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ANNUAL REPORT 2016
OF THE INTER-AMERICAN DRUG ABUSE CONTROL COMMISSION (CICAD) TO THE
GENERAL ASSEMBLY OF THE ORGANIZATION
OF AMERICAN STATES AT ITS FORTY-FIFTH REGULAR SESSION

2016 ANNUAL REPORT
OF THE INTER-AMERICAN DRUG ABUSE CONTROL COMMISSION (CICAD) TO THE
GENERAL ASSEMBLY OF THE ORGANIZATION OF AMERICAN STATES AT ITS
FORTY-SEVENTH REGULAR SESSION

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2016 ANNUAL REPORT

OF THE INTER-AMERICAN DRUG ABUSE CONTROL COMMISSION (CICAD) TO THE GENERAL ASSEMBLY OF THE ORGANIZATION OF AMERICAN STATES AT ITS FORTY-SEVENTH REGULAR SESSION

1. The Inter-American Drug Abuse Control Commission (CICAD) herein presents its annual report to the forty-seventh regular session of the General Assembly of the Organization of American States (OAS), pursuant to the provisions of Articles 54.f and 91.f of the OAS Charter. The report follows the order of the chapters of the Hemispheric Drug Strategy approved in 2010.

EXECUTIVE SUMMARY

2. The **Plan of Action 2016-2020 of the Hemispheric Drug Strategy** * ò v j g " U v t c v g i f was completed in November 2016. The Working Group to Prepare the Plan of Action continued its discussions throughout the year, holding seven online meetings and one in-person meeting. As a result of the discussions, the Working Group prepared a final draft of the Plan of Action 2016-2020, which has thirty objectives and 129 priority actions in the five thematic areas of the Strategy. The draft was submitted to the CICAD Commission at its sixtieth regular session held in Nassau, Bahamas on November 2-4, 2016, and approved in its entirety.

3. The Inter-Governmental Working Group (IWG) of the **Multilateral Evaluation Mechanism (MEM)** was convened by CICAD at its sixtieth regular session, and was charged with reviewing and updating the evaluation instrument for the seventh round of the MEM. Chile was elected Chair, and by the end of 2016, guidelines for action were set.

4. The **Institutional Strengthening Unit** continued to contribute to capacity building in the area of drugs, assisting with the design, execution, monitoring, and evaluation of public policies, plans, and strategies. The Unit supported discussions of new trends, such as alternatives to incarceration for drug-related offenses, the relationship between sustainable development and drugs, and social integration. It continues to support the drug treatment court (DTC) model in 14 member states by providing technical assistance and training to hundreds of professionals in the fields of justice, health, and social services. The Group of Experts on Alternative, Integral, and Sustainable Development met and consolidated its work. Side events with civil society were organized during the fifty-ninth and sixtieth regular sessions of CICAD. In 2016, the Health and Life in the Americas (SAVIA) program continued its work of cooperation, technical assistance, training, and exchanges on the subject of decentralization and local management of drug policies. Work continued on the development of tools to provide member states with good practices and experiences in the area of social integration and drugs.

5. The **Inter-American Observatory on Drugs (OID)** conducted the last phase of the project on Smokable Cocaine in the Southern Cone, and published several reports on the matter. The information-based protocol for examining the topic of drug treatment is currently at the peer-review stage. Advances in the understanding of drug use in the Americas were discussed at policy and scientific fora. Support was provided to several countries to develop and conduct various

epidemiological studies, including studies in some Caribbean countries, and the Third Andean Epidemiological Study among University Students in the countries of the Andean Community. The ODA fostered a deeper understanding of new psychoactive substances (NPSs), which represent a challenge for drug policies, and a working group was created on heroin and other opioids.

