

AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON D C 20523

RL 117-150

15A 6073

MAY 19 1989

ACTION MEMORANDUM FOR THE AGENCY DIRECTOR, HUMAN RESOURCES

FROM: S&T/ED, Clifford Block

Clifford Block

SUBJECT: Narcotics Awareness and Education Project, 936-5834

Problem: Your signature is required on the attached PAF for the Narcotics Awareness and Education Project (NAE) Project No. 936-5834. This project has been developed to strengthen the capabilities of LDC institutions to design, implement and evaluate more effective drug awareness and prevention programs.

Background: Production, trafficking and abuse of cocaine, opium, marijuana and other illicit substances represent an international challenge that threatens the economic, social and political stability of an increasing number of developing countries. The connection between the cultivating, processing and trafficking of illicit drugs and the incidence of domestic abuse is direct and inevitable; data indicates that producing and transit countries tend to become drug abusing countries, and most such countries are in the developing world.

Predictably, drug abuse in the developing world is growing. The evidence suggests that demand in developing countries is growing much more rapidly than in more developed countries.

Working with the State Department's Bureau of International Narcotics Matters (INM) and the U.S. Information Agency, A.I.D. has become increasingly involved in a range of anti-narcotics activities, including drug abuse awareness and education. In the Asia and Near East region, A.I.D. supports three major activities. In the LAC region, nine USAID Missions have narcotics awareness and education activities.

While current A.I.D. projects are properly targeted, and represent a substantial commitment to stemming the problem of narcotics demand, they are largely uncoordinated and lack a systematic knowledge base of what may be most effective in developing country contexts.

To meet this need, the NAE project will perform several important functions: 1) create a body of technical expertise on which Missions can draw; 2) provide a mechanism for sharing Agency experience; 3) develop improved techniques through research; 4) promote epidemiological measurement as a basis for effective project design; and 5) help assess the quality of current efforts. The S&T Bureau's pioneering work in other areas of public education, communications and practice change will be tapped to strengthen the Agency's work in drug abuse prevention and education.

A Congressional Notification is in process to notify Congress.

Discussion: This project has been developed with the assistance of a Project Advisory Committee consisting of regional bureau narcotics and education officers and representatives from PPC and the S&T Office of Health. The Education Sector Council reviewed and formally approved the PP at a meeting on March 29, 1989. The PP was reviewed by S&T/PO on March 30, 1989. The project components have also been discussed with Mission officers from nine countries, State Department (INM), OAS, NDIA, USIA.

Recommendation: That you sign the attached PAF approving \$4,500,000 of S&T funds and \$20,500,000 million of buy-ins for the 10 year LOP.

W

PROJECT AUTHORIZATION

Name of Country/Entity: Worldwide
Name of Project: Narcotics Awareness and Education (NAE)
Number of Project: 936-5834

1. Pursuant to Section 105 of the Foreign Assistance Act of 1961 as amended, I hereby authorize the centrally funded Narcotics Awareness and Education (NAE) Project involving planned obligations of not to exceed \$4,500,000 grant funds over a 10 year period from date of authorization, subject to the availability of funds in accordance with the A.I.D. OYB/allotment process, to help in financing foreign exchange and local currency cost for the project. S&T/ED funding will be from the Education account. The project is also authorized to make use of the Development Fund for Africa (DFA), Health Funds (HEA), Economic Support Funds (ESF) and Selected Development Activities Funds (SDA), as appropriate.

2. This project will strengthen the capabilities of LDC institutions to design, implement and evaluate effective drug awareness and prevention programs. The project will perform several important functions: 1) create a body of technical expertise on which Missions can draw; 2) provide a mechanism for sharing Agency experience; 3) develop improved techniques through research; 4) promote epidemiological measurement as a basis for effective project design; and 5) help assess the quality of current efforts.

3. Special conditions of approval: None

4. Source and Origin of Goods and Services:

a. Each developing country where training or other assistance takes place under this project shall be deemed to be a cooperating country for the purpose of permitting local cost financing of goods and services required for the activity in such country.

b. Goods and services, except for ocean shipping, financed by A.I.D. under the project shall have their source and origin in the cooperating country or in the United States except as A.I.D. may otherwise agree in writing.

c. Ocean shipping financed by A.I.D. under the project shall, except as A.I.D. may otherwise agree in writing, be financed only on flag vessels of the United States.

5. Mission buy-ins are permitted through the life of the project up to \$20,500,000 million.

Antonio Gayoso
Agency Director for Human Resources
Date: _____

Clearances:

S&T/PO, DSheldon
GC/CP, Steve Tisa
S&T/HR, RMcClusky



(Draft)

RMcClusky

Date 3/26/89
Date 5/23/89
Date 5/3/89

Attachments:

1. Project Paper Face Sheet
2. Action Memo (Acting Office Director to Authorizing Official)

PROJECT DATA SHEET

1. TRANSACTION CODE

A = Add
 C = Change
 D = Delete

Amendment Number

DOCUMENT CODE

3

COUNTRY/ENTITY
Worldwide

3. PROJECT NUMBER

04625811

4. BUREAU/OFFICE

S&T/ED

5. PROJECT TITLE (maximum 40 characters)

Formerly: Comm for Drug Use Prevention
 Narcotics Awareness and Education

6. PROJECT ASSISTANCE COMPLETION DATE (PACD)

MM DD YY
01 7 31 1 91 9

7. ESTIMATED DATE OF OBLIGATION

(Under "B." below, enter 1, 2, 3, or 4)

A. Initial FY 81 9 B. Quarter C. Final FY 01 8

8. COSTS (\$000 OR EQUIVALENT \$1 =)

A. FUNDING SOURCE	FIRST FY 80			LIFE OF PROJECT		
	B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total
AID Appropriated Total	450			25,000		25,000
(Grant)	()	()	()	4,500	()	4,500
(Loan)	()	()	()	()	()	()
Other U.S.				20,500		20,500
1. Missions						
2.						
Host Country						
Other Donor(s)						
TOTALS	450			25,000		25,000

9. SCHEDULE OF AID FUNDING (\$000)

A. APPRO- PRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE		D. OBLIGATIONS TO DATE		E. AMOUNT APPROVED THIS ACTION		F. LIFE OF PROJECT	
		1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan
(1) EH	600	640		0		4,500		4,500	
(2) HEA									
(3) ESE									
(4) SDA									
DFA TOTALS				0		4,500		4,500	

10. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each)

11. SECONDARY PURPOSE CODE

12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)

A. Code

B. Amount

13. PROJECT PURPOSE (maximum 480 characters)

To strengthen the capabilities of LDC institutions to design, implement, and evaluate effective drug awareness and prevention programs. By enabling such institutions in key countries to conduct effective programs the project will contribute to reducing production, trafficking, and use of illicit drugs in the developing world.

14. SCHEDULED EVALUATIONS

Interim MM YY 01 5 91 2 MM YY 01 5 91 7 Final MM YY 01 3 91 4

15. SOURCE/ORIGIN OF GOODS AND SERVICES

000 941 Local Other (Specify)

16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of a _____ page PP Amendment.)

Change title of the project from "Communication for Drug Use Prevention" (DRUGCOM) to "Narcotics Awareness and Education Project".

17. APPROVED BY

Signature

Clifford H. Block

Title

Clifford Block
 S&T/ED, Acting Director

Date Signed

MM DD YY
01 5 11 81 9

18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION

MM DD YY

U N C L A S S I F I E D

AGENCY FOR INTERNATIONAL DEVELOPMENT

Washington, D.C. 20523

PROJECT PAPER

WORLDWIDE: Narcotics Awareness and Education
Bureau for Science and Technology
Office of Education

APRIL, 1989

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1. SUMMARY AND RECOMMENDATIONS

Production, trafficking and abuse of cocaine, opium, marijuana and other illicit substances represent an international challenge that threatens the economic, social and political stability of an increasing number of developing countries. Most of the major illicit drug producing and trafficking countries are in the developing world. The connection between the cultivating, processing and trafficking of illicit drugs and the incidence of abuse is direct and inevitable. The data indicate that producing and transit countries tend to become drug abusing countries.(USIA, 1987).

Predictably, drug abuse in the developing world is growing at alarming rates. The evidence is already suggesting that demand in developing countries is growing much more rapidly than in more developed countries. As examples: Colombia estimates that it has over 600,000 cocaine and/or coca paste abusers, while Peru claims about 138,000. In Bolivia as many as 11 percent of the youth, ages 12-15, may be habitual consumers of illicit drugs. In Pakistan, the estimated number of heroin abusers was 5,000 in 1980; by 1986, it was 650,000, and the numbers may now exceed a million. The Government of Thailand estimates about 300-500,000 heroin addicts, perhaps as many as the United States.

Working with the State Department's Bureau of International Narcotics Matters (INM) and the U.S. Information Agency, A.I.D. has become increasingly involved in the public education and awareness elements of anti-narcotics activities. In the Asia and Near East region A.I.D. supports three major activities; one regional project serving eight countries and separate bilateral awareness projects in Pakistan and Thailand. In the LAC region, nine USAID Missions have narcotics awareness and education activities.

These activities reflect the growing awareness that drug prevention awareness and education is a key to narcotics control efforts. Awareness efforts can increase the readiness of policy-makers to undertake effective, broad-ranging, narcotics control programs. Awareness efforts must be coupled to effective education and practice change programs if nations are to deal effectively with domestic demand.

Recent U.S. experience has demonstrated that persistent, sophisticated programs of public education can affect the levels of consumption of addictive substances (NIDA 1988, Black 1988).

At the same time, the failures have been numerous. Much more must be learned, to design and carry out effective programs with ever-changing at-risk populations and powerful marketing efforts by drug suppliers.

While current A.I.D. projects are properly targeted, and represent a substantial commitment to stemming the problem of narcotics demand, they are largely uncoordinated and lack a systematic knowledge base of what may be effective in a developing country context.

To meet this need, a central project has been conceived to perform several important functions: 1) promote epidemiological measurement as a basis for effective project design; 2) create a body of technical expertise on which Missions can draw; 3) provide a mechanism for sharing Agency experience; 4) develop improved techniques through research; and 5) help assess the quality of current efforts.

Regional cables were sent to all Missions eliciting their comments on this proposed worldwide Project. A total of 36 responses were received, including 12 from ANE, nine from Africa and 15 from LAC. Of the latter, nine specified potential buy-ins which total \$1.37 million for FY 89 and \$1.35 for FY 90. Another ten missions, including five from ANE and two from Africa, provided supportive responses and some of these indicated an interest in participating in the near future.

The resulting ST/ED Narcotics Awareness and Education Project is a ten-year project (FY 89 -FY 98) which will provide services to Missions worldwide through five components: 1) technical assistance in at least 10- 15 countries; 2) training; 3) information dissemination; 4) operations research in five to ten countries; and 5) evaluation.

The overall goal which this Project will help to achieve is A.I.D.'s overall policy goal in the narcotics control: to reduce the production, trafficking and use of illicit drugs in the developing world with a resulting reduction in the flow of narcotics into the United States.

The specific purpose of this Project is to strengthen the capabilities of LDC institutions to design, implement and evaluate more effective drug awareness and prevention programs. By enabling such institutions in key countries to conduct effective programs, the Project will contribute to the goal achievement.

Total A.I.D. funding for the Narcotics Awareness and Education Project activities over ten years is estimated at \$25 million. Of this sum, S&T funding is expected to provide \$4.5 million, and Missions and Regional Bureaus are expected to provide \$20.5 million. Host country contributions, in addition to these resources, will consist of local salaries, office space, some operating expenses, such as radio time and print facilities, and other in-kind support.

S&T/ED recommends authorization of the Narcotics Awareness and Education Project as proposed.

2. BACKGROUND

2.1 Statement of the Problem

Production, trafficking and abuse of cocaine, opium, marijuana and other illicit substances represent an international challenge that threatens the economic, social and political stability of an increasing number of developing countries. Most of the major illicit drug producing and trafficking countries are in the developing world. The connection between the cultivating, processing and trafficking of illicit drugs and the incidence of abuse is direct and inevitable. The data indicate that producing and transit countries tend to become drug abusing countries (USIA 1987).

In spite of increased international eradication and interdiction efforts, narcotics production and processing continue to expand significantly in less developing countries (LDCs). Predictably, drug abuse in the developing world is growing at alarming rates. Evidence is already suggesting that demand in developing countries is growing much more rapidly than in more developed countries.

The strained social and economic conditions which have stimulated drug addiction in the United States are expected to produce a similar if not stronger reaction in the developing world. A sense of hopelessness about economic opportunity among the young, a movement to the cities of masses of poorly skilled rural people, population growth far outstripping employment opportunities, a breakdown in community and family structures, and a collapse of traditional values and norms, all increase the likelihood of drug abuse. Among the young, from all social classes, these conditions have seemed to foster an attitude of experimentation and an increase worldwide in tolerance for drug abuse. Given these factors and the fragile economies and social structures of most LDCs, it is expected that they will be particularly vulnerable to the stresses of rapid technological, economic and social change which fuel the drug abuse problem.

Suddenly, those expectations are taking hold, and with startling momentum in some countries. Twelve countries in the LAC region and ten countries in the Asia and Near East region are among those reporting growing narcotics consumption and abuse problems. In Peru, one-third of all secondary school students have experimented with drugs. Colombia estimates that it has over 600,000 cocaine and/or coca paste abusers, while Peru claims about 138,000. In Bolivia as many as 11 percent of youth age 12-15 may be habitual consumers of illicit drugs. In Pakistan,

The estimated number of heroin abusers was 5,000 in 1980; by 1986, it was 650,000, by fall of 1988, one estimate indicated that the numbers may have exceeded a million. Including users of hashish and marijuana, the total number of drug addicts in 1986 had risen to an estimated 2 million. The Government of Thailand estimates about 300-500,000 heroin addicts. Other producing or trafficking countries -- Jamaica, Haiti, the Bahamas, Belize, Egypt, Nigeria and India are all reporting increases in drug abuse and addiction. The trend invariably indicates that wherever illicit cultivation, production and trafficking occur, abuse by the local population follows. A detailed description of the nature and extent of the drug abuse problem by region and country is presented in Annex A.

While overall epidemiological data is scarce, there is a broad perception that the problem is rapidly worsening in many countries, and that the future holds the danger of epidemic scale growth.

At the 1987 UN Conference on Drug Abuse and Illicit Trafficking, the World Health Organization declared drug abuse a major public health problem striking primarily youth and young adults. The significance of the public health burden created by drug abuse has been further complicated by the lethal contribution of AIDS. The increasing numbers of intravenous cocaine and heroin users are heightening the risk of infecting those not only injecting drugs but a far wider population. Cocaine poses an even greater threat than heroin, since cocaine addicts inject more than 10 times a day and are thus, at a much greater risk of contacting and spreading the HIV virus.

In drug exporting countries, drug production, trafficking, drug use and efforts at controlling production or trans-shipment are intertwined. Until recently, most producing nations viewed the drug problem as a U.S. problem. As officials in those countries, and ultimately their citizenry, become aware of their own consumption problems, commitment to cooperative efforts at reducing production will increase. Pakistan is an excellent example of how producing countries are beginning to admit to a consumption problem and to place major government emphasis on demand reduction.

While officials have very recently begun to be concerned with the usage problem, public awareness of and given to priority drug abuse prevention tends to be low. This presents a basic constraint to effective control that must be attacked if serious national efforts are to succeed. There are other fundamental constraints which have been identified by surveys and studies of the problem conducted by A.I.D. and State Department's International Narcotics Matters Bureau. There are few national

epidemiological studies of any type and limited technical capacity to monitor the problem. As result, little is known about the characteristics of groups at risk. Institutional capacity to respond to the problem is in many countries entirely lacking, except for some efforts by a number of private voluntary organizations (PVOs); government capacity and coordination is slight. The education and health communities have limited understanding of appropriate prevention interventions and models. Government health and education ministries have limited experience in working with community organizations and PVOs, where some of the most effective programs might be possible. Methods for effectively involving the private sector and the media are also lacking.

Most importantly, there is a significant knowledge and information gap. At a recent conference sponsored by the Organization of American States, representatives from eleven countries all expressed a great need for information on all aspects of how to deal with drug abuse. Even in Africa, where the problem is still almost negligible, the International Narcotics Matters Bureau reports that a survey of seven countries found a universal need of access to information on narcotics demand reduction approaches.

Few responsible authorities in the developing world know what promising approaches are being tried elsewhere, what their program options are, what the research shows, or how to develop and implement a prevention program. The international community has few models to offer of successful large-scale prevention interventions; there has been little work done in research and development or operations research required to identify and adapt effective awareness and prevention models.

2.2 A.I.D.'s Response To The Problem

Anti-narcotics programs are an A.I.D. priority. Drug production, trafficking and abuse threaten the economic development goals of the Agency and host countries. Working with the State Department's Bureau of International Narcotics Matters (INM) and the U.S. Information Agency, A.I.D. has become increasingly involved in anti-narcotics activities.

In the early 1980's, the Agency's anti-narcotics programs focused on income substitution in the key producing countries of Bolivia, Peru, Pakistan and Thailand. Despite some progress, the Agency felt the need to develop a more balanced approach to the narcotics problem.

Most recently, A.I.D., along with other US and international agencies, has determined that a major impediment to narcotics control efforts in various source countries is that narcotics production is often viewed by the government and populations of these countries as a problem for the United States and other affluent nations, not a domestic concern. In the last few years, there has been gradual increased awareness on the part of many host country leaders and the broader public that narcotics abuse is an international issue, adversely affecting both developing and developed countries. Much of the growth of that awareness is linked to rising problems of domestic drug abuse in developing countries.

A.I.D.'s assumption is that significant progress toward drug control can only be made in countries where the local population's perceptions about drug production, trafficking and use have changed because of a better understanding of the harmful effects of drugs within their own societies. As a result, the Agency's commitment to narcotics awareness and education has grown substantially. A.I.D. began narcotics education activities in FY 1985 with several projects in South America. In the fall of 1986, similar activities began in Pakistan and Thailand.

Funding for narcotics education tripled from FY 1986 to 1987 and doubled again in 1988. Expenditures for this narcotics education in FY 1989 are estimated to be \$5.4 million and \$4.8 million in FY 1990. In addition, under a restrictive incentive program, the FY 1989 Foreign Assistance Appropriations Bill has earmarked \$61 million in ESF for Ecuador, Jamaica, Peru and Bolivia for narcotics activities. Agency support for narcotics demand reduction programs is almost certain to increase over the next ten years.

Currently, the Agency's anti-narcotics programs are restricted to Latin America and the Caribbean and Asia. Bolivia, Peru, Pakistan and Thailand continue to be the nucleus of the program. Other countries in the LAC region include Belize, Brazil, Jamaica, Mexico, Colombia, Ecuador and Haiti. Also, A.I.D. is currently monitoring the narcotics situation in several African transit countries including Nigeria, Kenya, Senegal and the Ivory Coast.

