

GAP

GLOBAL ASSESSMENT PROGRAMME ON DRUG ABUSE



Vienna, January 2000

Global Assessment Programme on Drug Abuse (GAP)

Programme Objective: **Establish a permanent and reliable global system for Member States of the United Nations to collect and assess the magnitude of and trends in the abuse of illicit drugs at the country, regional and global level.**

Programme Components: **One Global Support and Nine Regional Sub-programmes:**

- < **Global Support**
- < **Central & West Asia**
- < **South Asia**
- < **East & South East Asia**
- < **Eastern Europe & Russian Federation**
- < **Latin America**
- < **The Caribbean**
- < **North Africa & the Middle East**
- < **West & Central Africa**
- < **East & Southern Africa**

UNDCP Thematic Area: **Demand Reduction**

Programme Duration: **January 2000 to December 2003 (four years)**

Executing Agency: **UNDCP in cooperation with OPS and UNV**

UNDCP Funding Requirements: **US\$ 11 million**

Programme Summary

Although a few countries can claim some successes in controlling the demand for illicit drugs, there can be little doubt that levels of drug abuse throughout the world are continuing to escalate. In particular, in developing countries the abuse of drugs has increased dramatically. Even in those countries where drugs have been 'traditionally' used by sections of the community, there is an increasing tendency for escalation and the development of more damaging consumption patterns. Despite this problem, little is known about the magnitude of the drug abuse problem and an understanding of patterns and trends is also lacking.

In order to be able to develop effective policies and programmes to control and reduce drug abuse, governments must first develop a basic information system to understand more about who, what, where and why people take illicit drugs. And given the increasing interdependence and globalization of patterns of drug abuse, any meaningful demand reduction strategy must be global in nature, as must be the information system on which it is based. This Programme is designed to provide policy makers and drug control agencies around the world with an improved understanding of the scale, nature and trends in drug abuse. Such an understanding is a critical requirement for improving the effectiveness and impact of drug control policies, and demand reduction activities.

In the Political Declaration adopted at the 1998 Special Session of the UN General Assembly on Drugs, Member States agreed to eliminate or significantly reduce the supply and demand for illicit drugs by the year 2008. This is the first time that the international community has agreed on such specific drug control objectives. However, reliable and systematic data to monitor and evaluate the progress towards achieving these goals are presently not available. For this reason, the UN General Assembly requested the United

Nations International Drug Control Programme (UNDCP) to provide Member States with the assistance necessary to compile reliable and internationally comparable data. Furthermore, UNDCP was asked to collect, summarise and analyse these data and report to the UN Commission on Narcotic Drugs on global trends in drug production and abuse.

To respond to this request, UNDCP has developed *two global programmes*: first a *global programme to monitor the cultivation of illicit crops* and second, a *global programme to assess the magnitude and patterns of drug abuse*. Both programmes, will hence be at the core of a credible international follow-up to the Political Declaration of Member States to reduce the production and abuse of illicit drugs.

The main objective of the **Global Assessment Programme on Drug Abuse (GAP)** is to develop and establish one global and nine regional systems to collect reliable and internationally comparable drug abuse data and assess the magnitude and patterns of drug abuse at country, regional and global levels.

At the *global level*, the programme will develop a set of internationally accepted indicators on drug abuse and develop practical and cost-efficient methods of collecting and assessing data on drug abuse. The global support sub-programme will further be responsible for the synthesis of national and regional data and aggregate them globally in order to report on global trends of drug abuse to the UN Commission on Narcotic Drugs.

At the *regional level*, the programme will adapt data collection methods to the respective regional, cultural, and social environments, strengthen existing regional institutions, and promote a regional network for drug abuse analysis, thereby supporting sound policy formation.

At the *country level*, the programme will develop and establish national capacities to collect, assess and report on drug abuse data for the development of national demand reduction policies and programmes.

GAP will deliver an improved and more timely understanding of the extent and patterns of the global drug abuse problem. Information will be available from developing countries that are increasingly severely affected by illicit drug problems. Standardization of indicators and the wider adoption of sound methods for data collection will result in an enhanced analysis of trends in drug abuse in both the industrialized and developing world.

The Programme consists of *one global support and nine regional sub-programmes*. A regional approach has been adopted in order to work with groups of countries with similar cultural and social backgrounds. By providing joint training activities and by establishing regional networks, the programme will be cost effective, providing benefits to a considerable numbers of countries for a relatively modest resource investment.