6. The **Demand Reduction Unit** worked in cooperation with the World Health Organization (WHO), the United Nations Office on Drugs and Crime (UNODC) and the Pan American Health Organization (PAHO) to develop a conceptual framework and program areas to enable them to work together to strengthen national health care systems by professionalizing the human resources involved in the prevention and treatment of drug use. Agreement was also reached on the functions and basic competencies that health care personnel ought to have if they are to provide quality care to people with drug use problems. This information is the basis for developing systems. Seven hemispheric trainers were trained and certified for future implementation of the Universal Treatment Curriculum (UTC) in a number of countries. In coordination with the National Drug Commissions and the ministries of health, the Training and Certification Program for human resources providing treatment and rehabilitation services to drug users (PROCCER, by its Spanish language acronym) continued to be executed in twenty-three member states, which were provided with technical assistance to implement certification mechanisms, and trained more than 2,800 prevention and treatment service providers. An external evaluation of the program was conducted, showing satisfactory results in terms of implementation and impact. In addition, guidance and technical assistance was provided in cooperation with the Health and Life in the Americas initiative (SAVIA, by its Spanish language acronym) to develop local plans on drugs at a variety of training workshops and activities.

7. During 2016, the **Supply Reduction Unit** conducted 12 training activities for 525 officers on counterdrug police investigations; control and interdiction of drug production and trafficking; customs security in ports, airports and borders; maritime narcotrafficking; control of trafficking and diversion of chemical substances; production, identification and use of synthetic drugs, including New Psychoactive Substances (NPSs). The Unit organized three courses in the framework of the Counterdrug Intelligence Training Program (ERCAIAD, by its Spanish language acronym) on Strategic Intelligence and Counterdrug Prospects, as well as two specialized seminars on operational intelligence. The Unit also coordinated the meeting of the Expert Group on Maritime Narcotrafficking.

CHAPTER I: REGULAR SESSIONS OF THE COMMISSION

8. The Commission held its fifty-ninth regular session in Washington, D.C. on April 25 and 26, 2016, and its sixtieth regular session in Nassau, the Bahamas on November 2-4, 2016. The Chair for the 2015-2016 term of office was Peru, in the person of Dr. Luis Alberto Otárola Peñaranda, Executive Chair of the National Commission for Development and Life without Drugs (DEVIDA), while the Bahamas served as Vice Chair. The Bahamas took the Chair during the sixtieth regular session, in the person of Dr. Carl Francis Smith, Permanent Secretary of the Ministry of National Security while Mexico held the Vice Chair.

FIFTY-NINTH REGULAR SESSION

9. During the fifty-ninth regular session of CICAD, an informational presentation was made on the reorganization of the Secretariat for Multidimensional Security and its departments, in accordance with Executive Order 16-01. The CICAD Commissioners also examined the Outcome Document of the Special Session of the United Nations General Assembly on the World Drug Problem (UNGASS) 2016, and reflected on Post-UNGASS 2016: Looking forward to 2019. The Commission heard an update on the process of preparing the final draft of the Plan of Action 2016-2020 of the Hemispheric Drug Strategy 2010, for consideration and approval at v j g " E q o o k u u k q p o sixtieth regular session.

10. The Commission decided to send a formal communication to the Secretary General regarding Executive Order 16-01 corr. 1, with the following consensus sentence: *ō V q " t g e q o o g p f " v the Secretary General that he amend Executive Order 16-01 corr. 1, in discussion with the member states and in light of their statements at the fifty- p k p v j " t g i w n c t " The following p " q h " E K documents were also approved: Draft annual report of CICAD 2015 (CICAD/doc.2244/16. rev. 2), to be submitted to the forty-sixth regular session of the OAS General Assembly in June 2016; work schedule presented by the Chair of the Working Group for the Preparation of the Plan of Action 2016-2020, and a draft resolution for the forty-sixth regular session of the OAS General Assembly (CICAD/doc.2245/16 rev. 2 corr. 1). The Commission elected Paraguay as Vice Chair of the Expert Group on Money Laundering Control; Colombia as Chair of the Expert Group on Maritime Narcotrafficking; and Panama as Chair of the Expert Group on Chemical Substances and Pharmaceutical Products.*

SIXTIETH REGULAR SESSION

11. At its sixtieth regular session, the Commission approved the draft Plan of Action 2016-2020 of the Hemispheric Drug Strategy. It also elected Chile to chair the Inter-governmental Working Group (IWG) of the Multilateral Evaluation Mechanism (MEM) to prepare for the Seventh Evaluation Round.

