GLOBAL ASSESSMENT PROGRAMME ON DRUG ABUSE

Vienna, January 2000
Global Assessment Programme on Drug Abuse (GAP)

Programme Objective: Establish a system for Member States of the United Nations to assess the magnitude and trends in illicit drug abuse 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: August 2000 to August 2004 (four years)

Executing Agency: UNDCP

UNDCP Funding Requirements: US$ 11 million

On behalf of ODCCP: Pino Arlacchi, Executive Director

Programme Summary

Although there are countries that can claim successes in controlling the demand for illicit drugs, abuse throughout the world continues to grow. In particular, illicit drug abuse in some developing countries has increased dramatically. However, knowledge of the scale of use is still inadequate, and understanding of the patterns and trends limited.

To provide effective policies to reduce drug abuse, governments need data about when, where and why people use illicit drugs. Patterns of drug use transcend national borders as users in all regions of the world get access to a greater variety of drugs, and as social trends, particularly among young people, spread more rapidly than before via better communications. The globalization of drug abuse means that demand reduction policies also have to be global, as must the information system on which they rely. This Programme is designed to provide policy makers and drug control agencies around the world with a better understanding of the scale, nature and trends in drug abuse. Such an understanding is a basic requirement for improving the effectiveness of drug control policies and the reduction of demand.

In the Political Declaration adopted at the 1998 Special Session of the UN General Assembly on Drugs, Member States agreed to eliminate or reduce significantly 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, the systematic data that is needed to monitor and evaluate progress towards these goals are not yet 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 comparable data. UNDCP was asked to collect and analyse these data and report them to the UN Commission on Narcotic Drugs.
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. The second of these programmes, the Global Assessment Programme on Drug Abuse (GAP), will establish one global and nine regional systems to collect the data that will make assessment possible.

At the global level, the Programme will develop a set of indicators on drug abuse and establish methods of collecting and assessing data. The Programme will also synthesize national and regional data in order to report on global drug abuse trends to the UN Commission on Narcotic Drugs.

At the regional level, the Programme will create data collection methods that can be adapted to suit particular regional circumstances. The methods will be tailored to individual cultural and social conditions in order to strengthen existing regional institutions and encourage regional networks for drug abuse analysis, thereby supporting sound policy formation.

Within each region, GAP will focus on countries with major drug abuse problems. The plan is to establish 25-30 national drug abuse assessment systems by Programme’s end. GAP will give all other countries training and technical advice. Around 85 per cent of all project funds will go directly to support regional and national institutions.

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

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

**GAP Programme Framework**

1. **Background and Justification**

Many developing countries now face abuse and drug addiction of the sort that afflict developed countries. Improved communications and economic globalization offer greater opportunities for illicit drug trafficking.

The 1997 World Drug Report estimated that approximately 200 million people around the world take illicit drugs, of whom approximately 60 million have severe problems. Drug abuse is clearly a serious problem but there is very little credible information about its true scale. Our understanding of patterns and trends is also limited. In most countries, information is sketchy at best and often limited to a few *ad hoc* studies, anecdotal reports, or based entirely on law enforcement data which, although valuable, tends to survey drug abuse only in terms of arrests related to illegal consumption or drug related crimes.

Consequently, many countries are unable to report on drug abuse in the Annual Reports Questionnaire (see chart below). In 1998, only about one third of countries were able to respond to a simple question about whether the abuse of substances like cannabis, heroin, cocaine and amphetamine-type stimulants was rising, stable or decreasing. Even where countries did report trends, it was often unclear whether conclusions were based on sound data. Such a lack of reliable information seriously limits UNDCP’s ability to report in a systematic way about drugs.

Despite the international community’s commitment to fight drug abuse, not enough has been done to
improve the global information system, or to measure the impact and effectiveness of interventions. 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. Relatively modest investments in data collection and assessments systems would be necessary.

There is a knowledge gap between developed and developing countries. In the European Union, Australia, Japan and North America, understanding of the scale and nature of illicit drug abuse has improved in recent years. Investments made in developing more sophisticated methods for collecting drug abuse data have born fruit. Countries in these regions now have a far better practical understanding of how to assess drug abuse. Few developing countries, however, have any system of assessing the demand for drugs, although it is in these countries that demand appears to have increased most.

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 drug supply and demand by the end of the year 2008. It was agreed that this could be done only if policies and programmes tackled supply and demand 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 particularly true for data on drug abuse.

The benefits of improving the data are:

! All countries will benefit from a universally applied standard set of indicators for drug abuse and harmonized data collection methodologies. Policymakers need these data to develop new drug control policies and to evaluate their effectiveness. The investment will pay off in a more efficient use of funds.

! Developing countries will be able to use their data collection systems to design better strategies, as well as to fulfill their reporting obligations, and participate more fully in the international debate on drugs.

