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The world drug problem

Third biennial report of the Executive Director

Addendum

Drug demand reduction

Contents

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I. Introduction

1. The present report provides an overview of the progress made in drug demand reduction by Member States since 1998. The overview is based on the information provided by responses to the biennial reports questionnaire during three reporting periods (1998-2000, 2000-2002 and 2002-2004).

2. The main findings of the analysis are:

(a) The biennial reports questionnaire provides important information on how countries perceive their own performance, but it has its limitations, which need to be considered when evaluating the analysis and findings of this report;

(b) There has been progress in the political and strategic commitments to drug control, but the consensus basis needs to be broadened;

(c) This commitment needs a sound information base and evaluation mechanism;

(d) The area of reducing the negative health and social consequences needs improvement;

(e) Prevention and treatment and rehabilitation activities are progressing in some regions while lagging or decreasing in others;

(f) Sub-Saharan Africa, North Africa and the Middle East, and Central, South and South-West Asia require more resolve and resources for drug demand reduction;

(g) Latin America and the Caribbean and part of East and South-East Asia need to sustain their interventions;

(h) Europe, North America and Oceania need to maintain their relatively good level of response in most areas and to respond flexibly to emerging trends.

3. The biennial reports questionnaire was developed as the instrument to monitor progress towards the goals adopted at the twentieth special session of the General Assembly, in 1998.

4. Section VIII of the questionnaire, on drug demand reduction, was designed along the lines of the Action Plan for the Implementation of the Declaration on the Guiding Principles of Drug Demand Reduction (General Assembly resolution 54/132, annex). It consists of seven subsections and requests information on initiatives undertaken by Member States in selected areas:

(a) The commitment: policy and strategic responses;

(b) Assessing the problem: capacity to collect and analyse information;

(c) Tackling the problem: extent of responses:

(i) Prevention;

(ii) Treatment and rehabilitation;

(iii) Negative health and social consequences;

(d) Forging partnerships: extent of multisectoral responses and networking mechanisms;

(e) Focusing on special needs: efforts of working with vulnerable or special populations;

(f) Sending the right message: media and public campaign responses;

(g) Building on experience: evaluation and incorporation of lessons learned.

5. The present report will review the information provided for each subsection and present an analysis of the responses to provide an idea of the progress made by countries in drug demand reduction efforts.

A. Validity of the information

6. The information provided in the biennial reports questionnaire is mostly qualitative in nature, based on expert opinion. These assessments, though often confirmed by other sources of information, have relatively limited value. Most questions require a simple yes or no answer; often they ask about the existence of certain structures, programmes, activities and so on but do not request information about their quality or their impact.

7. However, for section VIII, subsection C, entitled "Tackling the problem" (prevention, treatment and rehabilitation, and negative health and social consequences), it is possible to provide information on the coverage of the interventions (low, medium or high), on their gender-sensitivity and on the existence of evaluation processes. This request for information was added to the biennial reports questionnaire in 2000 and therefore data are available for only the second and third reporting periods.

8. The classification of "low", "medium" or "high" is subjective and relative to the situation in each country. A country with a large number of drug abusers may offer good treatment services and invest considerable resources into the services, but it may nevertheless find it difficult to declare that the coverage of the services is "high" and therefore may choose to classify the coverage as "medium". A country with a limited number of drug abusers or with limited knowledge of the size of the problem may choose to classify the coverage of its treatment services as "high" even though this may not properly reflect the actual situation.

9. Apart from the reliability of the information, there is a problem of the validity of the sample. The response rate for the biennial reports questionnaire was around 50 per cent (approximately 100 countries) for each reporting period. However, the number of countries replying to the questionnaire for more than one period is lower. Only 60 countries, or 31 per cent of the world total, responded to the questionnaire for all three reporting periods. A slightly higher number of countries responded for two periods (see table 1 for the possible combinations). Overall, the percentage of countries responding more than once did not reach 50 per cent of the total number of countries. Still, in terms of the validity of the sample, the countries responding for more than one period accounted for well above 50 per cent of the total world population aged 15-64.

Table 1
Countries responding to the biennial reports questionnaire for the three reporting periods, 1998-2000, 2000-2002 and 2002-2004

Combination of reporting periods	*Number of countries*	*Percentage of countries*	*Approximate percentage of population aged 15-64 in responding countries*
Baseline	109	57	90
Baseline+F1	90	47	87
Baseline+F2	64	33	56
F1+F2	74	38	58
Baseline+F1+F2	60	31	52

Note: Baseline = first reporting period (1998-2000); F1 = first follow-up (second reporting period (2000-2002)); F2 = second follow-up (third reporting period (2002-2004)).

B. Analysis of the information

10. In spite of the limitations expressed above in terms of the quality of the information, the response rate and the significance of the sample of countries considered, the biennial reports questionnaire still provides important information on how each country believes itself to be progressing towards achieving the broad goals set out in the Political Declaration adopted by the General Assembly at its twentieth special session (resolution S-20/2, annex, para. 17):

(a) Establishing 2003 as a target date for new or enhanced drug demand reduction strategies and programmes set up in close collaboration with public health, social welfare and law enforcement authorities;

(b) Achieving significant and measurable results in the field of demand reduction by the year 2008.

11. In order to facilitate the analysis of the progress made in meeting the goals and targets for the year 2008, the United Nations Office on Drugs and Crime (UNODC), as suggested in the report on the world situation with regard to drug abuse (E/CN.7/2004/2), has developed an analytical tool to quantify the replies to the various sections of the biennial reports questionnaire. This tool, called the Demand Reduction Index,[1] is the basis for the analysis presented in this report. The Demand Reduction Index provides a visual representation of changes in the different areas of demand reduction.

12. The information is divided into eight regions or subregions to allow for a more appropriate analysis of the different patterns and trends. However, caution must be exercised when examining the information from subregions composed of a limited number of countries (for example, Oceania and North America) since the trend is highly influenced by the responses of a single country. Europe is considered a region in recognition of the new situation created by the enlargement of the European Union, but its average scores hide the rapidly reducing but still significant differences that exist between Eastern and Western Europe.