12. The Commission also heard panels and presentations on the following: The variety of national drug problems and how to choose policies for controlling them; Beyond UNGASS 2016: Implications for the Hemisphere; Multisectoral coordination and policy for regional professionalization of prevention and treatment service providers; Cannabis policy discussion;

Interventions for youth affected by alcohol and other drugs; Current state of the use of heroin, fentanyl and other opioids in the Hemisphere; Counterdrug maritime cooperation; Drug market intervention and its impact on at-risk youth and communities, and Cooperation program on drug policies among Latin America, the Caribbean, and the European Union.

13. The Commission adopted the Nassau Commemorative Declaration in recognition of E K E C h i t h ' anniversary. It also approved the report of the Expert Group on Demand T g f w e v k q p . " c p f " g n g e v g f " E j k n g " v q " u g t x g " c u " v j g " I t c Expert Group on Maritime Narcotrafficking, its recommendations, documents and plan of action, and the 2015-2016 report of the Expert Group on Money Laundering Control (GELAVEX), including its recommendations and documents and work plan for 2016-2017. The Commission elected Paraguay and Bolivia to serve as Chair and Vice Chair of GELAVEX for the 2017-2018 term of office, and approved the continuation of Peru as the Chair of the Expert Group on Comprehensive and Sustainable Alternative Development.

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CHAPTER II: CICAD ACTION TO IMPLEMENT THE HEMISPHERIC DRUG STRATEGY

A. DEVELOPMENT OF THE PLAN OF ACTION 2016-2020 OF THE HEMISPHERIC DRUG STRATEGY 2010

14. The Working Group for Preparation of the Plan of Action (2016-2020) of the Hemispheric Drug Strategy, chaired by Guatemala, continued its discussions throughout 2016 at seven online meetings and one in-person meeting. With the support of the MEM Section of the Executive Secretariat (ES/CICAD), the following products were developed and activities carried out in 2016:

Development of the Third Draft of the Plan of Action

15. Over the period January to May 2016, the Chair of the Working Group developed a third draft of the Plan of Action, and convened member states to take part in online discussions of the document in an effort to arrive at a consensus on the various parts of the Plan.

Online discussions of the Plan of Action 2016-2020

16. The Working Group held six online meetings between June and September 2016, were still unresolved from the previous meetings. The agreements reached during these meetings formed a solid basis on which to complete the final draft of the Plan of Action 2016-2020.

Third meeting of the Working Group for Preparation of the Plan of Action 2016-2020

17. The Working Group held its third in-person meeting in Washington, D.C. on September 26-28, 2016, and reached consensus on a large majority of the points that had remained from the online meetings. A final online meeting of the Group was held on October 11 and 12, 2016 leading to a final review of the document. The Group approved a total of 30 objectives and 129

Approval of the Plan of Action 2016-2020

18. The Commission considered and approved the Plan of Action 2016-2020 during its sixtieth regular session.

B. MULTILATERAL EVALUATION MECHANISM (MEM)

(Hemispheric Drug Strategy 2010, Guidelines 8 and 52)

19. The Multilateral Evaluation Mechanism (MEM) began preparations for developing the evaluation instrument that will be used in the seventh round of the MEM, to measure the degree to which 34 member states have achieved the objectives and carried out the actions of the Plan of Action 2016-2020 of the Hemispheric Drug Strategy, as well as evaluating the progress made by countries over the last evaluation rounds. These objectives and actions focus on the areas of institutional strengthening, demand reduction, supply reduction, control measures, and international cooperation. The following activities were carried out in 2016 with the support of the MEM Unit of the Executive Secretariat (ES/CICAD):

Convocation of the Inter-governmental Working Group (IWG)

20. At its sixtieth regular session, the Commission called on delegations to join the Inter-governmental Working Group of the Multilateral Evaluation Mechanism (MEM), so that it could begin work in 2017 to decide on the basic documents for the seventh evaluation round. The member states elected Chile to chair the IWG.

Coordination with the Chair of the Inter-governmental Working Group (IWG)

21. In November and December, the MEM Section was in close contact with the Chair of the IWG to organize and coordinate the work plan to be followed so that the Group could present the basic documents for the Seventh Round of the MEM for approval by the Commission.

