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**Commission on Narcotic Drugs****Fifty-first session**

Vienna, 10-14 March 2008

Item 3 of the provisional agenda\*

**Thematic debate on the follow-up to the twentieth special session of the General Assembly: general overview and progress achieved by Governments in meeting the goals and targets for the years 2003 and 2008 set out in the Political Declaration adopted by the Assembly at its twentieth special session****Complementary drug-related data and expertise to support the global assessment by Member States of the implementation of the declarations and measures adopted by the General Assembly at its twentieth special session****Report by the COLOMBO PLAN\*\****Summary*

Pursuant to Commission of Narcotic Drugs resolutions 49/1 "Collection and use of complementary drug-related data and expertise to support the global assessment by Member States of the implementation of the declarations and measures adopted by the General Assembly at its twentieth special session" and 50/12 "Measures to meet the goal of establishing by 2009 the progress achieved in implementing the declarations and measures adopted by the General Assembly at its twentieth special session", intergovernmental organizations active in the field of international drug control were invited to submit regionally consolidated comparative analyses of the current situation and trends in various areas of drug control in their fields of action with that prevailing in the period 1998-2000. Organizations were also invited to present the actions and changes that had taken place in their regions or fields of action in relation to the implementation of the goals

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\* E/CN.7/2008/1.

\*\* The text of the report is reproduced as it was received by the Secretariat.



and targets set in the Political Declaration and the measures to enhance international cooperation to counter the world drug problem, and related action plans, adopted at the twentieth special session of the General Assembly, 8 to 10 June 1998 (A/RES/S-20/2, A/RES/S-20/3 and A/RES/S-20/4).

Several organizations provided information in response to the above request. In addition, UNODC also received unprocessed data from a number of organizations.<sup>1</sup> Where relevant, this information was used to complement the data provided by Member States through the Biennial Reports Questionnaire (BRQ) and reflected in the fifth report of the Executive Director on the world drug problem (E/CN.7/2008/2 and Addenda 1 to 6).

The report by **Colombo Plan** provides a summary of the work in the Asia and Pacific region over the last decade.

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<sup>1</sup> ASEAN and China Cooperative Operations in Response to Dangerous Drugs (ACCORD); Caribbean Financial Action Task Force (CFATF); South-American Financial Action Task Force (GAFISUD); South-Caucasus Anti-Drug Programme (SCAD) and the Joint United Nations Programme on HIV/AIDS (UNAIDS).

## **INTRODUCTION**

1. In its more than 35 years of service (since 1973), The Colombo Plan Drug Advisory Programme has successfully contributed in efforts to reduce the problem of drug abuse in the Asia Pacific region. With the organisation's focus on human resource development, it has become the prime mover in drug demand reduction in the region. It has a network of member governments and non government organizations (NGOs) which have been responsible in planning, developing and implementing drug demand reduction policies, strategies and programmes in their respective countries.

2. Notwithstanding the evolution of global and regional drug control mechanisms, and the promulgation of severe national legislation in several countries in the region, member countries in the Asia Pacific region have reported alarming statistics, indicating lower age of onset of drug use. Drug users are starting at a younger age. Furthermore, amphetamine type stimulants are gradually replacing opiate type drugs as the drug of choice among the younger generation in the region.

3. Within this scenario, we can either succumb to the weight of the challenges or we can rise above them. Cognizant of the aforementioned challenges and the multifaceted treatment demand, The Colombo Plan Drug Advisory Programme (CPDAP) chose the latter, to provide a greater focus on demand reduction strategy. Since 2000, The Colombo Plan Drug Advisory Programme embarked on skills-based and innovative faith based approaches in drug demand reduction to assist member governments and NGOs to combat the drug menace in the region. Significantly, this has substantiated the fact that prevention and treatment efforts really works.

## **THE COLOMBO PLAN INITIATIVES**

4. After the inception of The Colombo Plan Drug Advisory Programme in 1973, it encouraged countries in the region to formulate relevant policies and legislation in preventing and curbing the drug problem. Hence, a plethora of initiatives in drug demand reduction are implemented targeting the youths, parents and recovering persons. As The Colombo Plan Drug Advisory Programme focuses significantly on human resource development, many of its initiatives are related to capacity-building not only for the targeted beneficiaries but also the demand reduction specialists/practitioners in the region.

5. We have the skills and knowledge to make a difference in drug demand reduction – the same tools that have been successfully used to tackle other public health problems. It is evident that drug abuse is preventable and treatment is possible. Fundamental to the strategy of combating drug abuse in the region is the development of an effective preventive drug education programme. Since 2000, The Colombo Plan Drug Advisory Programme embarked on skills based rather than cognitive based approaches in drug abuse prevention. The life skills modules integrated into the prevention and treatment programmes were found to be very effective and appropriate in strengthening the core abilities of the targeted beneficiaries, particularly the youths in schools and recovering persons in drug treatment centres. Life skills training develops and amplifies the personal will

power which enables youths to take care of themselves and cope with the pressures and challenges posed by their peers, families, and society. A significant hallmark of the Colombo Plan Drug Advisory Programme is the publication of training manuals which contain the life skills modules for the use of school teachers, treatment and rehabilitation specialists and youth empowerment. As part of the efforts to empower youths, the Asian Youth Congresses are initiated to give recognition to youths who are not only beneficiaries, but also stakeholders in drug abuse prevention.