! Industrialized countries will be able to identify potential problems as they arise. New trends will
be tracked and new problem areas will be identified, 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 information system on drug abuse will help boost political resolve and a spirit of cooperation to combat the spread of illicit drugs. It will underpin countries’ growing acceptance of a shared responsibility to implement and evaluate global demand reduction strategies.

The Declaration on the Guiding Principles of Drug Demand Reduction says that demand reduction programmes should be based on regular assessment of the nature and magnitude of drug abuse and drug-related problems. UNDCP has been requested to help developing countries to establish national systems for collecting and assessing drug abuse data, 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 agree 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 which had expressed a particular interest in harmonizing indicators. Participants in the meeting decided on what needed to be done to improve data collection, and the guiding principles for ensuring quality. They also agreed on a set of core indicators suitable for development at global level. This proposal incorporates the points agreed at the meeting.

2. Programme Objectives

The objective of the Global Assessment Programme on Drug Abuse (GAP) is to establish one global and nine regional systems to collect drug abuse data, and assess the magnitude and patterns of drug abuse at national, 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 drug abuse data;
  - Analysing national trends and patterns of drug abuse;
  - Supporting the development and evaluation of demand reduction policies and programmes; and
  - Encouraging other countries in the region to develop national drug abuse information systems, through training and technical advice about 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 conditions of the different regions; and
- Establish regional networks to share experience, coordinate training and develop greater analytical capacity to understand regional drug abuse problems.

At the global level the Programme will:

- Establish a set of comparable core indicators on illicit drug abuse;
- Develop cost-efficient methods to collect and analyse 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 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

Four principles will guide implementation of the Global Assessment Programme on Drug Abuse:

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 UNDCP provides technical assistance and coordination for the Programme, and produces technical solutions to data collection problems 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.

iv. The system of collecting and assessing 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 will ensure that the national and regional data collected under this Programme flows into the existing reporting systems and leads to improved global data collection and trend analysis.

3.2 Methodological Approach

Core Indicator Package: Support for data collection will be based on the core indicators. The 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 each indicator will reflect local needs and conditions. In the absence of data in a given country, GAP’s first priority will be to get a basic estimate of the size and nature of the drug abuse situation. Contextual, qualitative and trend information will be used to analyse the indicator data listed above.

Methodological Tool-kit: Data collection will be supported by a modular tool-kit of methods
accompanied by implementation guidance. The tool-kit will provide a detailed description of each core indicator, suggested methods of data collection, and a guide to selecting and tailoring methods to meet local conditions. Training will be based on the indicators and methods contained in the tool-kit. Technical networks will provide expert support, including epidemiologists attached to the Programme. Advice will be available to ensure that the initial design of studies is sound and that subsequent analysis of data is appropriately conducted.

**Information Resources and Needs Analysis:** The Programme will assess the existing resources for data collection within each priority country, using a standard protocol. 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. The second stage of this process will be to identify needs and formulate a development strategy. This part of the process will give priority to indicators that have practical local applications. 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 that national activities link, wherever possible, with regional initiatives.

**Regional Network Development:** Where regional networks are absent, they will be established; where current epidemiological networks exist, they will be supported. The Programme will organize meetings and training events (based on the toolkit and core indicators). Networks will 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:** The Programme will produce annual national (priority countries) and regional trend reports. These reports are expected to provide a useful source of data and highlight 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

The Programme is divided into sub-programmes to support the global system and each of the nine regional systems. A separate project document with detailed activities, outputs, and budgets will be available for each sub-programme.

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

- Coordinate the overall programme and provide technical support to regional sub-programmes;
- Liaise with other epidemiological networks, in particular with the EMCDDA, CICAD, and the WHO, to develop common indicators and data collection methodologies;
- Develop training packages and support regional training;
- Collect national and regional data; 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 placed at regional institutions/organisations. Wherever possible, these regional advisers shall be recruited from within the region. 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 develop 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. 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 on indirect prevalence estimations and trend analysis.

Sub-programme 2: South Asia

Although the Asian Multi-City Network has done some preliminary work, there have been no significant regional networking activities in South Asia. Considerable expertise exists within countries, but the methods and measures currently in use do not reflect best practice and there are no national or 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, there is considerable need for further work. 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. Some countries have relatively sophisticated systems where 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 school surveys and general population estimates, as well as more focussed work on high-risk groups such as drug injectors.
Sub-programme 5: Latin America
There is considerable expertise in many parts of Latin America, but very few countries collect national data systematically. The sub-programme, therefore, will make support for the establishment of national information systems its priority. This work will be conducted in partnership with CICAD, national initiatives and epidemiological networks. As information systems are rapidly developing in Latin America, compatible measures must be 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 and a lack of technical expertise make network building and training activities particularly important. Despite recent EU funding for school surveys, more resources for data collection are needed.

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, several of which have asked UNDCP for technical support.

Sub-programme 8: West and Central Africa
This is perhaps the region for which least data is available. Considerable political, social and other difficulties make data collection here difficult. GAP activities will initially aim to get a better picture of drug abuse trends and the scale of the problem, in particular focussing 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 knowledge is lacking.

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 in other regional initiatives will create a ‘critical mass’ of information gathering activities in the region and ensure corresponding improvements in quality.

3.4 Selection Criteria for Priority Countries
Although the Programme will offer all countries training and technical advice, it will, due to funding constraints, concentrate its financial assistance for developing data collection systems on priority countries. It plans to select in each region three or four countries for focussed assistance. The following selection criteria will be used:

- Countries with the most severe drug abuse problems;
- Countries where it is reasonable to expect that programme activities will be sustainable in the medium and long term.

The priority countries will be decided after information needs and resources analysis to be conducted at the beginning of the Programme.

3.5 International Partnerships
To produce 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 organizations such as WHO and UNAIDS (see Annex A).

One of UNDCP’s first tasks under GAP will be to hold detailed discussions with regional epidemiological networks in developing countries to get them involved in the regional sub-programmes.

4. **Programme Outputs and Results**

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**At the global level**

- Information resources and needs audit tool
- Set of internationally acceptable drug abuse indicators
- Harmonized data collection methodology
- Training material for UNDCP regional advisers
- Core training material for regional and national epidemiologists
- **Improved annual global reporting on the magnitude and patterns of illicit drug abuse**
  - By substance
  - By age group
  - By sex
  - By country and region

**At the regional level**

- Regionally adopted data collection methodologies
- Regional network of epidemiological experts
- Regional network of information sharing
- Regional training courses
- **Improved annual regional reporting on the magnitude and patterns of illicit drug abuse**
  - By substance
  - By age group
  - By sex
  - By country
At the national level

- Establishment of 25 to 30 national epidemiological units for monitoring drug abuse
- Improved data collection system in approximately 30 other countries
- Conducting 30 to 50 national drug abuse surveys
- Enhanced national reporting through the ARQ
- Improved annual national reporting on the magnitude and patterns of illicit drug abuse
  - By substance and
  - By age group
  - By sex

5. Programme Risks

There are two main risks to this Programme’s successful implementation:

First, it might not receive full funding. Partial funding could jeopardise the Programme’s aims to provide a global assessment of drug abuse and establish common standards for data collection and reporting. It would also increase the cost of each of the national components as economies of scale are achieved by the national sub-programmes sharing development and support costs.

Second, there is a risk that national epidemiological systems might not be sustainable after the completion of the Programme. Lack of national funding 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 and this should encourage national governments to continue supporting the initiative.

6. Programme Monitoring and Evaluation

The Programme will be regularly monitored, and biannual progress reports will be submitted to donors. The Commission on Narcotic Drugs will be regularly informed of the progress of the Programme and the results of national epidemiological surveys.

GAP will have an annual evaluation meeting, which will review progress made in the previous 12 months, covering the Programme’s objectives, timetable, and outputs. The report will also identify necessary modifications to the Programme delivery strategy.

The Programme is an integral part of the UNDCP’s thematic Demand Reduction area. UNDCP will be continuously using its results to improve the work of other Demand Reduction programmes. In particular, it will use GAP 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 the 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 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, 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.

The total funding requirements by sub-programme and by year are estimated as follows:

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<th>Global &amp; Regional sub-programmes</th>
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<th>2001</th>
<th>2002</th>
<th>2003</th>
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<td>$1,223,000</td>
</tr>
<tr>
<td>East &amp; South east Asia</td>
<td>$223,000</td>
<td>$350,000</td>
<td>$325,000</td>
<td>$325,000</td>
<td>$1,223,000</td>
</tr>
<tr>
<td>Eastern Europe and Russian Fed.</td>
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<td><strong>TOTAL BUDGET</strong></td>
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<td><strong>$2,732,000</strong></td>
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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 agreement on principles, structures, and indicators for drug abuse information systems, gathered experts from international organizations, regional epidemiological networks, and countries which 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 meeting addressed harmonized core indicators and principles for improving data collection globally. The experts 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 several 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 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 analyze 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 needs by work in partnership with regional and international epidemiological networks. Furthermore, the General Assembly has given UNDCP the global mandate to collect information about drug abuse 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. It was agreed that the collection of common core indicator data lies at the heart of a policy relevant drug information system, although it must also be supported by additional focused research.
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.

The priorities and practical demands of collecting this information in the short term will vary according to country. Nevertheless, the consensus meeting decided 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).