The Program to Estimate the Human, Social and Economic Costs of Drugs in the Americas: Present and Future

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The Present

Project Objective: develop strategies to create the basis for future studies on the costs in developing countries

Completions of participant country commitments: satisfactory

Complete development of methodological strategies: some instruments need to be refined.

Web page functioning well

Participant country advances: April 2005

Five of the six countries have completed data from level one and some of level 2

Each country has executed projects financed by CICAD:
- Costa Rica matrices 2000 to 2003; completed study in prisons, and study in emergency rooms; in the process of a study on absenteeism in the workplace.
Achievements of participating countries: April 2005

- Barbados completed emergency room study and prison study
- Uruguay completed case control study, and emergency room study
- Chile: First report consolidated and complete: report available
- El Salvador: Completed emergency room study

New countries

- Colombia: completed emergency room study
- Argentina, Ecuador, Brazil, Panama y Peru have expressed interest in joining the cost program
- Work will begin with these countries once work with the six present countries is complete.
Some concrete results

- Barbados: spent $3,349,602.00 in demand reduction activities during 2000. They have continued perfecting their methodology. Some indicators still need to be filled.
- The emergency room study indicated that ER cases related to drugs cost the county at least BD 260,000 in 2002.
- The prison study indicated that the annual cost for crime associated with drugs is at least BD 9,600,000 (projection).

Some concrete results

- Costa Rica: the consumption of crack is 50 times higher among prisoners, cocaine use is 20 times higher, and marihuana use 9 times higher than in the general population.
- 37.3% of sentenced persons are sentenced due to drug related crimes.
- This information constitutes a basis for calculating crime attribution fractions.
Some concrete results

- The ER study in Colombia suggests that patient reporting on drug use is not precise: laboratory results showed significant differences: (alcohol: 12.1% vs. 20%; marihuana: 1.1% vs. 10%).

What do we want for the Summit of the Americas (2005)?

1. Methodology that is valid and acceptable for the countries in the hemisphere.
2. Final version of the Research Manual including methodology to evaluate some highly complex indicators.
3. The six participating countries will have cost estimates that are complete within the limits of what is realistic.
What do we want for the Summit of the Americas (2005)?

4. 10 or more countries demonstrating interest to carry out cost studies.
5. The publication of the research carried out.
6. CICAD strategy to continue supporting countries who wish to begin or continue carrying out cost studies.

Conclusions and Implications

- The cost study CICAD/UMDNJ is advancing at a greater speed than originally foreseen.
- In many cases goals will be exceeded.
- There are some limitations due to the lack of developed data bases.
- The results of one of the most complex indicators (intangible costs) will not be available in any country.
Conclusions and Implications

- The program will allow us to develop increasingly refined common methodologies.
- Over time, a “culture of information gathering” will develop.
- Comparisons between similar countries will allow more cost-effective strategies to be adopted.

- It would be worthwhile to broaden the number of indicators in order to achieve more precise analyses.
- The strategies employed to calculate costs related to consumption could be applied to some indicators on costs related to supply control, narcotrafficking, and crime.
Conclusions and Implications

- The data resulting from the study will facilitate decision making in both local and national governments, and at a regional level.
- The results of the program could have implications beyond the hemisphere: United Nations

Why is all of this useful?

- Each country will have a global view of:
  1. What is presently occurring at the local level
  2. The development of the problem over time in the country
  3. What has occurred and what is happening in similar countries
  4. What has occurred and what is happening across the hemisphere
Why is all of this useful?

Each country would have a detailed view of:
1. Investments made in each of the areas associated with the drug problem
2. Productivity losses, in successive periods, for problems associated with drugs
3. Connections to legislation regarding the drug problem, and its application

Why is all of this useful?

4. The calculation of the number of accident, suicide and homicide cases associated with drugs in a given period
5. The impact of the phenomenon on certain structures of society
6. The existence or not of a balance of these initiatives between supply and demand
Why is all of this useful?

The combined vision should allow us to:
1. Define new policies
2. Abandon certain practices
3. Determine new investments
4. Develop creative strategies
5. Develop strategic alliances
6. Develop new research strategies

CONCLUSION

- Research is a fundamental tool for making evidence-based decisions
- Those who have better information can make decisions:
  - Better
  - More quickly
  - Better adapted to reality
  - Less expensive