

Reducing the demand for drugs in developing and transition countries

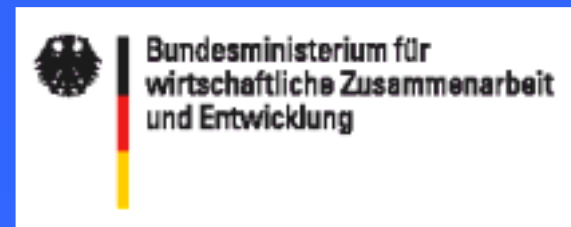
Christoph Berg
Development-oriented Drug Control

Wilton Park Conference
“Drug Abuse: How can it be reduced?”
21–23 March 2005



Deutsche Gesellschaft für Technische
Zusammenarbeit (GTZ) GmbH

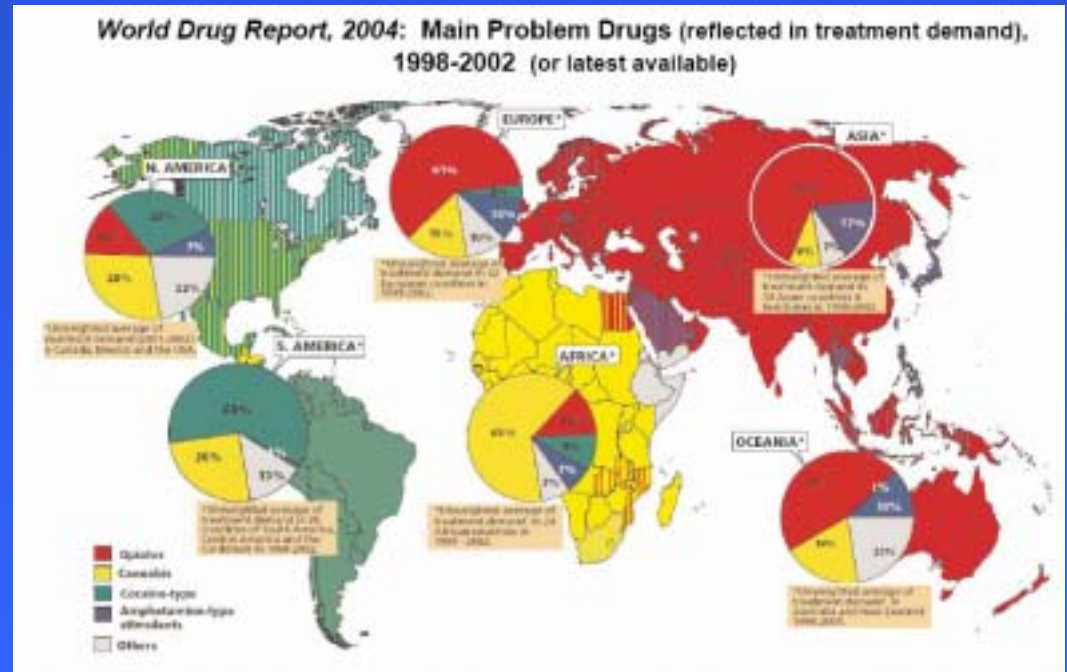
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Global Drug Demand

185 million drug users in 144 countries

Cannabis	146 million
ATS	38 million
Opiates	15 million
Cocaine	13 million



Examples:

Iran: 3.7 million opiate users

China: 1 million (official) 7.12 million (unofficial) opiate users

India: 2 million opiate users

Drug abuse and development

Development problems are risk factors or risk environments for drug abuse and addiction – drug abuse pose serious obstacles to a sustainable human and social development



Poverty

Conflict and crisis

Lack of access to health care and education

High risk groups are:

Street children, child labourers, child soldiers, victims of sexual abuse, school drop-outs, youth gang

Truckers, labourers, workers in entertainment industry

Drug Demand Reduction a multi-sectoral package

“Four pillar drug policy” of German drug policy

- Primary Prevention
- Treatment and Rehabilitation
- Harm Reduction
- (Law enforcement)



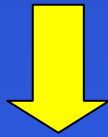
→ Also applied to German technical cooperation

Through:

- Capacity Building
- Support to health and education services
- Strengthening of community institutions and self-help groups
- Promotion of local self-government and participatory planning

Types of Prevention and Intervention

Universal Prevention



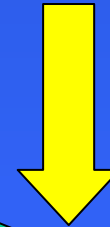
Selective Prevention



Indicative Prevention

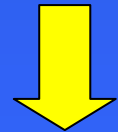


Treatment



Harm

Reduction



Community-based drug prevention (Peru, AFG)
Training of health staff (El Salvador)

Integrated Local Drug Policy (India)

Peer to Peer Education (Pakistan, Cambodia)

CB-DAC (Thailand, Laos)
Treatment Centre (AFG, Bangladesh, India)

Harm Reduction (Argentina, Iran)

Society



Individual

Making the case for DDR within development cooperation

- Increased prevalence and problematic drug use in developing and transition countries
- Socio-economic consequences: negative impact on social development
- Human rights perspective
- International agreement on a balanced approach
- Millennium Development Goals (MDGs)

Global Challenges

- UNGASS 1998: Getting the balance right!
- Limited resources and technical staff to deal with dynamic drug problems
- „Competition“ with other health and drug control priorities (Alternative Development, law enforcement, HIV/AIDS, TB, Infectious Diseases)
- Developing gender-based approaches



Recommendations

- Increased investment into research on drug demand reduction in developing and transition countries
- Stimulating South-South exchange and capacity building
- Advocacy for continuation of financial and technical cooperation in the field of drug demand reduction

Mainstreaming DDR in development cooperation

- Development cooperation increasingly focuses on sectoral policy and sector-wide approaches (SWAP)
 - Drug demand (and supply) are caused by a multitude of factors: multi-sectoral response needed
 - National development policies to be directed towards drug control
 - To achieve synergies and sustainable impact, drug control efforts need to „mainstreamed“: PRSPs, Country Strategies,
- In countries where drugs hinder development