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

Vienna, 10-14 March 2008

Item 3 of the provisional agenda*

Thematic debate on the follow-up to the twentieth special session of the General Assembly: general overview and progress achieved by Governments in meeting the goals and targets for the years 2003 and 2008 set out in the Political Declaration adopted by the Assembly at its twentieth special session**Complementary drug-related data and expertise to support the global assessment by Member States of the implementation of the declarations and measures adopted by the General Assembly at its twentieth special session****Report by the Inter-American Drug Abuse Control Commission (CICAD) an agency of the Organization of American States (OAS)*****Summary*

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

* E/CN.7/2008/1.

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Organizations were also invited to present the actions and changes that had taken place in their regions or fields of action in relation to the implementation of the goals and targets set in the Political Declaration and the measures to enhance international cooperation to counter the world drug problem, and related action plans, adopted at the twentieth special session of the General Assembly, 8 to 10 June 1998 (A/RES/S-20/2, A/RES/S-20/3 and A/RES/S-20/4).

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

The report by **OAS/CICAD** contains a compilation from the first, second and third hemispheric Multilateral Evaluation Mechanism (MEM) reports on national drug control infrastructures, precursor control, eradication of illicit crops and demand reduction.

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

Data collection systems

Compilation from MEM First, Second and Third Round Hemispheric Reports

First evaluation round, 1999-2000

National systems providing data and statistics on drugs

Some countries in the region have integrated statistical and documentary systems. However, developing the first multilateral evaluation exercise revealed that most countries of the Americas only have basic and fragmented systems for collecting statistical and documentary information, and therefore do not cover all aspects of the drug problem.

The countries involved recognize the importance of having systems to identify, compile and organize national production of documents and statistics related to supply reduction, demand reduction, control measures and the societal impact of drugs, in order to adequately monitor trends and consequences of the drug phenomenon in the national arena and to assist the decision-making process to improve efficiency in addressing these issues. In this context, the initiatives currently being undertaken by the CICAD Inter-American Observatory on Drugs aimed at implementing national observatories and the support provided by the European Observatory and the National Drug Plan of Spain to specific countries in the region represent progress in this area.

Only four countries have a system for estimating the human, social and economic cost of the drug problem. This information is essential for each country to understand better the magnitude of the drug problem and recognize its cost as a percentage of gross domestic product or the annual national budget. Any assistance that the Inter-American Observatory on Drugs, with the support of other competent entities, could lend to the countries to build such a system will make a major contribution to the effort to clearly and scientifically identify the cost to the hemisphere of the drug problem.

Second evaluation round, 2001-2002

National information systems

One of the salient needs in the hemisphere observed during the First Evaluation Round 1999-2000 was for national systems to compile and manage information on the drug problem nationwide.

During the 2001-2002 evaluation period, 21 of the 34 CICAD member countries had established or strengthened national drug observatories for this purpose. This represents significant progress.

The difficulties frequently cited by the countries in establishing these observatories include lack of technical, professional and financial resources, insufficient training in data collection and management and lack of experience in the use of new

technologies. The lack of uniform data collection methods to facilitate analysis of overall trends was also reported.

A step forward in standardizing methodologies has been the use of the Inter-American System of Uniform Drug-Use Data (SIDUC) by 24 member States and the Uniform Statistical System on Control of Supply Data (CICDAT) by 22 member States, to compile, analyse and report statistics on drug use and supply. In the Caribbean region there is a huge vacuum of integrated information systems. Therefore, CICAD must continue to focus its efforts on this area.

It should be recalled that the national commissions' coordinating responsibilities include compiling and managing information produced by the various institutions involved in implementing the national anti-drug policy. To this end, the drug observatories should contribute to the availability of up-to-date, accurate and reliable information that enables countries to analyse drug trends, adjust government policy and enhance their understanding of the various aspects of the national drug problem.

Significantly, progress has been observed in the compilation and dissemination of information on drug prevention, treatment and rehabilitation programmes. This information is disseminated in the press, in publications by the entities themselves or others, web pages, Official Gazettes and electronic communications, in addition to libraries, educational institutions, campaigns and other materials or actions involving particular institutions and groups.

As mentioned earlier, there is a clear need for technical assistance and technological equipment. Efforts in this area should focus on training observatory officials and those responsible for developing such projects in member countries. The observatory programme that CICAD is implementing throughout the hemisphere is an indispensable tool that has shown progress, although its results will only be evident in the medium term.

Consolidating the observatories will help to increase objective knowledge on drug-related trends in the hemisphere and optimize and streamline the reporting process to the MEM and to other international entities such as the International Narcotics Control Board (INCB) and the United Nations International Drug Control Programme (UNDCP).

Third evaluation round, 2003-2004

National information systems

National drug observatories should be developed with the support of an information system to facilitate the collection and analysis of reliable, accurate and timely information. This data could provide the basis for decision-making and the adoption of comprehensive policies and strategies to reduce drug demand and supply. In this context, the observatories offer help to ensure that high quality information is provided to Governments. They provide an overview of what is happening in terms of illicit drug use, production, and trafficking and related offences, and support the work of the MEM and of other international agencies such as the International Narcotics Control Board (INCB) and the United Nations Office on Drugs and Crime (UNODC).

During the 2003-2004 evaluation period, seventeen member States have made progress in developing National Drug Observatories, and nineteen have a central office for gathering information and statistics. However, the development and implementation of national information gathering and management systems in eighteen countries continues to face obstacles stemming from limited human, financial and technological resources, as well as inter-institutional coordination problems.

Development of National Drug Observatories, 2004

	Has an Observatory	Has an Entity that Centralizes Information and Statistics on Drugs	Has Deficiencies in Information and Statistics Collection Systems	Has Resource Limitations for the Systematization and Collection of Statistics
South America				
Argentina				
Bolivia				
Brazil				
Chile				
Colombia				
Ecuador				
Paraguay				
Peru				
Uruguay				
Venezuela				
Central America				
Costa Rica				
El Salvador				
Guatemala				
Honduras				
Nicaragua				
Panama				
North America				
Canada				
Mexico				
United States				
Caribbean				
Antigua and Barbuda	-	-	-	-
Bahamas				
Barbados				
Belize				
Dominica				
Dominican Republic				
Grenada				
Guyana				
Haiti				
Jamaica				
St. Kitts and Nevis				
St. Lucia				
St. Vincent and the Grenadines				
Suriname				
Trinidad and Tobago				
Total	18	19	18	13

 Yes

Twenty member States have a specific public budget to disseminate information related to the drug problem. Twenty-two of CICAD's member States bring information to the public through web pages and e-mail, while twenty-eight countries do so via the press, radio, television, libraries, research institutes and schools. Fourteen countries have telephone help lines, offering drug counselling and guidance to the public.

Distribution of information related to the drug problem, 2004

	Has a Budget for the Distribution of Information	Distributes Information to the Public through Web Pages and E-mail	Distributes Information to the Public in Libraries, Schools, Research Institutes, Press, Radio, Television, etc.
South America			
Argentina			
Bolivia			
Brazil			
Chile			
Colombia			
Ecuador			
Paraguay			
Peru			
Uruguay			
Venezuela			
Central America			
Costa Rica			
El Salvador			
Guatemala			
Honduras			
Nicaragua			
Panama			
North America			
Canada			
Mexico			
United States			
Caribbean			
Antigua and Barbuda	-	-	-
Bahamas			
Barbados			
Belize			
Dominica			
Dominican Republic			
Grenada			
Guyana			
Haiti			
Jamaica			
St. Kitts and Nevis			
St. Lucia			
St. Vincent and the Grenadines			
Suriname			
Trinidad and Tobago			
Total	20	22	28

 Yes

Strides have been made in gathering statistics on drug use and supply, using the methodologies of the Inter-American Uniform Drug Use Data System (SIDUC), where an increase in its utilization has been noted, from twenty-four countries in the Second Evaluation Round, to twenty-seven in the Third Evaluation Round. On the Uniform Statistical System on Control of the Supply Area (CICDAT), an increase from twenty-two countries in the past evaluation round to twenty-eight in the current round has been observed. This has facilitated the comparability of hemispheric information. Seven countries do not use the SIDUC methodology, but the data they have are comparable with that methodology. Also, twenty-five countries of the hemisphere provide information and statistics on a regular basis to the International Narcotics Control Board (INCB) and twenty-two to the United Nations Office on Drugs and Crime (UNODC). There are still deficiencies in most

countries in judicial branch collection of information on trials and convictions; controls and the exchange of information on trafficking in firearms and chemical substances and pharmaceutical products.

Therefore, countries should increase their efforts to record and monitor this type of information. The states of the hemisphere recognize the importance of having systematic processes for the collection of statistics on drug use within the general population and specific population segments.

Even so, during the period evaluated, 2003-2004, only seven of CICAD's member States conducted research on drug use within the general population. Therefore, the performance of periodic studies in many areas is a challenge in the hemisphere, since, in most countries, financial resource limitations persist, ruling out costly research on the general population at regular intervals.

