



The CICAD Program to Estimate the Human, Social and Economic Costs of Drugs in the Americas: Achievements as of Dec. 2004

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Concrete Products

1. Manual on general methodology and 18 short complementary papers
2. 17 indirect indicators approved collectively
3. 6 research protocols : emergency rooms; prisons; absenteeism and work accidents; follow-up to people in treatment; attribution fractions in crime; AF in health; **under study**: basic exploration on intangible costs.



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Concrete Products

4. Training for the pilot and the new countries (Costa Rica, Feb-04; and El Salvador, July-04)
5. Creation of a web page both in Spanish and English, allowing automatic calculations
6. Seven countries are formally involved (Barbados, Chile, Colombia, Costa Rica, El Salvador, México and Uruguay)



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Concrete Products

7. Support strategy for those willing to participate: orientation and guidance; project evaluation and technical assistance
8. A large amount of compiled information on six countries will feed the web page: GNP, length of life expectation, birth rate, age of retirement, minimum wage, laws on trafficking and drug use, among others



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The Indicators

- 17 were selected out of a potential number of over 100:
- Easily accessible.
- Relevance for this kind of study.
- They were related in such a way that allows transition into more complex indicators.
- Some adjustments will be introduced on the basis of SAC's observations.



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Pilot Country Achievements Dec/06/04

- The four pilot countries collected all the level 1 information, and some of level 2
- All the pilot countries have projects supported financially by CICAD:
 - México has a 'multiple' project allowing it to complete level 1 indicators;



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Pilot Country Achievements Dec/06/04

- Costa Rica completed studies in prisons and in emergency rooms; a study on absenteeism and accidents at the working place is currently in progress;
- Barbados completed studies in emergency rooms and in prisons;
- Uruguay completed a 'case control' study and is carrying out an emergency room study;



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New Country Achievements Dec/06/04

- **Chile:** First report highly consolidated and complete; it will be analyzed in Panama, Jan/05.
- **El Salvador:** During 2004 will finish level 1; two projects: emergency rooms (completed) and 'multiple project' (in progress).
- **Colombia:** Just finished emergency rooms
- **Argentina, Ecuador, Brazil, Panama and Peru** have expressed interest in joining the working group during 2005.



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Overview as of Nov/30/04

Six countries (Barbados, Chile, Costa Rica, El Salvador, Mexico and Uruguay) have committed themselves to posting all their available information in the web site by November 30. On that basis the consultant team will produce the first calculation of costs.



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Some Concrete Results

- **Barbados** spent BD\$3,349,602.00 on demand reduction in 2000. Their methodology has been refined. Some indicators are lacking.
- Their study on emergency rooms showed that the drug related cases cost was at least BD 260,000 in 2002.
- Their study on prisons (12/02/04) showed that drug related crimes cost at least BD 9,600,000.00 per year.



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Some Concrete Results

- **Costa Rica's** prisons study showed that crack use among prisoners is 50 times higher than in the general population, cocaine use 20 times higher and marihuana 9 times higher.
- 37.3% of condemned individuals are in prison because of drug related crimes.



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Some Concrete Results

- Such information is essential for the **calculation of attributable fractions on crime. But more information is needed.**



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Some Concrete Results

- The study on emergency rooms in **Colombia** suggests that patients' report is not always reliable: lab tests show significant differences (alcohol:12.1% vs. 20%; marihuana:1.1% vs. 10%)



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Where do we expect to arrive?

1. Valid and accepted methodology for all countries in the hemisphere
2. Manual updated including strategies for the calculation of complex indicators
3. Within the boundaries of reality, the four pilot countries will present complete cost studies



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Where do we expect to arrive?

4. At least ten countries carrying out cost studies during 2005
5. Published results of national cost research projects
6. CICAD strategy to continue supporting countries' projects to initiate or continue cost studies



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Conclusions and Implications

- The CICAD/UMDNJ costs study is progressing at a quicker pace than originally foreseen
- Original goals may be surpassed in several cases
- There are limitations imposed by the weakness of data bases
- Some of the complex indicators won't be available for **any country** (ex.: intangible costs)



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Conclusions and Implications

- This project will allow collective and more refined methodologies
- A 'culture of collecting information' will develop progressively
- Comparisons among similar countries will permit the adoption of more cost-effective strategies



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Conclusions and Implications

- It will be convenient to enlarge the number of indicators in order to reach more precise diagnoses
- Those strategies employed for calculating costs related to drug abuse might be used with indicators of costs associated with supply, narcotrafficking and related offences



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Conclusions and Implications

- The network of resulting data will facilitate decision making by local governments as well as by regional organizations
- Achievements of this project will have an impact beyond the Hemisphere: on the United Nations
- CICAD/OEA will be capable of offering technical assistance to countries in other continents



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And finally...

- On the basis of information reported by Chile, the consultant team has been able to develop a calculation strategy: this will allow to present some preliminary results at the Panama meeting in January 2005.



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