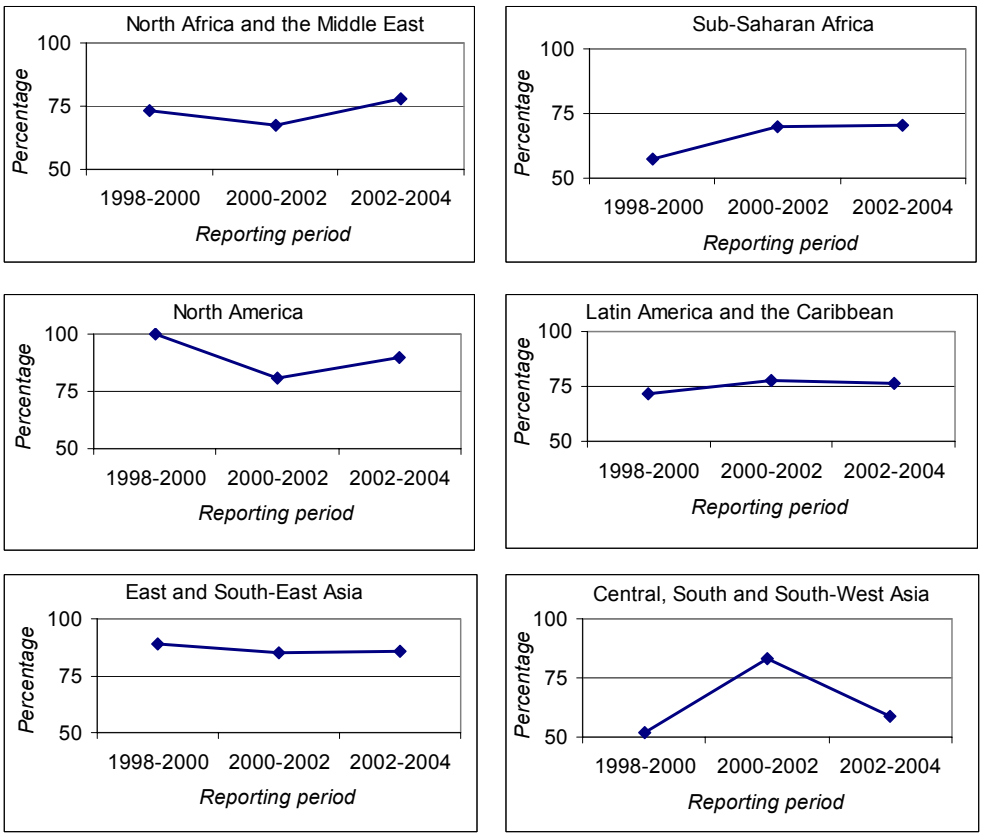
II. Policy and strategic responses

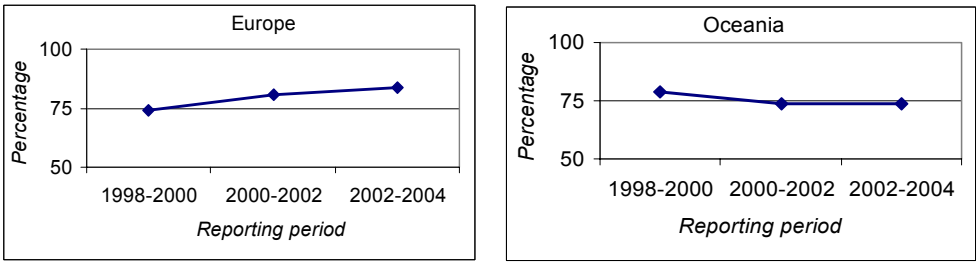
13. In section VIII, subsection A, of the biennial reports questionnaire, entitled "The commitment", States are asked to provide information on a national strategy for drug demand reduction and whether it is based on data on the drug abuse situation. In addition, States are asked about the coordination, involvement of stakeholders, funds and systems for monitoring and evaluation.

14. In the majority of the regions, States responded positively to over 75 per cent of the questions and have more or less kept that level during the three reporting periods. Sub-Saharan Africa has improved its response level from 57 per cent in the first reporting period (1998-2000) to 70 per cent in the third reporting period (2002-2004). Countries in Central, South and South-West Asia seem to have had some difficulties and in the third reporting period fell back to their baseline level (59 per cent) after having scored 83 per cent in the second reporting period (2000-2002) (see figure I).

Figure I

Policy and strategic responses: achieving the goals set by the General Assembly at its twentieth special session, by region, 1998-2000, 2000-2002 and 2002-2004





Source: Biennial reports questionnaire.

15. The positive news is that countries in almost all regions seem to have in place some of the key elements of a comprehensive drug demand reduction strategy, which is one of the cornerstones for a sustained drug control policy. On average, countries in all regions have responded positively to three quarters of the questions.

16. In addition, the positive response to most of the questions seems to indicate that there is in almost all countries high political commitment and that there are some mechanisms for ensuring coordination and participation of relevant authorities and sectors of society. In most cases it seems that this relatively favourable situation existed already before 1998, but in some regions (Sub-Saharan Africa and Europe) the situation has markedly improved in the six-year period 1998-2004.

17. Obviously, there are significant differences in the quality and scope of the various national strategies for drug demand reduction. The approach used and the level of implementation varies considerably, and it is therefore difficult to understand the real level of commitment of each country on the basis of this information alone. The remaining sections of the biennial reports questionnaire and the analysis of the answers will provide more information and a better understanding of where countries stand in relation to achieving measurable and significant results in drug demand reduction.

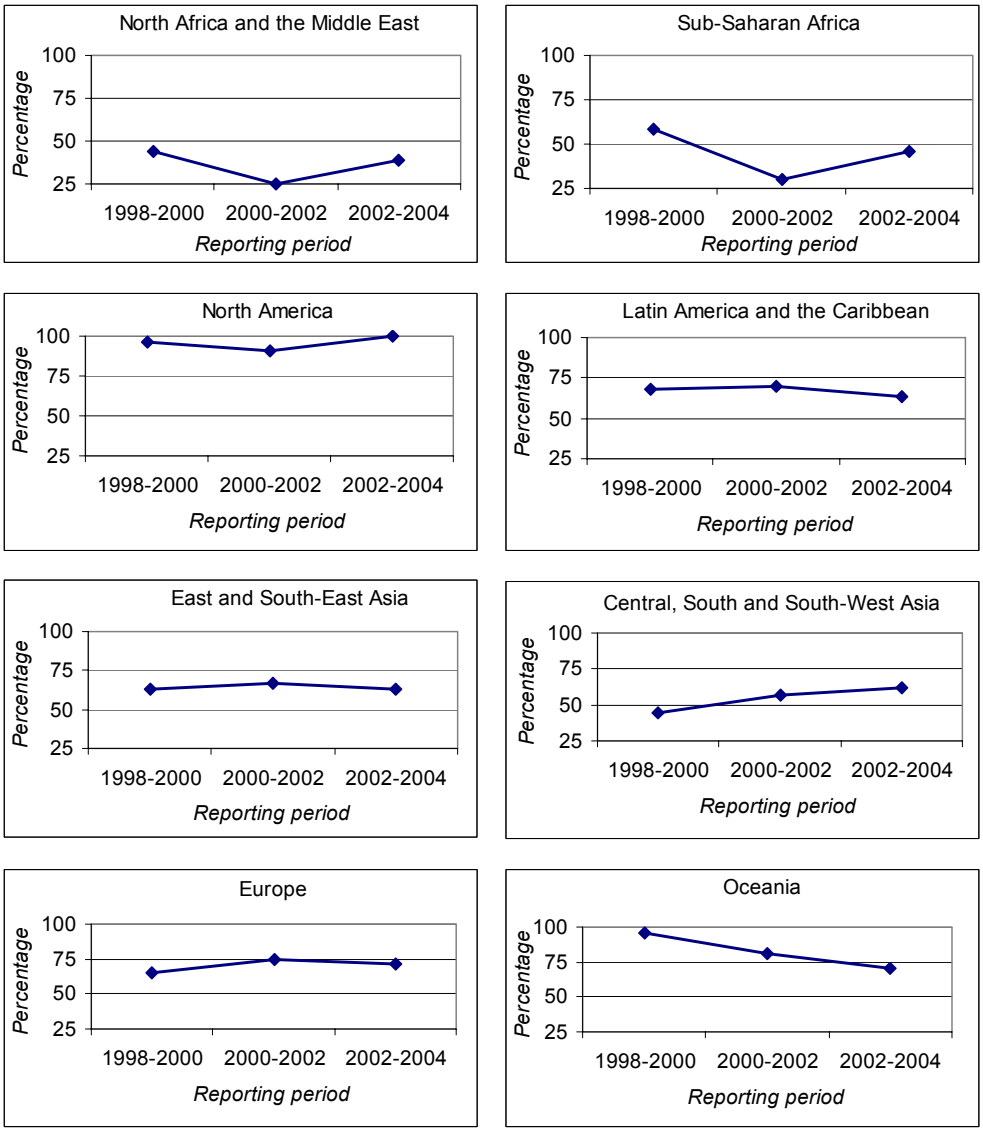
III. Capacity to collect and analyse information

18. The progress of countries in assessing the drug abuse problem is analysed on the basis of a series of questions on the existence of a national system for substance abuse data collection and on the components of such a system (prevalence estimates, school surveys, treatment reporting system etc.).

19. In this area, there seems to be relatively broad implementation of activities in relation to assessing the problem (on average above 60 per cent in the three reporting periods). The only region that seems to have everything in place in this area is North America, with a 100 per cent positive response. Sub-Saharan Africa, North Africa and the Middle East need to improve their situation in order to have some credible basis for the implementation of strategies and programmes (see figure II).

Figure II

Capacity to collect and analyse information: achieving the goals set by the General Assembly at its twentieth special session, by region, 1998-2000, 2000-2002 and 2002-2004



Source: Biennial reports questionnaire.

20. The overall picture seems to confirm the information available from other sources that indicates the existence of well-developed drug information systems in Europe and North America. In other regions, such as Central, South and South-West Asia, East and South-East Asia and Latin America and the Caribbean, there has been significant progress in the past six years, with the establishment of some mechanism for monitoring drug abuse trends, especially in the area of treatment demand and school surveys. It is also worthwhile noting the role played by regional

epidemiological networks in the harmonization of data collection and in providing training and resources to countries.

IV. Extent of responses

A. Intervention focusing on drug abuse prevention

21. In the biennial reports questionnaire, States are requested to provide information about some of the most basic kinds of intervention focusing on drug abuse prevention, namely providing information and education about drugs and drug abuse, life skills development and providing alternatives to drug use. This is because drug abuse prevention should be comprehensive; that is, it should be not only about providing information, but also about providing the skills and the opportunities to enable people, especially young people, to make healthy choices. Information about public information campaigns, which should also be part of a comprehensive prevention response, is reported in section VII of this report.

22. Another basic principle is that drug abuse prevention messages and action should be reinforced in a number of settings. Therefore, in the biennial reports questionnaire States are requested to provide information about such kinds of intervention in certain settings such as schools, communities, workplaces, correctional systems and health services. In particular, States are requested to provide information on the level of coverage of the target group (low, medium or high) and the gender-sensitivity of the intervention.

23. The data elicited in this section of the questionnaire have been combined in figure III to provide a regional view of the progress made towards achieving the goals of new and enhanced forms of intervention focusing on drug abuse prevention in accordance with the principles set in the Declaration on the Guiding Principles of Drug Demand Reduction (General Assembly resolution S-20/3, annex).

24. With the exception of two regions, Europe and Latin America and the Caribbean, all regions have reported an increase in the level of coverage of intervention focusing on drug abuse prevention. Sometimes, as in North America and Oceania, that increase has been rather marked (approximately 20 per cent); at other times, as in Central, South and South-West Asia, East and South-East Asia and Sub-Saharan Africa, there has been little or no increase. European countries have reported a stable level of coverage, while countries in Latin America and the Caribbean have reported a decrease (see figure III).

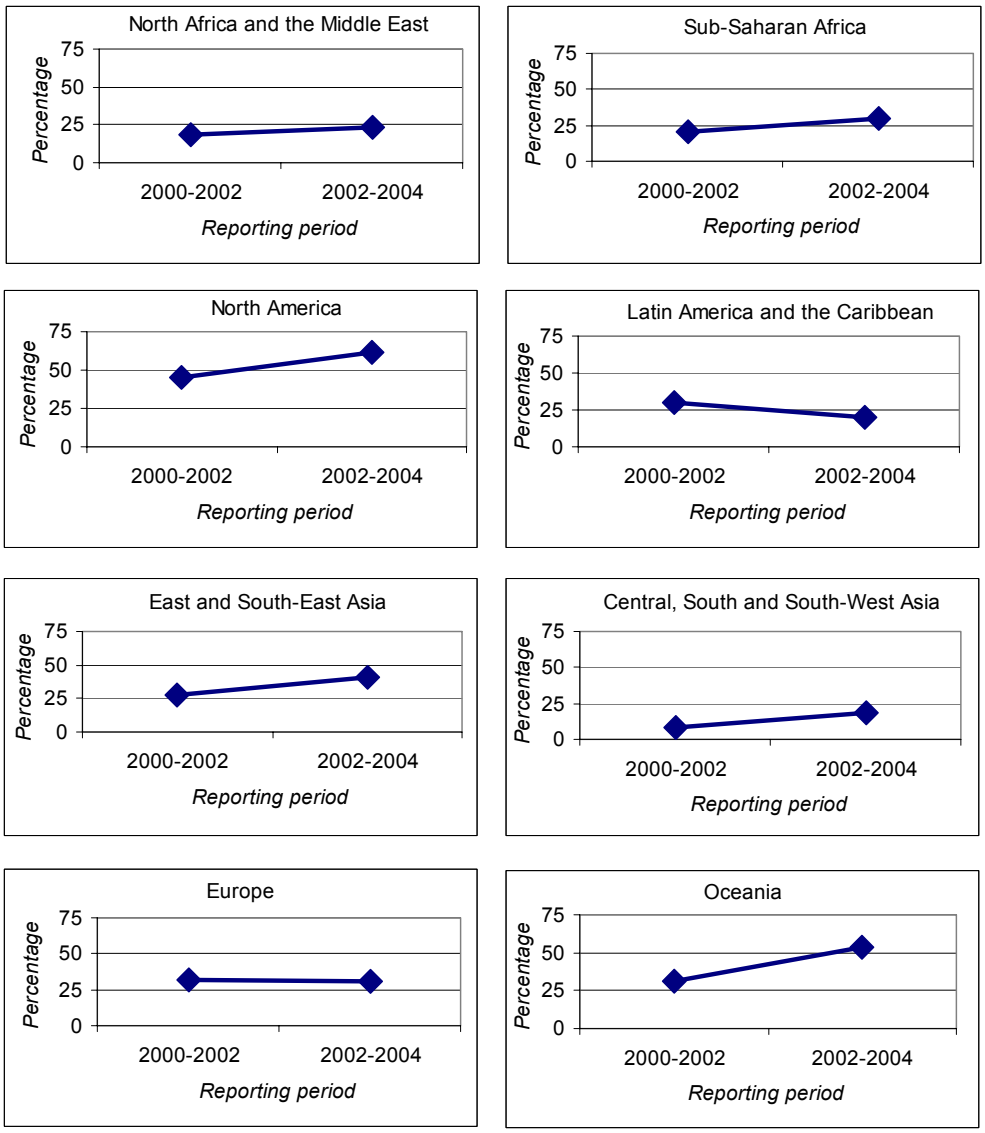
25. With regard to the specific kinds of intervention, only Central, South and South-West Asia and North America have reported an increase of over 20 per cent in the provision of drug abuse information and education, while Oceania reported a significant increase in coverage of the provision of life skills and alternatives to drug abuse. Most increases in coverage have been less remarkable, in the range of 5-10 per cent; in some cases a decrease in coverage was noted.

26. All of this is happening against the backdrop of increasing experimentation with drugs. While this may appear to be contradictory, it must be remembered that drug abuse prevention is aimed at changing attitudes and behaviour. Therefore, its effectiveness can only be assessed in the longer term and it is not possible to draw a

link between the overall increase in prevention coverage between 2000 and 2004 and the changing drug trends reported in the annual reports questionnaire.

Figure III

Intervention focusing on drug abuse prevention: achieving the goals set by the General Assembly at its twentieth special session, by region, 2000-2002 and 2002-2004



Source: Biennial reports questionnaire.

27. The increase in coverage could have been stronger. For the increasing drug abuse trend to be slowed down and even reversed, the coverage of intervention focusing on drug abuse prevention should be scaled up now, in a range of settings and targeting certain groups (including those at greater risk), and should be sustained at this higher level in the medium term.

28. At the moment, only the countries in North America and in Oceania have reported having achieved a coverage of more than half of their target group in all three kinds of intervention. East and South-East Asia is covering more than half of its target group through the provision of drug abuse information and education. No region has reported a rate of coverage nearing or surpassing 75 per cent. However, 100 per cent should be considered an ideal goal and a score of 75 per cent is certainly not a failure.

29. Overall, therefore, while satisfactory progress has been made and in some cases the progress has been very significant, there is no room for complacency. National and regional drug abuse prevention initiatives must be expanded and sustained if Member States are to meet the commitments made at the twentieth special session of the General Assembly.

B. Intervention focusing on the treatment and rehabilitation of drug abusers

30. According to the responses to the biennial reports questionnaire, in the area of treatment and rehabilitation of drug abusers, the composite score for coverage ranged between 8.5 and 53 per cent of all possible points in the reporting period 2002-2004, depending on the region (see figure IV). North America and Oceania obtained about half of the maximum score, Europe (including the Caucasus) approximately one third and the other five regions between 8.5 and 13 per cent. It is important to note that only approximately one third of the countries reported having gender-specific services. According to information provided through the annual reports questionnaire, there is more than 1 out of 1,000 persons in treatment in Europe, Latin America and the Caribbean, between 0.6 and 0.8 out of 1,000 in most other regions and below 0.2 out of 1,000 in Sub-Saharan Africa.

31. The above-mentioned biennial reports questionnaire scores reflect a composite of 28 individual measures distributed in four main areas of intervention (detoxification, substitution therapy, non-pharmacological intervention and social reintegration) in seven possible environments. Countries reporting high levels of coverage of gender-responsive intervention in all environments would obtain the maximum score. The scoring system does not compensate for the fact that some countries, while having high coverage for one particular type of intervention, may offer it mostly in one environment, therefore scoring low in all other six environments and consequently having a low composite score for that particular type of intervention.

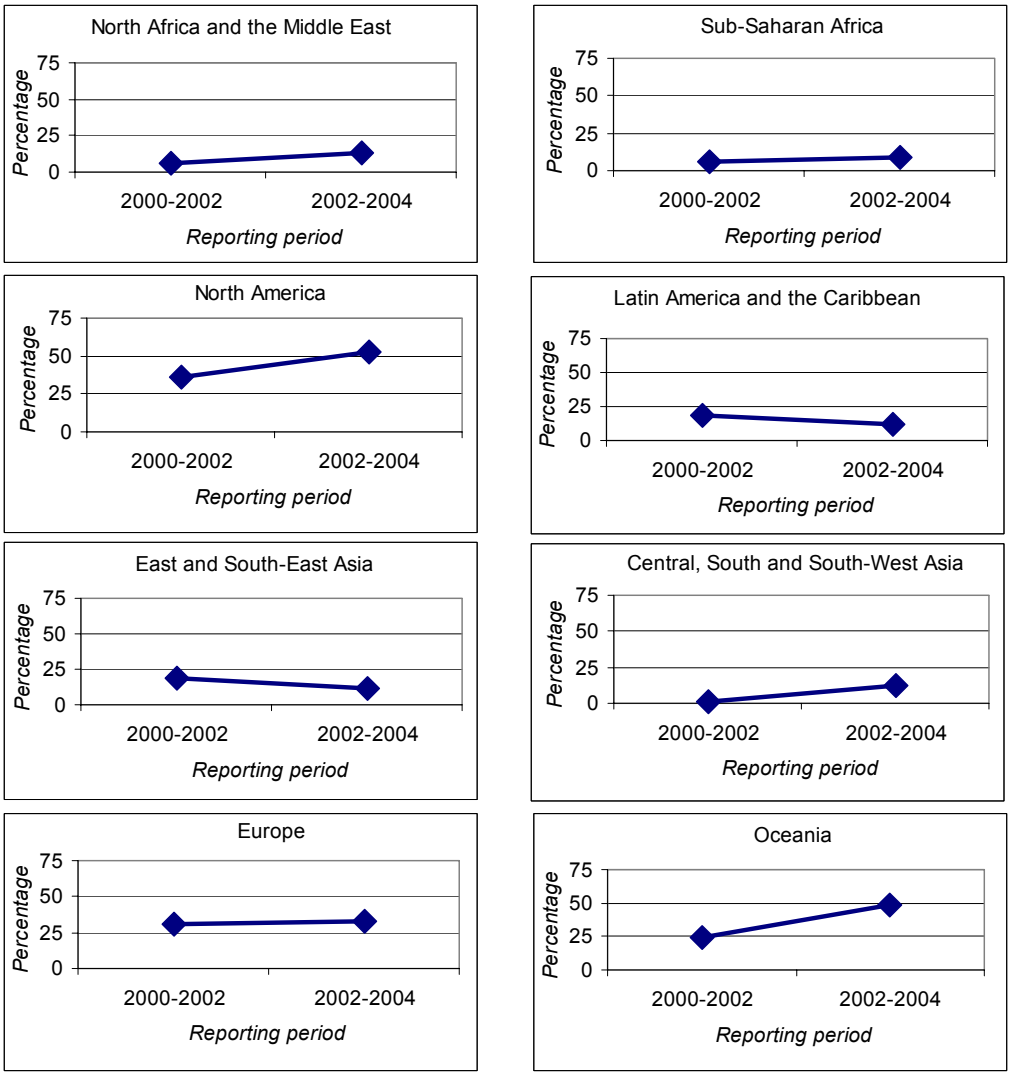
32. Composite scores increased in all regions between the reporting periods 2000-2002 and 2002-2004 except in East and South-East Asia and Latin America and the Caribbean. Particularly impressive were the reported changes in low coverage regions such as Central, West and South-West Asia, moving from 1.5 to 12.5 per cent, and North Africa and the Middle East, increasing from 6.5 to 13 per cent. Oceania and North America also reported significant increases (from 36 to 53 per cent and from 24 to 49 per cent, respectively).

33. In Latin America the overall decrease is underlined by a reported decrease in coverage for all types of intervention, most marked for social reintegration. This contrasts somewhat with information available through the annual reports

questionnaire, which indicates that the highest number of people in treatment per 1,000 population is in Latin America and the Caribbean.

Figure IV

Intervention focusing on treatment and rehabilitation: achieving the goals set by the General Assembly at its twentieth special session, by region, 2000-2002 and 2002-2004



Source: Biennial reports questionnaire.

34. Such a relatively high number of people reported to have entered treatment may be attributable in part to the availability of services and in part to a rather comprehensive reporting system. In some cases, more accurate reporting may be behind an apparent decrease in coverage, as some countries not having substitution treatment (mostly not relevant because of the low prevalence of opioid dependence in the region) went from reported high levels of coverage in 2000-2002 to 0 in

2002-2004. In the case of East and South-East Asia, reported decreases in coverage concentrate mostly on intervention focusing on detoxification and social reintegration.

35. With respect to individual intervention, the coverage of detoxification increased in all regions except in Latin America and the Caribbean and in East and South-East Asia, reaching levels of up to 66 per cent of the maximum score in North America and 40 per cent in Oceania. Other regions obtained scores between 20 and 40 per cent.

36. Substitution therapy is the least used approach, possibly reflecting the fact that it is only relevant for opioid dependence and that it is still controversial in some regions. Its coverage, however, is increasing in Europe, North America and Oceania, where it reached close to half of the maximum score. Relatively high levels of coverage were reported in regions such as North Africa and the Middle East or Sub-Saharan Africa, where other reports indicate very low or no availability of substitution therapy.

37. The reported coverage of non-pharmacological intervention increased or remained stable in all regions except Latin America and the Caribbean. Levels of above half of the maximum score were reported in North America and Oceania, around one third in Europe and between 7 per cent and 19 per cent in all other regions.

38. Starting at low levels, some progress was reported with respect to social reintegration, where all regions except East and South-East Asia and Latin America and the Caribbean reported increases, reaching more than half of the maximum score in North America and Oceania, approximately one third in Europe and between 9 per cent and 19 per cent in other regions.

39. Taking into account the increasing trend in the abuse of most substances in all regions, the above-reported results indicate limited progress towards the achievement of the targets set for 2008 at the twentieth special session, as well as a relative balance of availability between the different types of intervention, an essential factor for the provision of effective treatment and rehabilitation for drug abusers.

40. If confirmed, the decreasing trends in the availability of treatment and rehabilitation in East and South-East Asia and in Latin America and the Caribbean are a cause for concern. Factors influencing these decreases need to be identified and efforts redoubled to reach the targets set by the General Assembly at its twentieth special session.

41. Some regions such as Central and South-West Asia and Sub-Saharan Africa seem to rely excessively on detoxification, placing less emphasis on the subsequent stages of treatment and rehabilitation, therefore failing to offer a continuum of care and diversification of services. The upward trend in North Africa and the Middle East needs to be strengthened, and renewed efforts need to be invested in Europe in order to reinforce the achievements to date. In all cases, intervention needs to be tailored to the changing needs of specific target groups, such as young cannabis and amphetamine-type stimulants (ATS) users, injecting opioid users and offenders.

C. Intervention to reduce negative health and social consequences

42. The biennial reports questionnaire provides information on the responses by States to reduce the negative health and social consequences of drug abuse. The questions concern both HIV/AIDS prevention and control measures, as well as other issues such as overdose prevention and provision of emergency shelters.

43. The coverage shows positive trends in the provision of services to reduce negative health and social consequences of drug abuse in most regions. The increase is more prominent in North Africa and the Middle East, North America and Oceania. Slight increases have been observed in Central, South and South-West Asia, while the coverage has remained stable in East and South-East Asia, Europe and Latin America and the Caribbean and has dropped in Sub-Saharan Africa (see figure V).

44. There are only two countries responding to the biennial reports questionnaire in North America and Oceania that have very high coverage of service provision to drug abusers. Other countries, which could have very different service provision and could alter the outcome of the responses in their regions, have not responded to the questionnaire. For example, Papua New Guinea now has the highest reported rate of HIV infection in Oceania, with an estimated HIV prevalence of almost 1 per cent among pregnant women attending antenatal clinics in Port Moresby. In other countries in Oceania, HIV infection levels are still very low. However, in Australia and New Zealand the principal form of HIV transmission continues to be sexual contact between men. A relatively small percentage of newly acquired infections was attributed to a history of injecting drug use in Australia (3.4 per cent).

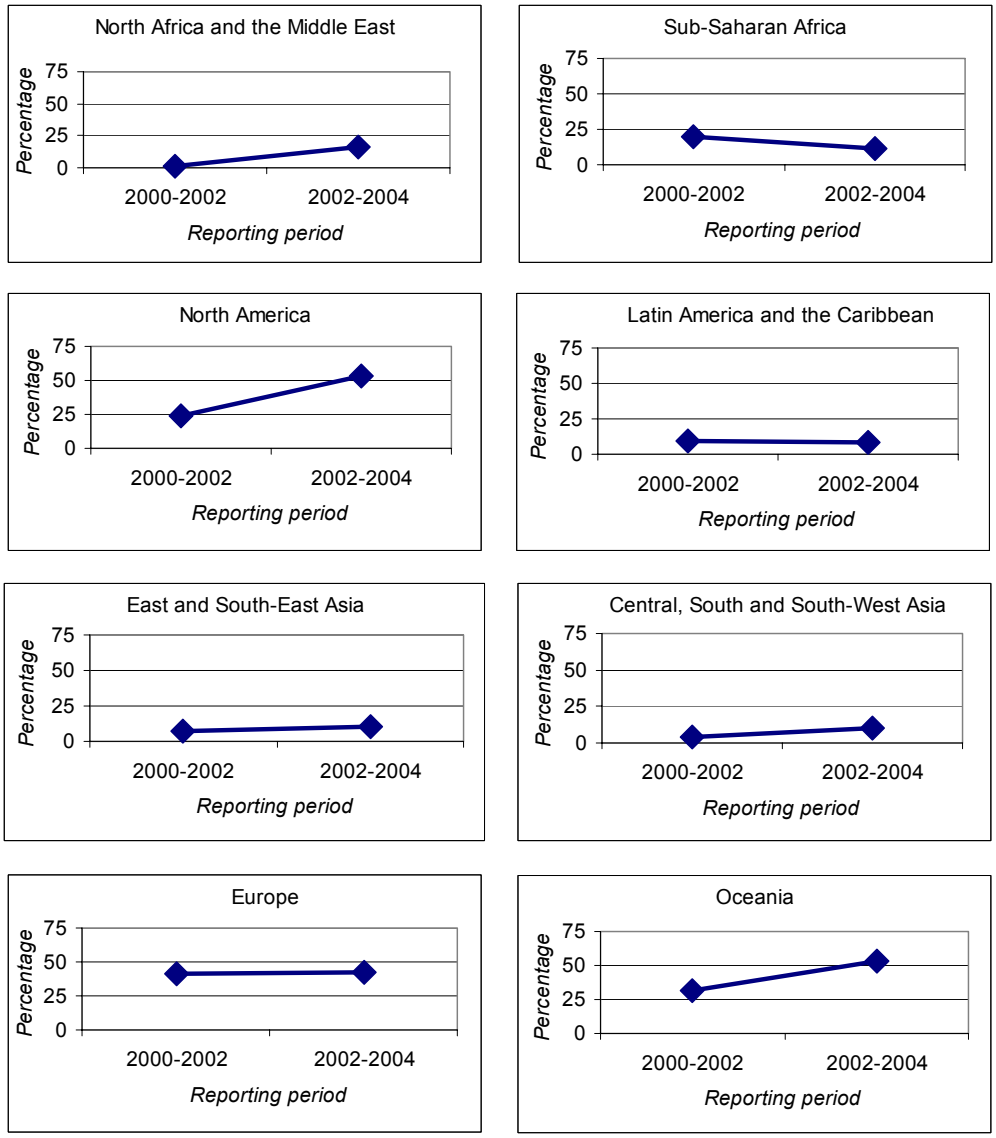
45. In North Africa and the Middle East, although results of the biennial reports questionnaire indicate an increase in coverage of services to reduce negative health and social consequences, HIV infection appears to be spreading, which could mean that serious outbreaks in certain populations (including men who have sex with men and injecting drug users) may be missed in the context of scant surveillance data. The high increase in service coverage could be attributed to the launch of pilot initiatives in some of the countries in the region.

46. The response provided by the European region shows stable trends, but in reality the responses of Central and Eastern European countries differ from those of Western European countries. The responses of Western European countries show an upward trend and, compared with other regions of the world, coverage of injecting drug users with various HIV prevention services has been maintained at a relatively high level over the past few years. In Central and Eastern European countries a slight downward trend has been observed. Considering that injecting drug use is the driving force behind the HIV/AIDS epidemic in that region, provision of wide-scale coverage of injecting drug users with effective HIV prevention services is of the utmost importance.

47. In Sub-Saharan Africa, the HIV/AIDS epidemic is generalized (in Botswana, Lesotho, Namibia, South Africa, Swaziland, Zambia and Zimbabwe, the adult prevalence rate is above 20 per cent) and heterosexual in nearly every country in the region. The main drug of abuse in Sub-Saharan Africa is cannabis and injecting drug use is still limited, which perhaps explains the downward trend in services to reduce the negative health and social consequences of drug abuse.

Figure V

Intervention to reduce negative health and social consequences: achieving the goals set by the General Assembly at its twentieth special session, by region, 2000-2002 and 2002-2004



Source: Biennial reports questionnaire.

48. Responses in the form of voluntary testing and counselling programmes for infectious diseases have shown an upward trend in all the regions. According to the results of the biennial reports questionnaire, the provision of overdose prevention programmes and emergency shelters has also increased in most of the regions. Programmes for the provision of clean drug injecting equipment and condom distribution do not show significant increase or change when comparing the composite scores (from 2000-2002 to 2002-2004).

V. Extent of multisectoral responses and networking mechanisms

49. Section VIII, subsection D, of the biennial reports questionnaire, entitled "Forging partnerships", contains only two questions that have been considered for this analysis: on the existence of collaboration or networking mechanisms at various levels and on whether such collaboration or mechanisms have provisions for identifying and including new partners. Thus, the high variations among the different regions should not be a surprise since answering negatively to one question would imply 50 per cent off the total possible score.

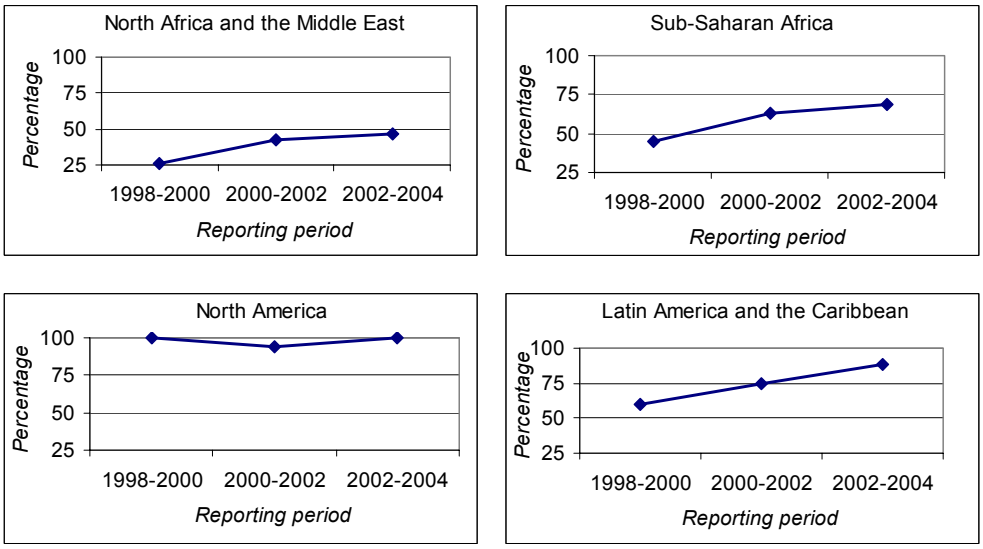
50. However, the little information available illustrates the efforts made by each State in developing a multisectoral, community-wide, participatory approach to identifying appropriate policies and programmes. The responses to this section also provide an indication of the level of decentralization of drug demand reduction efforts and the local ownership of programmes.