Availability of systems to collect drug-related statistics, 2004

	Uses SIDUC	Uses CICDAT	Conducts Research on Drug Use in the General Population	Reports to INCB	Reports to UNODC
South America					
Argentina					
Bolivia					
Brazil					
Chile					
Colombia					
Ecuador					
Paraguay					
Peru					
Uruguay					
Venezuela					
Central America					
Costa Rica					
El Salvador					
Guatemala					
Honduras					
Nicaragua					
Panama					
North America					
Canada					
Mexico					
United States					
Caribbean					
Antigua and Barbuda	-	-	-	-	-
Bahamas					
Barbados					
Belize					
Dominica					
Dominican Republic					
Grenada					
Guyana					
Haiti					
Jamaica					
St. Kitts and Nevis					
St. Lucia					
St. Vincent and the Grenadines					
Suriname					
Trinidad and Tobago					
Total	27	28	8	25	22

 Yes

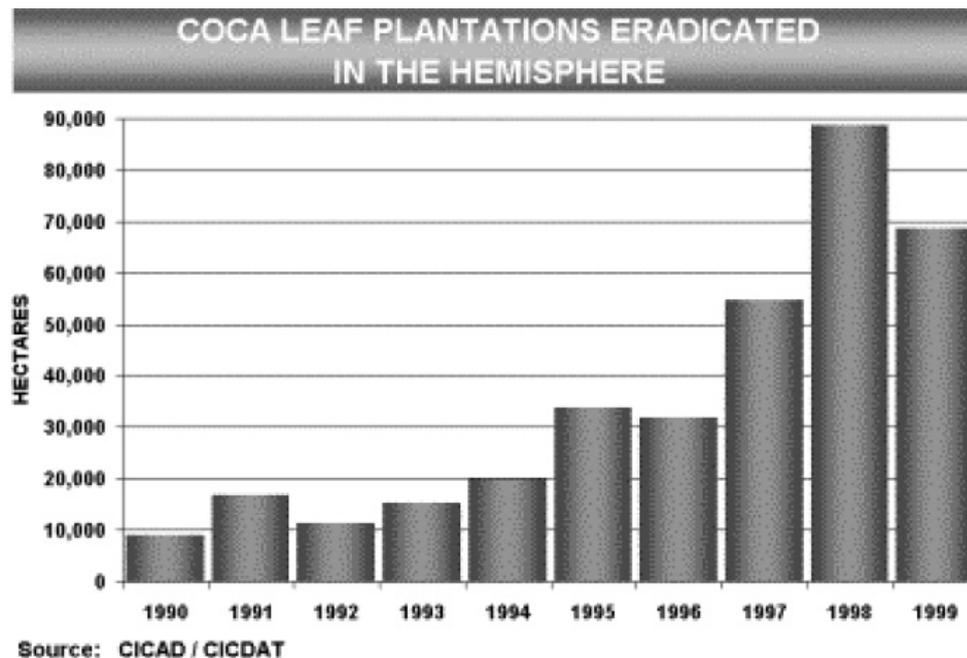
Eradication of illicit drug crops and alternative development

(Compilation from MEM First, Second and Third Round Hemispheric Reports)

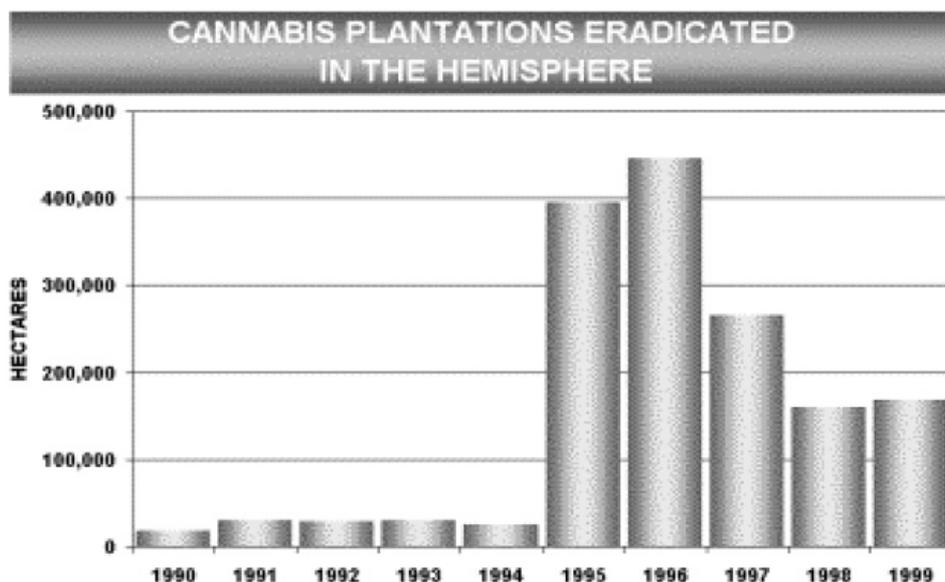
First evaluation round, 1999-2000

Illicit drug production

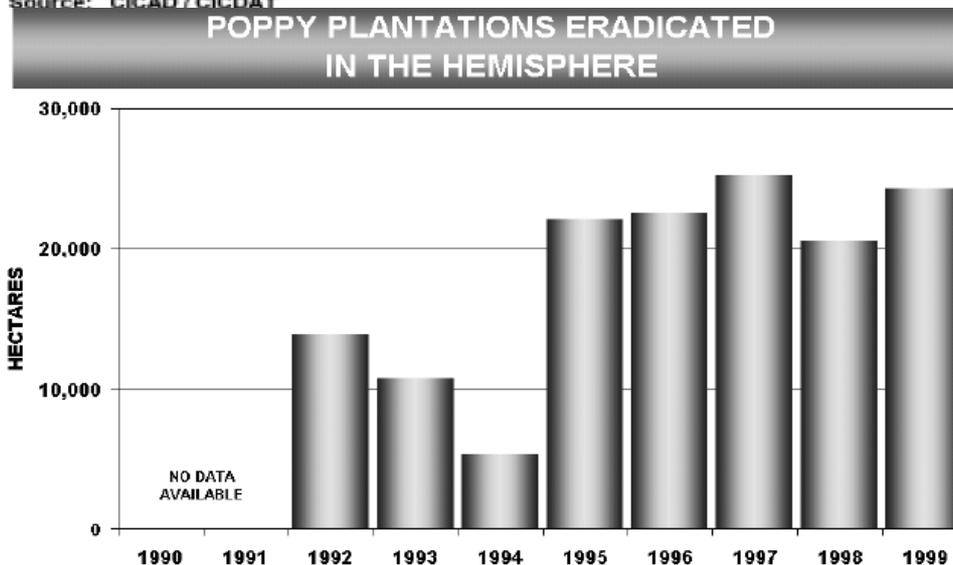
Coca production in the hemisphere is concentrated in three Andean countries: Bolivia, Colombia and Peru. At the end of 1999, the cultivated area was estimated at 152,000 hectares (refer to table on page 6). 70,000 hectares were eradicated, and there are no estimates as of yet on the new harvest in any of the countries involved.



Cannabis is cultivated in 30 countries in the hemisphere, while poppy is grown in four countries: Colombia, Guatemala, Mexico and Peru. However, no consolidated hemispheric estimates are available on area cultivated and potential production during the period under review.



Source: CICAD / CICDAT



Source: CICAD / CICDAT

Although there are no consolidated estimates on annual production of synthetic drugs in the hemisphere, data on production in Canada, the United States and Mexico were available. The information provided reveals that there is amphetamine, methamphetamine, phencyclidine (PCP) and ecstasy (MDMA) production in the hemisphere, and availability has been increased by quantities proceeding from other regions, such as Europe.

Alternative development programmes

The orchestration of wide-ranging integrated alternative development programmes constitutes one of the main tools available to producer countries to reduce and

eliminate the cultivation of illicit crops in these countries. Despite the efforts of the producer countries in which alternative development programmes are applied, the implementation of these programmes has been affected by various factors, including a lack of funds that limits their sustainability.

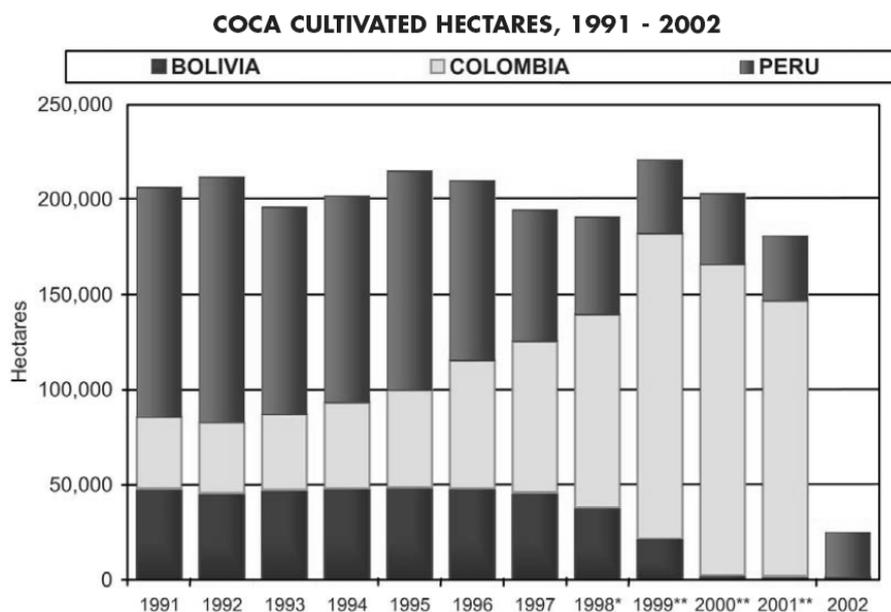
In addition, there is evidence that alternative development programmes can only be successful insofar as they are part of a long-term comprehensive strategy linked to control and prevention.

Various countries have been affected by the emergence of small-scale illicit crop cultivation, in regions characterized by particularly critical socioeconomic conditions. In this context, attention has been drawn to the necessity of developing programmes designed to avoid the spread of these crops. Other countries are implementing programmes broadly based on a comprehensive development concept that seeks to prevent both the establishment of illicit crops and the displacement of unemployed labour to the areas in which these crops are grown.