6. Across the globe, people in recovery are celebrating their successes and sharing them with others in an effort to educate the public about treatment, how it works, for whom, and why. As these successes often go unnoticed by the wider population, the Colombo Plan Drug Advisory Programme organizes the Asian Recovery Symposia as the culmination and highlight of the initiative to develop support group networks of recovering persons and codependents. The recovery symposia provide a platform for people to share their recovery stories and an opportunity for concerned others to learn the facts about addiction treatment and recovery. The symposia also highlighted the strides made, particularly in the Asian region in addiction treatment and to educate the public that addiction is a chronic, but treatable, public health problem that affects us all. Moreover, the symposia focus on improving access to recovery among the large number of recovering people who have difficulty obtaining treatment. Most importantly, this initiative educates the concerned family members or codependents that they must travel the recovery journeys together with their loved ones to achieve sobriety.

7. Traditionally and collectively, the faith community and their religious leaders have been at the forefront of responding to the immediate social service needs of individuals and communities. They provide food and clothing for the needy, shelter for the homeless and possess a strong sense of their mission, values and ways of doing things. Despite the numerous problems that drugs present, religious and educational leaders as well as the faith based organisations are well aware of the many challenges that youths face while growing up in the world. Instilling strong values, which are rooted for many in the religious faith, is a protective factor in preventing high risk behaviour. If ever the sum is greater than the parts, it is in the combination of the power of God, religion and spirituality with the power of science to prevent and treat substance abuse and addiction. Hence, the combination of the strengths of faith based organisations with the scientific knowledge and mobilisation of community skills is certainly a powerful tool in the mission to decrease or prevent substance abuse.

8. Since 2002, The Colombo Plan through its Drug Advisory Programme has found that faith based organizations that enjoy widespread support of the community can play the role as fountainheads of learning, training and community based centres for healthy, cultural and social activities. Religious leaders who are very influential in the Asian society can be empowered to take up vital leadership roles in drug demand reduction. This has led to the numerous successful faith-based initiatives which are currently being implemented in the region. Among the initiatives are:

- implementation of religious schools (pesantren) based prevention and early intervention programme in Indonesia;

- empowerment of religious leaders in drug demand reduction which led to the successful gathering of 547 religious leaders in the largest symposium implemented in Afghanistan;
- establishment of mosque based prevention and aftercare programme in Afghanistan;
- production of publications based on regional best practices “Understanding Drug Addiction from the Islamic Perspective” and “Mobilising Faith Based Organization Against Drug Abuse”; and
- implementation of International Conferences of Faith Based Organisations/Islamic Scholars on Drug Policies and Strategies

9. The well-documented impact of spirituality on drug abuse prevention cannot be ignored. Demand reduction strategies can be enhanced to become more effective by incorporating a spiritual dimension and drawing on the strength and influence of faith based organizations. In many areas, it has been proven that faith based organizations can be vital forces for community change in efforts to reduce the demand of drugs in the community. Hence, in line with the ever changing needs of the region, the Colombo Plan Drug Advisory Programme is constantly in the process of searching for more innovative, pragmatic, science-based and yet culturally appropriate approaches to combat the growing drug problem.

10. As we all are aware that Afghanistan, a member country of The Colombo Plan remains the largest illegal producer and supplier of opium and opium-based drugs of abuse to the world. Hence, against this backdrop and current emerging trends, it is imperative that The Colombo Plan Drug Advisory Programme implements a massive demand reduction programme which includes human resource development, training and capacity building in Afghanistan. Among the initiatives implemented include:

- Mosque based prevention and aftercare centres
- Symposium of religious leaders in drug demand reduction
- Outreach drop in centres
- Enhancing life skills in drug abuse prevention
- Establishment of drug treatment and rehabilitation centres
- Training of religious leaders in drug demand reduction
- Counter narcotics public information campaign
- Training of women counsellors in drug demand reduction

11. “What we do is what we document, what we document is what we do” is the philosophy adopted by The Colombo Plan. In documenting its efforts, the CPDAP is able to provide science-based initiatives. The CPDAP has remained very flexible in the formulation and promotion of modalities which are adapted to the Asian experience. The numerous publications /training manuals produced are based on regional and best practices which included: life skills manuals for schools, youths and treatment and rehabilitation; minimum standards in managing drug treatment and rehabilitation programmes; development of peer and family support group networks; mobilizing of faith based organizations in drug demand reduction; ATS

prevention in schools, workplaces and communities; mobilizing workplaces to prevent drug abuse; a primer on relapse prevention; and best practices in drug abuse prevention and treatment. In summary, we learn to share so we can share to learn.

## **CONCLUSION**

12. Based on the effective initiatives implemented in the last decade and meeting the needs of member countries, the Colombo Plan Drug Advisory Programme will continue to strengthen the skills and faith based approaches in drug demand reduction. Significantly, the Colombo Plan Drug Advisory Programme will focus on training the trainers in drug demand reduction, thus creating a pool of Asian experts.

13. Finally, the unstinted support through the voluntary contributions by member countries has been instrumental in enabling the Colombo Plan Drug Advisory Programme to conduct significant and effective regional and national level initiatives. Hence, the Colombo Plan Drug Advisory Programme would like to take this opportunity to express its sincere appreciation and gratitude to the member countries for their strong support. However, there is still much to be done. It is imperative that all nations and organizations remain dedicated to the cause and continue to work together to combat this menace.

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