C. INSTITUTIONAL STRENGTHENING

(Hemispheric Drug Strategy 2010, Guidelines 9 to 13, 22, 23, 48, 49, 50, 51, and 52)

22. The Institutional Strengthening Unit continued to help develop capacities in the various government agencies and nongovernmental bodies working on the drug issue in the member states, to facilitate the design, execution, monitoring and evaluation of public policies, plans, strategies, processes and tools, review of legislation and regulatory changes, discussion and coordination of existing and emerging topics in drug policy (such as sustainable development and dealing with the causes and social and economic consequences of the world drug problem, alternatives to incarceration, and social integration policies). The Unit also continued to support local initiatives and horizontal and interagency cooperation initiatives, including cooperation with civil society, to enable member states to respond in a comprehensive, balanced, and sustained way to the drug problem.

23. To this end, the ES/CICAD promoted technical assistance, training, strategic analysis, systematization, knowledge management, sensitization, and coordination of activities.

Public Policies on Drugs: Development and Evaluation

24. This program continued to provide technical assistance to member states on creating and strengthening institutional and policy components, by supporting them in the design, execution, monitoring and evaluation of public policies, plans, and strategies in the drug field. ES/CICAD supports the organizational and professional development of the competent authorities and various State institutions, with special emphasis on the National Drug Commissions (NDCs) and cooperation among them and with the different civil society stakeholders.

Incorporating Civil Society into Policy Dialogue and Initiatives

25. ES/CICAD continued to organize side events with civil society during the CICAD regular sessions. The event in April 2016 brought together in Washington a group of experts working in government, academia, and civil society to discuss a new report entitled *Women, drug policies and incarceration: A Guide for Policy Reform in Latin America and the Caribbean*. They examined subjects such as: What role can decision-makers play in improving the situation? How can changes in drug policy put an end to this vicious cycle? The guide offers a road map for officials and reform advocates to make changes that could benefit the thousands of women incarcerated for drug-related crimes in the Americas. A side event was held during the sixtieth regular session of CICAD on *Civil society engagement and the basis of drug policy for sustainable development and criminal justice reform*, which discussed the impact that mass incarceration has had on vulnerable populations and minorities that have been disproportionately affected by counterdrug strategies. With that in mind, the Commission discussed some of the activities that civil society is undertaking that are aligned with the Sustainable Development Agenda 2030, reflecting the importance of providing people-centered, gender-based solutions and rights. Some of these organizations are also supporting OAS member states in their efforts to reform their criminal justice systems.

Contribution to the Policy Debate on Emerging Issues

26. A number of initiatives have been carried out in the field of drug policies and strategies aimed at finding alternatives to incarceration for drug-related offenders, including the *Closing the Gap* and the *Drug Treatment Court* projects.

27. ES/CICAD is implementing a number of initiatives for drug-related offenders (such as the Drug Treatment Court model), based on the Hemispheric Drug Strategy and its Plan of Action 2016-2020, and on the report on *The Drug Problem in the Americas* prepared by the OAS in response to the mandate from the Heads of State and of Government at the VI Summit of the Americas held in Cartagena de Indias in April 2012. That report identified a number of challenges in the enforcement of drug laws that require public policy responses from the countries of the Hemisphere. These initiatives are also based on the Declaration of Antigua, Guatemala (June 2013) entitled *For a comprehensive policy against the world drug problem in the Americas* and the subsequent special session of the OAS General Assembly, also held in Guatemala in 2014, which reemphasized this need.

28. CICAD is implementing a work plan in the area of alternatives to incarceration for drug-related offenders, which is geared to assuring the social integration of offenders, the safety and wellbeing of communities, and a reduction in the prison population, as well as promoting social integration strategies and programs in the region. The Institutional Strengthening Unit is examining

the conceptual bases of social integration and how this relates to the drug issue, with a view to providing guidance to member states as they develop appropriate responses. CICAD is preparing a frame of reference for developing public policies that will address the effects they have on social integration processes, and the different forms of drug involvement by individuals, groups, communities and society as a whole.

Group of Experts on Comprehensive and Sustainable Alternative Development (GEDAIS)

29. The Expert Group on Comprehensive and Sustainable Alternative Development (GEDAIS) was reactivated under the chair of Peru, with the goal of providing member states with specialized technical advice to enhance and strengthen strategies and actions for comprehensive and sustainable alternative development and preventive alternative development, as pertinent, in accordance with the Hemispheric Drug Strategy, the Declaration of Antigua, and the Resolution of Guatemala, as well as the United Nations Guiding Principles on Alternative Development, the new Sustainable Development Objectives, and the UNGASS Declaration. The first meeting of the GEDAIS was held in Lima, Peru on May 18-19, 2016. A preparatory working breakfast, in preparation for the GEDAIS meeting, was held on the margins of the 59th regular session of CICAD in Washington D.C. on April 26, attended by 15 delegations.