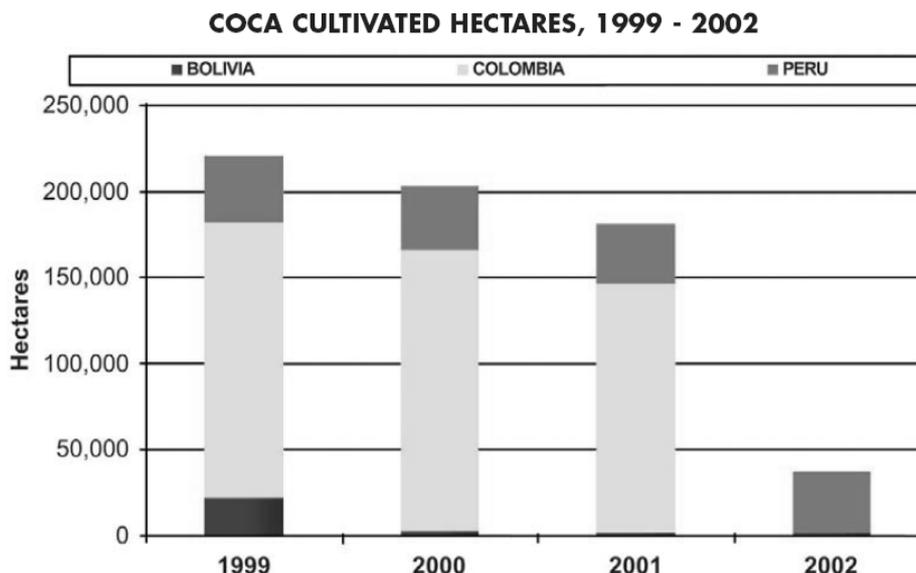
Second evaluation round, 2001-2002

Drug production and alternative development

From 1999 to 2001, there was a significant decline in illicit coca crops in Bolivia and Peru. At the same time, however, there was a considerable increase in these crops in Colombia. As a result, there was a slight overall decrease in total crops at the end of the evaluation period.



* 1998 data corresponds to the official total from the Colombian Government, based on the First Interinstitutional Census of Illicit Crops. This does not include the demilitarized zone.
 ** 1999 - 2001 data for Colombia were estimated using a new methodology and are therefore not comparable with previous years.
 Note: 2000-2002 data for Bolivia and Peru do not include the 12,000 hectares corresponding to traditional cultivation areas of each country. 2002 data for Bolivia correspond to the hectares of the Yungas area up to June 2002 and do not represent definitive data as the technical evaluation has not concluded.
 Colombia reports that it cannot provide figures for 2002, as the annual coca survey is conducted at the beginning of the year, and figures for 2002 will therefore appear in early 2003.



Note: 1999 data for Bolivia y Peru include the 12,000 hectares corresponding to the traditional cultivation areas of each country. 2002 data for Bolivia correspond to the hectares of the Yungas area up to June 2002 and do not represent definitive data as the technical evaluation has not concluded. Colombia reports that it cannot provide figures for 2002, as the annual coca survey is conducted at the beginning of the year, so figures for 2002 will appear in early 2003.

There has been an increase in the difficulties encountered in efforts to eradicate illicit crops in Bolivia and Peru. These countries face alarming protests from segments of the farming population.

This situation stems from high coca leaf prices, which render coca crops significantly more profitable than licit crops. The main reasons for rising coca leaf prices in Bolivia and Peru are believed to be the 1999 suspension of air interdiction in Peru and stepped up eradication and interdiction by Colombia.

A worrisome trend is the displacement of coca crops to countries that traditionally have not been producers, as reported by Ecuador and Venezuela.

There is no statistical analysis to evaluate adequately the extent of illicit poppy crops in the hemisphere. Available data indicate the presence of such crops on a significant scale in Colombia and Mexico. Peru and Venezuela report a trend towards displacement of these crops to their territories. The trend causes serious changes in the social and economic behaviour of those communities affected by cultivation, as a consequence of either becoming voluntarily or involuntarily involved. It also places additional stress on already constrained national resources.

There is also an absence of proper measurement tools, which has led to a lack of statistical analysis for a proper evaluation of the extent of cannabis crops in the hemisphere. These crops are present, at least on a small scale, in virtually every country of the Americas, and on a commercial scale in many of them. It is worrisome that countries considered to be major producers based on existing data on use and seizures have made no attempt to establish systems to evaluate areas under cannabis cultivation and the resulting production. Significantly, the available data show that Marijuana is the most abused illicit drug in the hemisphere.

Alternative development plays a pivotal role in the prevention and eradication of illicit crops. Significant progress has been made in this area in the main producing countries, where alternative development has become an important tool in combating illicit crops.

The reduction of the price of coca leaf in local markets discourages its cultivation and makes alternative commercial activities more attractive. The drop in the price of coca leaf in the local market in 1997-1998 led many coca farmers to abandon their crops, thereby resulting in a marked drop in the area planted with coca in Bolivia and Peru.

Poverty, unemployment, lack of vocational training, market constraints as well as the influence of organized crime, are some of the factors driving rural populations to plant illicit crops to satisfy the demand for drugs. Therefore, if alternative development programmes are to succeed, it is necessary to study the markets for their products, develop vocational training programmes, and provide technical assistance and financial support for producers.

Alternative development must be implemented proactively and include social and economic development. Introduction of preventive alternative development programmes should be considered in areas susceptible to the displacement of illicit crops in the hemisphere. Alternative development should be considered and applied to other illicit crops.

Third evaluation round, 2003-2004

Illicit crops

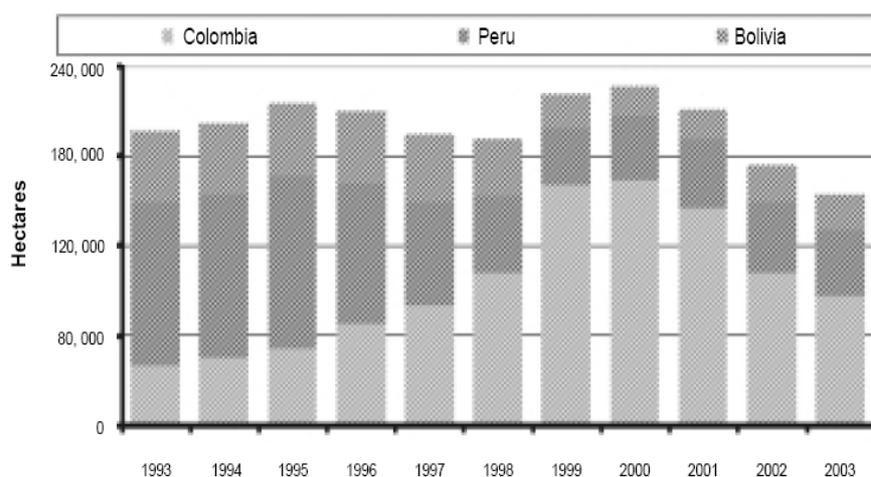
One of the main objectives of the MEM is measuring progress in the effectiveness of policies and practical programmes aimed at reducing the illicit supply of drugs at their source.

The OAS member States and donor nations realize that illicit drug cultivation is a shared problem, and thus many projects to reduce these crops are carried out with technical and financial support from other countries and international organizations. Member states also recognize that illegal cultivations affect or take place in all areas of the hemisphere. As a result, a heightened awareness and concern can be noted in all countries in the hemisphere with regard to this problem. The Central American case is particularly important, given that five member States in that region report the existence of such crops and one of them discloses a substantial increase in cannabis output.

The decision to focus this sub-chapter on coca production is based on the fact that, although some countries have reliable data on other illicit crops, particularly, on opium poppy and cannabis, others lack such information or have only scattered data. Indeed, the cultivation of opium poppy and cannabis, and an apparent increase in consumption of these drugs in member States, is particularly worrisome. In spite of the lack of information regarding the production of these drugs, Colombia, Mexico and Venezuela have done important work in terms of measuring illegal poppy cultivations, and Canada, Bolivia and Paraguay, among others, are the taking necessary steps to get a better sense of the extent of cannabis cultivation.

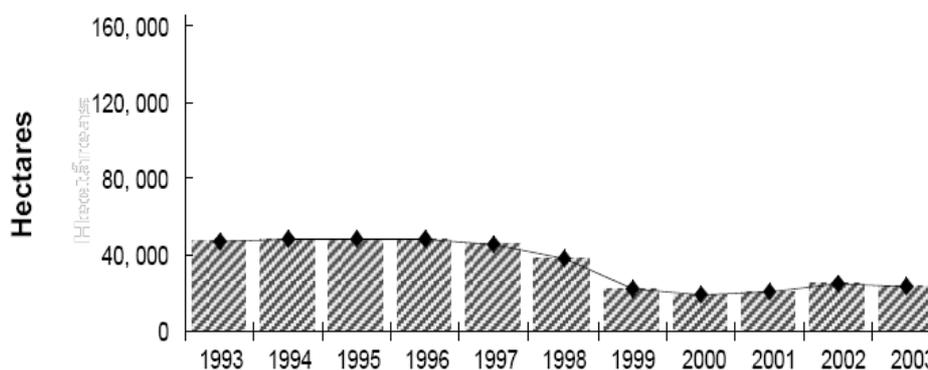
Between the years 2000 and 2003 there has been a decline in the combined total area of cultivated coca leaf in Bolivia, Peru and Colombia, which have the highest production level of this illicit crop in the hemisphere. There were 154,140 hectares under such cultivation in 2003, the lowest level observed since 1993, in which there were approximately 185,000 cultivated areas. However, experience has shown that success in some countries has been counterbalanced by an increase in cultivated areas in others. The specific case of the decline in areas devoted to coca cultivation in Colombia and the increase of such areas in Peru in 2004 is a good example of the different circumstances each country in the hemisphere faces in its efforts to combat illicit crops.