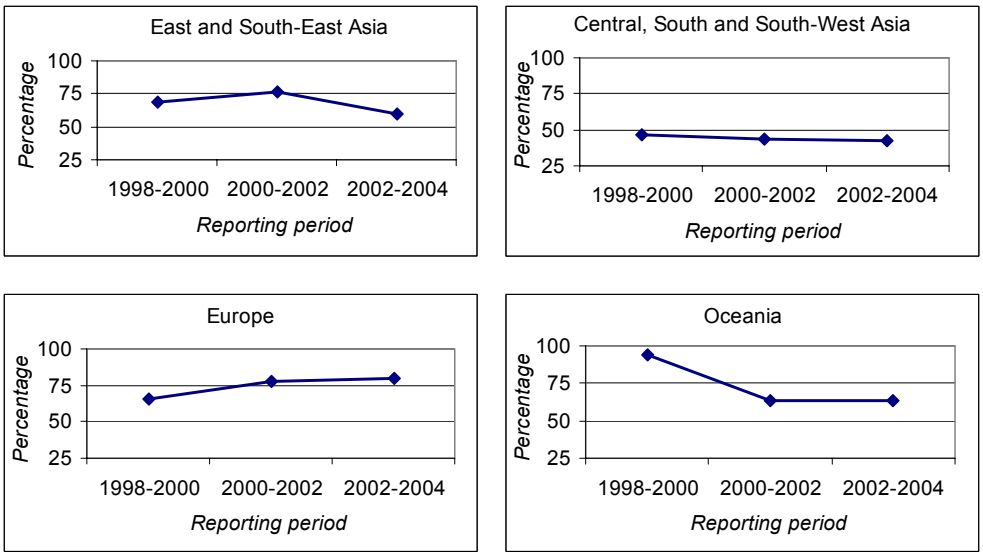
51. Most regions seem to have a good degree of partnership development in place. Latin America and the Caribbean, North America, Oceania and Sub-Saharan Africa are all above the 60 per cent level. Decreasing trends were registered in Asia. North Africa and the Middle East, while showing a steep increase in the three reporting periods, remain below 50 per cent (see figure VI).

52. Some of the reported increases are a reflection of a broader trend towards the decentralization of demand reduction efforts at the regional and municipal levels in some regions, in particular in Latin America and the Caribbean.

Figure VI

Extent of multisectoral responses and networking mechanisms: achieving the goals set by the General Assembly at its twentieth special session, by region, 1998-2000, 2000-2002 and 2002-2004





Source: Biennial reports questionnaire.

VI. Efforts of working with vulnerable or special populations

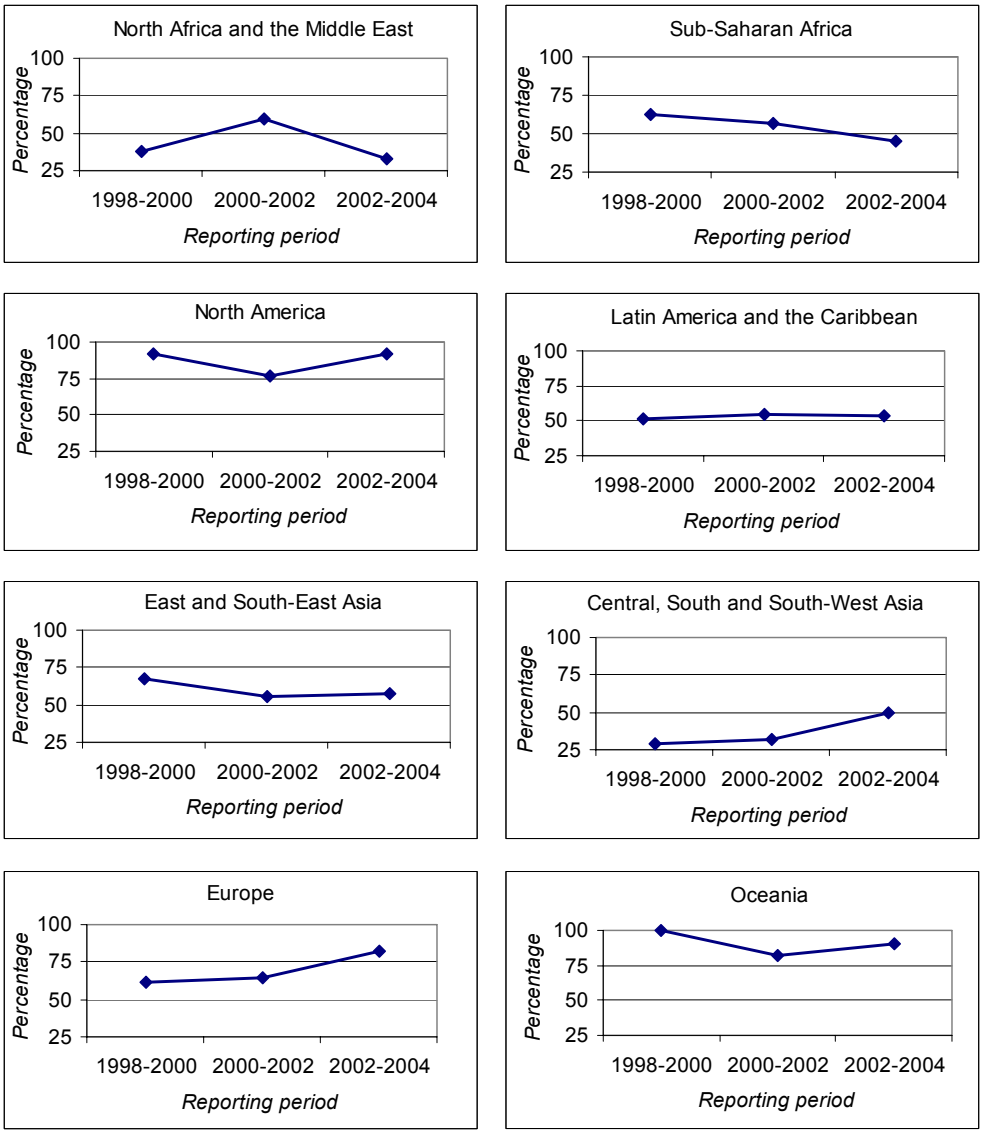
53. The biennial reports questionnaire elicits information on whether demand reduction programmes are designed to address the needs of not only the population in general, but also specific population groups that are recognized to be more at risk than others (youth, marginal groups, young offenders, injecting drug users and prison populations) and that therefore require special efforts and attention. In Europe, North America and Oceania there has been a high level of interventions targeting special groups.

54. The declared focus on special needs in other regions is relatively standard, with scores ranging from 50 per cent in Central, South and South-West Asia to 58 per cent in East and South-East Asia. There is some concern for North Africa and the Middle East, reporting on average a score of 32 per cent in the last reporting period, and for Sub-Saharan Africa, where the situation appears to be getting worse, with a score of 45 per cent in the last reporting period, down from 62 per cent in the first reporting period, and 57 per cent in the second one (see figure VII).