Within each region, GAP will focus on countries with major drug abuse problems. It is envisaged that between 25 and 30 national drug abuse assessment systems will be fully established by the end of the Programme. However, all other countries will receive training and technical advice and hence many more countries will benefit from the technical guidance of GAP. Around, 85 per cent of all funds for this project will go directly to support regional and national institutions.

Central to GAP is a *commitment to co-operation and partnership*, and the development of common global indicators. UNDCP will work closely with European Monitoring Centre on Drugs and Drug Addiction (EMCDDA), Inter-American Drug Abuse Control Commission (CICAD), other international organizations and regional epidemiological networks to provide the knowledge base necessary to underpin the development of effective demand reduction activities.

GAP Programme Framework

1. Background and Justification

There can be little doubt that, despite some local successes, the consumption of illicit drugs worldwide has reached unprecedented levels. Today, drug abuse is a global problem; having broken out of well-defined localized addict communities. This is in particular true for developing countries where traditional use of drugs for therapeutic, ritual or religious reasons has been replaced by socially detrimental abuse and drug addiction. The increase in communication and the globalization of transport and trade also appear to have provided fertile ground for illicit drug trafficking and the spreading of drug habits around the world.

There are many examples of such spreading and shifting of drug abuse patterns and habits across national borders. Cultural and social environments no longer appear to be effective barriers to the globalization of drug abuse. Moreover, political and social problems often accompanied by local conflicts and the break-down of social norms appear to increase the potential for the diffusion of new patterns of drug abuse. Heroin abuse, completely unknown twenty years ago in the countries of Central and South-west Asia, is now so widespread in countries such as Pakistan that the prevalence rate seems to exceed those in industrialized countries from where this habit had originally been imported. More recently, we have also seen the use of Ecstasy in western Europe spreading to cities and affluent youth in eastern Europe and in developing countries, notably in South East Asia.

But the spread of drug abuse pattern can also move in the opposite direction. For example, there are indications that widespread methamphetamine abuse in South East Asia could spread to Europe. Similarly, one could argue that the recent increase in heroin smoking among youth in Europe, although motivated by the fear of HIV/AIDS contamination, has its origin in Central Asia.

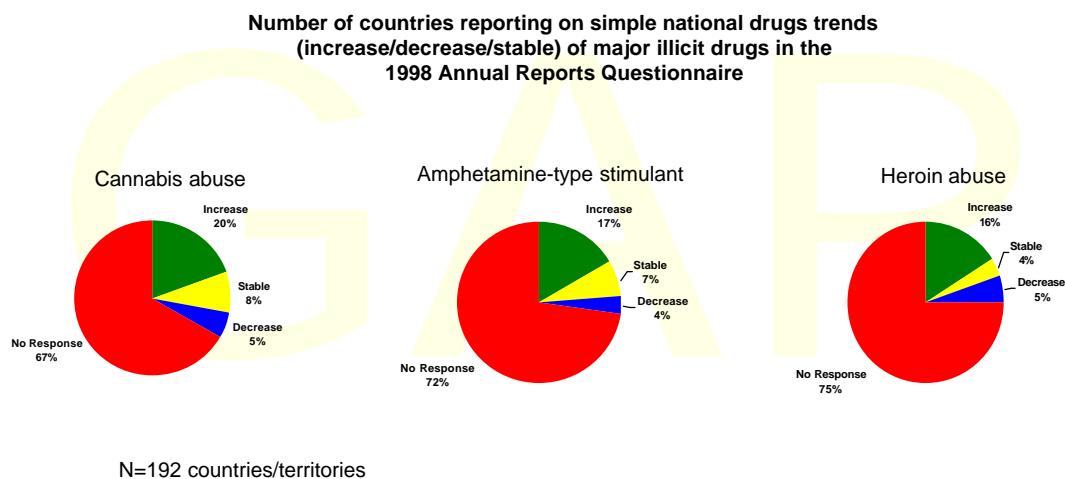
The 1997 World Drug Report estimated that approximately 200 million people around the world take illicit drugs, of which approximately 60 million are affected by severe problems. Whilst the contention that drug abuse is a serious problem effecting many millions of individuals is clearly correct, there is in fact very little credible information on the true scale of the problem. Similarly, and equally important, our understanding of patterns and trends in drug abuse is also severely limited. In the majority of countries information about drug abuse is at best sketchy and often limited to a few *ad hoc* studies, anecdotal reports, or entirely based on data from supply control agencies.

As a consequence, many countries are unable to report on drug abuse in their country in the Annual Reports Questionnaire (see chart below). In 1998 only about a third of countries were in a position to express an opinion on a simple question of whether the drug abuse situation in respect of substances such as cannabis, heroin, cocaine and amphetamine-type stimulants was rising, stable or decreasing. Even where trends were reported, it was often unclear whether conclusions were based on sound data. As a result, UNDCP, in its report to the UN Commission on Narcotic Drugs could only provide a very limited general description of the number of countries that reported an increase or decrease in the number of drug abusers. Such lack of reliable information seriously limits UNDCP's ability to report on the global magnitude of drug abuse, or on patterns and trends in any systematic fashion.

Taking into consideration the magnitude of the drug abuse problem and the repeatedly expressed international resolve to fight drug abuse, it is surprising that so little has been done to improve the global information system. Given the lack of base-line data and systematic monitoring of the drug abuse situation, most interventions remain input oriented and little has been done to measure their impact and effectiveness. The lack of base-line data makes meaningful evaluations and cost-benefit analysis of demand reduction programmes virtually impossible. Although a systematic feedback mechanism cannot prevent failure, it would enable policy makers to identify shortcomings at an early stage and allow them to take appropriate counter-measures. Considering the large amounts of human and financial resources

channelled into drug control measures, relatively modest investments in data collection and assessments systems would make economic sense.

In a few areas such as the European Union and the United States the understanding of the scale and nature of illicit drug abuse has improved in recent years. Investments made in developing more



sophisticated methods for collecting and analysing drug abuse data have born fruit. There now exist far better practical understanding of the methodologies of how to assess the drug abuse.

On the other hand, few developing countries have any system of collecting and assessing the demand for drugs in their countries. But it is in these developing countries that the demand for illicit drugs has most increased. The lack of systematic and reliable drug abuse data from large parts of the world represents a major deficiency in the knowledge needed by the international community for dealing with the drug problem.

During the Assembly's 1998 Special Session on Drugs, Member States reconfirmed their common determination to curb the production and abuse of illicit drugs. In their joint Political Declaration, all governments pledged to work together to eliminate or to reduce significantly the supply of and demand for those drugs by the end of the year 2008. It was agreed that this could be done only if policies and programmes tackled the supply of and demand for illicit drugs with the same priority. The balanced approach symbolizes the end of reciprocal accusations between so called producer and consumer countries and reflects an improved global understanding of the need to deal with the drug problem in its entire complexity.

As a result of this better understanding, Member States could for the first time agree on a concrete and verifiable set of drug control objectives for the year 2008. The ability to implement policies and programmes to reach these objectives will largely depend on how good our information base is and how successful we are in closing the knowledge gap between industrialized and developing countries. This is in particular true for data on drug abuse.

An improved understanding of the global drug abuse problem is in the interests of all countries:

! All countries would benefit from a universally applied standard set of indicators for drug abuse and harmonized data collection methodologies. It would make it possible to establish baseline information, to compare and aggregate national drug abuse data and to analyse global trends in the magnitude and patterns of drug abuse. These data will be needed to develop new drug control policies and programmes and evaluate their effectiveness at the national, regional and global levels. Indeed, the investment in developing benchmarks on drug abuse must be seen to pay off in a more efficient use of funds channelled to drug control activities.

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- ! Developing countries would benefit from having their own data collection systems to analyse trends within their respective countries. This would enable them to better understand the drug problem, design suitable policies and programmes to control drug abuse and make better use of scarce resources. They would also be in a better position to fulfil their international reporting obligations and be able to participate more fully in the international discussion on drug issues.
 - ! Industrialized countries will benefit from their investments in improved information on global trends in drug abuse, as this will provide an “early warning system” of potential future problems. Such a capacity is important as new trends in drug abuse have an increasing tendency to cross national borders and spread to neighbouring countries. This system would also help to identify problem areas, where rapid escalations in drug consumption add to the risk of crime, political instability and serious public health costs.
 - ! For both industrialized and developing countries, a shared and credible information system on drug abuse would facilitate the building of political resolve and a spirit of cooperation between industrialized and developing countries to combat the spread of illicit drugs. Such a system would underpin the growing acceptance by countries of a common and shared responsibility to implement and evaluate global demand reduction strategies.

The Declaration on the Guiding Principles of Drug Demand Reduction emphasizes that demand reduction programmes should be based on a regular assessment of the nature and magnitude of drug abuse and drug-related problems. Therefore, UNDCP has been requested to assist developing countries to establish national systems for collecting and assessing data of drug abuse, based on regionally and internationally recognized core indicators (Action Plan for the Implementation of the Declaration on the Guiding Principles of Drug Demand Reduction).

To reach an agreement on indicators, principles and structures for improved global data collection, UNDCP sponsored a consensus and partnership meeting that was held at the European Monitoring Centre in Lisbon (20 and 21 January 2000). The meeting gathered representatives of international organizations, regional epidemiological networks, and some individual countries who had expressed a particular interest in harmonizing indicators. The meeting arrived at a consensus view on the support activities necessary for improved data collection, the guiding principles for assuring quality, and on a set of core indicators suitable for development at global level. These have been incorporated in the present proposal, and an international expert panel has been established to provide guidance and to oversee GAP activities (see Annex A).

2. Programme Objectives

The main objective of the **Global Assessment Programme on Drug Abuse (GAP)** is to develop and establish one global and nine regional systems to collect reliable and internationally comparable drug abuse data and assess the magnitude and patterns of drug abuse at the country, regional and global levels.

At the **national level** the programme will:

- ! Establish between **25 and 30 fully equipped and trained national drug abuse assessment systems** capable of:
 - < Collecting and assessing high-quality drug abuse data;
 - < Analysing national trends and patterns of drug abuse;
 - < Informing the targeting, development and evaluation of demand reduction policies and programmes; and
 - < Supporting other countries in the region to develop national drug abuse information systems, through training and technical advice on indicators and methods for data collection and analysis.

At the **regional level** the programme will:

- ! Adapt data collection and assessment methods to the **cultural and social environments** of the different regions; and
- ! Establish **regional networks** to share experience, coordinate training activities and develop an enhanced analytical capacity to understand regional drug abuse problems.

At the **global level** the programme will:

- ! Establish a set of internationally acceptable and comparable **core indicators** on illicit drug abuse;
- ! Develop practical and **cost-efficient methods** to collect, analyse and assess drug abuse data at the national, regional and global levels;
- ! Provide information for the design and **evaluation of demand reduction policies** and programmes;
- ! Improve **international reporting** on drug abuse trends to the UN Commission on Narcotic Drugs through existing tools such as the Annual Reports Questionnaire; and
- ! Provide a **global forum for discussions on methodological developments** and standardization of indicators, by holding regular technical meetings and a Global Conference on Drug Abuse Trends.

3. **Programme Strategy**

3.1 **Guiding Principles**

The implementation of the Global Assessment Programme on Drug Abuse will be governed by four guiding principles:

- i. At the national level, collecting and assessing drug abuse data must remain the primary responsibility of national authorities. The programme will therefore focus its activities on **building national capacity** for assessing the magnitude and patterns of drug abuse. The role of UNDCP will be to provide **technical assistance** and coordination for the global programme and its sub-programme components, and to develop technical solutions to the demands of data collection in diverse national contexts.
- ii. The programme will **build on regional epidemiological networks** among developing countries, wherever they exist. Regional epidemiological advisers will be attached to regional institutions where appropriate.
- iii. The programme will ensure that all methods and practices employed for data collection and analysis are **fully transparent and conform to recognized standards of good practice**. Only if a fully transparent system of data collection and analysis can be guaranteed, will the global system of assessing drug abuse generate the necessary credibility to strengthen international resolve and cooperation in drug control. In this context, the international Expert Panel on Drug Epidemiology will have an important role to play in ensuring the neutrality and objectivity of the information that is being

gathered and make sure that all results are open to review by the international community.

- iv. The system of collecting and assessing national, regional and global drug abuse data must be *compatible with existing reporting mechanisms*. In particular, the global programme will strengthen the revision of the Annual Reports Questionnaire (ARQ) and support the follow up reporting mechanism of the Special Session. Similarly, every effort will be made to link into existing assessment mechanisms such as those of the European Union and the Inter-American Drug Abuse Commission (CICAD). Therefore, UNDCP's role will be to ensure that the national and regional data collected under this programme will flow into the existing reporting systems and lead to improved global data collection and trend analysis.

3.2 Methodological Approach

GAP methods have been configured in accordance with the guidance of the international Expert Panel on Drug Epidemiology and reflect the views expressed in the consensus document on global epidemiology, principles, structures, and indicators (see Annex A for details).

Core Indicator Package: Support for data collection will be based on the core indicators. Core indicators will be used to describe the drug abuse situation in the region and to stimulate wider debate and analysis on each topic area. The core indicator package will address the following topics:

- ! Drug abuse among the general population (estimation prevalence / incidence);
- ! Drug abuse among the youth population (estimation prevalence / incidence);
- ! Drug abuse among high risk or special populations (street children, sex workers etc.);
- ! High-risk drug abuse (number of injectors, dependent users etc);
- ! Service utilisation (treatment etc);
- ! Drug related morbidity (including HIV, hepatitis C infection); and
- ! Drug related mortality.

The priority given to the development of each indicator will reflect local needs and conditions. In the absence of any existing data an initial priority of GAP will be to get a basic estimate of the size and nature of the countries drug abuse situation. Contextual, qualitative and trend information is also required to allow the indicator data listed above to be appropriately analysed.

Methodological Tool-kit: Data collection will be supported by use of a modular tool-kit of methods accompanied by implementation guidance. In the tool-kit each core indicator will be described in detail, possible methods for data collection outlined, and a guide provided to selecting and tailoring methods to meet local conditions. Training will be based on the indicators and methods contained in the tool-kit. Expert support will be provided through technical networks. Additionally, epidemiologists attached to the programme will provide technical support. In particular, input will be available to ensure that the initial design of studies is sound and the subsequent analysis of data is appropriately conducted.

Information Resources and Needs Analysis: A standard protocol will be used to conduct an assessment of the existing resources for data collection within each priority country. The first stage of this process will audit individuals and organizations, existing networks and data collection exercises, review ad-hoc studies and the "grey literature", and identify barriers to developing data collection capacity. This analysis will address each indicator in the core group. In the second stage of this process, needs will be identified and a development strategy formulated. Priority will be given to those indicators that are both practical and have local utility. The assessment will also identify training and infrastructure needs. The development strategy will include the identification of a national partner (focal point) for data collection and proposals to ensure those national activities link wherever possible with regional initiatives.

Regional Network Development: Where regional networks are currently absent they will be established and where current epidemiological networks exist they will be supported. Meetings and training events will be organised (based on the toolkit and core indicators). Networks will be configured to encourage knowledge sharing, develop a capacity for the regional analysis of data, encourage quality control, and initiate cross-national data collection activities.

National and Regional Trend Reports: Yearly national (priority countries) and regional trend reports will be produced. The members of the Expert Epidemiological Panel will evaluate these reports, which will not only provide a useful source of data in itself but also highlight the priority areas for further development.

Training: Training events will be organized at both regional and national level. Small regional meetings on specific technical topics will be encouraged to allow peer training and support networks to develop. Web-based discussion forums will be established to allow the cost effective networking of members of different regional networks to provide support on technical issues.

3.3 Programme Structure

In order to achieve its objectives, the Programme has been divided into one global support sub-programme and nine regional sub-programmes. For each sub-programme a separate project document with detailed activities, outputs, and budgets will be made available.

The *global support sub-programme* will consist of a small team of epidemiological experts placed at UNDCP in Vienna. Their responsibility will include to:

- ! Coordinate the overall programme and provide technical support to regional sub-programmes;
- ! Relate with other epidemiological networks, in particular with the EMCDDA, CICAD, the WHO and others to develop common indicators and data collection methodologies;
- ! Support the work of the international Expert Panel on Drug Epidemiology;
- ! Develop training packages and support regional training;
- ! Collect national and regional data and aggregate them to global data on drug abuse; and
- ! Report to the UN Commission on Narcotic Drugs and donors on the progress of the global assessment programme on drug abuse.

Each of *the regional sub-programmes* will consist of a regional epidemiological adviser who will be attached either to regional offices of UNDCP or be placed at regional institutions/ organisations. Wherever possible, these regional advisers shall be recruited from within the region as United Nations Volunteers. The responsibility of the regional epidemiological advisers will be to:

For all countries in the region:

- ! Adapt UNDCP's global strategy to the region and to regional networks, where such networks exist;
- ! Maintain close contacts with national epidemiological units;
- ! Provide advice on sampling methods, research methodologies and analytical techniques, etc.
- ! Promote the adoption of globally acceptable indicators and harmonized survey methodologies;
- ! Organize regional training programmes; and
- ! Promote the exchange of information, experiences and survey results among national epidemiological units in the region.

For priority countries:

- ! Assist in developing a national work plan for drug abuse surveys;
- ! Provide seed funding and equipment to national units to conduct regular epidemiological research; and
- ! Provide technical advice on research methodologies, sampling methods, etc.

GAP will build on and support the work of the existing regional networks. Where networks are not established, GAP will encourage their establishment.

Sub-programme 1: Central and South west Asia

Apart from the results of a few ad-hoc research studies, almost no reliable epidemiological data on drug demand is available from this region. Many countries have expressed a desire to work with UNDCP to improve data collection. For example a prevalence estimation study is already planned for Pakistan as part of GAP development activities. The epidemiological adviser will be taking up post soon in Tehran and will concentrate on formulating national and regional network development strategies. Data collection will initially focus on schools and high-risk groups, including drug injectors. Additional work is urgently required with regard to indirect prevalence estimations and trend analysis

Sub-programme 2: South Asia

Although some preliminary work by the Asian Multi-City Network has been conducted, no significant regional networking activities have taken place in South Asia. Considerable expertise exists within countries, but at present methods and measures used do not reflect best practice and there is absence of both national and regional data collection systems. GAP will build on local initiatives and expertise to develop regional and national technical networks. Data collection priorities include prevalence and incidence estimations among the general population and high-risk groups, such as street children and sex workers, and estimating trends in injecting drug abuse and HIV infection.

Sub-programme 3: East and South East Asia

GAP will support the work of the Asian Multi-City Network and help to establish and develop national reporting systems. After the initial information needs and resources analysis, GAP will provide training and support for direct and indirect prevalence estimation, school surveys, work with high-risk populations, and improving the sensitivity of regional and national indicators to emerging trends.

Sub-programme 4: Eastern Europe and Russian Federation

The world's steepest curve for new HIV infection in 1999 occurred in this region and was largely associated with drug injection. Despite investment in establishing data collection systems, the need for further work remains considerable. GAP activities will be coordinated with the Pompidou Group (Council of Europe) and the European Union's PHARE-programme, EMCDDA and the European School Survey Project on Alcohol and other Drugs (ESPAD). Data collection development needs are diverse in this region. In some countries systems are relatively sophisticated and the main requirements are to expand data collection to the national level and develop analytical capacity. Elsewhere virtually nothing is known about the drug situation, and there is a need for developing school surveys and general population estimates as well as more focused work on high-risk groups such as drug injectors.

Sub-programme 5: Latin America

Despite the existence of considerable expertise in many parts of Latin American, very few countries collect systematic data at the national level. Priority will therefore be given to supporting the establishment of national information systems. This work will be conducted in partnership with CICAD, national initiatives and epidemiological networks. As information systems are rapidly developing in Latin America, it is important that as far as possible compatible measures are adopted. GAP will offer a forum for discussing the coordination of epidemiological initiatives and provide training on data collection and analytical methods.

Sub-programme 6: The Caribbean

GAP will support and build on the work of the Caribbean Epidemiological Centre. National reporting systems are virtually absent in the region. The number of small countries in the region and the absence of technical expertise in many areas, make network building and training activities particularly important. Despite recent EU funding for developing school surveys, there remains a substantial resource deficit to collect data on drug demand.

Sub-programme 7: North Africa and the Middle East

Most countries in this region have not been involved in any regional epidemiology network, and there is a corresponding absence of data on the drug problem. Recently, (1999), the Council of Europe launched an initiative for the Mediterranean sub-region which covers several of the countries in the GAP regional initiative. Close collaboration will be maintained. Needs and priorities vary between countries and include all of the GAP core indicators. The potential for a regional initiative covering all of North Africa and the Middle East is considerable, not least because of cultural and linguistic ties between countries in this region. UNDCP has received several concrete requests for technical support from countries in the region.

Sub-programme 8: West and Central Africa

This is perhaps the region in which least data is available on the extent and patterns of drug abuse. Considerable political, social and other difficulties mean data collection in this area is a challenging endeavour. GAP activities will be initially focused on obtaining a better picture of trends and the scale of the problem, in particular focusing on localized addict populations and drug abuse among high-risk groups. By establishing local networks, considerable qualitative and contextual information can be gathered to inform policy development in an area where currently there is a significant knowledge deficit.

Sub-programme 9: Eastern and Southern Africa

Eastern and Southern Africa is a priority region for GAP and an epidemiological advisor will be taking up post there early in 2000. GAP will support the work of the South African epidemiological network and the new EU initiative to extend data collection to the Southern African Development Community countries. In addition, the programme will extend network development to countries in East Africa. GAP investment supporting other regional initiatives will mean that a critical mass of information gathering activities have been established in the region and corresponding improvements in the quality and quantity will have been accrued.

3.4 Selection Criteria for Priority Countries

Although the programme will be open to all countries in providing training and technical advice, it will, due to funding constraints, concentrate its financial assistance for developing data collection systems on priority countries. It is planned to select in each region between three and four countries for focussed assistance. The following criteria will be used to select these countries:

- ! Countries with the most severe drug abuse problems;
- ! Countries where a reasonable expectation exists that programme activities will be sustainable in the medium and long term.

The priority countries will be determined following the information needs and resources analysis to be conducted at the beginning of the programme.

3.5 International Partnerships

In order to develop internationally acceptable indicators and harmonized data collection procedures, UNDCP has developed strategic partnerships with the significant epidemiological networks and other organizations working in this area. These include: the existing regional epidemiology networks such as the EMCDDA, CICAD, the International Epidemiological Work Group, the Pompidou Group, as well

as international organisations such as WHO and UNAIDS (see Annex A).

As one of the first activities of GAP, UNDCP will engage into detailed discussions with existing regional epidemiological networks in developing countries in order to seek their co-operation and inputs into the respective regional sub-programmes

4. Programme Outputs and Results

At the global level

!	Information resources and needs audit tool	April 2000
!	Set of internationally acceptable drug abuse indicators	September 2000
!	Harmonized data collection methodology	September 2000
!	Training material for UNDCP regional advisers	September 2000
!	Core training material for regional and national epidemiologists	September 2000
!	<i>Improved annual global reporting on the magnitude and patterns of illicit drug abuse</i>	2001 onwards
<	<i>By substance</i>	
<	<i>By age group</i>	
<	<i>By sex</i>	
<	<i>By country and region</i>	2002
!	Methodological congress on drug abuse	

At the regional level

!	Regionally adopted data collection methodologies	2001 onwards
!	Regional network of epidemiological experts	March 2000 onwards
!	Regional network of information sharing	2000 onwards
!	Regional training courses	Autumn 2000 onwards
!	<i>Improved annual regional reporting on the magnitude and patterns of illicit drug abuse</i>	2001 onwards
<	<i>By substance</i>	
<	<i>By age group</i>	
<	<i>By sex</i>	
<	<i>By country</i>	

At the national level

!	Establishment 25 to 30 national epidemiological units monitoring drug abuse	Autumn 2000 onwards
!	Improved data collection system in approximately 30 other countries	2001 onwards
!	Conducting 30 to 50 national drug abuse surveys	2001 onwards
!	Enhanced national reporting through the ARQ	2002 (2001 returns)
!	<i>Improved annual national reporting on the magnitude and patterns of illicit drug abuse</i>	2001 onwards
<	<i>By substance and</i>	
<	<i>By age group</i>	
<	<i>By sex</i>	

5. Programme Risks

There are two main risks for the successful implementation of this programme:

The main risk for the programme will be that it will not receive full funding. Partial funding could jeopardise the programme's overall aim to provide a global assessment of the magnitude and patterns of drug abuse and establish common standards for data collection and reporting. It would also increase the cost for each of the national components as economies of scale are achieved by the sharing of development and support costs between the national sub-programmes.

A second risk factor will be the extent to which national epidemiological systems are sustainable after the completion of the programme. Lack of national funding or commitment could threaten the continuation of the monitoring system after the project has completed its activities. National programmes will be realistically modest in terms of the resources needed to sustain them to encourage national governments to continue supporting the initiative.

6. Programme Monitoring and Evaluation

The Programme will be subject to regular monitoring and biannual progress reports will be submitted to the Expert Panel on Drug Epidemiology and donors. The Commission on Narcotic Drugs will be regularly informed of the progress of the Programme and the results of national epidemiological surveys.

A yearly evaluation meeting will be held and a report produced endorsed by the Expert Panel. In this report progress made in the last 12 months will be reviewed in respect to the Programmes stated objectives, timetable, and outputs. In addition, any necessary modifications to the programme delivery strategy to ensure that stated objectives and outputs are achieved will be identified.

The Programme is an integral part of the UNDCP's thematic area of **Demand Reduction** and its results will continuously be used to inform the work of other programmes within the same area of UNDCP operations. In particular, the results will be used to improve the quality of the annual reporting on drug abuse trends to the Commission. The Programme will be included in UNDCP's evaluation mechanism.

7. Funding Requirements

The total funding requirements of the programme and all its sub-components for duration of four years are estimated at US\$11,246,000. Of this amount, 86 per cent of funds are earmarked for regional and country specific activities.

At the global level this includes the recruitment of an epidemiological expert, the cost for the Expert Panel, the holding of a further international symposium, office equipment, international travel, technical consultants, costs of the production of training materials, information technology costs and other support costs.

For each of the regional centres, funds will be needed for one regional epidemiological adviser (UN Volunteer), consultant services, provision for focal points and data collection activities, and training costs. Furthermore, the programme will provide grant support to a number of key countries for conducting initial drug abuse surveys, for equipment and international and regional travel.

ANNEX A

Key Partners and Building Consensus

A core principle of the Global Assessment Programme on Drug Abuse (GAP) is that activities must support and build on the work of key partners, at national, regional and international level. In this context, the work of the existing epidemiological regional organisations is of critical importance, and the programme has been configured to support the activities of these groups.

One of the aims is to agree on core indicators and associated methodological principles, as recommended by the Action Plan for the Implementation of the Declaration on the Guiding Principles of Drug Demand Reduction (objective 4). To this aim UNDCP sponsored a consensus and partnership meeting at the European Monitoring Centre in Lisbon (20 and 21 January 2000). The meeting, which was held to seek consensus on principles, structures, and indicators for drug abuse information systems, gathered experts from international organizations, regional epidemiological networks, and countries who have expressed a particular interest in harmonizing indicators.

The meeting arrived at a consensus view that is intended to offer expert technical guidance to the Commission on Narcotic Drugs for the proposed revision of the Annual Reports Questionnaire (ARQ). Specifically, the areas of harmonized core indicators and principles for improving data collection globally were addressed. The experts at the meeting affirmed the importance of an evidence base for informing drug policy, as outlined in the demand reduction declaration, and highlighted the need to collect quality and comparable information on a small number of core indicators.

In addition, the meeting made a number of recommendations, which have all been incorporated into GAP methodology and practice.

With regard to the support and infrastructure needs for improvement in global data collection, the consensus meeting identified the following components:

- ! Appropriate resources at country level;
- ! Adequate guidelines for data collection;
- ! Investment in capacity building;
- ! Technical support;
- ! Agreement on core indicators at national and regional level;
- ! Forums to exchange and analyse data at regional level;
- ! Training (at country and regional level); and
- ! Global capacity to facilitate analysis and interpretation, including guidance on methods and measures and related technical support.

GAP has been configured to address all these identified needs through working in partnership with regional and international epidemiological networks. Furthermore, the General Assembly has given UNDCP the global mandate to collect information on the drug abuse situation and to assist countries to develop comparable data collection systems to measure progress towards UNGASS targets. This means that UNDCP is uniquely placed to play a coordinating role in the collection of a reliable and comprehensive global data set.

The consensus meeting also addressed the issue of what a core basic indicator set should include. Whilst accepting that this had to be supported by additional focused research, it was agreed that the collection of common core indicator data lies at the heart of the development of a policy relevant drug information system.

The following epidemiological indicators were selected for development of a core global data set:

- ! Drug consumption levels (prevalence and incidence);
- ! Drug consumption among the youth population (prevalence and incidence);
- ! Drug consumption among particularly at risk/special groups (i.e. street children, sex workers, etc.);
- ! High-risk drug abuse (particularly number of injectors);
- ! Service utilization for drug problems;
- ! Drug related morbidity (particularly HIV and HCV prevalence and incidence) and
- ! Drug related mortality.

Whilst the priority and practicality of collecting this information in the short term will vary according to country, the consensus meeting was of the view that GAP should provide guidance and support (including a definitive framework for data collection) for each of these topic areas.

Experts from the following organizations/countries participated:

International: UNDCP, International Epidemiological Work Group, Global HIV Prevention Research Network, UNAIDS, WHO.

Regional/Country: EMCDDA, ESPAD (European school survey group, 40+ countries), PHARE (EU Multi-beneficiary Drugs Programme, Central and Eastern Europe), Pompidou Group (Council of Europe), CICAD, Caribbean Epidemiology Centre, Asian Multi-City Programme, South African Community Epidemiology Network on Drug Use (SACENDU), United States National Institute on Drug Abuse (NIDA), Australia, Brazil, Canada, Mexico and United Kingdom (Chair).