**Total Hectares of Illicit Coca Crops in the Hemisphere
Bolivia, Colombia and Peru**



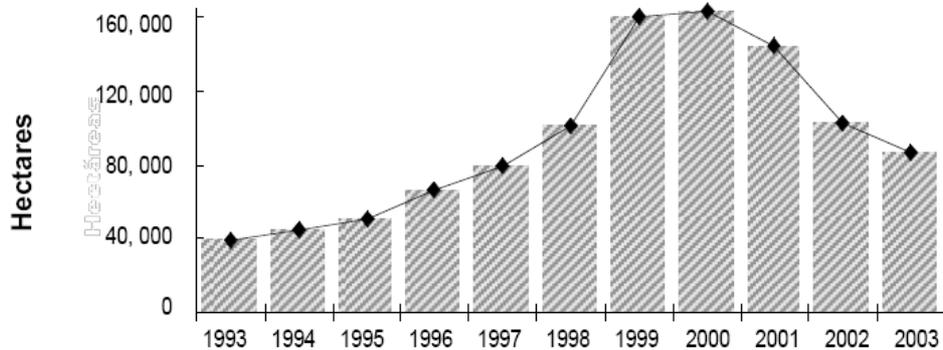
Source: Inter-American Observatory on Drugs

**Total Hectares of Coca Crops
Bolivia**



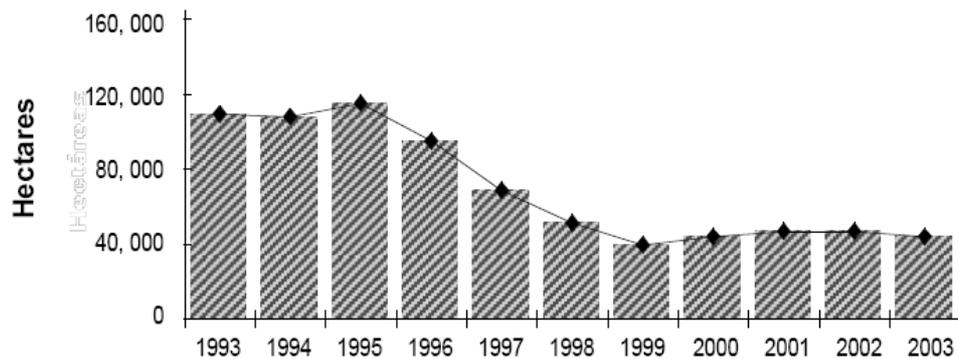
Source: Inter-American Observatory on Drugs

Total Hectares of Coca Crops Colombia



Source: Inter-American Observatory on Drugs

Total Hectares of Coca Crops Peru



Source: Inter-American Observatory on Drugs

The decrease in the total number of hectares devoted to coca crops in the three Andean countries has been achieved despite the great difficulties encountered by eradication efforts in these countries. Some situations in the illicit drug production chain have created great political instability and posed difficulties to alternative development activities in Bolivia, Colombia and Peru.

At the same time, countries where coca is cultivated recognize that the reduction in the areas under cultivation is offset by the fact that in some places there has been an increase in the number of plants under cultivation per hectare. This, in turn, increases the production potential on the part of those involved in the illegal drug trade. Moreover, it is fair to say that all participating states recognize that they face a variety of political, social, economic and cultural obstacles as they carry out efforts to prevent or reduce illegal cultivations.

The period covered by this report presents a set of common problems faced by the countries of the hemisphere. One of these is called the “balloon effect”, which consist of the displacement of coca cultivation into a region as a reaction to the decrease in illicit crops in another. This phenomenon can be observed in different zones of a single country as well as between zones in different countries. The case of Chapare and Los Yungas in Bolivia is a clear example of the “balloon effect”. An example of this phenomenon at the transnational level can be observed in Ecuador, which is not a country that has traditionally produced illicit crops, where coca crop areas have been detected in the past few years.

Another serious hemispheric problem is the lack of a system for monitoring illicit crops, providing relevant and accurate national and regional information to anti-drug agencies. Currently, countries know of the existence of illicit crops in their territories thanks to reports of amounts seized.

Nevertheless, there are still a considerable number of member States (11) that cannot accurately gauge the extent of their illicit crops. Nowadays, the technology for implementing monitoring systems is in place, in the form of satellite surveillance techniques followed up by field visits, which makes highly accurate detection and measurement of coca crops possible.

It should be highlighted that traditional coca-producing countries have made great progress in this area, employing the aforementioned monitoring system and conducting annual estimates of the size of their crops. However, this technology is not suitable for detecting other illicit crops, such as poppy and cannabis, thus more accurate systems need to be developed in order to measure the areas sown with these crops in the hemisphere.

Alternative development

Member states acknowledge that there is a link between poverty levels in rural areas and production of illicit crops. Recognizing that link, CICAD designs and executes programmes and projects geared to improving the living standards of the beneficiaries, with a view to combating the production of illicit crops. In implementing the Generalized Land-Use Evaluation and Management Tool (GLEAM), the Commission is currently helping with the planning of Alternative Development programmes and projects in several coca-producing areas in Bolivia. As an alternative development planning tool, GLEAM facilitates analysis of the social, economic and productive conditions in the regions, effective channelling of invested resources, and the design of projects aimed at significantly improving the living standards of the beneficiaries.

The largest alternative development projects, with substantial international assistance, are in Bolivia, Colombia and Peru. In the past several years, hundreds of millions of dollars have been spent in these countries to eliminate illicit crops and provide legitimate income generating opportunities.

Despite these disbursements, the drug production problem continues in those countries, driven by the use of new production methods and technologies by farmers and drug traffickers.

Although alternative development is primarily associated with Bolivia, Colombia and Peru, other countries including Dominica, Honduras and Paraguay have recently

developed alternative development projects. Those member States are currently seeking financing for those projects and some have even gone so far as to include alternative development in their national anti-drug plans.

Some member States take a broader approach to alternative development, by undertaking preventative alternative development activities focused on supporting areas that are potential coca growing areas and/or areas losing manpower. During the Third Round of the MEM, Ecuador reported working in six regional areas utilizing national and international funds, and estimates that nearly fifty thousand families benefited from this outreach.

Alternative development especially in Bolivia, Colombia and Peru over the years has had a limited positive impact with respect to maintaining a continual decline in illicit crops as its long-term sustainability in reducing/eliminating illicit crop cultivation has apparently not taken hold. A common problem continues to be the lack of an evaluation mechanism available to the OAS member States that would enable them to gauge the impact of development interventions on the target population. The inexistence of such a mechanism also makes it very difficult to assess the cost/benefit ratio of resources invested in alternative development in each country, as well as assessing the impact of these activities on the livelihoods of beneficiaries over time.

The lack of coordination of alternative development policies in the hemisphere is another common problem observed by member States. One of the consequences of not harmonizing efforts is the so-called “balloon effect” on illicit crops mentioned in the foregoing sub-chapter. To counter this, CICAD together with member States have decided to establish a regional mechanism for coordinating alternative development efforts: the Andean Alternative Development Committee (CADA). The principal objective of CADA is to adopt a joint approach in each of the various national alternative development plans and to forge closer ties among the Andean nations in this field.

Another obstacle is a lack of continuity of alternative development projects. Alternative development efforts are supported financially year after year, but to different countries at different times. Although positive results have been obtained in the short-term with the reduction of illicit crops, a constant goal is the effectiveness of alternative development in the long-term and the sustainability of the short-term results. In many instances projects have been eliminated due to a lack of short-term results without taking into account that alternative development projects, especially in agricultural projects, do not yield results in the short-term, but rather in the medium and/or long-term.

One evident conclusion from the MEM reports is the political commitment of every OAS member State to eradicate illicit crops and fight the whole production and trafficking chain. Although a decrease in illicit crop cultivation has been noted in the main producer countries, and an increase in licit crops has been registered as a result of alternative development efforts, there are still difficulties in the commercialization of said licit production. This reflects the need to develop integral alternative development projects and programmes, based on market demand and not only focusing on the technical-productive aspect, but also in the industrialization, added value and marketing aspects.

General

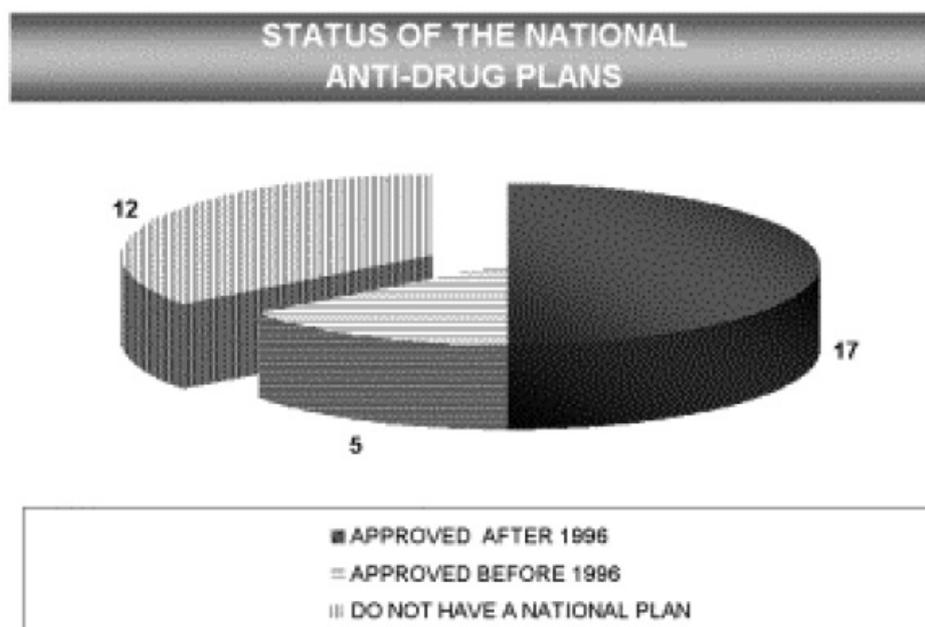
(Compilation from MEM First, Second and Third Round Hemispheric Reports)

First evaluation round, 1999-2000

National plans

A review of the replies to the evaluation questionnaire reveals that of the 34 countries subject to the multilateral evaluation process, 22 have national plans, 17 of which have been approved since 1996, following the adoption of the Anti-Drug Strategy in the hemisphere. The remaining countries are in the process of formulating and approving their respective plans with technical and financial assistance provided by CICAD.

However, the adoption and full implementation of national plans and national strategies is being hampered by insufficient financial, material and human resources. In addition, there is an obvious need to develop appropriate evaluation systems to measure how effectively the national plans and national strategies have been implemented and to quantify the extent to which the expected changes or modifications have taken place in populations targeted by national plan programmes and projects.



National commissions

Thirty-three countries have national anti-drug commissions, although not all of these coordinate all aspects of their respective strategies. Analysis of the information provided reveals that deficiencies persist in interagency coordination, principally in the law enforcement area. In many cases it was not possible to

establish the level of importance the countries attach to the central coordinating authority or its management capacity.

Second evaluation round, 2001-2002

National anti-drug plans and commissions

A National Anti-drug Plan or Strategy is an instrument that presents, in an organized manner, the activities carried out by a country to accomplish objectives established in accordance with its national reality. Consequently, the country must define its strategies and the budget, as well as delegate responsibilities to the institutions charged with their implementation.

Virtually every country in the hemisphere has a National Anti-drug Strategy or Plan and this represents significant progress in developing an integral approach to confronting this hemispheric problem. Most countries, however, lack a monitoring system to measure compliance.

It has also been noted that most of the strategies or plans lack criteria for decentralization. Therefore, they do not reflect or represent the unique characteristics of the drug problem in different regions of each country, nor do they promote the participation of municipal and local governments in combating the problem. This constitutes a weakness in developing an integral approach to the drug phenomenon.

Most countries have a national commission or central authority responsible for ensuring that institutions implementing anti-drug policy satisfactorily perform the duties assigned to them under the national plan, that an adequate budget is obtained to implement the plan and that the budget is managed properly.

While it is true that countries have established national commissions, some of them need to be strengthened politically or in terms of their technical, institutional, or human resources capacity. The commissions frequently face budget shortfalls that lead to partial implementation of their responsibilities and of the national plans.

The countries indicate that technical and financial cooperation should be promoted to surmount some of the aforementioned weaknesses. National authorities, however, could encourage the involvement of various national and international, public and private cooperation sources, by designing feasible projects.

Third evaluation round, 2003-2004

National anti-drug plans and national commissions

The MEM Third Evaluation Round, 2003-2004 has confirmed that all states in the hemisphere have a national anti-drug plan or are in the updating process, and have established a National Commission on Drugs (NCD), or Central Authority (NCD), to coordinate and harmonize national efforts. However, from the Second Round 2001-2002 to this Third Round, several member States still lack an adequate budget or effective mandate with which to carry out programmes identified in the national

plan and enabling NCDs to effectively accomplish the primary objective of interagency coordination and international cooperation.

The states of the hemisphere have agreed, within the framework of CICAD, that each Government's anti-drug efforts should be guided by a national plan and coordinated by a central authority fully responsive to the particular needs of each state. The plan should permit the various government agencies and civil society organizations concerned with different aspects of the drug problem – at the central, departmental, provincial and municipal levels, coordinating within the national anti-drug system – to clearly define their responsibilities and conduct their activities in a harmonious fashion. The existence of a national plan or strategy is considered by CICAD to be an essential base which enables each Government to construct its own particular structure for the fight against drugs in an organized, harmonious and balanced way.

The consolidation of a harmonizing authority for national efforts, such as a National Commission on Drugs (NCD), is another example of how the MEM has contributed to the structure of its member States. As of this Third Round, virtually all states in the hemisphere have identified such a central authority as the lead agency for coordinating the national Government's anti-drug policy.

As CICAD has noted in prior reports, each state should endeavour to give its NCD or National Authority the effective technical and budgetary resources required to carry out essential operations and complete the priority objectives established in the National Plan. The national anti-drug authority of each member State requires political support from the central government and political visibility and should be given updated legal authority, an effective budget and specialized personnel to carry out its principal mission of coordinating, planning, advising, observing and evaluating execution of the national anti-drug plan.

The decentralization of anti-drug efforts by states in the hemisphere is helping to expand the coverage of anti-drug programmes, promote community participation, optimize resources, and above all, focus the strategy on the specific needs of each community or regional group. Some measure of progress has been noted since the Second Evaluation Round. However, decentralization remains a pending issue for some states in the hemisphere, and the National Drug Commissions should develop the technical capacity needed to encourage and advise local governments in that regard. This is no easy task. Nor is there a single formula for all Governments. However, as national plans and strategies improve, decentralization should become a permanent objective, as appropriate, pursued in every country, region and community with due regard for the specific characteristics and particular needs of each.

Twenty-one states in the hemisphere have assigned specific budget allocations for execution of the national plan and twenty-eight for the operations of the NCD or central coordinating authority.

These budget allocations are assigned either as a block or distributed among the various agencies participating in the execution of the plan. Some countries of the hemisphere have a budget for the plan within the budget for the operations of the NCD. While there is no single budget recipe, some form of budgeting for the national plan and NCD is considered a necessity for every Government. A balance among the budgetary appropriations to the various anti-drug policy areas should be

an ongoing objective of each Government; this will ensure greater success in addressing the problem in an integrated manner.

The NCDs or their equivalents should establish mechanisms to facilitate and manage the raising of funds, such as a bank for national and international, public and private participation in viable projects, as well as direct cooperation and advisory assistance for local governments assuming responsibility for the execution of local plans.

Financing sources identified by several member States in the Third Evaluation Round of the MEM include the following:

- Annual budget allocations from the central government to the NCD, or its equivalent, and to the ministries responsible for each strategic area: demand reduction, supply reduction, control measures and administration of the national anti-drug system.
- Allocations in the budgets of local governments.
- Application of the drug law using resources generated by the confiscation of assets and fines.
- Voluntary contributions, or contributions pursuant to specific regulations, from private companies to finance programmes within the framework of the national plan, such as value added taxes on alcoholic beverages and cigarettes.
- Donations.
- International cooperation.

International cooperation is important in developing specific programmes to address various aspects of the drug problem, but each state must at least assume the costs required to formulate its national anti-drug plan and operate its central authority at a basic level.

Having specific knowledge about the level of expenditures that a Government allocates to execution of the national plan gives the state a clear picture of the costs to be incurred in fighting drugs – from the public treasury as well as national and international cooperation. Budget appropriations also reveal the level of balance and overall attention to the national strategy, by showing the resources allocated to specific aspects of the problem.

Demand reduction

(Compilation from MEM First, Second and Third Round Hemispheric Reports)

First evaluation round, 1999-2000

Demand reduction

National demand reduction strategy

The United Nations Declaration on the Guiding Principles of Drug Demand Reduction and the Plan of Action adopted at the twentieth special session of the

United Nations General Assembly in 1998 provides the terms of reference for the drafting of relevant national strategies and their subsequent implementation via national systems and national programmes.

Although there is evidence of regional progress in the development and implementation of national demand reduction strategies that have been adjusted to the international standards agreed within the United Nations framework, there is clearly a need for increased efforts, principally in Caribbean and Central American countries. Most of the countries do not routinely evaluate their demand reduction programmes.

The evaluations involve the compiling, analysing and interpreting of data on the performance, effect and impact of demand reduction efforts. This improves understanding of prevention, treatment and rehabilitation and lays the foundation for decisions to test, improve, modify, or abandon programmes and projects carried out in those areas, as appropriate.

Magnitude, trends in and distribution of drug use

Much of the national research conducted over recent years demonstrates that in almost all countries illicit drug consumption has been on the increase. However, there are no estimates of overall hemispheric consumption, in that most countries do not conduct uniform and comparable epidemiological research in the general population to measure the prevalence, incidence and age of first drug use.

National systems for the prevention of drug abuse in key and high-risk elements of the population

Although a significant number of countries have prevention programmes targeting specific sections of the population (primarily school children), it is recognized that priority must be given to develop comprehensive national systems to cover all sections of the population.

In view of the fact that some countries have conducted partial prevention programmes, while others are establishing the basic structure required to implement these programmes, technical cooperation must be obtained from national regional and international organizations with experience in this area. It is equally necessary to develop, improve and establish comprehensive programmes for the treatment, rehabilitation and social reintegration and aftercare of drug abusers. It should be pointed out that these services are provided by non-governmental organizations in most countries.

The data obtained in this area reveal that the majority of countries involved will have to procure higher levels of resources.

Second evaluation round, 2001-2002

Demand reduction

Prevention, treatment and rehabilitation

The information available, in countries that have conducted the relevant studies, reveals an upward trend in drug use in the hemisphere among diverse social groups,

particularly youth. Such drug use acts as a powerful incentive for the supply of illicit substances and the drug trade.

This evaluation has found that countries in the hemisphere have included demand reduction programmes as a key component of their drug strategies. While this could be seen as a positive sign, its impact is diminished by the fact that most countries have not completely recognized the importance of strengthening this crucial aspect of their approach to the drug phenomenon.

The failure of a number of countries to develop policies for training educators at every level (primary, secondary and university) in addiction prevention means that this task is left to a small number of specialists, which limits its effectiveness.

Moreover, most countries lack national epidemiological studies to estimate the prevalence of drug use among the general population. This failing hampers evaluation of trends in drug use over time and the impact of policies and programmes on demand reduction. In addition, prevention programmes targeting key populations are not evaluated to determine their effectiveness. This makes it difficult to identify best practices and discard those that are ineffective.

Less than one quarter of the countries in the hemisphere report having initiated drug abuse prevention programmes in primary schools and only a few report that they are studying the effectiveness of prevention programmes.

It should be noted that primary education has been institutionalized in all countries of the hemisphere, which facilitates implementation of drug abuse prevention programmes. Early education for children 5-8 years old repeatedly has been shown to be critical to the development of later attitudes, skills and behaviours. It is widely believed that early education at the primary level will help to prevent addiction to drugs.

In countries of the hemisphere that have developed national and local surveys on drug use, the evidence shows that alcohol and tobacco appear to be the drugs of first use at an average age of between 12 and 14 years. The priority of prevention programmes is to prevent first use; research has shown that a young person who reaches the age of 18 or 19 years without having tried drugs is much less likely to do so later.

According to existing evaluations of prevention programmes targeting young children in the hemisphere, such programmes are an ideal tool for reducing the likelihood of and even preventing, children from using drugs as adolescents.

It is important to note the failure by the majority of countries in the hemisphere to adopt minimum standards of treatment, as illustrated in the following chart:

COUNTRIES THAT HAVE ADOPTED MINIMUM STANDARDS OF TREATMENT



Most countries have been unable to plan treatment services because, in many cases, they lack studies to estimate the number of drug dependents who require and could benefit from such services.

The drug treatment and rehabilitation programmes, both public and private, currently in place in the hemisphere are not evaluated to determine their effectiveness.

Trends in drug use

Studies conducted to date have shown that licit drugs, alcohol and tobacco, are the most widely used substances in the hemisphere. The most frequently used illicit drugs continue to be marijuana and cocaine hydrochloride derivatives. However, there is a rising trend in the abuse of pharmaceuticals, in other words the use of tranquilizers, sedatives and synthetic morphine without a doctor's prescription.

New drug use trends reported include the so-called synthetics such as ecstasy, ketamine and metamphetamines. In addition, the use of mixtures of Lysergic Acid Diethylamide (LSD) and formaldehyde, cocaine and marijuana, and heroin and cocaine are reported as localized phenomena in some countries.

There also have been reports of localized outbreaks of drug abuse through injected methods, heretofore virtually unheard of in Latin America and the Caribbean, together with indications of some Hepatitis C and HIV/AIDS (Human Immune Deficiency Virus/Acquired Immune Deficiency Syndrome) infections associated with this type of drug use.

The countries in the hemisphere must recognize that demand reduction is a key or essential component of their approach to the drug problem by establishing the appropriate legislation and budgets for drug prevention, treatment, rehabilitation and social reintegration programmes.

In light of the above, the commitment to demand reduction – adopted by every country at the Summits of the Americas and in the Action Plan on Demand Reduction approved by the 1998 Special Session of the United Nations General Assembly on Drug Control – must be reaffirmed with strategic and substantive actions to address substance abuse through demand reduction policies and programmes.

Third evaluation round, 2003-2004

Demand reduction

Prevention

The Anti-drug Strategy in the hemisphere states that: “Demand remains a powerful driving force for the production of and traffic in drugs. Every member of the global community has the responsibility to address the issue of demand and to reduce its incentive.”

Countries need to implement a strategy in this area through a variety of programmes with defined, measurable objectives relevant to the nature of the drug problem in each country.

This requires the establishment of a range of prevention programmes tailored to specific audiences. Parallel prevention programmes should coexist in the school, family, community and prison environments – for both genders, street children, indigenous peoples and others, according to the drug use situation in each country and the priorities of the national anti-drug plan or strategy.

The current Third Evaluation Round has demonstrated that while most countries have some programmes such as those described, the majority are limited to a few disjointed activities and of poor coverage.

According to the MEM evaluation criteria, a drug use prevention programme should include elements such as ongoing efforts, trained professionals, a curriculum or planned sequence of activities, and written and/or audiovisual materials, combining information on drugs with life skills education components.

A prevention programme should also take into account the specific character of the target population and consider offering specialized content and approaches accordingly.

The idea of coverage normally refers to the percentage of the target population group effectively participating in a drug abuse prevention programme, i.e. exposed to such a programme on a regular or periodic basis.

The present evaluation has demonstrated that such characteristics are not present in most prevention programmes in the hemisphere. There are persistent weaknesses in terms of the quality as well as coverage of programmes in execution. It is troubling to observe that some countries still do not fully appreciate the importance of strengthening this crucial aspect of the fight against drugs.

By way of example, it should be recalled that the previous evaluation round (2001-2002) recommended that the hemisphere give priority to the conducting of school-based prevention programmes, since the school environment lends itself to the development of continuous and systematic processes for drug use prevention. In this regard, the number of countries that reported during this evaluation round that they have conducted drug prevention activities in schools has increased. This progress should be highlighted. From less than a quarter of the member States carrying out programmes and activities in schools in the 2001–2002 period, the number increased to twenty-six countries in the current evaluation round. However, in most cases these activities amount to sporadic lectures or programmes whose

coverage relative to the target population is weak, confined in general to the capital and neglecting the interior and rural areas.

It is nonetheless worth noting that in 2004, CICAD approved Hemispheric Guidelines for Prevention in School, providing a means to harmonize school prevention operations on the basis of what does and does not work, according to scientific evaluations and evidence. This should provide some support for the efforts countries must make in this area.

These guidelines reaffirm that schools offer ideal conditions for the development of programmes involving parents and families in efforts to help build awareness and behaviour consistent with healthy living, the tools for self protection, and a critical attitude toward the media and peer pressure on the subject of drug use. The main objective of school prevention should therefore be to expand national coverage to include all school-age children and young people in programmes for drug use prevention and the development of life skills.

While prevention in schools was defined as a hemispheric priority in the previous evaluation round, progress must still be made to build and improve capacity, in terms of quality and coverage, enabling countries in the hemisphere to diversify their programme offerings and develop prevention programmes targeting other groups at risk according to the particular nature of the drug problem in each country. The supply of prevention programmes in the workplace, prison, community and other environments is even less robust than in the school systems, where despite the weaknesses indicated, the greatest progress in preventing drug use in the hemisphere has been made.

Likewise, special attention should also be given to development of programmes to prevent drug consumption in areas which are highly vulnerable, such as street children and youth, or those who find themselves out of the school system. In marginal conditions, the drug problem has more serious connotations, given the precarious support or network which this social group has. The consumption of volatile solvents, cocaine paste and pharmaceuticals among children and youth at risk requires prevention programmes aimed at their particular situation and necessities.

It should be noted that a system of prevention programmes will depend on the availability of qualified human resources to design, execute and evaluate continuous and systematic prevention programmes.

In that sense, many efforts are needed at the hemispheric level. The quality and scope of intervention could be improved with a sufficient number of trained professionals to carry out prevention activities in a variety of settings.

Programme evaluation is also important. Prevention activities targeting key population segments are not evaluated for effectiveness, making it impossible to identify best practices and weed out ineffective measures. For example, among the countries in the hemisphere reporting that they have started or developed drug abuse prevention programmes in primary schools, only a few report that the processes and/or results have been evaluated in terms of efficiency and effectiveness. Given the sizable human and financial resources required to set up a prevention programme and gradually achieve national coverage, it is important for countries to dedicate the time and resources needed to evaluate the pilot phase, validate the

materials and instructional techniques, ensure their effectiveness, and make the necessary adjustments before investing in replication and expansion on a national scale.

Since there are scarce technical and financial resources available for strengthening demand reduction activities per the hemispheric strategy, closer mutual cooperation among countries is essential. Those having advanced in the design, formulation, execution and evaluation of prevention programmes should share their experience with those encountering technical difficulties in such areas. Experience accumulated in some countries of the hemisphere is a form of capital to be exploited mutually. In this regard, efforts should be made to facilitate the processes required for horizontal cooperation among countries, with preventive practices in the more advanced countries serving as models for replication in others.

Despite existing limitations, it is important to highlight how the coverage and execution of drug use prevention programmes is evolving in certain countries. These cases show a clear commitment to a comprehensive and balanced approach to the drug phenomenon in the hemisphere.

Treatment

Progress is observed as regards the implementation of drug treatment programmes in the hemisphere.

All countries report having in place at least some basic services provided by the public and/or private sectors. These services include out-patient and residential treatment modalities, as well as day and evening clinics, providing the following services: network for early detection, outreach and referral of cases, detoxification, treatment and rehabilitation, social reintegration and aftercare and self-help groups. However, the problem with these various treatment centres and modalities is the lack of a national drug treatment system to pool their efforts and make them more responsive to their patients' needs.

Despite the fact that the modality of the services differs from country to country, there is some similarity between the countries, when looking at the types of services (public/private, inpatient/outpatient) and the target groups served. A minority of countries have services aimed at specific groups such as women, children and adolescents under 16 years of age and indigenous populations.

Research indicates that the starting age for drug use is increasingly young; countries should respond to this trend by expanding the range and accessibility of treatment modalities for children and adolescents.

The addiction problem is becoming ever more complex and therefore difficult to address. Increasingly professionalized training is needed for staff engaged in the treatment of drug dependent persons. Here there is an opportunity to capitalize on current initiatives in the region to offer such training, as in the case of the International Online M.A. in Addictions Studies and other similar in-country or regional training initiatives. These types of initiatives give the countries the opportunity of having staff better qualified to approach the problem from a clinical, empirical perspective.

The majority of countries also have some professional specialized training in drug abuse prevention, treatment and research. An overview of the variety of training programmes is given in the table below.

Types of training programmes available in the countries of the hemisphere, 2004

	Has Short Refresher Courses	Has Diplomas	Has Undergraduate Courses	Has Master's/ Doctoral Programs
South America				
Argentina				
Bolivia				
Brazil				
Chile				
Colombia				
Ecuador				
Paraguay				
Peru				
Uruguay				
Venezuela				
Central America				
Costa Rica				
El Salvador				
Guatemala				
Honduras				
Nicaragua				
Panama				
North America				
Canada				
Mexico				
United States				
Caribbean				
Antigua and Barbuda				
Bahamas				
Barbados				
Belize				
Dominica				
Dominican Republic				
Grenada				
Guyana				
Haiti				
Jamaica				
St. Kitts and Nevis				
St. Lucia				
St. Vincent and the Grenadines				
Suriname				
Trinidad and Tobago				
Total	29	15	17	16

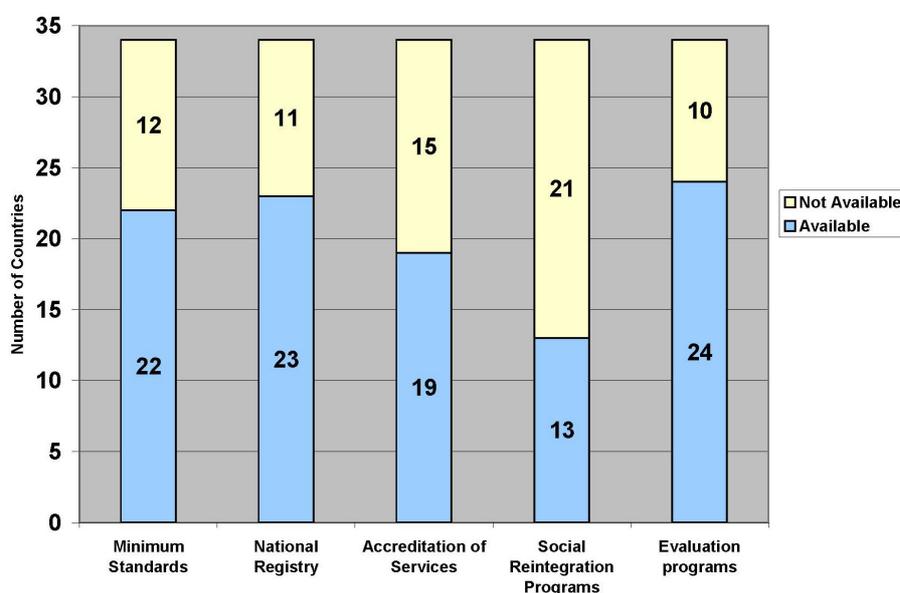
 Yes

About two thirds of the countries possess guidelines or regulations on standards of care for drug abuse treatment. Most of these guidelines are mandatory in nature and cover the delivery of treatment programmes at national, state/provincial, or local levels. There has been progress in the number of countries registering minimum standards of care in 2004 (22) compared to the Second Evaluation Round in 2001-2002 (19). It is an important distinction that having developed standards on the books does not translate to government monitoring of services and a centralized system for integration and referrals among available services. It is important that member States adopt measures to establish a mechanism for coordinating between available services and to periodically check quality of service delivery according to established treatment standards (this is different from evaluation of effectiveness of current services).

In addition, countries that have already developed minimum standards of care, and which regularly supervise and accredit institutions as to their compliance with these standards, should move to a second phase. The CICAD Secretariat is providing assistance in this regard in setting up national drug treatment systems, providing a communication network for all treatment services in each country, in their various modalities, and creating a national case referral system. This permits care to be centred on the patient's needs, rather than forcing the patient to adapt to the treatment modality offered by the service provider, be it a therapeutic community, an outpatient centre, a detoxification facility, or some other modality. Patients should be referred to one or more treatment modalities according to their profile and the diagnosis of their addiction.

There are also national registries of treatment services and programmes (68%) and methodologies for accreditation of the guidelines (56%), Social Reintegration Programmes (38%) and Evaluation Programmes (70%). A total overview of the characteristics of the treatment services in the hemisphere is provided in the graph.

Characteristics of available treatment services, 2004



In most countries of the hemisphere, the Ministry of Health is independently in charge of the registry, accreditation and validation of services and programmes, or shares the responsibility with other institutions or commissions such as the national drug authority, joint commissions (such as Health Ministry/ National Drug Authority), or other public and private entities.

Eight countries in the hemisphere report having conducted research to evaluate the various programmes and modalities in order to assess their effectiveness on the impact of treatment programmes or “best practices” during the past three years. Those who did, assessed the effectiveness of their programmes for early intervention, treatment, rehabilitation, after care and/or social re-integration.

Limited human and financial resources have hindered progress in these areas and have made it difficult to continue to enhance the quality and number of treatment services available within the hemisphere.

The majority of countries confirm increases in the number of patients who sought and obtained treatment but indicate a continued need for expansion of services to meet geographic demand in the countries.

Based on the MEM Third Round evaluation findings in the area of treatment, recommendations were made in each of the national reports, most of which address the minimum standards of care or evaluation of the effectiveness of the programmes.

Statistics on consumption

The present evaluation round has revealed that most countries do not have national epidemiological studies on drug use in the general population. This is a weakness that makes it difficult to estimate the magnitude of psychoactive substance use in a country, or to discern trends in use over time, and hence to evaluate the effectiveness of drug supply and demand reduction policies and programmes.

Likewise, the lack of national epidemiological studies does not permit an objective perspective of the magnitude and characteristics of the drug consumption phenomenon in the hemisphere.

That said, CICAD, through the Inter-American Uniform Drug Use Data System (SIDUC) and in response to recommendations from previous rounds, has provided technical and financial assistance to conduct epidemiological studies on students in countries requesting such assistance.

This is a great stride forward, providing several countries with validated information on drug use among the young.

As a result, a picture can be drawn of psychoactive substance use in several countries in the hemisphere. The school population requires special attention and monitoring, given that it is during these years that children are at a greater risk for initiating use of psychoactive substances.

For example, the following table provides data for the most recent years available on the prevalence of marijuana, cocaine and alcohol among the school population of a number of countries in the hemisphere. These data have been extracted from studies conducted in 2001-2004. In the majority of cases, these studies received technical and financial assistance from SIDUC unless otherwise indicated.

**Annual Prevalence of Principal Drugs
in School Population in the Hemisphere**

Region	Year	Marijuana	Cocaine	Alcohol
NORTH AMERICA				
CANADA ¹	2003	29.6	4.3	66.2
MEXICO ²	2003	4.0	1.7	33.4
USA ³	2003	28.2	3.3	59.3
CENTRAL AMERICA				
COSTA RICA ⁴	2001	2.2	0.2	43.4
EL SALVADOR	2003	2.5	0.7	23.1
GUATEMALA	2003	2.3	1.3	35.5
NICARAGUA	2003	2.2	1.1	31.8
PANAMA	2003	7.1	1.4	45.4
CARIBBEAN				
BARBADOS	2002	14.1	1.2	56.5
BELIZE	2002	13.4	1.3	55.9
DOMINICA	2002	8.7	0.0	60.7
GRENADA	2002	6.7	1.5	55.9
GUYANA	2002	3.6	0.4	35.7
DOMINICAN REPUBLIC	2003	1.1	0.3	54.2
SURINAME	2002	3.5	0.2	44.3
SOUTH AMERICA				
ARGENTINA ⁵	2001	4.0	0.9	64.0
BOLIVIA ⁶	2002	5.2	1.6	55.0
CHILE ⁷	2003	12.9	3.0	61.2
COLOMBIA ⁸	2001	5.8	3.0	76.2
ECUADOR ⁹	2002	4.7	0.6	42.2
PARAGUAY	2003	1.7	0.6	50.0
PERU ¹⁰	2002	3.2	1.5	36.9
URUGUAY	2003	8.4	1.7	70.3
VENEZUELA ⁹	2002	0.3	0.2	45.9

1 Source: CCSA, Ontario provincial study.

2 Source: SEP-INP, metropolitan study.

3 Source: NIDA. Tenth grade only.

4 Source: IAFA.

5 Source: SEDONAR.

6 Source: CELIN.

7 Source: CONACE.

8 Source: RUMBOS.

9 SIDUC metropolitan study.

10 Source: DEVIDA

The information provided in the table above highlights the need to develop permanent and systematic drug prevention programmes in schools in order to provide information on the risk of consumption of these substances, present a critical view of the use of drugs and promote healthy living.

It is important to note that, with the support of SIDUC, studies on drug use in the general population are being conducted in several countries in the hemisphere that have been unable to conduct them previously because of technical and financial difficulties. In the case of countries conducting such studies for the first time, the information collected can constitute the baseline for comparison with future studies if the same data collection methodology is maintained. Information gathered on the characteristics of drug use (prevalence, incidence, discontinuation, age of first use,

perception of risk, accessibility, etc.) will provide benchmarks for comparison with later studies.

It should be noted that only two countries in the hemisphere (Chile and the United States) maintain the series of annual and bi-annual studies on the general and student population that make it possible to discern trends and to guide drug strategy activities accordingly, with a view to improving their efficiency and effectiveness.

The hemispheric evaluation has also revealed deficiencies in the collection of data on morbidity and mortality related to the use of psychoactive substances. Such studies can provide very useful additional information for use in monitoring the problem and also in assessing some of the economic costs to society associated with drug use and related phenomena. These studies are not easy to conduct, so it is advisable to follow an established, standardized methodology to facilitate the comparison of data from different studies.

For these reasons, it is clear that continued hemispheric progress is needed to improve capacity at the national level for ascertaining the magnitude and characteristics of the problem. Countries have repeatedly indicated difficulties in securing the technical, human and financial resources needed to conduct the studies required. Countries should consider allocating the budget resources needed to conduct studies and research on drugs and train those professionals and technicians necessary for their implementation.

It is also important to persevere in the support activities conducted by the Inter-American Observatory on Drugs to improve the work being done in this area at the national level. It serves no purpose for countries to set up national observatories if they lack the capacity to fulfil their intended objective: to produce, collect, organize and disseminate drug-related information in support of national programmes.

A challenge in the near future will be to move ahead in developing less onerous information collection techniques for the countries, encouraging them to conduct periodical research on drug use in the general and student populations.

Precursor control

(Compilation from MEM First, Second and Third Round Hemispheric Reports)

First evaluation round, 1999-2000

Prevention of the diversion of pharmaceuticals and controlled chemical substances used in illicit drug manufacturing

Although 21 countries in the hemisphere have both the controls needed to prevent the diversion of pharmaceuticals and controlled chemical substances, and the corresponding institutional framework comprising authorities, legislation, the capacity to determine the licit needs of controlled chemical substances and ensure national coordination, the diversion of controlled chemical substances and pharmaceuticals continues to be one of the main problems confronting the region. This demonstrates the urgent need to strengthen the application of national and

international control mechanisms, particularly in terms of pre-export notification of controlled substances.

Aware of this dimension of the problem, the countries in the region have been improving their international coordination and cooperation mechanisms in the form of initiatives designed to reduce and control the production of and trafficking in illicit drugs and the diversion of controlled chemical substances. In this context, the efforts being made by 14 countries in the region to perfect international operational coordination and cooperation via the United Against Drugs initiative sponsored by CICAD and the United States Government are considered highly significant.

Similarly, in implementing an initiative proposed in the framework of the United Nations, since April 1999 some countries in the region have participated in "Operation Purple", the objective of which is to control transactions involving potassium permanganate, to prevent its diversion.

Second evaluation round, 2001-2002

Pharmaceutical products and controlled chemical substances

Since the First Evaluation Round 1999-2000, the countries have made progress by developing legislation and the capacity to determine their needs, in order to prevent the diversion of pharmaceuticals and controlled chemical substances. Nonetheless, 85% of the countries in the hemisphere (29 out of 34) merited CICAD recommendations generally having to do with strengthening their control systems. The data analysed reveal problems with existing controls for the production, distribution and use of pharmaceuticals, as well as chemical substances used in the production of illicit drugs.

While most countries have developed a regulatory framework for the control of pharmaceuticals, in some cases either it has not entered into force or is not being properly enforced; there is evidence, based on rising illicit drug production, that significant quantities of these controlled substances possibly are being diverted for improper uses.

The reported rates of improper use of pharmaceuticals are higher than those for other drugs such as cocaine or heroin. This indicates that such products are vulnerable to diversion through illicit channels as well as prescription abuse. The lack of appropriate regulations and the weaknesses of control systems make it difficult to prevent illicit diversion and to ensure that the products are used for therapeutic purposes.

Significantly, CICAD held a meeting of the Expert Group on Pharmaceutical Products in 2002, which was the first step of a thorough review of diverse aspects relating to the regulation and control of pharmaceuticals in the hemisphere.

Domestic regulations for pharmaceuticals are based on the particular needs and circumstances of each country. Nonetheless, each country should have a solid legislative basis and regulatory framework to support an effective monitoring mechanism and appropriate corrective measures.

Most countries (28 out of 34), report that they have a system for the control of controlled chemical substances. At the same time, 17 countries mentioned the lack

of an adequate budget; 8 have received recommendations relating to the fragility of their laws and 5 have minimum sanctions.

There are a number of international instruments regulating chemical substances, including those in the framework of the United Nations. Nonetheless, increasing diversion of chemical precursors parallels the upward trend observed in illicit drug production.

Despite the international legal regime in effect in this area, domestic systems for the control of chemical substances vary from country to country, reflecting and responding to the particular needs of each one. While this is a matter involving national sovereignty, such variations in control create opportunities for criminal organizations to divert chemical substances for illicit purposes.

Cooperation and coordination among control agencies is considered essential to reducing the likelihood of diversion of controlled chemical substances for illicit purposes.

It is essential for countries to ensure full application of international conventions regarding the establishment of mechanisms to guarantee the effectiveness of control systems.

Third evaluation round, 2003-2004

Pharmaceutical products

All states in the hemisphere have ratified the United Nations Single Convention on Narcotic Drugs of 1961, the United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988, and, with two exceptions, the United Nations Convention on Psychotropic Substances of 1971. Pursuant to these instruments, countries undertake to establish and apply strict control measures for pharmaceutical products to prevent their diversion to illicit channels.

However, despite the progress made in complying with 17 of the recommendations from the second round of the MEM, the remaining 34 recommendations in this thematic area have yet to be fulfilled.

In this third round, despite some progress with new regulations issued in some countries, many earlier recommendations are repeated, and there are others referring to problems with recordkeeping systems, weaknesses in administrative structures, inadequate financing, and the lack of adequate mechanisms to implement current regulations or evaluate the effectiveness of the controls being applied.

In three countries there are still no control procedures for the commercialization of pharmaceutical products, and in others, internal controls need to be strengthened, which includes rules with respect to prescriptions, prescription receipts, distribution and sale, as well as resources for inspections to verify data on the distribution of these products to their final users. The need to apply these controls has increased with the new Internet pharmaceutical sales, which include pseudoephedrine, amphetamine stimulants, phentermine, and opiates like hydrocodone and oxycodone.

Pursuant to the international agreements, most countries have rules with some type of sanction applicable to the diversion of pharmaceutical products: twenty-seven

countries establish penal sanctions; twenty-eight countries establish administrative sanctions, and thirteen countries describe civil sanctions. Only four countries have not established any type of sanction. However, most did not report the application of any sanctions during the period analysed.

Although it is generally recognized that pharmaceutical products containing psychotropic substances are ordinarily diverted from legal distribution channels, the seizures reported are limited to a few countries and types of drugs.

In 2002 and 2003, the largest seizures of pharmaceutical products were concentrated in Canada, the United States and Mexico:

Seizures of Pharmaceutical Products in North America, 2002 - 2003

Pharmaceutical Product	Quantity
Oxycodone	94,268 oral doses
Morphine	10,029 tablets
Methadone	5,335 oral doses
Hydrocodone	98,502 oral doses
Phentermine	86,030 oral doses

Tablet-making machines and presses are used extensively in the pharmaceutical industry. At the same time, drug traffickers also use them to manufacture illicit drugs such as Ecstasy and other synthetic drugs. Several countries reported the seizure of such machines coupled with an increasing trend in the distribution and use of synthetic drugs. In some instances, member States do not have laws or mechanisms to control the use of these machines.

In addition, clandestine laboratories are using increasing amounts of pharmaceutical preparations containing ephedrine or pseudoephedrine as a source of precursors for the illicit production of methamphetamine, as corroborated by the unprecedented quantities of these products seized in Panama and North America in 2003.

In this complex setting, valuable work has been done by the CICAD Group of Experts on Pharmaceutical Products in guiding and training countries in harmonization of control and enforcement procedures. Meetings held in 2003 and 2004 yielded concrete proposals, such as the "Model Reference Guide Health Professionals: Prevention and Detection of Abuse of Narcotic Drugs and Controlled Substances, and Their Diversion to Illicit Channels" and the "Model Guide for Manufacturers to Control Pharmaceutical Products". Mechanisms were also examined for strengthening inspections and investigations, along with best practices for overcoming impediments to the effective implementation of regulation and control systems, mechanisms for boosting the communication and coordination required for these kinds of controls, and sales of pharmaceutical products over the Internet.

Controlled chemical substances

All countries in the hemisphere have ratified the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988, undertaking in article 12 to adopt the mechanisms necessary to monitor legal commerce and the use of substances enumerated in chapters I and II, activities that are now being partially carried out. These measures include the keeping of detailed records of transactions at every link in the commercial chain – to give Governments a tool for monitoring legitimate national needs and identifying unusual or suspicious activities in a sufficiently timely manner to prevent possible diversions – as well as the exchange of essential information with other countries and international organizations.

In 2003 only thirteen countries requested that INCB activate the pre-export notification mechanism, regarded as the most effective means of rapidly verifying the legitimacy of commercial transactions and prevent diversions. This situation requires prompt attention in the remaining countries to the task of implementing this mechanism in the shortest possible time.

With respect to international cooperation, the joint participation of drug-producing countries and the countries producing controlled chemical substances and the support of the World Customs Organization, Interpol and the United Nations has proved to be particularly important in terms of their significant impact. These activities took the form of large-scale coordinated operations, such as Operation Purple, begun in 1999 to control the potassium permanganate used to make cocaine hydrochloride; Operation Topaz, which got under way in 2001 to control the acetic anhydride used to produce heroin; and Operation Prism, begun in 2002, to combat diversion of the precursors used for the illicit manufacture of amphetamine-like stimulants (ephedrine and pseudoephedrine for methamphetamine; P-2-P for amphetamine; 3,4-MDP-2-P and safrol for extasis), the equipment used to manufacture them and the use of the Internet for diversion of chemical precursors and equipment.

In this context, the success of Operation Purple can be measured by its dismantling of seven clandestine potassium permanganate laboratories in Colombia in 2003 set up after traffickers had failed to divert the substance from legitimate sources.

Nonetheless, in 2002 and 2003 the quantities of potassium permanganate imported and seized in the hemisphere have begun to increase again after declining in 2000 and 2001. The situation warrants strict monitoring to verify the legitimacy of each transaction and the intervention of enforcement authorities to investigate the diversion mechanisms employed.

In terms of the production of synthetic drugs, the largest seizures of pseudoephedrine took place in Mexico and the United States – tons of raw material and millions of pharmaceutical tablets diverted for the production of methamphetamines. In Panama, 4.8 million tablets, equivalent to approximately 300 kilograms, of pseudoephedrine were seized in 2003. The unprecedented volume of these seizures is a warning sign for hemispheric control systems that clandestine laboratories in the region may be expanding.

Also in 2003, within the framework of regional cooperation, major joint investigations were conducted in North America that led to the seizure of large

quantities of pseudoephedrine diverted from legal commercial channels for the illicit production of methamphetamine. Numerous arrests, involving individuals connected to the industry, were also made.

It is expected that Operation Prism will make headway in preventing the diversion of pharmaceutical products, which contain pseudoephedrine and ephedrine, used in the illicit production of amphetamines and methamphetamines.

With respect to the legal sanctions applicable to trafficking in precursors and controlled chemical substances, most countries provide for some type of sanction, although no cases were reported for this period.

Countries in the hemisphere with legislation sanctioning the diversion of chemical substances as an offence, 2004

	Has Penal Sanctions	Has Civil Sanctions	Has Administ. Sanctions	Does not Sanction
South America				
Argentina				
Bolivia				
Brazil				
Chile				
Colombia				
Ecuador				
Paraguay				
Peru				
Uruguay				
Venezuela				
Central America				
Costa Rica				
El Salvador				
Guatemala				
Honduras				
Nicaragua				
Panama				
North America				
Canada				
Mexico				
United States				
Caribbean				
Antigua and Barbuda	-	-	-	-
Bahamas				
Barbados				
Belize				
Dominica				
Dominican Republic				
Grenada				
Guyana				
Haiti				
Jamaica				
St. Kitts and Nevis				
St. Lucia				
St. Vincent and the Grenadines				
Suriname				
Trinidad and Tobago				
Total	27	14	25	5

 Yes

In the last two years progress has been made in strengthening the control of precursors and chemical substances used to produce drugs of natural origin, such as cocaine and heroin in South America, and of synthetic origin, of the amphetamine type, which is produced throughout North America. This progress is associated with

new regulations issued in 2003, particularly in Brazil, Canada, Peru, Uruguay and Venezuela.

However, in nearly every country the financial and technical resources and infrastructure are inadequate for the application of effective prevention and enforcement controls against the diversion of precursors and controlled chemical substances without harming legitimate commercial interests.