30. The goal of the meeting was to set up coordination mechanisms for the planning of comprehensive and sustainable alternative development policies that are consistent with the objectives of the post-2015 development agenda and UNGASS 2016. The priority in this process is to foster South-South and triangular cooperation to reinforce technical assistance and to exchange information, good practices and lessons learned in the area of alternative development, with the goal of establishing a hemispheric position reflecting realities in the countries and thus take a solid consensus position to the next meeting of UNGASS in 2019.

31. The Chair of the Group introduced a work plan divided into four themes: design, execution, systematization of interventions, and monitoring and evaluation.

32. Experts participated in the drafting process and their comments and observations were duly incorporated into the document. The following countries took the lead for each theme of the work plan: design, Peru; measurement, Mexico; systematization, Colombia; and execution, Paraguay.

33. In 2016, CICAD continued to organize forums for reflection, debate, and analysis, but above all, to define the needs, priorities, and new realities of the interrelationships between drugs and development, and promote thinking about the formulation and implementation of programs in terms of these new priorities in member states. Agreement was reached with representatives of COPOLAD and the German Corporation for International Cooperation (GIZ) to join forces in this effort in 2017.

Closing the Gap Initiative for Drug-related Offenders

34. The *Closing the Gap project for Drug-Related Offenders* seeks to address growing economic as well as social pressures related to high incarceration rates for drug-related offenders. The project includes measures (which may be judicial reforms or strategies, programs, or policies)

that seek to reduce the number of prosecutions, or limit incarcerations in cases where there is prosecution, or reduce time served by those who have committed drug-related crimes. The focus is on less serious cases, such as: i) use or possession for use (where criminalized), as well as problem use in the case of drug-dependent offenders; ii) small-scale cultivation and production, especially by *campesino* farmers and indigenous persons or for personal use; iii) small-scale, non-violent transporters, traffickers, and distributors (mules or dealers); and iv) individuals who have committed other minor offenses under the influence of illicit drugs or in order to feed their addiction.

35. The scope of this project covers three types of measures: i) pre-trial measures that seek to avoid prosecution in the criminal justice system of certain drug crimes; ii) measures during the trial proceedings that seek to have the criminal trial not lead to imprisonment or that incarceration be proportional, and iii) post-trial measures to allow offenders who have been sentenced and incarcerated to be released early and have the support of social integration strategies.

36. The project initially focused on four member states: Costa Rica, Colombia, Panama, and the Dominican Republic.

37. The participatory diagnostic studies in these four countries examined the institutional capacities and the structures available to strengthen and implement new initiatives and evaluated the possibility of implementing certain programs or initiatives in those countries.

38. The short-term objectives of these studies were: a) to gather as much information as possible from key stakeholders; b) develop networks of professionals who could become a resource for future CICAD projects, and c) sensitize participants to the problems associated with the indiscriminate incarceration of drug-dependent offenders, the resources available for them, and the potential benefits of expanding or implementing alternatives to incarceration and social integration programs for drug-related offenders.

39. The long-term objective of these studies is to continue the policy recommendations in the country reports, beginning with pilot projects.

Drug Treatment Courts in the Americas

40. ES/CICAD moved forward with its program to promote concrete court-supervised alternatives to incarceration for drug-dependent offenders, as alternatives to criminal prosecution or imprisonment (via models such as the Drug Treatment Courts, or DTCs). This program provides direct assistance to the judiciary by orchestrating coordination with other institutions of the State and civil society (health, social services, and labor, among others). This type of program for criminal offenders who are dependent on drugs combines treatment, rehabilitation, and social reinsertion with intensive court supervision of the treatment process. This model has been adapted to the realities of a number of different countries. The criteria of legal eligibility, the types of drugs covered in each country and jurisdiction, the way in which the diagnostic assessment and case management process is carried out, and the target population, among other factors, may vary considerably from country to country. As of the end of 2016, there are DTCs operating in Argentina, Barbados, Canada, Chile, Costa Rica, