are reporting the provision of specialized treatment services under other headings. In fact, there has been an increase in the proportion of States reporting availability of non-pharmacological treatment delivered by correctional institutions and by specialized residential treatment services. Also, States seem to have increased the coverage of some services such as detoxification, non-pharmacological treatment, substitution treatment and social reintegration in some settings.

21. An increase in the coverage of target groups has also been reported for programmes aiming at reducing the negative health and social consequences of drug abuse, in particular programmes providing testing for infectious diseases, such as HIV/AIDS, provision of cleaning agents and needle and syringe exchange.

22. There has been also a slight increase in the proportion of States reporting the inclusion of public information campaigns in their national drug strategies and the use of social mediators in conveying demand reduction messages.

23. Overall, there has been a decrease in the proportion of States reporting any systems in place for the evaluation of results of demand reduction initiatives, while in almost all areas of demand reduction the proportion of States reporting gender-sensitive programmes has also diminished.

24. Member States have reported some difficulties in implementing the Action Plan for the Implementation of the Declaration on the Guiding Principles of Drug Demand Reduction. These pertain mainly to financial constraints and, to a lesser extent, to the lack of appropriate structures, to issues of coordination and multisectoral cooperation and to technical expertise. Finally, a limited number of Member States have reported difficulties with national legislation.

25. It is clear from the information available that Member States have taken seriously the commitments made during the special session. Activities have increased considerably in almost all areas and appear to have been modelled on the Declaration on the Guiding Principles of Drug Demand Reduction and the Action Plan for its implementation. At the same time, it is important to note that the new and enhanced demand reduction strategies and programmes do not appear to have produced tangible results as yet in terms of the overall reduction of drug abuse.

26. It needs to be emphasized that reducing demand for illicit drugs requires the ability to alter attitudes and behaviours and that significant change in that regard requires long-term and sustained efforts. The reported widespread increase of abuse of various drugs, especially in developing countries and countries with economies in transition, therefore indicates that demand reduction efforts need to be stepped up in the next five years in order to achieve significant and measurable results in the field of drug demand reduction by 2008 as required by the Political Declaration.

III. Proposed programme of work on demand reduction for the period 2003-2008

27. In response to the various mandates concerning demand reduction reflected under the three major international drug control treaties, work on demand reduction is an integral part of the activities of UNDCP. This important area of work was given further impetus by the special session in 1998 and thereafter through the adoption of the above-mentioned three key instruments, the Political Declaration, the Declaration on the Guiding Principles of Demand Reduction and the Action Plan, which provide an overall strategic framework for the UNDCP programme of work on demand reduction.

28. Since 1998, the Commission on Narcotic Drugs has reiterated its request to UNDCP that it develop a robust demand reduction programme in a number of resolutions on the subject that include the following specific requests:

(a) That the Programme provide guidance and assistance, to those requesting it, for the development of demand reduction strategies and programmes (resolution 43/2);

(b) That Member States commit themselves to the Action Plan, notably by providing appropriate voluntary contributions to the Programme (resolutions 43/2 and 43/3);

(c) That the Programme gather detailed, evaluated information on successful experiences in prevention programmes in countries throughout the world and disseminate that information to, and promote its exchange among, Member States and practitioners (resolution 44/5);

(d) That the Programme continue to cooperate with the Joint United Nations Programme on HIV/AIDS (UNAIDS) and other relevant United Nations entities in introducing and strengthening programmes to address HIV/AIDS (resolution 45/1).

29. More particular and for the specific purposes of the proposed demand reduction programme of work for the period 2003-2008, a conference room paper entitled "Role and activities of UNDCP in support of the implementation of the Declaration on the Guiding Principles of Drug Demand Reduction and its Action Plan" (E/CN.7/2002/CRP.1) was submitted to the Commission at its forty-fifth session. The paper contained a proposed strategic framework for the work of UNDCP in demand reduction in support of Member States in their efforts to meet the targets set at the twentieth special session.

30. Subsequently, in its resolution 45/13, the Commission on Narcotic Drugs requested the Executive Director to prepare, for consideration by the Commission at its forty-sixth session, a costed programme of work for the period 2003-2008 (see para. 1 above).

31. Against that background and as part of the proposed programme of work in the area of demand reduction for the period 2003-2008, UNDCP will provide assistance to Member States towards the goal of achieving significant and measurable results in the field of demand reduction by the year 2008. The programme of work will aim specifically at:

(a) Improving national and global information systems for reporting on activities for the reduction of demand for illicit drugs;

(b) Facilitating the sharing of information on best practices in activities for the reduction of demand for illicit drugs;

(c) Supporting Member States seeking expertise in developing their own strategies and activities for the reduction of demand for illicit drugs.

32. While the present report refers to the strategic framework discussed by the Commission at its forty-fifth session, the development of a costed programme of work for the period 2003-2008 is a difficult exercise. The essential elements of the proposed programme of work for the various areas of demand reduction are outlined here, but the costing of the related activities and presenting them as a programme of work for the Programme is not possible for various reasons. The bulk of funding for UNDCP comes from voluntary contributions that are difficult to forecast since funds are pledged on a yearly basis. In addition, also in the context of activities funded through the regular budget of the United Nations, those activities are subject to a biennial budget cycle. Therefore, making a commitment, even though an indicative one, through a costed programme of work in the context of the present report is not possible. UNDCP can only reiterate that the activities described below will be implemented and scaled in accordance with the availability of specific resources.

33. However, it can be noted that since 1998 UNDCP has implemented numerous activities in the four areas indicated in the strategic framework. The cumulative value of the UNDCP project activities related to demand reduction as at the end of 2002 amounted to $87 million. In addition, the estimated costs of projects now in preparation in the demand reduction area amount to $28 million. More significantly, a number of global projects have concentrated on the aims indicated in the Action Plan, namely, improving information systems, sharing information on best practices

and supporting Member States. Those global projects are the Global Assessment Programme on Drug Abuse for data collection, the Global Youth Network on Drug Abuse Prevention and the UNDCP/World Health Organization (WHO) Global Initiative for the Prevention of Substance Abuse. In the area of treatment and rehabilitation and in the area of negative health and social consequences (more specifically HIV/AIDS as linked to drug abuse), the limited voluntary contributions have only allowed for the support of full-time experts. However, within the constraints of the limited funding, some significant activities have been implemented. Since 1998 and up to the end of 2002, major activities have been undertaken and significant outputs achieved within the framework of the global projects and in relation to the implementation of the Action Plan. Details of those activities are presented below. The costs of the activities give an idea of the magnitude of resources required to sustain current activities and to start new ones in the areas not yet covered. Until the end of 2002, the cost of the activities implemented within the Global Assessment Programme on Drug Abuse amounted to $1,820,374. The Global Youth Network activities (including the organization of the Youth Vision Jeunesse Forum in Banff, Canada, in April 1998) will cost, up to the end of 2003, $2,498,000 and the Global Initiative will have implemented activities for a total amount of $2,437,000. In this context it is important to recall that current resources available for all of the global projects in demand reduction will be utilized by the end of 2003. For UNDCP to be able to provide Member States with the advice and support to achieve the goals set at the twentieth special session, it is important for current activities to be sustained and new initiatives undertaken.

34. In the conference room paper submitted to the Commission at its forty-fifth session (E/CN.7/2002/CRP.1), a number of priority areas and substantive activities in demand reduction were identified. Additionally, a further review of priority areas identified by staff of UNDCP field offices and at headquarters in January 2003 has indicated the need for more activities in the areas of substance abuse-related HIV/AIDS prevention, treatment and rehabilitation overall and prevention and treatment of the abuse of amphetamine-type stimulants.

35. An overview of progress achieved in relation to the programme of work for the period 2003-2008 is provided in sections IV-VII below.

IV. Data collection

36. Activities in this area involve the creation of information and data systems that enable analysts and policy makers to assess the level of drug abuse and related problems at the country, regional and global levels and the provision of support to countries and regions in the implementation of those systems with a view to developing their own strategies and activities for the reduction of demand for illicit drugs. Activities for improving national and regional information systems ultimately aim at enhancing the quality of the reporting on activities relating to the reduction of drug abuse.

37. When planning activities for the next five years it is important to take stock of what has been achieved so far and of the lessons learned since 1998. Through the Global Assessment Programme on Drug Abuse, UNDCP has facilitated an understanding of and improved information on the global drug situation through a

comprehensive framework of interlinked activities. At the national level, the Global Assessment Programme has undertaken information, need and resource analyses to produce strategic action plans, supported the establishment of data collection focal points and expert networks and provided training and resources to meet key information needs.

38. Through its regional activities and in particular by utilizing local expertise and resources, the Global Assessment Programme has supported regional information systems, encouraged networking among countries and provided opportunities for training. This has resulted in an improvement in the organization, interpretation and reporting of drug abuse information at the regional level, which, in turn, has helped to improve information on global patterns and trends in drug abuse.

39. At the global level, the Global Assessment Programme has disseminated methodological developments and best practices, contributed to improved reporting standards and increased the quality and coverage of the global information base. Core epidemiological demand indicators for assessing drug consumption at the global level are reflected in regional activities that are configured to provide support for collecting and reporting global data on those indicators.

40. Improvements in global data collection and reporting have been achieved primarily by setting up regional and national drug information networks, which provide a forum to share information on the drug abuse situation in respective countries/regions and related experience.

41. Available funding has thus far only allowed implementation of regional subprogrammes of the Global Assessment Programme in Central and South-West Asia, the Caribbean, Eastern and Southern Africa and North Africa and the Middle East. While the continuation of existing activities needs to be secured, additional funding will also be required to allow the Global Assessment Programme to expand to Eastern Europe and the Russian Federation, South Asia, East and South-East Asia, Latin America and West and Central Africa.

42. The proposed programme of work for future activities in the area of data collection is as follows:

(a) Technical support to regional subprogrammes and national epidemiological units through the Global Assessment Programme;

(b) Development and harmonization of indicators and data collection methodologies by liaising with other global and/or international epidemiological networks and promotion of their adoption;

(c) Promotion of regional network development and exchange of information, experience and survey results among national epidemiological units in the region;

(d) Promotion of the use of existing training packages (“methodological tool kits”) developed under the Global Assessment Programme and provision of technical assistance for regional training;

(e) Development of training packages and organization of regional training programmes on issues such as annual reports questionnaire data management and interpretation to support policy planning; basic data analysis for drug abuse epidemiology; qualitative research and focused assessment studies; study of ethical

issues and principles for drug abuse epidemiology; treatment reporting; and monitoring of injecting drug abuse and associated HIV-related factors;

(f) Technical assistance to national focal points for the collection of national and regional data on drug abuse and ultimately for the more efficient completion of the annual reports questionnaire and the biennial reports questionnaire.

V. Prevention

43. This area covers the promotion of effective delivery of information and education to various target populations, in particular young people, on the risks associated with drug abuse, of programmes that aim to deter or deflect people from drug abuse and of the mobilization of communities to respond to the drug problems in their midst.

44. Especially since 1998, UNDCP has undertaken major activities in this area, with about three quarters of its demand reduction projects having a significant prevention component. Best practices in prevention have also been identified in various areas. A global review of lessons learned in drug abuse prevention, carried out by UNDCP in cooperation with the Mentor Foundation, an international non-governmental organization, has highlighted a series of examples and issues to be considered in the provision of technical advice to Member States for the development of sound prevention policies and programmes.

45. Between 2000 and the beginning of 2003, the Global Youth Network on Drug Abuse Prevention organized regional training events for youth programmes in various regions: Africa, South Asia, South-East Asia, Central and Eastern Europe and the Caribbean. Those events have provided youth programmes with information and skills on project planning and management as well as with specific information on relevant prevention methods. With the active participation of young people and youth workers, the Global Youth Network has also identified best practices and produced guidelines in specific areas, namely, encouraging youth participation in developing prevention programmes, using sport for prevention and using performance (e.g. music, theatre and dance) for prevention. In addition, areas in which best practices have already been identified and for which guidelines will be produced during 2003 are prevention among minority youth, using the Internet for prevention, peer-to-peer approaches, school-based drug abuse prevention and young injecting drug users and HIV/AIDS prevention.

46. In 2001, under the auspices of the UNDCP/WHO Global Initiative on Primary Prevention of Substance Abuse, more than 100 organizations from Belarus, the Philippines, the Russian Federation, South Africa, Thailand, the United Republic of Tanzania and Viet Nam working with young people at the community level were trained in developing and implementing community-based projects for the prevention of substance abuse among young people. In 2002, the Global Initiative identified best practices through a first series of experience-sharing meetings with those organizations on assessing and planning for substance abuse prevention. A second series of such meetings, from 2002 to 2003, will document the experience of the organizations in implementing alternative activities for the prevention of substance abuse among young people.

47. A manual on drug abuse prevention in the workplace was developed by UNDCP in collaboration with the International Labour Organization and will be published in 2003. The approaches developed have been implemented at the local level in Brazil and in India to train social assistance staff of various private firms who were willing to implement prevention programmes. The training was a part of projects supported by UNDCP field offices.

48. Most of the best practice and capacity-building work in the area of prevention has been undertaken with funding provided by Member States through voluntary contributions. To sustain and continue activities in this area in the next five years, it will be necessary for UNDCP to obtain significant resources allocated specifically to this area of work.

49. The proposed programme of work for future activities in the area of prevention is as follows:

(a) Expansion and consolidation of current prevention activities, in particular those targeting youth and based on youth participation;

(b) Establishment of regional youth networks to ensure further identification and dissemination of best practices, as well as capacity-building;

(c) Technical and financial support to a number of organizations to document their experience in preventing the abuse of amphetamine-type stimulants and production of related guidelines and a training manual;

(d) Technical and financial support to a number of organizations to document their experience in using alternative activities for prevention among high-risk groups and production of related guidelines and a training manual;

(e) Identification of best practices in using media campaigns for prevention and production of related guidelines and a training manual;

(f) Identification of best practices in preventing substance abuse among girls and production of related guidelines and a training manual;

(g) Identification of best practices in evaluating prevention programmes among youth through a hands-on experience-sharing seminar and production of related guidelines and a training manual;

(h) Development and application of instruments for the collection of information on risk and protective factors as related to drug abuse.

VI. Treatment and rehabilitation

50. This area covers the promotion of effective methods of helping people who have developed drug dependence to regain control of their lives and to become positive and productive members of society. This includes early interventions, counselling, treatment, rehabilitation, relapse prevention, aftercare and social reintegration.

51. While in many parts of the world there is increasing interest in drug treatment issues, few national authorities have developed guiding principles or minimum

standards to assist either treatment projects or local treatment initiatives. Furthermore, staff trained in contemporary treatment approaches are scarce.

52. A problem that many countries face is that, because of competing priorities, drug abuse treatment and rehabilitation are often not a priority and very limited resources are allocated to those areas under any ministry or department. As a consequence, overall funding for services for drug abusers is very limited.

53. Since the twentieth special session, UNDCP has been stressing the importance of providing quality treatment and rehabilitation services to drug abusers. At the global level and although constrained by limited funding and human resources, the Programme has produced the first three elements of a treatment and rehabilitation tool kit. A first publication, aimed at policy makers and treatment practitioners, focuses on the importance of investing in drug abuse treatment; a second paper reviews the scientific evidence for effective treatment and rehabilitation approaches; and the third provides step-by-step guidance for practical planning and implementation of treatment and rehabilitation services. Additionally, in collaboration with WHO and the European Monitoring Centre for Drugs and Drug Addiction, UNDCP has published guidelines and workbooks to support the evaluation of treatment and rehabilitation and is currently preparing, in cooperation with WHO and UNAIDS, an inter-agency position paper on substitution treatment in the management of opioid dependence and HIV/AIDS prevention.

54. At the regional and national levels, treatment and rehabilitation represent approximately 15 per cent of UNDCP demand reduction projects. Projects aimed at building the capacity of treatment professionals have been implemented in Central and Eastern Europe and Viet Nam. Treatment and rehabilitation components have also been included in projects aimed at building the capacity of and facilitating networking among demand reduction professionals in Africa and Central America.

55. In addition, various projects aimed at supporting the expansion of treatment and rehabilitation and the diversification of services for drug abusers have been started in Egypt, Jordan, Mexico, Nigeria, Pakistan, the Russian Federation and neighbouring countries, South Africa and Central Asia.

56. Projects supporting overall demand reduction and/or HIV/AIDS prevention activities have included some support to the development or upgrading of treatment services in Afghanistan, Brazil, India and the Islamic Republic of Iran.

57. While UNDCP has initiated valuable work in the area of treatment and rehabilitation, this is an area of demand reduction that requires intensified and sustained efforts and funding. Such efforts will be directed in large part towards increasing the quality, coverage and coordination of the Programme's treatment and rehabilitation programme. To that end the focus in the coming years will be on strengthening the evidence base of all its treatment activities; increasing the exchange of experience concerning and cross-fertilization between treatment activities in different countries and regions; developing demonstration projects in different subregions with strong evaluation and systematization components; and, as far as financial resources permit, supporting the expansion of treatment and rehabilitation services in areas where injecting drug use and HIV/AIDS constitute a particular hazard.

58. The proposed programme of work for future activities in the area of treatment and rehabilitation is as follows:

(a) Report on information available at the global and regional levels on availability, coverage and quality of treatment services;

(b) Review of experience in the development of assessment tools for individual treatment planning and monitoring, of standards of care and accreditation practices for treatment and rehabilitation services and of early identification and brief interventions;

(c) Review of lessons learned, identification of best practices and production of training tools on treatment for women and for young people, on stimulant abuse and on the criminal justice system;

(d) Development of a comprehensive package for training and technical capacity-building, including the development of training modules and their delivery in target regions and subregions. The content of training to be provided will be adapted to the assessed needs of each region, and initial training will be of trainers themselves. The training sessions will be used as the starting point for the development of regional or subregional networks of treatment and rehabilitation experts that can then be used as a channel for dissemination of guidance and best practices;

(e) Establishment of a network of resource centres (leading treatment research and treatment-providing institutions worldwide) aimed at forging partnerships and supporting the UNDCP programme by providing formal and in-service training, as well as assistance for quality assurance and evaluation;

(f) Demonstration projects to link each of the training and networking initiatives described above, the analysis and evaluation of which will offer an insight into the applicability of specific treatment approaches to different socio-cultural environments. Particular support is envisaged for upgrading and diversifying treatment and rehabilitation services in regions and countries with both high prevalence of drug abuse and associated HIV/AIDS transmission. The projects will also support the expansion of treatment and rehabilitation services within the criminal justice system.

VII. HIV/AIDS prevention as linked to drug abuse

59. This area covers the promotion of activities that aim to protect drug abusers from contracting and transmitting infections such as HIV and hepatitis and from dying as a result of overdose or other conditions linked to drug abuse.

60. UNDCP has increased its programmatic activities in drug abuse and HIV/AIDS prevention since it became a co-sponsor of UNAIDS in 1999. The Programme received its first unified budget and work plan allocation of $267,000 in 2001 and $2.7 million under the unified budget and work plan for the period 2002-2003. Those two allocations have facilitated the initiation of activities and projects at the regional and global levels in the past two years, with a focus on advocacy, best practice documentation, support to pilot projects and specific data collection as related to HIV and injecting drug use. However, since 1994, UNDCP field offices

also have been engaged in the implementation of HIV/AIDS prevention projects in Brazil, India, Myanmar, Pakistan and Central Asian countries, among others. In addition, several country-level demand reduction projects have included HIV/AIDS prevention components.

61. HIV/AIDS issues have been integrated into drug abuse need assessment projects in Central Asia, as well as in the geographical area comprising the Russian Federation and the newly independent States of Belarus, the Republic of Moldova and Ukraine. The data generated from the need assessments are now being utilized for the training of different categories of professional people working in the area of drug abuse and HIV/AIDS prevention in Central Asia. The findings will also inform the planning and implementation of projects on diversification of HIV prevention and drug treatment services for injecting drug abusers due to commence soon in the two regions.

62. In the Southern Cone region of Latin America (comprising Argentina, Brazil, Chile, Paraguay and Uruguay), East Asia and the Pacific and South Asia, UNDCP has embarked on the implementation of projects that aim to foster a broader response and exchange of experiences and best practices on drug abuse and HIV/AIDS prevention among the participating countries. The projects have raised the visibility and advocacy of drug abuse and HIV/AIDS prevention issues in those countries and are facilitating the incorporation of the issues into every aspect of demand reduction activities at the country level.

63. UNDCP has initiated projects on capacity enhancement and sharing of best practices in regions where HIV/AIDS associated with injecting drug abuse is of relatively low importance. For example, training and dissemination of best practices through the establishment of web sites are being organized for a coalition of Central American youth organizations in the area of drug abuse and HIV/AIDS prevention. In Africa, an action plan has been developed for the continent on drug abuse and HIV/AIDS prevention. Operational research on the linkage between drug abuse and HIV/AIDS has also commenced in selected African countries. In another ongoing UNDCP project, government officials, representatives of non-governmental organizations and journalists in 10 East African countries are being trained in drug demand reduction, including HIV/AIDS prevention.

64. At the global level, UNDCP has become more actively involved in the coordination of activities with the UNAIDS secretariat, other co-sponsors, research institutions and other relevant groups. UNDCP is the convening agency for the inter-agency task team on injecting drug use and also jointly coordinates the reference group on injecting drug use, with the UNAIDS secretariat and WHO.

65. The proposed programme of work for future activities in the area of HIV/AIDS prevention as linked to drug abuse is as follows:

(a) Development of a clear mid- to long-term strategy on HIV prevention among injecting drug users and distribution of the strategy to all stakeholders;

(b) Implementation or support for large-scale and long-term HIV prevention projects in regions and countries of the world where injecting drug use remains the driving force behind the epidemic (Belarus/Russian Federation/Ukraine; China, Islamic Republic of Iran, Myanmar, Viet Nam, Central Asia and so on) or constitutes a potential problem, as in Afghanistan and Pakistan;

(c) Build technical capacity at the headquarters, regional and field levels to be able to implement wide-ranging activities in drug abuse and HIV/AIDS prevention, including by playing a leadership and coordination role with regard to partner agencies (including development and monitoring of unified budget and work plan projects, advocacy, inter-agency task teams, technical reference groups and so on), best practice development and the provision of technical support to headquarters and field offices and to Member States;

(d) Development of mechanisms to ensure timely, efficient and effective implementation of funded projects;

(e) Special emphasis on the delivery of demand reduction and HIV/AIDS prevention activities in the context of the criminal justice system.

66. In summary and within each of the respective work areas outlined above, UNDCP proposes to support and carry out activities in the period 2003-2008 that will:

(a) Assess the situation, both globally and in target regions and countries;

(b) Assemble evidence of good practices, validate them and assess their appropriateness for replication in a variety of geographical and cultural settings;

(c) Produce guidance and implementation tools, based on the evidence, for policy makers and practitioners;

(d) Promote those good practices to policy makers and practitioners and facilitate the transfer of knowledge through advocacy, capacity-building and provision of training and expertise where requested;

(e) Provide a channel for the development, funding and support of demonstration projects that accumulate empirical evidence and build support for effective demand reduction activities.

VIII. Implementation arrangements

67. Through the proposed programme of work, UNDCP will provide advice and assistance to Member States upon request in line with the requirements of the Action Plan for the Implementation of the Declaration on the Guiding Principles of Drug Demand Reduction (i.e. sharing best practices, guidance on the development of programmes and strategies and assistance in the establishment of national information systems). The extent of that assistance will depend in large part on the availability of adequate and sustainable financial and human resources over the five-year period 2003-2008. However, in order to make the most of existing resources, UNDCP will direct all its demand reduction efforts towards the objectives described above.

68. The programme of work will be made operational through the mobilization of the demand reduction network consisting of staff at headquarters and demand reduction focal points in the field offices. The network will ensure a link between the identification of best practices at the global level and the operationalization of that information in the provision of advice and assistance to Member States.

69. At headquarters, and under the guidance and oversight of the Chief of the Demand Reduction Section, the work programme will be administered by a team of two or three experts for each of the above-mentioned areas of work. Each team will be responsible for developing an annual work plan for its respective work area, in close consultation with the UNDCP field office network and other relevant partners, for working with partners to ensure that the available resources are channelled efficiently into the agreed activities and for ensuring that those activities are implemented in a technically sound and professional manner and within agreed time limits.

70. It is essential to the effective implementation of the programme of work that the demand reduction presence in the UNDCP field and regional offices, and the links between them and staff at headquarters, be restructured and strengthened. Since many of the activities of the proposed programme of work will need to be implemented or disseminated in target regions, it is proposed, subject to the availability of adequate and sustainable funding, to locate demand reduction expertise to selected UNDCP field offices, where programmes are being delivered on the ground, and to implement, create and operationalize links between those offices and the Demand Reduction Section at headquarters in order to direct the targeted delivery of support materials and training and to achieve the proper oversight of projects.

71. UNDCP recognizes that to achieve its overall demand reduction objectives, it will need to work closely with the international community. At the global level this means close cooperation with, among others, the WHO substance abuse programme and full and ongoing involvement with the UNAIDS co-sponsors working on the issue of HIV/AIDS transmission through injecting drug abuse. At the regional level, UNDCP will seek to work, wherever appropriate, with and through bodies such as the African Union, the Association of South-East Asian Nations, the Colombo Plan for Cooperative Economic and Social Development in Asia and the Pacific, the Economic Cooperation Organization, the European Union (through the European Monitoring Centre for Drugs and Drug Addiction), the Inter-American Drug Abuse Control Commission of the Organization of American States, the Pompidou Group of the Council of Europe and other appropriate regional bodies.

72. Since much expertise in demand reduction also exists within academic institutions and non-governmental organizations, it is imperative for UNDCP to involve and mobilize that expertise in support of the planning and implementation of the overall work programme.

73. Additionally, UNDCP proposes to engage the services of a small number of centres of expertise in respect of each work area. These will be academic or professional institutions with an established track record of delivery in the relevant demand reduction area that can provide expert analysis, support and training on best practices in each of these areas.