55. Interventions focusing on special populations are important not only to reduce drug abuse among groups at risk, improve their health and lessen the social problems related to their drug use. These interventions are also a key to the success of broader prevention and treatment interventions. General prevention among young people cannot be expected to be effective if young people out of school and street children are not included in the overall prevention strategy. By the same token, treatment and rehabilitation efforts should also consider also the needs of people in conflict with the law who are required to undergo treatment as an alternative to imprisonment.

Figure VII

Efforts of working with vulnerable or special populations: achieving the goals set by the General Assembly at its twentieth special session, by region, 1998-2000, 2000-2002 and 2002-2004



Source: Biennial reports questionnaire.

VII. Media and public campaign responses

56. The reason why sending the right message is important is simply that prevailing social attitudes towards drugs are a crucial factor in conditioning the prevalence of drug abuse in society. To make a positive change in these attitudes, it

is necessary to ensure that public information campaigns send out an unequivocal but balanced, factual and non-moralistic message about the effects of drug abuse.

57. While the overall proportion of States that include public information campaigns as part of their demand reduction efforts showed a slight increase in the last reporting period, the consistency, professionalism and measurability of impact of these efforts may provide some cause for concern in some regions.

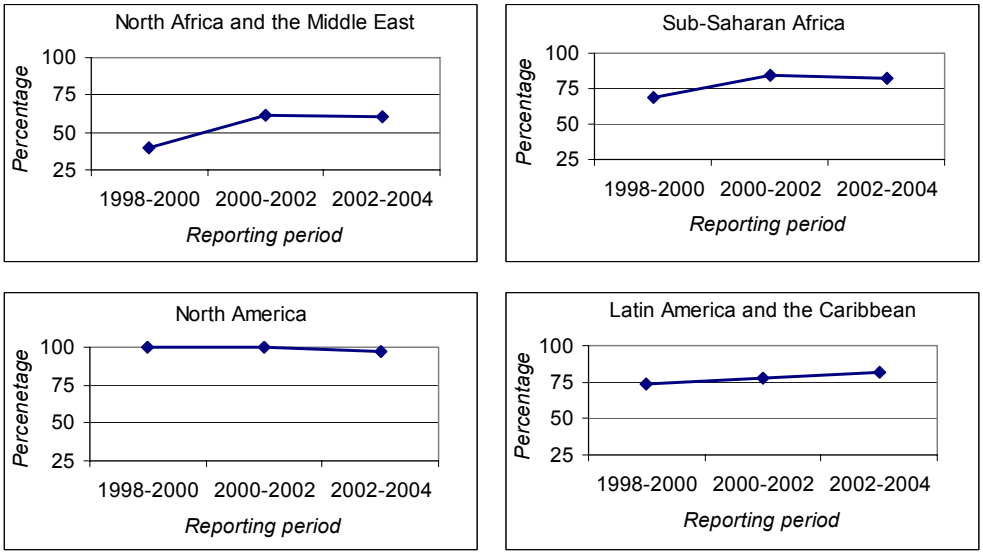
58. The proportion of countries that base their campaigns on needs assessment is especially low in Latin America and the Caribbean and Sub-Saharan Africa. A campaign that does not explicitly identify and engage with the concerns of its target group is unlikely to have much of an impact. Evaluation seems to have been generally neglected: more than 50 per cent of all States that reported having a public information campaign stated that their initiatives had not been evaluated (see figure VIII).

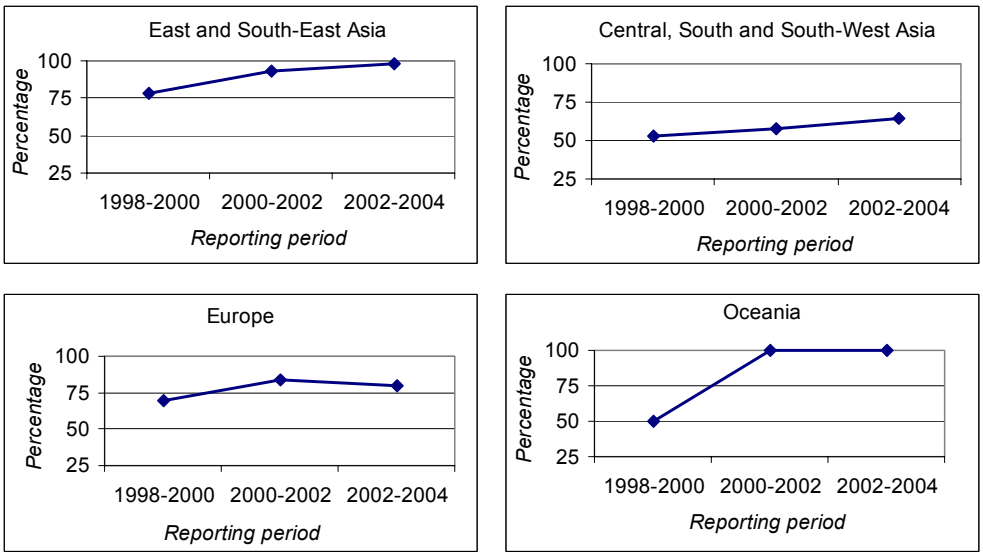
59. This is especially so in regions that have fewer resources available for this kind of activity such as Central, South and South-West Asia, where more than 75 per cent of States did not evaluate their public information initiatives, and Latin America and the Caribbean, where more than 90 per cent did not do so.

60. This is significant since it has a direct impact on the plan-implement-evaluate-improve programming cycle that determines the quality and sustainability of drug abuse prevention campaigns. It is crucial that States in these regions develop creative and economically viable modes of engaging their target groups in planning and evaluating their public information initiatives.

Figure VIII

Media and public campaign responses: achieving the goals set by the General Assembly at its twentieth special session, by region, 1998-2000, 2000-2002 and 2002-2004





Source: Biennial reports questionnaire.

61. It is also instructive to note that, other than financial support, the most pressing problem in implementing public information campaigns seems to be coordination and multisectoral cooperation. This clearly indicates that most States feel that "the right message" must be sent out in concert with major stakeholders in society. It also hints at the fact that state-sponsored public information campaigns on drug abuse prevention are often at odds with messages being sent out through the popular culture.

62. There is some evidence that the most effective media campaigns are those which engage players outside the scope of state institutions, for instance, those which work with the entertainment industry to develop and implement voluntary codes of conduct related to depiction of substance abuse. Overall, it is recommended that special attention be paid to assessing the impact of public information campaigns and that they be rigorously monitored and evaluated, where possible with the participation of the intended audiences.