In the Asia and Near East region (ANE), A.I.D. supports three major efforts; one regional project currently serving seven countries and separate bilateral awareness projects in Pakistan and Thailand. The Asia Regional Narcotics Education (RNE) project is funded at \$3 million with a final obligation of \$630,000 scheduled for FY 1990. It provides technical assistance, training and program support to institutions involved in anti-narcotics efforts in Pakistan, Thailand, Sri Lanka, the

Philippines, Bangladesh, Nepal, and Indonesia. India and Afghanistan may soon be added. In FY 1989, Pakistan approved a \$3.0 million project to support the establishment of a Drug Abuse Prevention Resource Center. Thailand is also planning a multi-purpose narcotics project for FY 1990 at a proposed funding level of \$10 million over 10 years. The project will contain a major awareness and prevention component.

In the LAC region, nine countries have narcotics awareness and education activities. These include Belize, Bolivia, Colombia, Ecuador, Haiti, Jamaica, Mexico, Panama, and Peru. Brazil will initiate new activities during FY 1989. A number of other Central American and Caribbean countries are also designing future activities. (Summary descriptions of all A.I.D. Narcotics Demand Reduction projects is presented in Annex B.)

In most A.I.D. countries, the majority of the work in drug prevention, awareness and treatment is being carried out through local non-governmental organizations or PVOs. Two U.S. based PVOs, Partners of the Americas and the National Parents Institute for Drug Education (PRIDE) have been particularly active in the LAC region. Information available indicate that local PVOs need to be strengthened in their capacity to undertake prevention and awareness programs. In particular, there is a need to develop the management of both fiscal and administrative systems and to train professional staff in the specific skills and content of drug education and information.

In general, the major projects in both the LAC and ANE regions have several common elements: the use of mass media to increase both official and public awareness of the importance of drug abuse prevention; the establishment of a national center to coordinate drug information and education activities outside of Government, but working closely with Government ministries; the conduct of studies to analyze the nature and extent of the problem; and the development of prevention education programs in schools and communities. Most projects provide training and technical assistance and stress the importance of working with NGOs and their national associations. Particularly in Latin America, the most visible and successful elements of these projects have been the media products. Table 2.1 presents a summary of the A.I.D. narcotics demand reduction projects and their common components.

2.3 Other U.S. Government International Anti-Narcotics Activities

In addition to A.I.D., other U.S. Government (USG) agencies involved in narcotics demand reduction are the Department of State, through its International Narcotics Matters Bureau (INM),

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

Table 2-1

USAID NARCOTICS DEMAND REDUCTION PROJECTS FY 87-90

	CARIBBEAN			CENT AMER.			SOUTH AMERICA						ASIA/NEAR EAST		
	Haiti 521-0221 Awareness/Prevention of Drug Abuse	Jamaica 532-00161 Narcotics Awareness Activities	Belize 505-00333 Drug Awareness (OPG)	Panama Drug Use Study	Panama Drug Abuse Prevention		Mexico 598-0651 Narcotics Demand	Bolivia Trust Fund	Bolivia 511-0592 Narcotics Awareness	Colombia 598-0649 Narcotics Public Awareness	Colombia 598-0650 Narcotics Demand Reduction	Ecuador 518-0064 Narcotics Education	Peru 527-0288 Drug Education and Public Awareness	Pakistan 391-0485 Awareness Information Center	Thailand 493-0342 Awareness
Level of Funding															
Less than \$100				■											
Between \$100 and \$350		■	■		■				■	■					
Between \$351 and \$700	■					■									
More than \$700							■	■			■	■		■	
Project Components															
Analysis of Problem, i.e. surveys		■	■	■		■		○			■	○		■	
Applied Research & Development											○	■		■	
Community Mobilization			■		■	■		■	■	■	■	○	■	■ ²	
Drug, Education in Schools			■			○				■	○	○		■	
Evaluation ¹						○		○		○	○	■		■	
Information Dissemination			■		■	■	■	■	○	○	■	■	○	■	
Institution-Building			○		■			■	○	■	■	■		■	
Leadership and HRD Training			○		■	○		■	○	○	■	■		■	
Mass Media Campaigns			■			■	■	■		○	■	○		■	
Monitoring Drug Prevalence										■	■			■	
Parent Education/Training			■		■			○		○	○	○	■	■	
Small Grants Program						○		■	○		○	■		■	
U.S./third county participant Training								○	○		○			■	

Projects listed are for FY 87-90

■ MAJOR COMPONENT

○ MINOR COMPONENT

¹ Evaluation includes both internal project evaluation within programs and external (AID) sponsored evaluation
² ANE REG project does community mobilization through demonstration projects

and the U.S. Information Agency. INM is Congressionally designated to oversee all policy and program coordination of these USG agencies engaged in international narcotics control and demand reduction efforts. Agencies involved in international supply reduction or narcotics control are the U.S. Drug Enforcement Administration, the U.S. Customs Service and the U.S. Coast Guard. Most importantly, the Office of National Drug Policy coordinates and establishes policy for all USG agencies involved in narcotics control and demand reduction activities. This Project will coordinate with that Office.

2.3.1 International Narcotics Matters Bureau

Although INM places its highest priority on illicit crop control, immobilization of trafficking organizations and interdiction of drugs, about 2 percent of their budget is allocated for promoting demand reduction. Out of a total FY 1989 budget of \$101 million, \$2 million has been designated for narcotics demand reduction or public diplomacy programs. The goal of INM's public diplomacy strategy is to use its demand reduction and drug abuse public awareness programs to help establish a social and political environment in which the problems posed by narcotics are understood by country elites who will then support a strong control policy.

In 1988, INM provided training, expertise and information to over 20, including the Andean countries, Mexico, Brazil, the Bahamas, Pakistan, Thailand and Malaysia, and other countries seeking assistance in the areas of drug abuse prevention and education. The Bureau also frequently provided U.S. training to leading officials and experts from key countries to study public awareness, prevention, and other topics. INM also publishes a quarterly newsletter for worldwide distribution summarizing international activities in narcotics demand reduction and public awareness.

Although INM's contribution to reducing demand in developing countries is substantial, effective demand reduction requires a long-term developmental approach that is integrated into other economic development activities. INM's efforts in demand reduction are limited because of scarce resources, limited staff in this area, and lack of an institutional base to provide the follow-up mechanisms required to support the behavior change expected of prevention efforts.

2.3.2 U.S. Information Agency

USIA has become increasingly active in supporting USG anti-narcotics programs. Activities have focused primarily on mass media, information dissemination, visitors programs and public

opinion surveys. The number of requests for narcotics-related information has increased significantly in the past two years as public awareness among foreign audience grows. USIA has targeted 12 countries for major anti-narcotics programming. The Agency receives support from its Wireless File, International Visitors Program and its television service.

In 1987, 66 overseas posts requested 69 speakers, 90 international visitors grants, 10 WORLDNET interactive satellite press conferences and 16 satellite conferences focused on drug-related issues. Also in 1987, the Humphrey Fellowship program established a new program to provide foreign specialists working in the drug abuse field with a year of study and internship in the U.S. In 1988, international visitor exchange programs provided hands-on experience to 137 foreign visitors. Among these were an increasing number of representatives from NGOs. USIA also develops and distributes state-of the-art publications on the drug problem.¹

Currently, USIA is in the process of developing an International Narcotics Information Network, however funding is not yet certain. The data base and communications network would provide country teams with needed information on narcotics matters. If USIA were to succeed in launching such a network, this Project would coordinate its information diffusion activities with the ININ in order to not duplicate services. The importance of sharing information among the various USG agencies involved in international anti-narcotics programs cannot be overemphasized.

2.4 Coordination of USG Efforts

Foreign policy objectives in the narcotics arena makes coordination among key USG agencies critical. Currently, INM is responsible for such coordination. In the 12 countries with major narcotics assistance programs, policy and program coordination and management is carried out by Narcotics

¹. A major contribution to the field, "Cocaine, Opium, Marijuana: Global Problem, Global Response" (USIA, Washington D.C., 1987), was published in eight languages. Distribution has exceeded 60,000 copies.

Assistance Units (NAU) which are staffed by State Department officers.² The Deputy Chief of Mission usually serves as Coordinator for Narcotics Affairs and directs the NAU. One of the major functions of the coordinating committees is drafting the post's narcotics operating plan (POP). Developing POPs, a requirement for all NAU countries, provides an excellent opportunity for cooperation among the various agencies. All posts regardless of whether they have an NAUs, have a coordinator for narcotics affair.

At a recent joint AID, State and USIA LAC Narcotics Conference which was held in Juarez, Mexico (October, 1988), it was decided that to improve coordination, INM, USIA, and A.I.D. should develop guidelines on the general role of each organization in anti-narcotics efforts. NAUs or country teams would then use these basic guidelines in developing their programs and activities to ensure policy and program consistency and avoid duplication. INM is currently coordinating such an effort.

The proposed ST/ED Narcotics Awareness and Education project has been designed in consultation with USIA and INM. At the Mission level, country implementation plans will be developed in consultation with the NAUs and be consistent with the post's POP. In countries without a NAU, every effort will be made to coordinate with USIA and INM. It should be noted that projects funded by other USG agencies or international agencies could receive assistance through this Project, making coordination even more essential.

2.5 Other Donor Agencies

In the past three years, international cooperation in the field of drug abuse has increased rapidly. Other donor agencies have initiated programs to curtail illicit drug abuse, production and trafficking. The United Nations (UN) and affiliated regional organizations have contributed significantly to facilitating coordination and cooperation and providing funding.

The most prominent of the UN's six divisions and secretariats involved in drug control and demand reduction, is the UN Fund for Drug Abuse Control (UNFDAC). Since its inception in 1971, it

2. Emphasis countries with NAUs are the 12 key producing and trafficking countries: Burma, Pakistan, Thailand, Bahamas, Bolivia, Brazil, Colombia, Ecuador, Jamaica, Mexico, Peru and Venezuela.

has received \$182 million in pledges from 88 countries (most of it since 1983). UNFDAC is active in all the major source countries, i.e. Pakistan, Thailand, and the Andean countries. UNFDAC projects in the field have included: analysis of needs and problems at the national, regional, and inter-regional levels; limited funding and technical assistance to governments for developing programs to reduce demand and treat addiction. Until the last three years, UNFDAC projects were primarily focused on narcotics control. Most of the demand reduction activities suffer from lack of coordination, methodology and a consistent strategy.

A number of UN funded specialized agencies, e.g., the World Health Organization (WHO) and the Pan American Health Organization (PAHO), have been directly active. WHO advises governments on ways and means of providing appropriate information and education in the field of drug abuse. Their major emphasis and contribution has been in developing a set of manuals designed to help countries assess the nature and scope of their drug abuse problems and to develop and disseminate technologies for the prevention and treatment of drug dependence and related problems.

PAHO is currently implementing an Inter-American Study on Public Health Aspects of Drug Abuse, with a \$150,000 grant from INM. This two year effort includes the development of two assessment guides to support and train a cadre of researchers from 15 cities in the LAC region. The purpose of the study is to standardize data collection through the use of practical epidemiological methodologies and to prepare comparable national profiles of drug consumption and abuse.

A number of other regional and inter-regional organizations have also initiated efforts in narcotics reduction.

In South and East Asia, the Colombo Plan's Drug Advisory Program works to strengthen the role of non-governmental organizations (NGOs) in preventing and controlling drug abuse. Through the coordination of the Association of Southeast Asian Nations (ASEAN), three training centers have been established including one in drug prevention education in Manila and one for treatment and rehabilitation in Malaysia.

In the LAC region, the Organization of American States (OAS), in 1986, formed the Inter-American Drug Abuse Control Commission (CICAD). In its two year history, CICAD has set up an Inter-American Narcotics Matters Documentation Center and Data Bank and initiated programs in three areas: prevention education, community mobilization through public awareness and legal

development. CICAD has made a major contribution by sensitizing the LAC community to the importance of drug abuse prevention. Also, CICAD and PAHO have instituted a donors collaboration meeting for the LAC region. Because of limited OAS funding, some of CICAD's projects have been delayed or have not been able to provide sufficient follow-up. Assistance from INM, totaling \$350,000 for FY 87 through FY 88, has substantially bolstered their efforts.

3. PROJECT RATIONALE AND DESCRIPTION

3.1 Project Rationale

This Project combines A.I.D.'s policy concerns in the area of narcotics control with the interests and concerns of host countries. The Project is also consistent with the Agency's policy on development communication which establishes as a priority "the application of existing communications technologies and media to problems in development . . . in all sectors . . . as integral elements of project design wherever appropriate and cost effective".

The Project emphasizes the process of prevention education and the application of health communication awareness techniques as a means of informing and assuring that individuals and groups at risk develop and remain healthy and productive members of society.

Prevention education is a key to narcotics control efforts. As recent history in the United States has demonstrated with regard to tobacco and alcohol use, persistent, sophisticated programs of public education can impact on public attitudes toward consumption of addictive substances and, thus, affect the actual level of consumption. (NIDA, 1988, Flay, 1988). The same result is, in certain cases, beginning to be achieved with regard to the use of illicit drugs. (See the Technical Analysis in Annex C.)

There have also been numerous failures. Further, serious applied research efforts are needed in all nations, as the adaptations to particular social, economic, and cultural factors for specific sub-populations. As drug marketers continue to modify their products (e.g., the recent emergence of "crack" cocaine, and their "marketing" networks, responses will need to be modified.

While the current A.I.D. projects described in Section 2.2 above represent a substantial commitment to stemming the problem of narcotics demand, they are largely uncoordinated and lack a systematic knowledge base of what may be effective, or ineffective, in a developing country context. In addition, a review of these projects indicates that there is insufficient focus on the behavioral outcomes of awareness and prevention efforts, not enough attention on the integration and relation of various elements, lack of information on effective prevention models and resources, not enough emphasis on the development of epidemiological measuring and tracking systems to monitor the extent of the drug abuse problem, and insufficient efforts at program evaluation.

These needs were discussed with regional bureau narcotics coordinators and Mission representatives. The discussions indicated that a central project was needed to perform several important functions: 1) promote epidemiological measurement as a basis for effective project design; 2) create a body of technical expertise on which Missions could draw; 3) provide a mechanism for sharing Agency experience; 4) develop improved techniques through research; and 5) help assess the quality of current bilateral efforts. By applying what has been learned from emerging Mission experience, innovative programs in the United States and elsewhere, and drawing from A.I.D.'s behavior-change projects in health communication and Mission activities in narcotics awareness and education, the Agency's contribution to reducing narcotics supply and demand in A.I.D. assisted countries could be significantly enhanced.

To test this hypothesis, regional cables were sent to all Missions eliciting their comments on a proposed worldwide project. A total of 36 responses were received, including 12 from ANE, nine from Africa and 15 from LAC. Of the latter, nine specified potential buy-ins which total \$1.37 million for FY 89 and \$1.35 for FY 90. Another ten Missions, including five from ANE and two from Africa, provided supportive responses and some of these indicated an interest in participating in the future. (Mission responses are analyzed in more detail in Annex E).

Although the LAC region clearly has the greatest need for assistance at this time, four points suggest that a worldwide project is warranted. First, the data on the drug abuse problem clearly indicates that this is a worldwide phenomenon. The links between illicit cultivation, production, trafficking and consumption are intricately tied. This has resulted in the emergence of a growing and widespread addiction problem in many developing countries throughout the world. Second, the current ANE/RNE project is scheduled to last only two and one half years more and clearly will not be able to meet all the needs of that region. Third, there is a major knowledge gap. Indications from all regions, including a recent INM survey of 7 posts in Africa, are that there is a real hunger for information. Few organizations working in the drug abuse field in the developing world know what promising approaches are being tried elsewhere, what their options are, what research shows, or how to develop and cost-out effective prevention programs. Fourth, there already are narcotics demand reduction efforts in some 14 A.I.D. assisted countries across two regions which are looking for central assistance and support. And, as the heroin trade continues to seek alternate routes through Africa, more countries like Nigeria will begin to seek assistance. Most importantly,

there is a need for conceptual and operational coordination and guidance as well as for on-going research to identify, improve and evaluate effective drug abuse prevention. Therefore, the proposed Project has been designed to respond to field needs which can be effectively addressed through a central mechanism.

3.2 Project Goal and Purpose

The overall goal which this Project will help to achieve is to reduce production, trafficking, and use of illicit drugs in the developing world with a resulting reduction in the flow of narcotics into the United States. Multiple efforts by many agencies are contributing to achievement of that goal, and this Project will complement the effort.

The purpose of this Project is to strengthen the capabilities of LDC institutions to design, implement and evaluate effective drug awareness and prevention programs. By enabling such institutions in key countries to conduct effective programs the Project will contribute to the goal achievement.

The achievement of this purpose will be largely dependent upon the level of A.I.D. Mission participation throughout the Project's life.

3.3 Project Strategy

The Project will provide technical support (technical assistance, training, information dissemination, operations research, and evaluation) to USAID and host country initiatives upon request. At least 10 to 15 countries are expected to request such support and the Project is designed to respond accordingly, with buy-in financial contributions from the requesting A.I.D. units. (Nine countries have already requested such assistance). This technical support will contribute to strengthening some LDC institutions' capabilities to perform specific elements of drug use awareness and prevention programs. It will supplement skills and institutional capabilities already in place and enhance the quality of the national programs which they are carrying out. This assistance is intended to supplement resources provided by USAID bilateral programs, or to be used to help stimulate new country-level initiatives.

The central focus of Project activities will be primarily on drug demand reduction through public awareness and prevention. In addition, limited activities will be authorized in the area of rehabilitation and treatment, by providing information on strategies in use in the U.S. that may hold promise for adaptation within LDC's, through U.S. participant training and information dissemination activities.

Resources, provided in an ad hoc responsive manner upon Mission requests, cannot ensure full capability of those host country institutions to plan, design, implement, and evaluate comprehensive programs on a sustained basis. Although a small technical support project with worldwide focus cannot hope to do that in each country in which it will work, several pro-active emphasis country programs will be pursued in order to a) make a significant project impact in key countries, and b) draw lessons learned about the interactive effects of the various interventions employed.

While standing ready to respond to least Mission/Bureau requests for technical assistance, training and research support, the Project will seek to develop intensive collaborative relationships with at least five country programs. Substantial buy-in support will be sought in return for Project commitments to work closely with the USAID and host country institutions on all stages of their awareness and prevention programs. The principal distinguishing feature of these emphasis programs will be Project involvement in a complete set of activities to represent a targeted and intergrated approach to the various key aspects of the narcotics demand problem. This is in contrast to ad hoc interventions at various points in country programs as determined by the particular needs and requests of the USAIDs and their host country counterparts. The latter will strengthen many country programs, whereas the former will build, document and learn from a few country programs. Both approaches are important elements of this Project strategy.

The emphasis country programs will not constitute a separate Project component. They will draw on Project resources available through the five regular components described below, but will be conducted according to plans developed in advance with each USAID and host country collaborating institution and maintained throughout the entire life of the Project. The implementation workplans will be updated each year and Project inputs will be committed accordingly.

In order to participate in these emphasis programs, the USAIDs and collaborating institutions will have to agree to a rigorous approach to problem identification, baseline data gathering, implementation, measurement of outcomes and evaluation. In these countries, there will be special focus on operations research and behavioral change strategies. The emphasis programs will present the best opportunities for the Project to achieve its research and methodology development objectives, upon which future country programs can be based.

At this point several countries in Latin America appear to be candidates for emphasis program relationships, e.g., Bolivia and Peru. The Project will seek at least one country program in ANE and one in the Africa region as well. However, further dialogue with U.S.A.I.D.s in the latter two regions will be required to identify candidate countries there. Criteria used to select at least five emphasis program countries will be the same as identified below in the Implementation Plan for the Project generally, but with additional weight given to several factors. The country programs will have to provide opportunity for Project collaboration from problem definition (or refinement) stage through measurement and evaluation. The host country institutions must be committed to close technical collaboration with Project technicians. Finally each USAID must be able to commit financial resources to the Project.

In addition to the emphasis program countries, a second priority in the Project will be focused on analyses of the extent, nature, patterns and shifts of drug abuse through epidemiological surveys in participating countries. These analyses are essential to designing and monitoring effective demand reduction programs. Because of this, the Project will emphasize them in three ways. First, substantial technical assistance in the conduct of the surveys will be available, primarily through a PASA with the National Institute of Drug Abuse (NIDA) of the U. S. Department of Health and Human Services. Second, epidemiological surveys will be a condition for selection of emphasis program countries. Third, the Project will actively promote the conduct of such surveys with all Missions that have drug awareness and prevention activities through correspondence, field visits and the dissemination of information on the necessity for such surveys, and successful survey activities in individual countries.

3.4 Project Components

The ST/ED Narcotics Awareness and Education (NAE) Project is a ten-year project (FY 89 -FY 98) which will provide services to Missions worldwide through five components: 1) technical assistance in at least 10-15 countries; 2) training; 3) information dissemination; 4) operations research in five to ten countries; and 5) evaluation.

This is a project that will to a large extent be driven by field demands for services; the scale of activities under each component is therefore impossible to reliably predict at this stage.

A description of each of the main components of the NAE Project are described below:

3.4.1. Technical Assistance

The Project will provide technical assistance for A.I.D. Missions and, at their request, country programs which may require, but otherwise would not have access to, narcotics awareness, prevention education and communication and evaluation expertise applied specifically to substance abuse. These technical assistance activities will be designed to enhance the capacity of national public and private organizations to design and conduct effective narcotics awareness and prevention programs.

Technical assistance expertise will draw from what has been learned from emerging Mission experience, from innovative programs in the United States and elsewhere, and from other behavior change projects. As noted above, in some instances this Project may serve as a vehicle for conducting the complete set of activities of an A.I.D. Mission's narcotics demand reduction program. In other cases, Missions may buy into the Project to implement certain components, e.g., evaluation, training, which may be carried out as complement to other bilateral projects.

Long-term core central staff and short-term contractor personnel will provide technical assistance in participating countries in the following priority areas:

- Assist national agencies in the design and conduct of adequate epidemiological surveys and other research tools to measure and track the nature and extent of narcotics abuse;
- Analysis of the economic and social costs of drug abuse;
- Development of the capacity to design, implement, and evaluate media campaigns and other drug awareness and drug prevention programs;
- Design of cost effective drug abuse awareness and prevention materials, educational curricula and information packages;
- Design and evaluation of Mission bilateral and/or host country projects;
- Development of management systems to strengthen coordination and institutionalization of national organizations, public and private, working in the drug abuse field.

3.4.2 Training

A major thrust of the Project will be to develop and strengthen the capacities of both public and private organizations and PVOs, to operate effective drug demand reduction programs. The training component will be critical in developing the management and financial systems and the technical expertise in drug awareness and prevention to ensure that sufficient institutionalization and sustainability is achieved by project completion. Training programs will be conducted at three levels: in-country, within the region and outside the region. Training will target key leaders, program directors, parents, and those who could serve as multipliers.

Training programs will focus on the nature of the drug abuse problem in each specific country and emphasize the most appropriate techniques for organizing and implementing awareness and prevention programs. Course content will be geared to the interests, knowledge and skills of target groups undergoing training and to institutional requirements of host country organizations receiving the training.

In-country training programs will focus on developing the capacities of organizations to design, manage and evaluate drug awareness and education prevention programs. Emphasis will be on training teachers, counselors, parents, community organizers, health and social workers to in turn serve as contact points and trainers for populations at risk. In some situations, adults and youth at risk will be trained, as well as parents and community members, who may serve as support resources for those at risk.

Regional training programs will serve as a vehicle for exchanging information among programs around common themes. The participants will include key public and private sector leaders, program directors, trainers and media representatives. In designing such events, an effort will be made to cluster countries appropriately, taking into consideration such factors as the nature and type of problems they face, specific Project objectives and institutional requirements. Course content will focus on lessons learned, exchange of information and resources, and dissemination of information on recent advancements in the field.

U.S. and third country training programs will serve as an important mechanism for cross-fertilization among programs worldwide by promoting the active exchange among key experts and leaders from the various countries and regions. Short-term training courses in the U.S. or third country will be offered to key specialists to acquire more advanced technical training for key specialists.

Although the Project will focus primarily on narcotics awareness and prevention, some Missions may have an interest in training participants in various aspects of drug abuse treatment and rehabilitation. The Project will collect and disseminate data on relevant treatment and rehabilitation conferences, training opportunities, etc. Missions could elect to send participants through the Project to relevant training events or observation tours on such topics outside the country or region. (This does not imply that Project funds will be used to conduct treatment and rehabilitation conferences in-country, regionally, or elsewhere).

3.4.3. Information Clearinghouse

The Project will support worldwide information dissemination activities to provide Mission and selected host country personnel with current information on scientific, epidemiological and program developments in the area of drug abuse. Although this is not expected to be a major component of the Project, it will provide critical support to all other Project activities. The nature of the information selected for diffusion will be programmatic and technical topics having the most immediate relevance to program activities.

makers the serious impact of narcotics on a wide range of critical socio-economic factors.

Information dissemination activities will promote information sharing through print, audio and video materials, use of electronic communications, and an active professional network to encourage collaboration among countries. To support and sustain drug demand reduction activities worldwide, the Project will include a small clearinghouse collection which will provide the following resources:

1. An international set of materials on:
 - o research on all aspects of the drug abuse issues, including epidemiological, prevention, treatment and rehabilitation data;
 - o descriptions of education and training programs and public awareness campaigns, and
 - o samples of exemplary media and training materials.
2. Assist in developing and testing information packages on key elements of the problem, for example materials on:

- o the identification of early symptoms of drug use for parents and professionals,
 - o the impact of drug addiction on LDC economic development,
 - o the public health and economic implications of the problem,
 - o methods of drug abuse prevention,
 - o effective use of both mass media and interpersonal methods for drug prevention,
 - o evaluation methodologies and instruments.
3. Production of a regular quarterly newsletter, focused on supporting project activities, to disseminate news of events, state-of-the-art techniques, lessons from other countries and projects, conferences and resources and a limited number of special reports or technical papers.
 4. Communication with regional and international agencies active in substance abuse education and public awareness in order to establish and promote international networking to encourage cross-fertilization across countries and regions.
 5. Provision of an information search service for clients on a request basis.

Because there are a number of other collections of materials, clearinghouses, and information service networks serving both the U.S. and the international community, e.g., the CICAD Documentation Center, the proposed USIA ININ, and the NIDA/OSAP national clearinghouse, the Project's clearinghouse would interface and work in close collaboration with other existing and more extensive sources of information.

The Project will develop a "RAPID" computer presentation model, for the purpose of bringing to the vivid attention of policy makers the serious impact of narcotics on a wide range of critical socio-economic factors.

3.4.4 Operations Research and Practice Change Models

Understanding of effective and implementable drug prevention strategies in a developing world context is limited. The purpose

of the research component of this Project will be to enhance that understanding through small-scale operations research projects attached to operational programs and through development of models to guide program planning and implementation toward the achievement of changes in drug-related practices.

The studies undertaken at each site will contribute directly to the Project purpose of developing and demonstrating effective educational and communication strategies for the prevention of drug abuse.

As the Project proceeds, research will increasingly focus on certain types of interventions which experience and research show are promising. At this stage, a number of illustrative areas emerge. In-school drug education appears to be promising, but only under conditions where peer involvement is developed--social conformity to positive values and norms may be the driving force, rather than decisions based on individual analyses of risk. Developing ways to introduce and test such peer-oriented interventions in specific, varying, cultural settings could prove to be a productive line of research.

A more limited example of operations research in the school system is in monitoring the adaptation of drug education text materials, which appear to be making their way rapidly into a number of LDC school systems. Helping to test what is really learned, as opposed to what the authors and adaptor may have intended, is especially important in the drug abuse area. U.S. evidence is that such efforts have sometimes served to increase rather than decrease drug use through arousing curiosity and through too explicit descriptions of drug paraphernalia and methods of use.

One of the best understood areas for utilizing research and evaluation is in the shaping of mass communications messages. There is now enough U.S. experience to begin to calibrate rather carefully such factors as fear arousal, information, modelling of positive and negative behaviors, and other message variables. However, there is essentially no evidence about the way these factors affect at-risk youth in different cultures. Media messages uninformed by such evaluation and design methods may not only be unsuccessful, but may in fact be dangerous. Well-established methods, for pre-testing and monitoring media effects may have particularly high payoff at this early stage of developing-world involvement in such interventions.

Finally, community involvement strategies will almost certainly warrant sustained research and evaluation. Community and parental influences are powerful deterrents to drug-abuse behavior. The success rate for sustaining community-based interventions in the U.S. in drug prevention has been low, although data on new efforts is still emerging; however, the potential in some LDC's may, in theory, may be greater than because of a higher level of social cohesion.

Other areas of operations research emphasis may include:

- o how drug-use prevention interventions can best build on existing programs;
development of other strategies to involve opinion leaders, the educational and health community, and parents in support of local programs;
- o how drug abuse prevention and awareness methodologies and interventions can be sustained and institutionalized after Project completion;
- o the development of evaluation indicators to monitor program impact;
- o the optimal adaptation of available channels of communication, including schools, health services, community organizations and media;
- o the improvement of methods for implementing the basic components of an effective communication strategy.

The studies conducted in any country will be planned so that they are of immediate benefit to local programs in addition to contributing to worldwide knowledge. It is anticipated that the more rigorous research efforts will occur at emphasis sites where research will be an integral and necessary element of the program.

The Project will develop and periodically refine models for achieving the practices necessary for large scale drug demand reduction, taking account of key psychological and sociological factors. Such models will be used to guide the design and monitoring of program strategies. The practice-change models will play a central role in the Project's efforts to focus activities on combinations of measures that promise significant impact on drug-related behaviors which can be sustained.

3.4.5 Evaluation

Evaluation will be a major activity of the project. Formative evaluation methodologies will be developed as an early priority, to help guide drug prevention activities in their early stages, through the provision of empirical data that can be directly useful in refining program activities. It is also anticipated that this project will be asked by a number of Missions for assistance in carrying out interim and final program evaluations. The accumulation of evaluation data and experience across a number of countries is expected to provide a major knowledge base for improving drug demand reduction programs.

3.5 Sustainability

To promote sustainability, the Project will strongly emphasize developing private sector support and participation. This will involve strengthening the management and financial systems and technical capacities of local PVOs and other organizations to implement narcotics reduction education and information activities through extensive training and technical assistance. In addition, the Project will actively pursue through its operations research component viable strategies to increase the likelihood of sustained change and institutionalization. A strategy paper specifically addressing the issue of sustainability will be developed during the first year of the Project and modified according to the results of the Project evaluations scheduled for FY 92, FY 94, FY 96, and FY 98. This task is further specified under section 5.6 of the Implementation Plan.

3.6 Project Outputs

Specific outputs by components expected over the life of the Project include the following:

3.6.1 Technical Assistance:

- a. Development of epidemiological research capabilities to measure the nature and extent of drug abuse including the construction of indicators, e.g., frequency and percentage of abuse by population and sub-groups and characteristics of risk groups.
- b. Development of the capacity of host country public and private organizations to design, implement and evaluate public awareness media campaigns and drug prevention programs;

- c. Development of improved management systems to strengthen coordination and institutionalization of national public and private organizations working in the drug abuse field;

3.6.2 Training:

- d. A minimum of 2,400 persons working in the public or private sector in drug abuse awareness and prevention activities will be trained in country. These will, in turn, serve as multipliers to train an estimated 20,000 other host country personnel throughout the life of the Project;
- e. A minimum of 600 key leaders and personnel involved in narcotics demand reduction activities from throughout the three regions will be trained at regional or outside the region events;

3.6.3 Information Dissemination:

- f. Development of support materials for drug awareness and prevention activities, including guidelines for the application, design, implementation and evaluation of mass media, education and community drug abuse prevention programs;
- g. The publication of a quarterly newsletter, at least 20 reports, manuals, and training guides on aspects of drug abuse awareness and prevention.
- h. Publication of at least ten articles in peer-reviewed professional journals over ten years.

3.6.4 Operations Research and Practice Change Models:

- i. Proven methodologies for associating operations research productively with operational programs.
- j. Publications of results and field notes of the pilot and operations research studies on lessons learned in 5 to 10 countries.
- k. Descriptions of behavioral models to guide project design and management, differentiated for each key target group.

3.6.5 Evaluation

- l. Formative evaluation plans for each field site.
- m. At least ten program evaluations.
- n. A synthesis of major evaluation conclusions across sites throughout the project -- at least four are anticipated during the life of the project.

3.7 Project Inputs

The total A.I.D. contribution for the Narcotics Awareness and Education Project activities over ten years is estimated at \$25 million. S & T funding is expected to provide \$4.5 million. Mission and Regional Bureaus are expected to provide \$20.5 million through buy-ins. Host country contributions, in addition to these resources will consist of local salaries, office space, some operating expenses such as radio time and print facilities, and other in-kind support.

To carry out the Project activities will require:

- o 1998 person-months of technical assistance, and home office support;
- o operating expenses and equipment; and
- o travel

Inputs are further specified in the Cost Estimate and Financial Plan 4.0.

3.8 Beneficiaries

Direct beneficiaries include local high risk groups, primarily youth and young adults, their families, service system providers, and public and private institutions involved with Project activities at the Project sites. Also, the Project will directly impact key policy makers, the media, and formal and informal decision makers in the education and health sectors.

Secondary direct beneficiaries include donors, host country governments, private sector and marketers who will be provided with effective means of preventing drug abuse.

Indirect beneficiaries include members of the general population, high risk groups, service providers and institutions outside the

target areas of the Project but within the same country or region who will have better access to information as a result of the Project.

Other indirect beneficiaries are the citizens of the United States. If the project is successful, and if A.I.D.'s overall policy assumptions are accurate, a greater awareness of the seriousness of domestic drug abuse problems in drug producing and trafficking countries will enhance their efforts to reduce production and processing, with a resultant decrease in supplies coming into the U.S.

Lesser beneficiaries include other countries applying the strategies and methods refined by the project.

A discussion of project impact on beneficiaries is included in the Social Soundness Analysis section 6.2.

4. Cost Estimate and Financial Plan

4.1 Cost Estimate

The total cost of the Drug Demand Reduction Project is projected to be \$25 million. The S & T contribution accounts for \$4.5 million of this sum; Mission and Regional contributions account for \$20.5 million. Additional host country contributions are not included in this sum, representing local salaries, office space, some operating expenses such as radio time and other in-kind support.

4.2 Buy-In Commitments

Regional cables were sent to Missions eliciting their comments on this proposed worldwide Project. Thirty-six responses were received, including 12 from ANE, 9 from Africa and 15 from LAC. Of the latter, nine specified potential buy-ins which total \$1.37 million for FY 89 and \$1.35 million for FY 90. Another ten missions, including five from ANE and two from Africa, provided supportive responses and some of these indicated an interest in participating in the near future.

The rationale for substantial Mission buy-ins to this project, as opposed to separate bilateral contracts, is that country activities will: 1) have the advantage of working through a contractor (and PASA) that can bring to bear ongoing experience from a number of countries dealing with similar problems, and 2) become associated with significant operational research activities. The scale of buy-ins will vary substantially from Mission-to-Mission. In several countries, they are expected to well exceed \$250,000 annually. In addition, some Missions will, through an initial negotiation, buy-in for several million dollar multi-year scopes of work which will be incrementally funded annually.

Table 1 presents Buy-In Amounts per Mission for FY 89 and 90.

4.2.1 Bureau Other Sources

The LAC expects to provide resources either through buy-ins or OYB transfer under its central Health Field Support project. We believe the Project will serve certain key INM goals, with the possibility that INM could use project services.

4.3 Summary Budget Tables

Table 2 presents an illustrative budget for "Home Office" activities over the life of the project. Table 3 presents a

summary of expected obligations over the life of the project. In generating these estimates, the assumption is that mission buy-ins will fund the costs of activities specific to their country, including home office time and support costs. For purposes of estimation, we assume one-third of total home office support costs will be met by buy-ins, two-thirds by S&T over the first year of the Project. The core S&T budget is expected to fund the Project Director, Operations Research Specialist, one-half of the training specialist, and a part of travel and other direct costs.

4.4 Level of Effort

Table 4 contains level-of-effort estimates for project elements.

TABLE 1

BUY - IN COMMITMENTS FOR DDR

Nine out of fifteen LAC missions³, which responded to a survey or a regional cable to assess interest in the proposed FY 89 S&T/ED DDR project have expressed a willingness to participate. In addition, LAC/DR/HR may also contribute. To date, the results indicate the following possible commitments to buy-in:

	FY 89	FY 90
BELIZE	20,000	20,000
BRAZIL	120,000	?
BOLIVIA	550,000	550,000
COSTA RICA	-	100 - 200,000
ECUADOR	150,000	150,000
HAITI	50,000	100,000
HONDURAS	50 - 100,000 ⁴	-
JAMAICA	25 - 50,000	25 - 50,000
PERU	300,000	300,000
LAC/DR/HR	100,00 ⁵	100,000
TOTAL	1.37 m	1.35 m

3. In addition, two Advanced Developing Countries, Colombia, and Paraguay have also indicated a serious interest in the project. However, it is not clear at this time whether their limited budgets will allow them to technically buy-in.

4. As per response to regional cable, Honduras indicated the possibility of buying-in to conduct a drug use and abuse survey. The cable does not indicate a specific amount, however, experience in other countries indicate that the cost for such a survey ranges between \$50,000 to \$100,000. For estimating purposes, the lower of the two amounts has been taken into account.

5. This commitment is contingent on Bureau support and approval of PP for project No. 598-0657, 597-0027.

Table 2

ILLUSTRATIVE BUDGET FOR HOME OFFICE SUPPORT

I. CONTRACT	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	YEAR 6	YEAR 7	YEAR 8	YEAR 9	YEAR 10	TOTAL
Key Personnel											
Project Director	144	144	144	144	144	144	144	144	144	144	1,440
Training/Social Marketing Specialist	96	96	96	96	96	96	96	96	96	96	960
Operations Research Specialist	90	108	108	108	108	108	108	108	108	108	1,062
Information Dissemination Specialist	40	60	60	60	60	60	60	60	60	60	580
Support Staff											
Administrative Assistant	60	60	60	60	60	60	60	60	60	60	600
Secretary	45	45	45	45	45	45	45	45	45	45	450
Information Diffusion Activities											
Technical Advisory Committee	30	30	30	30	30	30	30	30	30	30	300
Travel	20	20	20	20	20	20	20	20	20	20	200
Program Evaluations	45	45	45	45	45	45	45	45	45	45	450
Other Direct Costs	35	35	35	35	35	35	35	35	35	35	350
Other Direct Costs	40	40	40	40	40	40	40	40	40	40	400
SUBTOTAL	610	648	683	648	698	648	683	648	648	698	6,612
Inflation (2.5%)			17	32	56	68	89	100	117	133	612
GRAND TOTAL	610	648	700	680	754	716	772	748	765	831	7,224

Note: Additional home office support will be funded from Mission buy-ins, as needed.

TABLE 3

SUMMARY OBLIGATIONS SCHEDULE

(In Millions of Dollars)

	<u>FY 89</u>	<u>FY 90</u>	<u>FY 91</u>	<u>FY 92</u>	<u>FY 93</u>	<u>FY 94</u>	<u>FY 95</u>	<u>FY 96</u>	<u>FY 97</u>	<u>FY 98</u>	<u>TOTAL</u>
S&T	0.45	0.2	0.4	.425	.450	.500	.500	.500	.550	.500	\$4.5 Million
Missions	0.8	1.5	3.0	4.0	4.0	1.6	1.6	1.5	1.5	1.0	\$20.5 Million

TABLE 4-4 LEVEL OF EFFORT - DRUG DEMAND REDUCTION PROJECT
(Person Months)

CATEGORY	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	YEAR 6	YEAR 7	YEAR 8	YEAR 9	YEAR 10	TOTAL
CORE STAFF											
Project Director	12	12	12	12	12	12	12	12	12	12	120
Training Specialist	12	12	12	12	12	12	12	10	6	0	100
Ops. Research Specialist	10	12	12	12	12	12	12	12	12	10	116
Info. Dissem. Specialist	8	12	12	12	12	12	12	12	12	12	116
Administrative Assistant	12	12	12	12	12	12	12	12	12	12	120
Secretary	10	12	12	12	12	12	12	12	12	12	118
Subtotal	64	60	60	60	60	60	60	58	54	46	690
SHORT TERM TA											
Epidemiological Surveys	14	8	12	12	12	12	10	8	8	8	104
Social & Econ. Analysis	4	6	8	8	8	8	8	8	8	6	72
Content Design	8	12	16	16	16	16	14	18	10	8	134
Project Design & /Eval. Management	4	6	10	20	20	20	20	16	16	16	148
Subtotal	34	36	54	70	72	72	68	66	58	52	582
TRAINING											
	12	14	18	20	22	24	24	22	20	16	192
OPERATIONS RESEARCH											
	12	14	14	16	20	20	24	26	22	18	186
IN-COUNTRY COORDINATORS											
	12	24	24	36	48	48	48	48	36	24	348
TOTAL	134	148	170	202	222	224	224	220	190	156	1998

5. IMPLEMENTATION AND MONITORING PLAN

5.1 Country Selection Criteria

Countries participating in the Narcotics Awareness and Education Project will be selected on a basis of:

- o Mission request;
- o Regional Bureau recommendation;
- o The extent and nature of the drug problem;
- o Strength of host country commitment and ability to collaborate;
- o Extent to which the Project activity can support the development and implementation of the country plan; and
- o Feasibility of conducting Project activities.
- o Recommendations from other relevant agencies with the approval of Missions and Regional Bureaus.

5.2 Contract and PASA Arrangements

Two complementary modalities will be used for implementing this Project. The first will be a PASA (Participating Agency Service Agreement) with the Alcohol, Drug and Mental Health Administration (ADMHA) of the U.S. Department of Health and Human Services. The second will be a contract with a private institution. Under the PASA, the ADMHA's National Institute of Drug Abuse will have the primary responsibility for providing technical assistance on the design and conduct of epidemiological surveys. The PASA will also enable Missions to access the expertise of ADMHA's Office of Substance Abuse Prevention (OSAP) in such fields as drug abuse awareness and prevention programming. In selected cases, the contractor will have responsibility for the full range of Project activities, including such surveys when appropriate. In other instances, the contractor will coordinate and help guide the NIDA surveys and/or work performed under the PASA.

Responsibility for insuring the effective coordinating between the PASA and contractor and assigning survey technical assistance requests will be vested in the A.I.D. Project Officer, who will develop mechanisms to insure the close collaboration between the contractor and the NIDA/OSAP PASA. The ADMHA will be the source of first choice for survey work, but the contractor will be tasked whenever ADMHA's workload and personnel limitations require it. Other tasks will be assigned on the basis of predominant capability.

During the life of the project two five year contracts will be competitively awarded.

The PASA will be signed and the contract will be competitively awarded in FY 89 to implement the technical assistance, training, information diffusion, operations research, and evaluation activities of the Project. Because the Project requires operations at multiple sites with complex implementation schedules and must provide quick response to field needs and Mission requests demanding a broad spectrum of technical expertise, the RFP will encourage multiple party proposals, including sub-contracts with small businesses and minority firms. Regional Bureau representatives will participate in the A.I.D. proposal review process. The PASA with ADMHA will be funded under this project and findings required for Section 621(a) will be made part of the PIO/T.

The Alcohol, Drug and Mental Health Administration (ADMHA) of the U.S. Department of Health and Human Services is particularly qualified to provide the services of a PASA in this field for the following reasons: (1) it is the primary U.S. Government source of technical knowledge and experience in the fields of social and economic analysis of drug abuse, drug prevention programs and epidemiological surveys; (2) it provides unique expertise in design, implementation and evaluation of public sector projects in these areas; (3) its own program of technical assistance for LDCs, in-house research, policy analysis programs, and office ties to and cooperation with the U.N. system activities in narcotics control provide unique experience and contacts enhancing the selection and backstopping of its technical cooperation staff; and (4) as a public sector institution, concerned with narcotics and drug abuse, it is particularly suited to provide personnel to assist LDC public sector institutions with identical or similar responsibilities.

Because of (1) the above-described absolute technical advantage, and (2) the historical relative cost advantage of similar agreements with the U.S. Department of Health and Human Services, neither private enterprise nor any other U.S. Government agency can provide this particular range of experience and contacts at a similar price, and therefore are deemed not to be competitive with the U.S. Department of Health and Human Services.

5.3 Contractor and PASA Functions

To successfully implement this effort, the NAE project will require a core group of long-term technical/management specialists, supplemented by short-term experts, as needed, in a variety of fields. It is proposed that the core staff begin with two persons (Project Director and Training/Social Marketing Specialist) and expand to four, including a technical information and an operations research specialist, as countries and activities are added. The core group will also be supported by secretarial and administrative staff.

When fully implemented, the full-time professional staff would consist of a senior expert in drug abuse who would also serve as project director. The other professional positions include a training specialist, an information/education/communications specialist, and an operations research specialist.

It is expected that short-term consultants would be required periodically with expertise in organization and management of drug prevention programs, epidemiological surveys, social and economic analysis of drug abuse, content design, prevention project implementation and evaluation, curricular development, co-curricular activities, training in school and community-based prevention, fundraising, development of documentation resources, research and evaluation, etc. A more detailed description of proposed staffing requirements/qualifications will be set forth in the scope of work for the implementation contractor.

The contractor will have responsibility for close collaboration with the PASA. The PASA functions regarding epidemiological surveys and other services are described in Section 5.2 above.

Waivers will be authorized:

- a) to permit the contractors and PASA Agency to hire local experts for project activities;
- b) to permit the purchase of commodities and equipment in host countries.

5.4 In-Country Coordination

In the majority of countries, Project activities will be coordinated by the designated U.S.A.I.D. officer, in conjunction with host country counterparts. This is deemed adequate to handle occasional periodic tasks. However, emphasis sites will require the services of a full-time (or part-time) locally hired

Project Coordinator to handle the work load. At these sites, all Project components would be active simultaneously, requiring substantial local coordination, follow-up and support. The main responsibilities of the local Project Coordinator would include following-up on the technical implementation initiated by the Project staff, coordinating resources, and representing the Project to the various ministries and groups involved.

5.5 FY 89 Schedule of Project Events

The following schedule is anticipated:

- o March 31 Project Authorization, PIO/T Submitted
- o May 15 RFP Issued to Potential Contractors
- o July 15 Technical Review Committee convenes
- o August Contract and PASA signed
- o August Mission Buy-ins obligated
- o September 1 Contractor mobilized

5.5.1 Implementation Year-1

Immediately following signing of the contract agreement, the contract team (project director, training specialist) will meet with ST/ED, and other regional bureau representatives to develop the initial implementation plan/schedule. At that time, the contractor will undertake detailed implementation planning in those countries with buy-ins that encompass a number of activities, these are usually in excess of \$150,000 per year, i.e., for FY 89 these would be Bolivia, Peru, and Ecuador. Such planning would include an in-depth country analysis and strategy, and a workplan which would identify the specific host country institutions, their strengths and weaknesses, and specify the areas and programs to be assisted in the coming year. The contractor would also develop a budget by country and activity. Meaningful opportunities for operations research projects would also be explored during such planning and specified in the workplan. In addition, these Missions would be invited to be emphasis sites as described in Section 3.3 - Project Strategy.

Other Missions interested in buy-ins at lower amounts are requesting shorter term specific interventions, e.g. Honduras is requesting a survey, Belize would like assistance in targeting their mass media campaigns more effectively, and Brazil has requested training for specified groups. For these countries, the contractor will prepare focused needs assessments tailored to the intervention to be undertaken, specify the type of technical assistance or training requested, identify and describe the public and/or private entities to be assisted, and prepare annual workplans and budgets accordingly.

During the first year, the contractor also will establish the research, training and information elements of the project. In this process, a thorough analysis will be prepared of key methodologies and findings generated by other A.I.D. communications/education/behavior change projects in the area of Education (Radio Learning); Health Practices (Healthcom), Population (social marketing projects); and Nutrition; that analysis will be reported to A.I.D.

In addition, the contractor will prepare a strategy paper specifically addressing the issue of sustainability which examines how the project elements, inputs, and outputs can be targeted to increase the likelihood of institutionalization. (Also, see section 3.5).

5.5.2 Implementation - Years 2 and 3

The contractor would adhere to the following sequence similar to that initiated during Year 1: 1) for each country, a country analysis/strategy development, in some instances this would be an update of that of the previous year; 2) sub-project identification/design; and 3) an annual country workplan and budget.

5.6 Monitoring Arrangements

5.6.1 A.I.D. Management

S&T/ED will assign a half-time Project Officer to manage the Narcotics Awareness and Education Project. He/She will collaborate closely with the Regional Bureaus and participating Missions. Final authority for project management resides with the ST/ED Project Officer or designate. On a case-by-case basis, the Project Officer may delegate day-to-day operational authority for in-country activities to USAIDs.

An agency-wide Project Committee will meet regularly with the S&T/ED Project manager and advise on major management decisions, particularly those related to the integration of resources and coordination of activities with these collaborating offices. The Project Manager will chair the Committee. Members of the Project Committee will include the S&T/ED Project Manager, the Director of the Office of Education, other interested S&T offices, the PPC Narcotics Coordinator, Regional Bureau narcotics awareness coordinators and PPC health and education policy advisors.

An external Technical Advisory Group (TAG) will advise A.I.D. on the scientific and technical soundness of project activities. Members of the TAG will include representatives from USIA, INM, and the Office of National Drug Policy. The group will meet semi-annually for the first two years and at least annually thereafter. The members and Chairman of the TAG will be appointed by the Director of the cognizant Technical Office, the S&T Office of Education, with the concurrence of the regional bureaus.

Because of the importance of narcotics abuse as a worldwide problem, the policy implications to other USG efforts overseas, and the technical challenge it represents, the TAG will play a significant role in providing guidance to A.I.D. The methodologies in drug demand reduction are still emerging; the advice of a TAG will be important for effective program implementation. Funding for consultant time and travel will be provided through the primary project contract.

5.6.2 Reporting Requirements

Quarterly and annual reports will be required from ADMHA and the prime contractor under the Project. Other reporting mechanisms will be established according to need. These reports will address: 1) activities undertaken during the preceding period; 2) progress in meeting sub-activity objectives; and 3) any outstanding problems.

An annual workplan will be required of the prime contractor which will specify the activities to be undertaken in each country, the level of effort required for the various targeted outputs and the mix of personnel and disciplines needed to accomplish each task. The annual plan is intended to encourage a clearer understanding of the overall allocation patterns against expected project outputs, and provide a running assessment of the status of each of the common research efforts. At a minimum, the workplan will contain: 1) a brief status report on on-going work; 2) a budget projection for the coming fiscal year by country; 3) a schedule of planned activities by category and anticipated level of effort; 4) a justification of proposed research, including a discussion of research objectives, approach, and expected outcomes; 5) an explanation of the progress attained against stated objectives; and 6) a schedule of planned outputs. The annual workplan will be reviewed by the ST/ED Project Officer and approved by the ST/ED Office Director, after review by regional bureaus and PAC representatives.

5.6.3 Project Review and Evaluation

Quarterly and annual progress reports will be reviewed by S&T/ED, and shared with PPC and Regional Narcotics Coordinators. Recommendations of the semi-annual TAG meetings will be reviewed with the Agency Directors for Human Resources and Health.

Three interim and one external evaluation will take place during the life of Project, projected for FY 92, FY 94, FY 96 and FY 98. A consultant team of three experts, one of whom will be a member of TAG if feasible, will review Project activities against purpose and objectives. These evaluations will be timed to provide the TAG with reports in some proximity to a TAG meeting.

The FY 94 evaluation will provide information to A.I.D. germane to the revision of this Project's final five years. Although designed as a ten-year Project, it is anticipated that major changes in the situation during the first five years will be carefully examined, so that a decision will be made about whether the Project's continuation is, in fact, a key element of the Agency's response to the narcotics problem; and if so, what scale and types of activities are most appropriate to continue funding at that time. The evaluation will include a careful look at the progress of research-based understanding of the behavioral change process in the awareness/education area.

In addition to these formal evaluations, the contractor's project staff will develop an ongoing management information system which will provide information regarding fulfillment of interim objectives and the functioning of the systems created to meet those objectives. Information from this ongoing evaluation process will be supplemented by the annual needs assessment and annual work plan which will be key management tools.

5.6.3.1 Management Information System.

In addition to these formal evaluations, the contractor's project staff will develop an on-going management information system which will provide information regarding fulfillment of interim objectives and the functioning of the systems created to meet those objectives. Information from this on-going evaluation process will be supplemented by the annual needs assessment and annual workplan which will be key management tools.

6. PROJECT ANALYSES

6.1 Technical Analysis

A detailed Technical Analysis is presented in Annex C. This section summarizes that analysis.

In the area of demand reduction, the United States has a comparative advantage, unfortunately derived from the magnitude of its own drug problem. One hard lesson the United States has had to learn is that unless demand is diminished, supply reduction programs can never fully succeed. As a result, the United States has devoted and continues to devote, considerable resources to drug awareness, prevention education, treatment and rehabilitation and research. However, drug prevention is a long-term, developmental and complex process whose benefits take more than two to three years to assess. The investment is beginning to pay off. With the notable exception of the cocaine derivative, crack, illicit drug abuse, i.e. marijuana, heroin, and cocaine, in the United States has either decreased or remained steady since 1979. The number of heroin abusers appears to have stabilized at one-half million, and there are fewer new users. Since 1986, cocaine use has begun to stabilize as well and is actually decreasing among college students.

As a result of having to respond to a drug crisis that began in the mid-1960s, the United States has developed more knowledge and expertise than any other country in such areas as:

- o Collecting, analyzing and monitoring prevalence data on the use of different drugs. Analyzing the extent, nature, patterns and shifts of drug abuse through epidemiological surveys is essential to designing effective targeted demand reduction programs, and the United States is the world leader in this field.
- o Designing, testing, and launching mass media campaigns to increase public awareness. Experience in the United States and throughout the world has shown that public awareness campaigns can make a difference. The A.I.D. experience in radio education and mass media influence on health practice provides a wealth of information which can be applied to the drug awareness and prevention field. It is the methodologies developed under these programs that are likely to be the most useful transferable elements of prior experience. While local situations and problems vary widely, methods for designing effective programs taking

these differences into account have been shown to be effective.

- o Developing, implementing and evaluating prevention and education programs. In recent years, the United States has invested heavily in implementing and investigating the effectiveness of drug prevention programs. There are currently eight federal agencies supporting over 65 national prevention programs aimed at youth, their families, schools and communities. In fiscal year 1987, these agencies spent about \$300 million on drug abuse prevention. Also, state and local agencies are investing substantial additional sums.
- o Conducting research on all aspects of the causes, prevention and treatment of drug abuse. The most recent research in the United States indicates that there is a common set of risk factors predictive of frequent use of drugs during adolescence, and that the greater the number of risk factors present, the greater the possibility of drug abuse. This data suggests that prevention efforts seeking to reduce drug abuse hold greater promise if they address multiple risk factors. However, with the exception of one WHO study on alcohol education in schools using social influence strategies, there is virtually no research on the efficacy and applicability of prevention education strategies in LDCs.

As interdiction and prevention efforts in the United States have begun to decrease demand in some substances, the drug market has grown in other developed and in developing countries. In recent years drug consumption has grown - often dramatically - in traditional producer nations, and it appears that third world demand, once started, grows far more rapidly than usage has in the United States. (It appears that drug marketers have developed specific products and marketing techniques for targeting third world nations).

Other countries are now looking to the United States for guidance in responding to their own drug epidemics. LDC vulnerability is also reflected in the number of requests being received by international donor agencies, the international NGO community, regional organizations, USIS and USAID Missions. LDCs worldwide are experiencing a great need for information and technical assistance in how to respond to the drug problem.

While the U.S. is the world leader in terms of experience and knowledge relevant to the proposed Narcotics Awareness and

Education (NAE) Project, there is limited conclusive experience to date on the transferability of this experience and knowledge to LDC's. Significant work is underway through the individual Mission projects described in ANNEX B and the ANE Regional Narcotics Education project. However, given the long lead times involved, conclusive results remain to be demonstrated, except for attitude and prevalence surveys. Thus, the substantial body of U.S. experience provides, as a minimum, the technical base which can be tested and adapted to the socio-economic conditions of the individual LDC's and, overtime, can be generalized to groups of similar LDC environments and LDC's as a whole.

6.2 Social Soundness Analysis

The direct beneficiaries of this Project will be those persons at risk in participating LDC's, primarily youth and young adults, who do not become drug users because of drug awareness and prevention efforts supported by the Project. Also as directly benefitting will be persons close to the primary beneficiaries, especially their families. Available evidence indicates that drug abuse has a devastating effect on persons close to the abuser. A second set of beneficiaries will be persons in Governments and the private sector whose skills in mounting successful drug awareness and prevention campaigns is improved. Moreover, successful project activities will produce substantial benefits for the affected societies as a whole, since the overall social and economic costs of drug abuse are very great.

While all segments of the population are likely to benefit to some degree, the Project will give priority attention to the population groups considered to be at greatest risk. Available evidence indicates that youth and young adults are the group at greatest risk, but this will be verified through the epidemiological surveys which are an important emphasis in this Project. To be most effective, the Project must reach the widest possible audience within a given target group. This will require the use of a variety of techniques, including ones that overcome the fact that certain portions of the target population may be illiterate (use, for example, of appropriate audio visual materials).

This Project involves the transfer of U.S. experience in drug awareness and prevention to individual LDC's. This will require adaptation of that experience to the different cultures in the participating countries. Without such adaptation, prevention messages are unlikely to influence target audiences. The Project is designed to do this, both in the initial implementation of project activities and through the conduct of substantial operations research as the Project progresses.

The illicit drug producers and traffickers will be the only segment of the country populations which may feel threatened by this Project's drug abuse prevention, awareness and education activities. Unlike most development projects, however, the Project will not attempt to gain their acceptance. But because it will not impact directly on their day-to-day activities as interdiction programs do, the threat to them will not be perceived as imminent. Therefore, the Project activities themselves should not encounter interference from those groups. Nevertheless, Project implementors in the countries and A.I.D. will take this potential conflict of interests and security risks into account in planning in-country activities.

Moreover, the growing concern of LDC governments and opinion leaders over the growing problem of drug abuse in their respective countries creates a social climate which is conducive to the awareness and prevention activities that will be supported by this Project. This is one important rationale for the Project. If effective, U.S. society will be a beneficiary.

6.3 Economic Analysis

The principal benefits in economic terms that accrue from the prevention of drug abuse are the elimination of the direct and indirect economic costs that result from such abuse. There are serious methodological problems in estimating these costs, even in the United States. Three estimates in the mid-1970's place the economic costs of drug abuse in the U.S. at \$10.3 to \$12.5 billion. An improved 1984 analysis increased the estimate to \$46.9 billion. While the range indicates the methodological problems, even the lower estimates clearly indicate the enormous magnitude of the economic loss caused by drug abuse in terms of the loss of productivity, crime, costs of treatment, rehabilitation, enforcement and the loss of national income due to the illicit nature of drug trafficking.

In participating LDC's the methodological problems are compounded by the absence of adequate data. But, the overall magnitude of the economic costs of drug abuse makes it clear that the NAE Project will more than pay for itself in economic terms, even with very modest success in preventing drug abuse.

Thus, in order for the NAE Project to be economically viable, subprojects must be selected which make a positive contribution to the Project's goal of narcotics use reduction. Given the number of countries that will be involved, the small size of the subprojects and the factors cited above, the preparation of detailed economic analyses for subprojects would not be cost

effective. Instead, it is proposed that, during subproject review, activities with too many questionable assumptions be rejected, and least cost alternatives be sought whenever possible.

6.4 Administrative Analysis

Primary technical and administrative responsibilities for the NAE Project will lie in S&T/ED (Washington). That office will appoint a Project Officer who will provide continual technical guidance to the prime contractor and the U.S. Department of Health and Human Services through its PASA for NIDA and OSAP. The Project Officer will coordinate the efforts of these two implementing agencies and will monitor implementation through review and approval of Mission buy-ins, quarterly reports, periodic meetings and other means. From its extensive experience with other world-wide health communication projects, S&T/ED has the expertise and systems required to provide effective overall management of this Project, with day-to day implementation responsibility vested in the prime contractor and ADMHA.

However, the importance of narcotics abuse and the significant intra-agency and inter-agency implications of this Project require additional mechanisms to support S&T/ED in its management role. Intra-agency coordination and integration of resources will be provided by the Project Committee. It will meet regularly and will include the Agency's narcotics coordinators. Inter-agency coordination and advice on policy directions require the establishment of a Technical Advisory Group. At a minimum, its membership should include representatives of the other U.S.G. concerned Agencies, such as USIA, INM, and outside technical experts. It should meet no less frequently than twice a year.

Throughout the life of the Project, Missions will be consulted on various technical and programmatic issues. S&T/ED, the prime contractor and ADMHA will work closely with bureau narcotics coordinators and participating Missions in identifying and implementing project issues.

The specific roles of all organizations to be involved in this Project are more thoroughly addressed in the Implementation and Monitoring sections of this Project Paper. The NAE Project can be implemented successfully by these arrangements.

ANNEX A

DESCRIPTION OF THE NATURE AND EXTENT OF DRUG ABUSE, TRAFFICKING AND PRODUCTION IN LDCs

Asia and the Near East

A comprehensive 1987 A.I.D. survey of eight countries in South and Southeast Asia showed that drug abuse is growing rapidly in the area. The countries included in the survey were Pakistan, Nepal, Thailand, the Philippines, Bangladesh, Burma, Indonesia, and Sri Lanka. The purpose of the study was to review the status of public information/education programs and, thus, strengthen indigenous public awareness efforts. Besides documenting the magnitude of the drug problem in each country, the survey analyzed the public awareness and education activities and conducted an assessment of program needs and program strategy options. As a result of this survey, there is substantially more information on the consumption problem there than in other regions.

The survey found that in virtually all countries there were no national epidemiological studies of any type. Therefore, the data, whether from published sources or from interviews, represent educated guesses based on observation of secondary evidence, rather than probabilistic estimates which measure the possible range of error.

The major substance of concern varies in each country and in all countries there are a variety of substances, other than the primary drug of choice, readily available. Abusers are mostly young males between the ages of 15 and 29. However, the social class of abusers varies widely within countries and appears to be linked to drug preferences. Because of the lack of good epidemiological data, groups at risk in the respective countries have not been identified. Thailand and Pakistan, the countries with the most apparent drug problem, are both producers and traffickers of drugs.

Thailand: Historically, Thailand has been a producer of opium, with production dating back 140 years. However, massive production of both opium and marijuana did not occur until recent years. Thai marijuana is greatly valued internationally and carries a high street value in the United States. In addition to producing opium and exporting marijuana, Thailand also serves as a major transit route for opiates, primarily heroin, coming from Burma and Laos.

Thailand has a sizeable number of traditional opium users both among the hill tribes and urban Chinese. However, heroin abuse, primarily through injection of an exceedingly pure substance (90%), reached epidemic proportions in Thailand in the late 1960s following an upsurge of marijuana use. The Thai government, relying on various statistical sources, estimates the total number of addicts at between 300,000 and 500,000. There is some recent evidence that the addicted population is aging and countrywide usage may be leveling off.

Pakistan: According to the Pakistan Narcotics Control Board, heroin abuse has climbed from an estimated 5,000 in 1980 to 650,000 in 1986 and appears to be continuing on the rise. The U.S. State Department's International Narcotics Matters Bureau reports that in 1987 the estimated number of abusers had climbed to 920,000 (See table A-1). Overall abuse involving other substances is estimated at 200,000, making Pakistan the country with the most visible and serious drug problem in South and Southeast Asia. Unlike Thailand, where injection is the preferred method of induction, Pakistan addicts inhale or smoke their heroin. According to a national survey conducted in 1982, the typical heroin abuser is 24 years old, and 90 percent of the abusers are under the age of 30. Heavy heroin abusers use the drug an average of 27 days a month, 3-4 times a day, consuming about one gram a day. Such an addict typically will spend about 35 percent of his personal and 16 percent of his family income on drugs.

Pakistan is both a producer of opium and a processor of opium into heroin as well as trafficker for opium grown in Afghanistan and Iran.

Burma: Burma, like Thailand, historically has been a producer of opium but epidemic abuse of heroin is rather recent. In recent years, Burma has become the world's largest producer of opium. Since independence, in 1948, the Burmese government has made a concerted but largely unsuccessful effort to reduce drug abuse. Under current Burmese law, addicts must register for treatment. Unregistered addicts, if caught, are sent to jail, rather than a treatment center. The law also imposes the death penalty for the illegal manufacturing of drugs, and/or their import, export, and sale.

There are about 48,000 registered addicts in Burma, however, this relatively low figure suggests that many abusers are not registered. While there have always been a number of traditional users of opium in Burma, the upsurge of abuse is currently among young people who are addicted to heroin.

Sri Lanka and Bangladesh: Heroin abuse appears to be surfacing in these countries, although the problems have not reached the levels evident in Pakistan, Thailand, and Burma. Because information on the extent of the problems is largely unavailable in these countries, it is difficult to predict trends or accurately diagnose the problem. The Sri Lanka Mission reports that there may be as many as 50,000 heroin addicts. It appears that heroin addiction is on the rise and it is evident that all three of these countries have extremely limited resources for prevention.

Indonesia and Philippines: Addiction and abuse in both Indonesia and the Philippines is relatively low. However, both countries serve as traffickers for heroin going to the United States and Australia. While the demand currently appears to be low, availability of drugs at these two transshipment points places these two countries at risk.

In general, there are a number of common characteristics in the public perception of the drug abuse problem in South and Southeast Asia:

- o in all eight countries, there are indications of the governments' interest in the problem of drug abuse.
- o in five of the countries, Pakistan, Thailand, the Philippines, Indonesia and Sri Lanka, there is a single central government agency responsible for drug abuse policy and coordination.
- o Except for Burma, there are numerous non-government organizations (NGOs) concerned with the problem.
- o The majority of the public in Pakistan, Thailand and Indonesia view heroin as the most dangerous drug.

However, opinion data does not always reflect informed opinion. For example, Pakistan's poll demonstrated little knowledge about drug abuse, yet the majority viewed the use of heroin as a serious problem.

Other pressing economic development priorities such as food and nutrition, primary health care, and education take precedence over the need to combat drug abuse. In spite of the limited resources, all countries have designated agencies to coordinate drug awareness and prevention education.

Throughout the region, there is a need for technical capacity and knowledge on how to generate effective prevention campaigns and conduct prevention activities. The lack of national probabilistic epidemiological data on which to base awareness and prevention activities also presents a major constraint in responding to the demand problem in an effective manner.

Latin America

Latin America offers the best example of how drug producing and trafficking countries soon become drug abusing countries. The region is the source for the cultivation of all the world's cocaine, most of the marijuana and between a quarter to a third of the world's heroin.

Cannabis or marijuana produced throughout the region is the most widely abused drug affecting almost all Latin America and the Caribbean countries. Peru and Bolivia are the world producers of coca and Colombia is its refinery. In the past five years, these three countries have emerged as having serious abuse problems. New areas of illicit cocaine cultivation and processing are emerging in such countries as Ecuador, Brazil, Paraguay, Argentina and Venezuela. This expansion of cultivation, coupled with the ready availability of inexpensive processing chemicals throughout the region, has contributed to significant increases in the illicit production, trafficking and abuse of cocaine.

In the Caribbean region, Belize and Jamaica are major marijuana producers. The Cayman Islands, Haiti, the Dominican Republic and the Bahamas are drug money laundering centers and/or transit points. Central American countries like Costa Rica and Honduras are used for transit of cocaine. Panama is a base for processing and transshipment of cocaine, but mainly is used for laundering cocaine profits. Guatemala is actually growing poppy along with being a transit country.

Bolivia: Drug consumption has increased along with production but abuse is not well documented. The Triennial Anti-Narcotics Plan indicates that as many as eleven percent of the population aged between 12 and 25 may be habitual consumers of illicit drugs. Also noted, but not documented, is the growing participation of youth in marketing drugs in major cities and rural areas.

Since 1979, there have been four studies on the epidemiology of drug use in Bolivia. All point to a growing drug abuse problem. However, the studies are all marred by methodological flaws,

making the data unreliable. Thus, there remains a need for more systematic and rigorous epidemiological analysis on the nature and extent of drug use and abuse in Bolivia.

Bolivians perceive that drug abuse has become a serious national problem, which seriously threatens the future of their country. Opinion surveys conducted by USIA, indicate that the drugs most consumed in Bolivia are alcohol, marijuana, cocaine and coca paste. Fortunately, Bolivians indicate a willingness to become involved in responding to the problem: eight-in-ten urban Bolivians indicate that they would like to participate in anti-drug programs. As a result of wide media coverage and a series of public awareness campaigns funded by USAID, public awareness of the illicit drug trade and abuse problem is high. However, this awareness has not yet contributed significantly to curbing the problem. There is a need to channel public support into sustained action.

In 1988, the GOB developed a national strategy for prevention and control, creating a National Council for Prevention (CONAPRE) which is responsible for coordinating all activities in support of the National Plan. The implementing organization (CONTENMI) is composed of public and private sector representatives who are active in prevention.

Prevention education is conducted around the country by a number of Bolivian private and public institutions. Most are lightly staffed and underfunded, but many have accomplished significant work in spite of limited resources. CONAPRE convenes these groups regularly to share information and coordinate efforts which are varied. For example, the MOE has implemented a school prevention curriculum in grades 1-12 and developed participatory techniques for non-formal educational programs. There are a number of PVOs engaged in community mobilization efforts.

However, there is considerable need for technical assistance in planning, designing, and evaluating information and prevention programs in schools and communities.

Brazil: A number of factors are responsible for Brazil's increasing involvement in the illicit narcotics trade. These include: the country's expanding role as a supplier of processing chemicals, the growing number of processing laboratories being established; a marked increase in coca production in the Amazon basin and on the eastern slopes of the Andes, and increased transmitting of controlled substances toward other destinations through Sao Paulo and Rio de Janeiro. As a result of the increased availability of the drug, there is a rapidly growing cocaine abuse problem, particularly in large

urban areas. Cocaine, until recently, was considered only a problem among the affluent, but now coca paste in the form of "epadu" is becoming a serious addiction problem among Brazil's youth. Epadu resembles basuco in Colombia, which is coca paste laced with marijuana. It is usually smoked and its effect is similar to crack. Smoking basuco or epadu is considered highly dangerous because the paste still retains harmful sulfuric acid and kerosene residuals which cause brain damage.

Most Brazilians believe that the use of dangerous drugs in Brazil is increasing greatly and the drug abuse problem is serious (USIA, 1988). However, until recently, the Brazilian National Drug Council (CONFEN) held that the less publicity about drugs the less the problem would grow. The recent appointment of a dynamic attorney to head the commission is an opportunity to initiate drug awareness and prevention efforts. Although there are a number of private sector groups and universities active in the field, there is a need for a national epidemiological analysis of drug abuse and focused programs which seek to inform the public about the extent of the problem and target populations at high risk.

Colombia: About ninety percent of the world's cocaine is processed in Colombia by the Medellin and Cali cartels, who maintain control of virtually all phases of the illicit cocaine traffic in the world. Estimates indicate that \$300 to \$600 million of the cocaine profits return to Colombia each year.

The drug trade has had alarming, and at times catastrophic, effects on the political, social, and economic life of the nation. Yet, it has only been in the last two years that the general public has begun to realize that the damage to Colombia due to narcotics far outweighs the possible benefits. Drug abuse by youth and young adults from all social and economic classes is now growing in epidemic proportions.

Although several studies have been conducted, there is no reliable baseline data on the extent and nature of drug abuse in Colombia. However, the trends point toward extensive and rapidly expanding use of cocaine-based, basuco. Preliminary results of a city-wide survey in Bogota in 1988, indicate that there are approximately 200,000 consumers of illegal drugs, chiefly marijuana, basuco and cocaine. Many of these are youth. Usage is said to be greatest in the 18-24 age group where 10 percent were found to use illegal substances, closely followed by usage in the 25-30 age group. Nearly as high was usage in the 31-39 age group. There is also a growing problem of the use of inhalants among over 10,000 street children in the urban areas.

The other data set available is a public opinion survey (USIA,1988) which shows that the majority of the urban public believes that the drug use in Colombia is very serious and growing. Public information campaigns appear to be reaching the urban public (over 80 percent could name a TV documentary they had seen); however, most want to receive still more information about the problem. Although only a few have taken part in anti-drug programs, many expressed an interest in becoming involved in the future.

Peru: The world's foremost producer of coca leaf, Peru was the first country in the region to recognize that the production and trafficking of cocaine and marijuana posed a major threat to the economy and stability of the country. In 1986, Peru, with USAID assistance, conducted the first national epidemiological survey of the current and projected drug abuse problem in a developing country. The data indicated that since 1979, there had been dramatic changes in the use and abuse of marijuana, coca leaf, coca paste, and cocaine. Marijuana is the most abused illicit drug, with a lifetime prevalence of 9 percent, with 4 percent for coca paste and cocaine. An estimated number of 640,000 individuals reported ever having used these drugs. Another study indicated that Peru has as many as 138,000 coca paste addicts (USIA, 1988). The results of the second national survey conducted in July- September 1988 are not yet available. Some increases are expected, but not of the magnitude experienced between 1979 and 1986.

The urban public has widespread concern about the use of drugs in Peru, (80 percent think it is very serious, and the majority believe it is increasing a great deal. However, only 20 percent think that narcotics trafficking is one of the most important causes of violence. Urban Peruvians feel that they have far less information than they would like to receive about dangerous drugs. About half the public reports hearing little or nothing about drug problems and many reported a lack of awareness about public information campaigns related to drugs. However, 80 percent want more information about drugs and many are interested in becoming involved on anti-drug programs. Information currently reaches the public mainly through TV and newspaper, but a great majority would also like to have access to direct personal sources, such as parents' meetings, lectures and informal talks. (USIA, 1988).

Mexico: One third to a quarter of the world's opium is produced in Mexico. Nearly all is processed into "black tar" a less refined form of heroin, lower priced but highly potent. Mexico is the United States' number one source of heroin and marijuana,

and a transshipment point for a third of the cocaine entering the nation.

Despite Mexico's role in cultivating opium and producing heroin, Mexican drug epidemiologists report negligible levels of heroin addiction or opium smoking. Experts agree that Mexico is apparently in the early stages of a national drug problem with fairly high rates of marijuana consumption and a long-standing history of inhalant use particularly among youth. Inhalants most commonly abused in Mexico are gasoline, industrial solvents, and glue.

The results of a 1988 national epidemiological survey are not yet available.

Belize: A major producer of marijuana, Belize has cut production by 150 tons since 1985, destroying an estimated 80 percent of the crop. However, there is evidence that Belizean traffickers of marijuana, are using their established routes to smuggle cocaine to the U.S.

A national high school survey conducted by PRIDE found a significant problem of alcohol, marijuana and cocaine abuse among high school seniors and junior college youth. Indirect indicators also point to a growing problem of illicit drug abuse among unemployed youths in Belize City and some districts. The PRIDE survey is scheduled to be repeated in early 1989.

TABLE A CHARACTERIZATION OF NATURE & EXTENT OF DRUG ABUSE PROBLEM BY COUNTRY¹

	NEPAL	BANGLADESH	PHILIPPINES	INDONESIA
PROBLEM DRUG	Marijuana - Widespread Availability Transit Point for Heroin from Golden Triangle	Licensed and Restricted Cultivation of Marijuana	Transit Route For Heroin and Other Illicit Drugs	Producer of Marijuana Transit Site for Heroin Opium, Hashish & Precursor Chemicals
NATURE AND EXTENT OF ABUSE	10,000 - 20,000 Heroin Addicts (1976 Data) Heroin Addiction Growing No National Epidemiological Data	1600 Registered Addicts (1984 Data) Growing Problem of Heroin Abuse No National Epidemiological Data Available	Marijuana Most Abused Small Scale Problem No National Epidemiological Data Available	80,000 - 100,000 Opium Addicts Marijuana and Sedatives Major Substance of Abuse Growing Problem No National Epidemiological Data Available
CHARACTERISTICS OF ABUSERS	Heroin Users Young From Variety of Social Backgrounds Data Extremely Limited	Most are 20 - 25 Years Old From Variety of Social Backgrounds Data Extremely Limited	Treatment Data Indicates Most Abusers are Males Ages 15 - 19 Data Extremely Limited	Abusers Mostly 15 - 25 Years Old 70% of Abusers Are From Middle and Upper Classes Educated Urban Youth Data Extremely Limited

TABLE A CHARACTERIZATION OF NATURE & EXTENT OF DRUG ABUSE PROBLEM BY COUNTRY¹

	PAKISTAN	THAILAND	BURMA
PROBLEM DRUG	Major Producer Of Opium Major Processor of Opium into Heroin Principal Trafficking Route for Opium Grown in Iran and Afghanistan	Major Producer & Exporter of Marijuana Importer and Producer of Opium Major transit route for Heroin from Burma, Laos	World's Largest Producer of Illicit Opium
NATURE AND EXTENT OF ABUSE	920,000 Heroin Abusers 2 Million Drug Addicts Estimated GOP Officials View Problem As An Epidemic and a National Priority	Inject Heroin GOT Estimates 300,000 - 500,000 Heroin Addicts No National Epidemiological Data	Heroin Major Drug of Abuse also Opium and Codeine No National Epidemiological Data Available
CHARACTERISTICS OF ABUSERS	54% Live in Urban, 46% Live in Rural Areas Typical Heroin Abusers Is Male, 24 Years Old 90% Are Under 30 Years Old 61% Are Literate, With 9 Years of Schooling	45% Of Addicts Have a Primary Education 36% Secondary Education	48,000 Registered Addicts Actual Number Much Greater
¹ Only those countries included where there was data available Sources: INCSR 1988, U.S. Department of State, and data gleaned from a variety of USAID reports.			

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TABLE A CHARACTERIZATION OF NATURE & EXTENT OF DRUG ABUSE PROBLEM BY COUNTRY¹

	SRI LANKA	EGYPT	INDIA
PROBLEM DRUG	Transit Route for Heroin	Transit Point for Heroin	World's Major Producer of Illicit Opium Transit Route for Pakistani & Burmese Heroin
NATURE AND EXTENT OF ABUSE	50,000 Heroin Users, Expanding Problem of Heroin, Opium, Hashish abuse and some Pscyhotropics also Abused No National Epidemiological Data	500,000 Heroin Addicts No National Epidemiological Data Available	3 - 5 Million Heroin Addicts Several Million Estimated Users of Marijuana No National Epidemiological Data Available
CHARACTERISTICS OF ABUSERS	Heroin Addicts Usually Male Ages 20 - 34 Mostly Lower Class Data Extremely Limited	Most Abusers are Young Between the Ages of 20 - 25 From Variety of Social and Economic Backgrounds	No National Epidemiological Data Available

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TABLE ¹ CHARACTERIZATION OF NATURE & EXTENT OF DRUG ABUSE PROBLEM BY COUNTRY¹

	BOLIVIA	COLOMBIA	ECUADOR	PERU
PROBLEM DRUG	Major Producer of Coca	Processor of Most of of the World's Cocaine Second Largest Marijuana Producer in LAC Region	Coca Production Increasing Transit Route For Coca From Peru and and Bolivia	World's Major Producer of Coca
NATURE AND EXTENT OF ABUSE	Growing Marijuana and Coca Paste Abuse Problem No National Epidemiological Data 11% of Youth age 12-25 may be habitual consumers of illicit drugs	Bazuco and Marijuana Abuse Growing Rapidly 200,000 Abusers of Bazuco, Marijuana and Cocaine in Bogata Alone No Reliable National Epidemiological Data Available	USAID 1988 National Epidemiological Survey Minimal Abuse of Illicit Drugs Prevalence rates: 4% Marijuana 2% Inhalants 1% Cocaine, Coca Paste	1986: 138,000 Addicts, Coca Paste Reported 3 Million Coca Leaf Users Life Time Prevalence Rates: 8.3 Marijuana 4.0 Coca Paste 1986 National Epidemiological Survey (USAID)
CHARACTERISTICS OF ABUSERS	Greatest Abuse Among Youth Age 12-25	70,000 of Abusers in Bogata are Ages 12-17 Greatest Usage in the 18 - 24 Age Group Followed by 25 - 30 and 31 - 39 Group Bazuco Users are Middle Class Marijuana - Upper Middle	Illicit Drug Use Mostly Experimental and Recreational	Inhalants primarily Used by Youth Age 12-24 Marijuana - Young Adults 25-29 Years Coca Paste Users are in the 25-29 age group followed by those of 19-24. Heavy Cocaine users are young adult ages 25-34. Social and Economic Class Vary by Substance

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TABLE A CHARACTERIZATION OF NATURE & EXTENT OF DRUG ABUSE PROBLEM BY COUNTRY¹

	BELIZE	JAMAICA	MEXICO	GUATEMALA
PROBLEM DRUG	Transit Point for Cocaine and Marijuana from Guatemala	Third Largest Producer of Marijuana in LAC Region Transit Route for Cocaine to U.S.	Largest Producer of Marijuana in LAC World's Third Largest Producer of Opium	Producer of Marijuana and Opium
NATURE AND EXTENT OF ABUSE	Significant Problem of Marijuana and Cocaine abuse by Youth 87' Pride High School Survey	Data Expected, National Epidemiological Survey 1988	Data Expected, National Epidemiological Survey 1988 Fairly High Rates of Marijuana and Inhalant Use Among Youth	Alcohol Major Abused Substance Growing Marijuana Abuse Problem No Data Available
CHARACTERISTICS OF ABUSERS	Youth Ages 15-25 From All Economic and Social Classes Unemployed Youth In More Urban Areas			No Data Available

S.M.C.

**A.I.D. NARCOTICS DEMAND REDUCTION PROJECT
SUMMARIES**

(FY 1989-1990)

ASIA AND NEAR EAST BUREAU

Pakistan The Mission recently approved a \$3.9 million project to establish a national drug abuse prevention resource center. The center's main goal will be to support the reduction of drug demand through the following types of activities:

- o Collecting and disseminating research findings;
- o Promoting research;
- o Arranging training on drug abuse prevention methods;
- o Providing audio visual and print training materials;
- o Supporting curriculum development and follow up training for formal education institutions of all levels;
- o Coordinating mass media campaigns;
- o Evaluating its own programs and materials;
- o Coordinating with other prevention programs and groups;
- o Educating policy-makers regarding drug abuse.

Thailand: The Mission's narcotics efforts are basically directed toward supply-reduction. There are, however, two projects which focus on prevention. Part of the Mae Chaem Watershed Development project, is a detoxification program in pilot villages which responds to demand for treatment services by residents. Villagers are responsible for creating both drug watch committees and support groups (known as guardian committees). The former

act to keep traffickers out of the village and to penalize those who return to use drugs after detoxification, while the latter provide reinforcement for those who have been detoxified.

In addition, the Mission is supporting CARE-Thailand to publish a PVO health care and environmental magazine directed at children, which provides information on drug abuse. The \$345,000 grant permits CARE to work with the Ministry of Education to develop teaching and reading materials in several areas, including narcotics education. According to the ANE Regional survey, the Mission is considering providing several hundred thousand dollars in support to PVOs concerned with drug abuse to be channeled through its PVO co-financing project.

Beginning FY 1990, the Mission is launching a 10 year, \$10 million Narcotics Concern Project (493-0348) to accelerate sustained development to reduce opium production in Northern Thailand and to expand Thai narcotics awareness and education programs on a national level.

ASIA AND NEAR EAST REGIONAL PROJECT

In 1988 the Asia and Near East Bureau (ANE) launched the Regional Narcotics Education Project to serve eight countries (Bangladesh, Burma, Indonesia, Nepal, Pakistan, the Philippines, Sri Lanka and Thailand). The project responds to a 1987 survey which found modest narcotics information and education efforts were generally uncoordinated and of questionable effectiveness. The project purpose is to strengthen capabilities of Asian public and private institutions to design and carry out narcotics information and education programs. Project outputs include:

- o Training in narcotics prevention;
- o Establishing an institutional base for monitoring drug abuse prevalence;
- o Strengthening national drug coordination agencies;
- o Establishing or strengthening NGOs to operate drug prevention programs through improved fiscal, technical and administrative management.

This FY 87-90 project No. 398-0355, is being implemented by Development Associates at a funding level of \$2.9 million.

LATIN AMERICAN AND CARIBBEAN BUREAU

Belize: The Belize Drug Awareness Education project is being implemented by the Parents Resource Institute for Drug Education, Inc. (PRIDE). This OPG project 505-0033 has a life of project funding of \$1,000,000 and lasts from FY 1987 to 1989.

The goals of the project are to network with existing organizations and encourage the formation of additional youth acting groups; to develop a drug prevention package for use with parent groups; to participate in the National Drug Advisory Council; to do school outreach to incorporate Drug Education in the curriculum of all schools; to ensure the accessibility of accurate true information to people throughout Belize; to produce media programs that target youth and parents nationwide; to ensure self-sustainability; and to determine to impact of these programs.

Bolivia: The Narcotics Awareness project (511-0592) activities include weekly TV programs and daily radio broadcasts. The Confederation of Private Businessmen [Confederation de Empresarios Privados de Bolivia (CEPB)] is the implementing agency for the project. The length of project funding is \$2,650,000 and the project lasts from FY 1986 through FY 1989.

Bolivia has a number of projects related to the objective of promoting alternative development. These include the Chapare Regional Development Project, Narcotics Awareness, Economic Stabilization Program, Private Agricultural Organizations; and the Market Town Capital Formation. The Mission's strategy for alternative development includes four components: (1) to use the resources and the leverage of USAID projects to support effective Government narcotics eradication and control programs; (2) to carry out social and economic development programs in the Chapare and the Upper Valley areas of Cochabamba that will facilitate the transition away from coca production; (3) to conduct a nationwide narcotics awareness program, and (4) to involve other bilateral and multilateral donors in Bolivia's coca control and eradication programs.

Bolivia also had a Narcotics Education project in FY 1985-86. The project number was 511-0588 and the implementing agency was the National Junta for Solidarity and Social Development National Plan to Prevent Drug Abuse.

Brazil: No information is included in the action plan; however, Brazil is expected to have a narcotics awareness program in FY 89- 90.

Colombia: A.I.D. is supporting two institutions which are attempting to mobilize the community toward drug prevention, demand reduction, and increased awareness. Working through two PVOs, Action Solidaria and the local chapter of the Partners of the Americas. Action Solidaria is training 200 trainers in drug prevention techniques. Other project components include: (1) to complete, distribute, and test an anti-drug TV series; (2) to finance eight drug research projects and disseminate results; (3) and to sponsor two major anti-drug events.

Partners of the Americas is providing more than 20 small "seed" grants to grassroots anti-drug groups; developing hands-on approach in prevention and rehabilitation programs; and conducting annual national seminar highlighting successful prevention and early intervention programs.

The primary goal of the U.S. Embassy is to stop the exportation of drugs to the U.S. and a part of this effort includes keeping the public alert to the damage the drug traffickers pose to their society. The Mission is funding both Action Solidaria and the Partners for FY 89 and FY 90 at a level of \$100,000 each per year.

Ecuador: The U.S.A.I.D. Narcotics Education Project (518-0064) is providing assistance to strengthen private sector delivery institutions in drug awareness. The Fundacion Nuestros Jovenes (FNJ) is receiving technical assistance to strengthen its internal administrative systems to provide improved drug prevention and awareness services.

A final evaluation of the project is planned for the third quarter of FY 89 to assess project achievements and to identify possible follow-on activities.

Haiti: The Awareness and Prevention of Drug Abuse Project (521-0221) is focusing on developing and disseminating information on drug abuse and prevention through the media and personnel contacts and assessing public awareness of drug abuse in Haiti. It is also strengthening the local implementing PVO, the Association for the Prevention of Alcoholism and Other Chemical Dependencies (APAAC) through training and technical assistance. The LOP is FY 88 - FY 91 for a total award of \$486,288.

Jamaica: Under a cooperative agreement with the Pan American Health Organization, the National Council on Drug Abuse received

technical assistance to conduct an island-wide epidemiological survey to document the nature and extent of drug abuse in Jamaica. Results are expected to be available in 1989. Another project is planned for FY 89-90. The funding level requested is \$100,000 per year.

Mexico: The Narcotics Demand Reduction Project (598-0651) works through the Federacion Mexican de Asociaciones Privadas de Planificacion Familiar (FEMAP) to:

- o promote active and responsible participation of all segments of the population in combatting drug abuse;
- o inform the community about the social costs of drug abuse;
- o develop consciousness in the community of the impact of drug abuse on individuals, families and society as a whole;
- o inform the community of Ciudad Juarez about the magnitude of its drug abuse problem.

The project includes a subcontract with Johns Hopkins University to design a popular song-based media program using vocalist personalities selected to appeal to young people. The total USAID budget through FY 88 is \$800,000.

Panama: Although the A.I.D. Mission is closed, Panama does have a Drug Abuse Prevention project (525-0292) with LOP funding of \$200,000. The funds were obligated in 1987 and were to be spent in FY 88 and 89. The project purpose was to strengthen and expand the current efforts of the Institute for the Prevention and Treatment of Inappropriate Drug Use (IPTIDU). Grant funds are financing salaries, consultants, equipment, travel expenses, training and other direct costs.

Peru: The action plan includes a group of projects grouped under the objective of supporting anti-narcotics programs. These include a \$33.4 million Upper Huallaga Area Development Project, the Narcotics Education Initiatives, and a Pilot Project for the diversification of production systems in ten rural communities in Cuzco to explore crop alternatives to solve coca problems.

Under the narcotics awareness project, a cooperative agreement was signed with the Center for Education and Information about Drug Abuse Prevention (CEDRO) to finance narcotics awareness activities in Peru until September, 1990. Two small

complementary grant funded project agreements were also signed: one with the Ministry of Education for pilot testing a national drug abuse prevention curriculum in the public schools and the other with the Ministry of Health for pilot testing a national program to identify and register drug abuse cases in the national health care system.

The Narcotics Education Initiatives Project (527-0288) has a life of project funding of \$4 million, including \$800,000 for FY 89.

TECHNICAL ANALYSIS

C. Promising Approaches for LDC's Based on U.S. Experience

In the area of demand reduction, the United States has a comparative advantage, unfortunately derived from the magnitude of its own drug problem. One hard lesson the United States has had to learn is that unless demand is diminished, supply reduction programs can never fully succeed. As a result, the United States has devoted and continues to devote, considerable resources to drug awareness, prevention education, treatment and rehabilitation. However, drug prevention is a long-term, developmental and complex process whose benefits take many more than two to three years to assess. The investment is beginning to pay off. With the notable exception of the cocaine derivative, crack, illicit drug abuse, i.e. marijuana, heroin, and cocaine, in the United States has decreased or remained steady since 1979. The number of heroin abusers appears to have stabilized at half a million, and there are fewer new users. Since 1986, cocaine use has begun to stabilize as well and is actually decreasing among college students (NIDA, 1988).

As a result of having to respond to a drug crisis that began in the mid-1960s, the United States has developed more knowledge and expertise than any other country in such areas as:

- o collecting, analyzing and monitoring prevalence data on the use of different drugs;
- o designing, testing, and launching mass media campaigns to increase public awareness;
- o developing, implementing and evaluating prevention and education programs;
- o conducting research on all aspects of the causes, prevention and treatment of drug abuse; and
- o designing and modifying treatment and rehabilitation programs to meet the needs of abusers.

As interdiction and prevention efforts in the United States have begun to decrease demand, the drug market has grown in other

developed and developing countries. In recent years drug consumption has grown - often dramatically - in traditional producer nations and it appears that third world demand, once started, grows far more rapidly than usage in the United States. Other countries are now looking to the United States for guidance in responding to their own drug epidemics. LDC vulnerability is also reflected in the number of requests being received by international donor agencies, the international NGO community, regional organizations, USIS and USAID Missions. LDCs worldwide are experiencing a great need for information and technical assistance in how to respond to the drug problem.

While the U.S. is the world leader in terms of experience and knowledge relevant to the proposed Narcotics Awareness and Education Project, there is limited conclusive experience to date on the transferability of this experience and knowledge to LDC's. Significant work is underway through the ANE Regional Narcotics Education project, and the individual Mission projects described in ANNEX B above. However, given the long lead times involved, conclusive results remain to be demonstrated. Thus, the substantial body of U.S. experience provides, as a minimum, the technical base which can be tested and adapted to the socio-economic conditions of the individual LDC's and, over time, can be generalized to groups of similar LDC environments and LDC's as a whole.

The relevant U.S. experience and knowledge in the areas outlined above is described in the following sections.

C.1 Prevalence Data

Analyzing the extent, nature, patterns and shifts of drug abuse through epidemiological surveys is essential to designing effective demand reduction programs. Since the early '70s, the United States has amassed more experience than any other country in collecting and monitoring the public health consequences of alcohol, tobacco, illicit drugs and other potentially addictive substances.

The National Institute of Drug Abuse (NIDA) conducts the National Household Survey and the High School Senior Survey, and has also developed a system of tracking other indicators, such as emergency room admissions (known as the DAWN System).

Accurate analysis of the nature and extent of drug abuse, and monitoring of drug prevalence, is required to adequately plan and direct awareness and prevention programs. Valid epidemiological surveys are required to identify the characteristics of drug users and abusers and of groups and individuals most at risk.

In most LDCs, there is a complete absence of reliable prevalence data, a shortage of technical expertise to conduct statistically valid surveys and tracking and reporting systems to measure and monitor the nature and extent of the drug abuse problem. In the few countries where this data is becoming available, NIDA, with assistance of USAID and INM, has been providing guidance and expertise in developing reliable methods and indicators to monitor drug prevalence. NIDA has collaborated on designing, conducting, and analyzing prevalence surveys in Ecuador, Mexico, Jamaica and Bolivia, and is currently working with PAHO to develop reliable tracking and reporting systems similar to those developed in the United States.

C.2 Mass Media: Public Awareness; Knowledge; Attitude and Practice Change

Experience in the United States and throughout the world has shown that public awareness campaigns can make a difference. The A.I.D. experience in using mass media to educate, inform, and influence the behavior of target audiences for family planning and health program objectives provides a wealth of information which can be applied to the drug awareness and prevention field.

Elements of the most successful programs include extensive use of focus group and other social marketing and communications techniques, to generate an understanding of the perceptions, values, and beliefs of audiences; strategic planning of communications campaigns, modifying messages as awareness and circumstances change; continued focus on measurable outcomes, including behavioral changes and their precursors; precise targeting of messages to key sub-groups; consistency with messages coming from important sources other than those of the mass media, such as the medical community; and sufficiently repeated message exposure to ensure a high level of learning.

Communications research has shown that awareness alone does not lead to behavior change. AID-designed work in other public health areas has disproven the common assumption that strategies weighted toward the mass media are limited only to changes in awareness, or knowledge, or attitudes; this work has consistently shown that mass media-centered strategies can successfully be designed to produce large-scale learning and adoption of new behaviors in such areas as oral rehydration and immunization.

At the same time, the most effective efforts are those coordinated with community-based initiatives that provide local reference points for face-to-face education, motivation and support.

Two areas in which the United States has significantly affected knowledge, attitudes and behavior through mass media programs are drunk driving and smoking. The programs were directly correlated with steady increases in public disapproval of the behaviors and decreases in the incidence of the behaviors.

Preliminary evaluation of the largest United States media campaign ever launched against drugs (being conducted by the Media Advertising Partnership for a Drug Free America), indicates that major changes are taking place in the American public regarding drug use. Among college students, there were statistically significant declines reported in cocaine consumption, notably among "occasional users." (Black, 1988). Thus, the evidence is beginning to show that targeted and persistent programs of public education can impact on public attitudes toward consumption of addictive substances, and, in turn affect the actual level of consumption.

C.3 Community, Parent and School Programs for Drug Abuse Prevention

In recent years, the United States has invested heavily in implementing and investigating the effectiveness of drug prevention programs.

There are currently eight federal agencies supporting over 65 prevention programs aimed at youth, their families, schools and communities. In fiscal year 1987, these agencies spent about \$300 million in drug abuse prevention. One agency, the Office of Substance Abuse (OSAP), has developed criteria for evaluation and identified the twenty best prevention programs in the country. Also, the United States Department of Education developed standards and guidelines for designing effective school-based programs and identified strategies from 30 successful school programs as well as published two manuals on drug prevention curricula. Federal funds also support a National Clearinghouse on Drug Abuse Information which maintains a broad library of references on all aspects of the substance abuse problem. In addition, the Office of Juvenile Justice, together with OSAP, is supporting major research initiatives on risk factors associated with drug abuse.

Although data, methodologies, and technologies are still emerging, there is an increasing body of knowledge which identifies approaches that work and those that do not. This knowledge provides an experience base for assisting LDC's in responding more effectively and efficiently to their growing drug problems. In October of 1987, the United States Department of

Education, in conjunction with the United States Department of Health, prepared a report to Congress and the White House on the effectiveness of drug prevention programs in the United States. The report focused on prevention or education activities directed at school age youth (ages 5 to 18). It presents research findings on the nature and effectiveness of prevention programs and describes prevention activities at the federal, state, and local level.

The report notes that in the past, prevention programs have concentrated on the individual--primarily with attempts to impart knowledge on the harmful affects of drugs or to improve coping skills or behavior. Recent drug prevention programs have begun to address the individual within the context of peers, family, school and community groups. Since it is now generally believed that the causes of drug abuse are found at all levels of society, i.e. at the individual, family, institutional and community levels, programs which target elements within all levels hold the most promise for prevention. The report also notes that single action programs are generally not effective. Comprehensive programs that address a number of factors influencing drug use are believed more likely to succeed.

The research also revealed that some strategies, particularly those used in isolation and not as a part of a comprehensive well-planned program were thought to contribute to drug abuse rather than achieving the intended goal of prevention. Examples of such strategies include:

- o those which focus on providing purely technical information (e.g. information merely on uses and effects of drugs may encourage, rather than prevent, the behavior);
- o those which focus on the negative, harmful consequences of drugs (i.e., scare tactics);
- o media approaches which feature recovering drug abusers, sports heroes, celebrities and prominent political leaders (these may inadvertently suggest that everybody uses drugs);

In response to the drug epidemic of the sixties, many ill conceived information campaigns aimed at the individual drug abuser (or potential abuser) emerged. These programs involving scare tactics, moral messages and technical information for the so called discriminating individual did little to discourage youth from experimenting with drugs. In the seventies, messages became more balanced and factual, but they nevertheless appealed

to the individuals to make responsible choices regarding drug uses. These programs were scarcely more effective than those of the sixties.

In the eighties, with the exception of alcohol reduction programs, the doctrine of responsible use among youth has been abandoned as a tenet upon which to build drug prevention programs. In general, the trend in national, state and local programs has been to address the individual in the context of peers, family, and community and to direct interventions at the many factors of influence within those levels.

While evaluations of recent programs show mixed results, the report to Congress summarized its key findings by program type:

- o Programs directed at the individual by attempting to impart knowledge have not proven to be effective, and programs directed at the individual, which are designed to change beliefs by teaching that substance abuse is wrong have not yet been properly evaluated.
- o Programs directed at individuals to improve their life skills (decision making and self-esteem) have had short-lived results. Better program design and evaluation are needed in this area.
- o Programs focusing on the family offer promise for drug prevention, particularly if dysfunctional families can be better targeted.
- o Strategies that target the peer group and focus on using peer influence in positive ways have shown promising results (positive with cigarette smoking and alcohol and less successful with other substances).
- o Programs that focus on school environment offer promise, particularly if schools emphasize a strong policy of enforcement.
- o Community programs have been largely unevaluated. There appears to be some progress with programs to prevent driving while intoxicated. Raising the legal drinking age (as well as the price of alcohol) seems to reduce alcohol consumption among youth.

In summary then, the community and school-based prevention programs which offer promise are: family programs including parent training for dysfunctional families and those at risk, programs using positive peer influence strategies and school environment programs.

In general, the community of experts in the United States believes that drug prevention is a complex and lengthy process which requires a comprehensive multi-disciplinary approach, as well as coordination and consistent commitment of all involved. There is general agreement that there must be careful matching of programs to target audiences and that greater efforts should be made to reach populations most at risk (dysfunctional families, etc.).

Few argue that prevention is not the most humane and cost-effective intervention for drug abuse among youth. While data on ongoing programs has not been fully evaluated, certain programs appear to have promise and as research continues current programs are being modified and expanded to better achieve their objectives. The rapid growth of drug abuse in the United States among youth has led to action at all levels of society. The lessons learned from both effective and ineffective strategies provide a valuable base of information for LDC's as they embark on their own prevention efforts.

C.3.1 A Promising Comprehensive Risk Factor Approach

Some leading United States experts in drug abuse prevention suggest that the most promising approach in designing and selecting prevention interventions is to focus on key variables or factors which predict drug abuse and which are present during childhood and early adolescence. There is considerable evidence indicating that, in spite of apparent differences in age of onset and patterns of maintenance, similar factors appear to increase the likelihood of frequent use of illicit drugs. (Jessor, 1984; Farrington, 1985; Hawkins, et. al., 1988 and Perry, 1988).

These factors, which are summarized in Annex D, are:

A. Family Risk Factors

1. Poor and inconsistent family management practices.
2. Parental drug use and positive attitudes towards use.
3. Family conflict.

B. Individual Factors

1. Early antisocial behavior.
2. Academic failure.
3. Low degree of commitment to education and attachment school.
4. Association with drug using peers.
5. Alienation, low sense of self esteem and social responsibility.

6. Attitudes and beliefs rooted in conventional society.
7. Early first use of drugs (including alcohol).
8. Personality and physiological factors.

C. Social, Economic, and Community Factors

1. Economic and social deprivation.
2. School transitions and residential mobility.
3. Community laws and norms favorable towards drug use.
4. Low personal commitment to neighborhood and community disorganization.

C.3.2 Interventions To Address Risk Factors

The most recent research on drug abuse prevention programming in the United States indicates that there is considerable etiological evidence which identifies a common set of risk factors predictive of frequent use of drugs during adolescence (Perry, 1988). Further, there is evidence that the greater the number of risk factors present, the greater the possibility of drug abuse. This data suggests that prevention efforts seeking to reduce drug abuse hold greater promise if they address multiple risk factors (Hawkins, et al., 1988).

Although it is too early to assess the research on the effect of comprehensive strategies that address this broad array of risk factors for abuse, data is available on interventions which address specific factors. Some of these studies provide encouraging evidence that these risk factors can be effectively ameliorated. For example, one study has shown that a program focused on reducing aggressiveness in late childhood reduced drug use up to three and a half years later (Locham, 1988). A number of other interventions have been found to effectively address other risk factors. Some of these strategies include:

- parent training prevention strategies;
- law-related citizen education
- social influence strategies in schools.

In addition, the consensus in the United States is that interventions provided early in the developmental process hold the greatest promise for preventing drug related problems later in life. (Lober and Stouthamer-Lober, 1986).

From a cost benefit perspective, then, United States experts in drug abuse prevention are suggesting that the most reasonable approaches should be those that target groups at greatest risks and employ strategies that address a broad array of risk factors. Knowledge of these factors can thus guide the design of sound, cost-effective strategies.

Although it is expected that risk factors will vary by country and region, a risk based approach for designing and targeting prevention programs holds promise for LDCs.

As regards to specific interventions which may be applicable for LDCs, there is data which supports the viability of social influence education strategies.

C.4 Prevention Research in LDCs

With the exception of one WHO study on in-school alcohol prevention programs using social influence strategies, there is virtually no research on the efficacy and applicability of prevention education strategies in LDCs. The WHO study (Perry and Grant; et al., 1988) examined the impact of a school-based alcohol prevention education program aimed at delaying onset and decreasing alcohol use among youth 13-14 years old. The design included twenty five schools in Swaziland, Chile, Norway and Australia, representing middle and lower class populations, randomly assigned to peer-led education, teacher-lead education or a control condition. The education program was derived from psychosocial theories which view drug use not as deviant behaviors but as social behaviors that occur because they are functional to adolescents. [These theories have been the basis of social competency and life skills training that have been shown to be effective in some 20 studies in deterring smoking, alcohol, and marijuana use with adolescents in the United States (Botvin, 1986).]

The WHO program material was condensed into five 50-minute sessions; four of which were held at one-week intervals, the fifth was a review and reinforcing session held one month after the fourth session. Baseline and post-test data measured alcohol use, knowledge, attitudes, skills, and friends' drinking patterns. Data was collected immediately prior to and two months following the educational program. The findings converge that overall, and at each country level, the peer-led program demonstrated significantly lower alcohol use than the teacher-led and control conditions for both non drinkers (p .0003) and drinkers (p .04), regardless of gender. There were no significant differences between teacher-led and control conditions. The students in the peer-led condition gained more knowledge acquired better attitudes and reported fewer friends drinking at post-test. In no case, did either the teacher- led program or the control group demonstrate more positive outcomes than the peer-led program.

This study indicates that the peer-led social-psychological approach to adolescent alcohol education appears to be applicable and efficacious across a variety of settings, economies and cultures. More research is needed to determine the effectiveness of this model in other LDCs.

Although this study specifically focused on alcohol use, a number of US studies have demonstrated the effectiveness of social peer influence strategies in reducing marijuana use (Botvin, 1988).

Other strategies which have proven effective in the United States and may be applied under an operations research agenda in LDCs include parent training programs and law-related citizens education programs.

A major role for this project will be to help tailor intervention programs to the differing social reality of developing nations. For example, one fairly common factor is the greater importance of extended-family relationships in most LDC's; that kind of socially cohesive and important grouping is illustrative of a number of societal differences that may make certain kinds of prevention activities more successful in some LDC's than in the U.S.

C.5 Treatment and Rehabilitation

Besides analytical systems to monitor the use of different drugs and educational mass media and methods to inform and prevent drug abuse, the United States -- through NIDA, NIH, NIMH, and other medical and academic public health communities -- has made significant strides in identifying what causes some people to use and abuse drugs, and what treatment programs are most effective.

Some of the key lessons that the United States has learned with respect to treating and rehabilitating drug abusers are:

- o the causes of drug abuse are complex and stem from the interaction of a number of variables, including family, individual psychological factors, association with peers who use drugs, and environmental influences;
- o the more successful treatment programs are those that combine individual and family counseling, education, and, where appropriate, the use of pharmacological compounds to suppress further abuse;
- o treatment must be appropriate for the specific drug being abused, and
- o client needs must be matched to specific treatment

programs.

Although comparisons of methods of treatment have failed to demonstrate the clear superiority of one method over another, evaluations of national samples of programs show that four treatment modalities reduce abuse significantly (NIDA: Texas Christian, 1987). These programs are:

- Methadone maintenance
- Therapeutic communities
- Outpatient drug-free clinics, and
- Detoxification

In addition, data on simple pre-and post-evaluations indicate that a variety of therapies have produced significant post-test differences. These therapies are:

- Alcoholics Anonymous
- Covert sensitization
- Guided group interaction
- Education training models, and
- Contingency contracting

One of the most significant findings of the United States treatment efforts to date has been the identification of pre-treatment, during, and post-treatment factors associated with relapse for different forms of abuse. Program components can then be designed to reduce those factors associated with higher relapse rates and to increase those factors associated with lowering rates. Knowledge of these factors can thus be used to target clients at high risk for relapse, and thus develop more effective programs.

Pre-treatment factors include age, race, socioeconomic status, pretreatment severity of drug abuse, mental health status, level of education and ethnicity.

During treatment, factors include length of time in treatment, mandated vs. perceived choice for treatment, staff characteristics, provision of special services (such as educational, recreational, and vocational services), and the involvement of family.

Post-treatment factors include involvement in productive activities (i.e., school and work), active leisure, thoughts and feelings about drugs and cravings for drugs. For adults, post-treatment factors are more significant than pre-and during-treatment factors in determining whether the individual remains drug free. Because research in this area is still rather recent, the data on relapse variables in adolescent treatment and rehabilitation is not yet conclusive. (Catalano, et al. 1988).

It should be noted that although it appears that current U.S. treatment methods can help many achieve at least a brief period of drug abstinence, maintaining abstinence or avoiding relapse have been more difficult to achieve. Treatment outcome reviews show that clinical interventions are often successful in producing short term cessation of drug use but that relapse to use is a frequent post-treatment occurrence. (Brownell, et. al., 1986). Given the high rates of relapse after treatment, the post-treatment factors discussed above appear to be most important when designing effective rehabilitation programs.

In designing rehabilitation programs the data indicates that the more successful strategies are those that help recovering addicts cope with their drug cravings and increase and maintain involvement with work, school, and active recreational activities.

Although these findings are based on United States clinical samples and may not be applicable to developing countries, information and training on advances in the treatment and rehabilitation field in the United States could mean substantial savings for LDCs in human and capital investments. It should be noted that some of these models that have proven to be effective in the United States, e.g. Alcoholics Anonymous and therapeutic communities, have already been implemented and are demonstrating effectiveness in many LDCs. Such information would allow for a better selection of treatment modalities, and assist in designing the structure and focus of interventions applied to treating and rehabilitating drug abusers.

RISK FACTORS PREDICTIVE OF DRUG ABUSE IN THE UNITED STATES

A. Family Risk Factors

1. Poor and Inconsistent Family Management Practices. Children raised in families with lax supervision, excessively severe or inconsistent disciplinary practices, and little communication between parents and children are at great risk for later delinquency and frequent drug use in adolescence. (Farrington, 1986.) Positive family relationships appear to discourage teenage drug abuse.
2. Parental Drug Use and Positive Attitudes Toward Use. Parental alcoholism and the use of illicit drugs by parents and siblings increase the risk of alcoholism and drug abuse in children. (Ahmed et. al., 1984.)
3. Family Conflict. Conflict between family members appears to be more salient in predicting illicit drug use than family structure. (Penning and Barnes, 1982.)

B. Individual Factors

1. Early Antisocial Behavior. A relationship has been found between male aggressiveness in kindergarten through second grade and teenage drug abuse. This risk is even greater when aggressiveness is coupled with shyness and withdrawal. About 40% of boys with aggressive behavior problems developed drug problems and delinquent behavior as teenagers. (Kellam and Brown, 1984.)
2. Academic Failure. Children who meet with academic failure in the late elementary grades (fourth through seventh) are more likely to abuse drugs. Research also suggests that factors leading to poor school performance may be more salient than lack of achievement, per se, in predicting drug abuse. (Kandel, 1982.)
3. Low Degree of Commitment to Education and Attachment to School. The use of hallucinogens, cocaine, and other illicit drugs is significantly lower among students who

expect to attend college. (Johnston, O'Malley, and Backman (1986).

4. Association with Drug Using Peers. Association with drug-using friends during adolescence is among the strongest predictors of drug use. (Jessor, Close, and Donovan, 1980; Kandel, 1985; Clayton and Ritter, 1985.)
5. Alienation, Low Sense of Self Esteem and Social Responsibility. A low sense of self-esteem, poor peer relations, and a low sense of social responsibility have all been shown to be related to drug abuse. (Hawkins, et. al., 1985.)
6. Attitudes and Beliefs Rooted in Conventional Society. Individual attitudes and beliefs are related to drug abuse. Youth who feel a social "bond" to conventional society, i.e., who feel attached to parents, committed to school, and involved in community and church activities are less likely to abuse drugs. (Akers, 1977; Weiss and Hawkins, 1982.)
7. Early First Use of Drugs (including alcohol). Youth who begin to use drugs before age fifteen are twice as likely to develop serious problems with drugs. Generally, the earlier the onset of drug use, the greater will be the involvement with, and frequency of, drug use; similarly, the likelihood of involvement in other deviant activities, such as crime and drug sales, increases with early first use.
8. Personality and Physiological Factors. A "sensation-seeking" orientation has been found to be positively related to the initiation of drug use and to the number of drugs used. (Penning and Barnes, 1982; Spotts and Shontz, 1984.)

A number of studies have found that hyperactivity, attention deficits, and conduct disorders before age twelve are linked with delinquency and later drug addiction. (Gersick, Grady, Sexton, and Lyons, 1981.)

C. Social, Economic, and Community Factors.

1. Economic and Social Deprivation. Children from families who experience social isolation, extreme poverty, and poor living conditions are at elevated risk of chronic drug abuse.

2. School Transitions and Residential Mobility. Transitions, such as those between elementary and middle or junior high school, and residential moves, are associated with increased rates of antisocial adolescent behavior, including rates of drug initiation and frequency of use.
3. Community Laws and Norms Favorable Toward Drug Use. Communities with laws favorable to drug use, such as low drinking ages and low taxes on alcohol, have higher rates of alcohol-related traffic fatalities and deaths due to cirrhosis of the liver. The availability of alcohol and illegal drugs is associated with abuse.
4. Low Personal Commitment to Neighborhood and Community Disorganization. Neighborhoods with a high population density, high rates of crime and lack of natural surveillance of public places have high rates of juvenile delinquency.

Research has found that attachment to neighborhood is a factor in inhibiting crime.

Studies have shown that neighborhood disorientation or disorganization is a factor in the breakdown of the ability of traditional social units, such as families and other significant adults and role models, to provide pro-social values to youth. When this occurs, there is an increase in delinquency and recidivism in these communities.

Disorganized communities appear to have less ability to limit drug use among adolescents, as well.

These factors are summarized from the following articles written by members of the Social Development Research Group at the University of Washington.

Hawkins, J. David, Lishner, Denise M., Catalano, Richard F., and Howard, Matthew O. Childhood "Predictors of Adolescent Substance Abuse: Toward Empirically Grounded Theory," Journal of Children in Contemporary Society, 8(10), pp. 11-48, 1986.

Hawkins, J. David, Jenson, Jeffrey M., Catalano, Richard F., and Lishner, Denise M., "Delinquency and Drug Abuse: Implications for Social Services." Social Service Review, 62(2), pp. 258-284, 1988.

ANNEX E

**RESULTS FROM REGIONAL CABLES ASSESSING MISSIONS' INTERESTS
ON PROPOSED ST/ED NARCOTICS AWARENESS AND EDUCATION PROJECT**

1. Summary

Missions responded to three regional cables requesting information on the proposed ST/ED Narcotics Awareness and Education Project indicating their potential interest in participating and ranking the suggested project areas of service.

A total of 36 responses have been received, including 15 from the LAC region, 12 from ANE, and nine from Africa, of these, nine have specified buy-in amounts from FY 89 and 90. Another ten Missions, including five from the ANE and two from Africa region provided supportive responses and some of these indicated an interest in participating in the near future.

Although the LAC region clearly has the greatest need for assistance at this time, four points suggest that a worldwide project is warranted. First, the data on the drug abuse problem clearly indicates that this is a worldwide phenomenon. The links between illicit cultivation, production, trafficking and consumption are intricately tied. This has resulted in the emergence of a growing and widespread addiction problem in many developing countries throughout the world. Second, the current ANE/RNE is scheduled to last only two and one half years more and clearly will not be able to meet all the needs of that region. Third, there is a major knowledge gap. Indication from all regions, including a recent INM survey of 7 posts in Africa, are that there is a real hunger for information. Few organizations working in the drug abuse field in the developing world know what promising approaches are being tried elsewhere, what their options are, what research shows, or how to develop and cost-out effective prevention programs. Fourth, to date there are narcotics demand reduction efforts in some 14 A.I.D. assisted countries across two regions, and as the heroin trade continues to seek alternate routes through Africa, more countries like Nigeria will begin to seek assistance in that region as well. Most importantly, there is a need for conceptual and operational coordination and guidance as well as for on-going research to identify, improve and evaluate effective drug abuse prevention.

Therefore, the proposed project is being designed to respond to field needs which may be effectively addressed through a central mechanism. The project should encompass four kinds of assistance:

- o technical assistance
- o training
- o information dissemination
- o research and development

The project must target eight key sectors/groups: health, education, the media, government, private sector, high-risk youth, families and communities. To avoid duplication and maximize the use of scarce resources, it will be critical that the proposed project coordinate with related USG activities, other USAID projects and be complementary to other efforts by regional, bilateral, and multilateral donor agencies.

2. Response by Region

Latin America and the Caribbean: From the LAC region, all Missions except Panama responded. Nine countries have indicated actual buy-in amounts to participate in the proposed ST/ED project on narcotics demand reduction. The total amount of projected buy-ins is \$1.37 m for FY 89 and \$1.35 m for FY 90.

Two advanced developing countries, Colombia and Paraguay, have also expressed support for the project and a serious interest in participating. Their potential contributions are not available to date. Indications are, however, that they will be involved in some way.

Two other countries, the Dominican Republic and Guatemala, although not interested in buy-ins at this time, responded favorably to the project and ranked project areas according to their perceived needs. Guatemala's concern is alcoholism, which the Mission believes is presently a much greater problem than is abuse of illicit and/or prescription drugs. The Mission estimates that there are at least 160,000 active alcoholics, who are affecting approximately 800,000 Guatemalans throughout the country. (The issue of whether the proposed project should address alcoholism is discussed at the end of this memo).

Asia and Middle East: From the ANE region, all the Missions have responded except Pakistan, Yemen, Nepal and Burma. Of those that answered, India and Sri Lanka expressed some interest in the training opportunities that such a central project may offer. The India Mission indicated that it may be interested in sending government officials and others involved in drug use prevention to "well-run seminars in the U.S.," using funds from the already existing DM&T project. However, Mission buy-ins for the upcoming two years are highly unlikely.

Sri Lanka's response names several organizations that have been recommended for assistance under the ANE/RNE project, but notes that it is unlikely that all requests will be considered under that project. Therefore, the Mission, "welcomes the development of a centrally funded project to assist concerned organizations in drug abuse prevention and control". In addition, the Mission considers the training of personnel in the treatment and rehabilitation field to be "an urgent need" which the proposed S&T/ED project should include. Regarding buy-ins, the Mission had not included any provision for drug programs and will not be able to participate for FY 89 and FY 90 but perhaps at a later date.

As a result of discussing the proposed project with several Egyptian drug treatment experts, the Cairo Mission recommends that the area of youth activities should receive more emphasis. The Mission believes that a comprehensive youth activity program, especially for rapidly growing areas, is essential for drug abuse prevention. Assistance in developing such programs, emphasizing community participation, would be a useful technical assistance component. Treatment and rehabilitation aspects are supported for inclusion in the project's information dissemination, training and technical assistance components. At this time, however, the Mission is unable to provide financial participation data for buy-ins.

The Bangladesh Mission provided a lengthy and supportive reply for the proposed worldwide project which could directly benefit their country by the forwarding linkages needed to develop sustainable drug programs in key countries. All 13 proposed areas could be undertaken in Bangladesh. Mission would be open to participating but not if buy-ins are required. Limited funding precludes buying into a central project in the near future.

Thailand's response indicated that the proposed project focus areas address the major elements of "a responsible program tailored to the needs of the host countries." The Mission is planning to launch on FY 90 \$10 million, 10 year comprehensive narcotics awareness and crop eradication substitution project and is also a priority country under the ANE/RNE project. At this time, they cannot provide any estimate of their buy-in potential. However if the development of the Mission's new 10 year project succeeds, they will "give careful consideration to its relationship to both the ANE Regional and the proposed ST/ED projects".

The Suva Mission does not currently have current programs in narcotics awareness and education, however the South Pacific Commission (SPC), of which the United States is a major donor,

has been active in the narcotics reduction activities. The Mission recommends that the proposed ST/ED project collaborate with SPC, which the Mission supports through extra budgetary funding annually. The Mission strongly endorsed the proposed design and supported an emphasis on treatment and rehabilitation as a critical component of multi-pronged and integrated approach to the drug problem.

The India Mission has requested information on the various USG, including A.I.D., resources relating to narcotics assistance and how they might be accessed.

Generally, all ANE Missions responding suggested that the project include some focus on treatment and rehabilitation.

Africa: Responses have been received from seven countries including: Botswana, Lesotho, Malawi, Mozambique, Nigeria, Senegal and Swaziland. Five of the Missions are definitely not interested. Swaziland would probably participate if the project scope would include alcohol misuse and addiction, which from the Missions perspective is "responsible for a multitude of social ills including family violence, traffic accidents, absenteeism and poor work performance, and is the largest drug related problem in the region".

In FY 88, the Nigeria Mission requested funds to conduct an epidemiological survey to analyze the extent and magnitude of the problem, but was turned down because of lack of funds. State/INM has indicated it will fund such survey in FY 89. Regarding the proposed central project, the Mission indicates that "limited buy-ins for FY 90 are possible based on findings of survey to be conducted in FY 89 assuming INM funding will be available for said activity." Regarding ranking of the project areas, the Mission felt it was premature to do so prior to an analysis of their current situation.

3. Responses Regarding Potential Project Focus Areas.

Missions were asked to rank the thirteen proposed project components and add any important areas which may have been omitted. While the needs varied by country, the responses from those Missions potentially buying into the project in the next two fiscal years converged around nine of the thirteen proposed project areas. The top three areas were:

- o Technical assistance in designing and delivering training modules for key groups;
- o Training in developing an in-country capability to design training services and operate drug awareness prevention programs; and

- o Technical assistance in evaluating existing or proposed projects.

Four out of eight countries also indicated a need in the following areas:

- o Information dissemination
- o Research and development
- o Technical assistance in:
 - analyzing the extent and nature of the problem,
 - designing public awareness messages and managing mass media campaigns, and
 - strengthening coordination and institution building.

Table E summarizes Mission responses by areas. As the table indicates, few Missions felt that the project should focus on facilitating and coordinating, regional, and out-of-region training opportunities.

In general, a significant number of Missions responding expressed strong endorsement for the proposed design and expected outputs of the proposed ST/ED NAE project. There was broad support for the multi-pronged, integrated approach, the project components, and for the coordination and research opportunities such a centrally funded project will offer. The design was perceived as being flexible enough to respond to a wide variety of needs and levels of countries across regions. Even in countries where there has been substantial USAID involvement like Peru, Bolivia and Thailand, the proposed project seems to offer avenues not currently available for significantly forwarding and improving existing or projected programs.

Discussion Issue

The alcoholism issue raised by Guatemala and Swaziland is one which definitely will be raised again once implementation begins. The research literature shows a strong link between alcohol use/abuse and subsequent use/abuse of harder drugs. In fact, alcohol, tobacco and marijuana are commonly referred to as gateway drugs. Delay of initial use of alcohol significantly reduces the likelihood of later drug abuse. International models and standards for prevalence surveys track use patterns for alcohol as well for narcotics. Much of the prevention research in the U.S. has been directed at preventing the use/abuse of alcohol and other gateway drugs. Furthermore, the economic and social costs of alcohol abuse are known to be much greater than for any other substance.

The project's proposed central clearinghouse may be one way to serve countries which share the alcohol concern, since the majority of the literature on drug abuse prevention and treatment from the U.S. focuses on alcohol. In addition, some of the U.S. and regional training programs which may be announced through the project will most likely be useful and appropriate for countries focusing on all aspects of substance abuse, including alcohol.

RESULTS OF SURVEY OF MISSIONS INTEREST IN DDR

5/10

Proposed Project Areas	Potential Buy-in missions										*Missions interested/no buy-in data available for FY 89 -90							
	Belize	Bolivia	Brazil	Colombia	Costa Rica	Ecuador	Haiti	Honduras	Jamaica	Peru	Dominican Republic	Guatemala	Bangladesh	Egypt	India	South Pacific	Sri Lanka	Totals
Technical Assistance																		
1. Analysis of the Problem		•		•			•	•			•		•	•		•		8
2. Design Programs					•			•	•					•		•		5
3. Message Design, Mass Media	•				•			•								•	•	5
4. Design and Deliver Training		•			•		•	•	•	•						•		8
5. Evaluation of Projects	•			•	•	•	•	•	•			•				•		8
6. Strengthen Coordination Institution-Building	•		•	•	•				•	•					•		•	8
Information Dissemination																		
7. Establish Central Clearinghouse	•	•			•	•				•		•		•			•	8
8. Develop/Test Information Packages					•	•				•	•						•	5
Training																		
9. Facilitate U.S. Training		•	•			•							•		•			5
10. Develop In-country capacity to deliver training		•	•		•		•		•	•	•	•	•	•			•	11
11. Coordinate Regional out-of-region training						•				•								2
Research and Development																		
12. Conduct Pilot Research		•			•	•	•			•								5
13. Conduct Operations Research		•			•	•	•			•								5

*Nigeria, Swaziland, and Paraguay also expressed an interest but did not rank the project areas.

LOGICAL FRAMEWORK

Narrative Summary

End of Project Status

Means of Verification

Important Assumptions

I. Project Goal:

To reduce production, trafficking and use of illicit drugs in the developing world with a resulting reduction in the flow of narcotics into the U.S.

To stimulate development of constituencies in developing countries, from all social groups, which will support anti-narcotics activities.

1. Reduction in levels of illicit drug use.
2. Strong anti-drug attitudes among general public, opinion leaders, key political leaders, etc.

Country-specific epidemiological data, opinion surveys, actions of opinion leaders.

Commitment of LDCs to deal with the drug epidemic.

II. Project Purpose:

To strengthen the capabilities of the LCD institutions to design, implement, and evaluate effective awareness and prevention programs.

The existence of self-sustaining public and private sector institutions capable of conducting effective narcotics reduction programs including public awareness, campaigns, prevention education programs, monitoring drug prevalence and research; improved methodologies for design and conduct of effective programs.

Evaluation of change in attitude, knowledge, and practices of target audiences, including surveys and in-depth interviews.

1. The availability of appropriate institutions and personnel at participating sites.
2. That the use of prevention and communication strategies in a cross-cultural context can reduce drug abuse.
3. That operations research can produce effective strategies.

Narrative Summary

End of Project Status

Means of Verification

Important Assumptions

Outputs:

1. Management systems required to strengthen a national network of public and private institutions in most affected LDCs to effectively design and manage demand reduction programs.

2. Development of in country capacity to analyze and monitor drug abuse prevalence using international standards and sample frames.

3. Economic and social analyses of the costs of drug abuse in selected countries.

4. Handbooks including guidelines for:
a. the application and effective use of mass media methods;
b. community drug abuse prevention;
c. school-based drug abuse prevention;
d. evaluation guidelines of mass media and inter-personal programs; and
e. sustainability.

1.1 Knowledge and quality of management and technical staff or private and public institutions is to respond to narcotics reduction problems.

1.2 Availability of adequate independent financial resources to support programs.

2. Number and frequency of national epidemiological surveys completed, quality and comparability of data through time and across countries. Quality and knowledge of technical staffs.

3. Economic and social cost analysis studies conducted in at least 10 countries.

4. Four Handbooks with guidelines (3 revisions) in the five areas referenced in a, b, c, d and e.

1.1 Evaluation of management and technical capabilities of public and private institutions staff.

1.2 Knowledge of subject matter by key staff.

Program management data on project research studies, workshops, evaluations, and publications.

Set of standard comparable indicators for conducting the economic and social costs analysis of drug abuse.

Published Handbooks and revisions.

Capable and interested private and public organizations willing to work in the narcotics demand reduction field.

Accurate monitoring of drug prevalence is required to adequately plan and direct awareness and prevention programs.

Tracking systems and accurate quality data exists in LDCs to conduct economic and social cost analysis.

Training Handbooks and guides are necessary for supporting effective program implementation.

Narrative Summary

End of Project Status

Means of Verification

Important Assumptions

5. Publications and dissemination.

5.a) Quarterly newsletter, reports and manuals on demand reduction information.

6. Personnel trained in prevention.

7. Pilot and operations research studies; "Field Notes" on lessons learned.

8. Tested methodologies for planning and implementing effective demand-reduction programs.

5. Implementation plans: 1 for each participant.

5.a) Quarterly newsletters, 20 papers/reports on lessons learned.

5.b) At least three training packages for drug prevention in school, communities, and the workplace.

6. 3,000 project directors, trainers, private, and public sector leaders trained directly in drug abuse prevention.

7. Operation Research studies in at least 10 LDCs.

8. One-to-several methodological packages well-documented and applicable to a number of LDC contexts.

10-15 country plans written and revised annually.

6.a) A follow-up evaluation of impact of number trained, quality of courses, lessons learned, utilization of lessons learned.

6.b) Evaluation of quality of staff, quality of courses, lessons taught/lessons learned, quantity and quality of resources available.

7. 20 Technical Reports.

8. Empirical data from several sites that have applied the methodologies, sharing expected demand-reduction effects.

Country plans are essential for effective implementation.

6. An organized training program is required to raise this level of capabilities.

7. Mission and host country willingness to participate in operations research.

8. Other factors during demand will not obscure measures of project effect.

Narrative Summary

End of Project Status

Means of Verification

Important Assumptions

9.a) Formative evaluation plans for each field site.

9.a) Regular use of formative evaluation methods to guide each field activity.

Observation of field site activities.

User institutions are willing to incorporate and use formative evaluation.

9.b) Program evaluations carried out.

At least ten program evaluations.

Published evaluation reports.

Missions will buy into project to carry out evaluations.

9.c) A synthesis of major evaluation conclusions across sites throughout the project.

At least four cross-national evaluation syntheses reported.

Published synthesis reports.

Enough program evaluations carried out to warrant syntheses.

Project Inputs:

S&T Mission/Regional

Funding to conduct technical assistance, training and research in at least four countries.

Projected expenditures as specified in the cost estimate plan.

Project management data on TA and on obligations.

1. Obligations of A.I.D. funding according to plan.

1. Short-term technical assistance.

2. Training

- a. in country
- b. regional
- c. out-of region

3. Materials

4. Program Support

2. Appropriateness of technical assistance to particular LDCs.

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