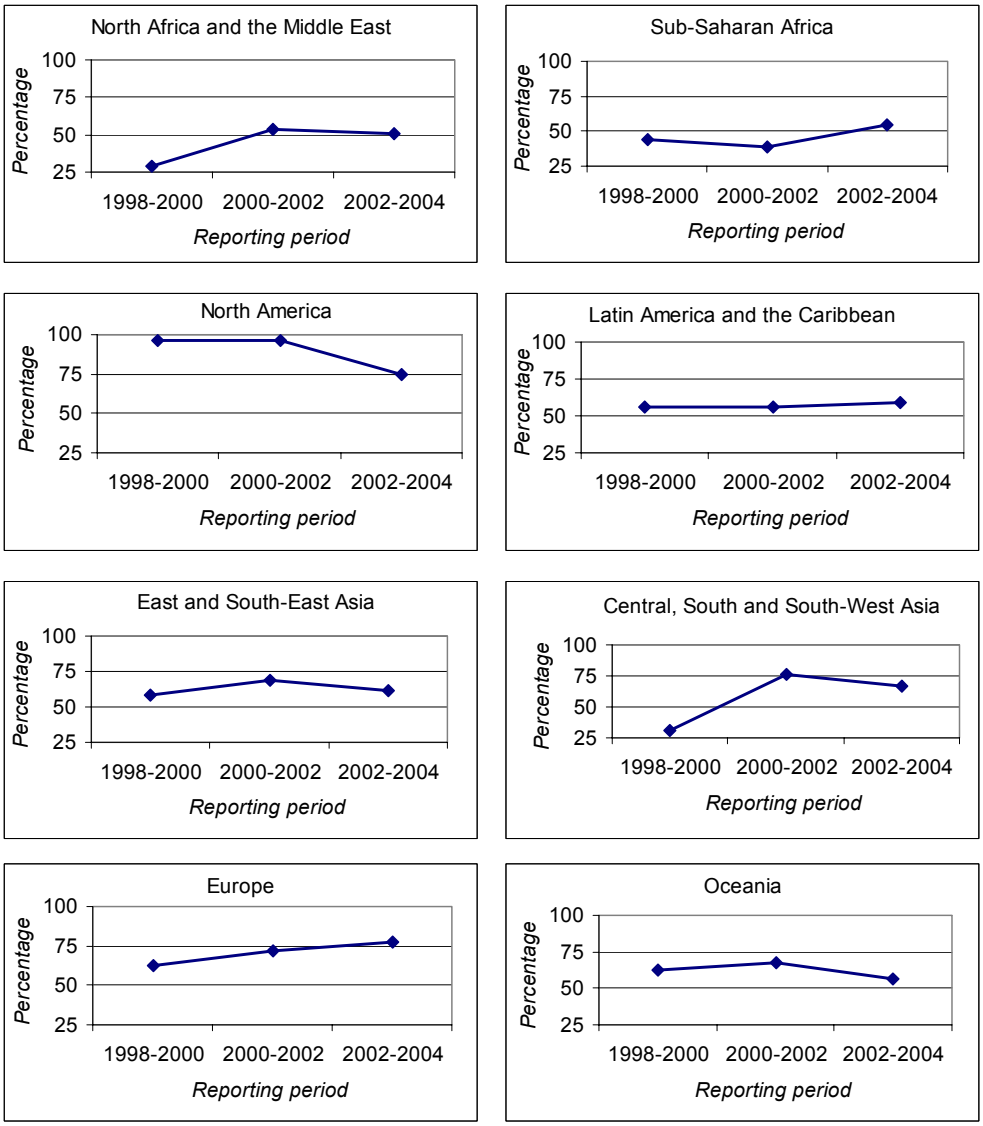
VIII. Evaluation and incorporation of lessons learned

63. In the subsection of the biennial reports questionnaire on the evaluation and incorporation of lessons learned, questions are asked about three key issues in demand reduction: training of practitioners; evaluation of interventions; and sharing and dissemination of best practice and lessons learned.

64. Only Europe and North America seem to be relatively active in all three areas (scoring 75 per cent and above). All the other regions are above the 50 per cent mark but the extent and quality of training, evaluation and sharing of experiences are not clear (see figure IX).

Figure IX

Evaluation and incorporation of lessons learned: achieving the goals set by the General Assembly at its twentieth special session, by region, 1998-2000, 2000-2002 and 2002-2004



Source: Biennial reports questionnaire.

65. The majority of the countries responded positively in the area of training for planners and practitioners and also in relation to the evaluation of interventions. However, from other sections of the biennial reports questionnaire, it is possible to draw the conclusion that the evaluation of interventions is not carried out extensively (approximately 20-30 per cent of the countries reported carrying out evaluation of different types of intervention).

66. The sharing and dissemination of best practice and lessons learned in Europe and the Americas are certainly the elements that make the difference in the scores among the various regions. Countries mentioned specifically the role of the European Monitoring Centre for Drugs and Drug Addiction in facilitating the sharing of experience and information in the area of drug demand reduction among the 25 member States of the enlarged European Union and the experiences of the Multilateral Evaluation Mechanism of the Inter-American Drug Abuse Control Commission (CICAD) of the Organization of American States.

IX. Conclusions

67. The biennial reports questionnaire is not the perfect tool for monitoring the progress of countries in relation to drug demand reduction activities. After the conclusion of the 10-year period 1998-2008, the Commission may need to consider the possibility of further improving the biennial reports questionnaire. This may be done in many ways, but it is important to consider the possibility of having information not only on the existence or non-existence of programmes, but also on their coverage, quality and impact. The information on low, medium or high coverage could also be supplemented with information on the number of people served, the funds available and other relevant data.

68. Table 2 provides an analytical summary of the various figures and comments provided above. Table 2 has been developed along the lines of the table used in the progress report for the Millennium Development Goals (www.un.org/millenniumgoals). A white background is used to indicate that in a particular subregion, the goal of having in place new or enhanced drug demand reduction strategies and programmes set up in close collaboration with public health, social welfare and law enforcement authorities has been met or is "on track" (set to be achieved or nearly achieved). A grey background is used to indicate that some progress has been made but not at a rate that will enable countries in the subregion to achieve the goal on target by 2008. A black background is used to signal areas where the situation is not improving or is getting worse. Obviously, the experience of countries in each subregion may differ from the subregional average.

69. Analysis of the responses provided by States in various subsections of the biennial reports questionnaire on drug demand reduction and table 2 can be used to draw some basic conclusions for consideration by the Commission:

(a) There has been considerable progress in building the foundations for an effective demand reduction strategy and there is little doubt about the political and strategic commitments of countries; however, something more needs to be done in building broader partnerships and involving all stakeholders;

(b) The commitment is not totally built on solid ground. Countries need to improve their information base and evaluation capacity in order to develop better, more sound interventions;

(c) Interventions are being carried out in most countries but there is room for considerable improvement, especially in the area of reducing negative health and social consequences of drug abuse;

Table 2
Status report 2004: achieving the goals set by the General Assembly at its twentieth special session in the area of drug demand reduction, by region

Goal or target	*North Africa and the Middle East*	*Sub-Saharan Africa*	*North America*	*Latin America and the Caribbean*	*Central, South and South-West Asia*	*East and South-East Asia*	*Europe*	*Oceania*
The commitment	medium, stable	improving	on track	medium, stable	low, lagging	on track	on track	medium, stable
Assessing the problem	low, lagging	low, lagging	met	medium, stable	improving	medium, stable	on track	high, stable
Prevention	low, improving	low, improving	on track	low, lagging	low, improving	improving	medium, stable	on track
Treatment and rehabilitation	low, improving	low, improving	medium-high, improving	low, decreasing	low, improving	low, decreasing	medium, stable	medium-high, improving
Reducing the negative health and social consequences of drug abuse	improving	low, worsening	improving	low, lagging	low, lagging	low, lagging	medium, not improving	improving
Forging partnerships	progress but lagging	improving	met	on track	low, lagging	low, worsening	on track	medium, not improving
Focusing on special needs	low, lagging	low, worsening	high, stable	medium, stable	improving	medium, not improving	on track	high, stable
Sending the right message	improving	on track	met	on track	improving	on track	on track	met
Building on experience	improving	improving	high, not improving	medium, stable	improving	medium, stable	on track	medium, not improving

Source: Biennial reports questionnaire.

(d) Prevention and treatment and rehabilitation activities present a mixed picture: in some regions they are progressing, while in others they are lagging or decreasing. More resources need to be devoted to interventions focusing on special needs. Overall, it is clear that more needs to be done in order to obtain concrete, measurable results;

(e) In terms of the regional analysis, Central, South and South-West Asia, North Africa and the Middle East and Sub-Saharan Africa require more resolve and resources for drug demand reduction. The relative progress achieved in Latin America and the Caribbean and in part in East and South-East Asia may decline if there are no sustained interventions. Europe, North America and Oceania need to maintain their relatively good level of intervention in most areas and respond flexibly to emerging trends.

Note

[1] The Demand Reduction Index is based on the responses given by the Member States through the biennial reports questionnaire, focusing on the implementation and coverage of activities in drug demand reduction. An analysis has been conducted using the data provided by those countries which have responded to the biennial reports questionnaire for more than one reporting period. With regard to "Tackling the problem", the questions changed significantly during the revision of the questionnaire and, therefore, the present analysis includes only the reporting periods 2000-2002 and 2002-2004 to ensure comparability. The progress in different areas of demand reduction is presented as regional averages, which are composed of the percentages of the extent of implemented activities in the countries within each region. It is hoped that the new method will improve the overall analysis of the measures taken towards achieving the goals and targets adopted by the General Assembly at its twentieth special session in the area of drug demand reduction, and support the long-term assessment of 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).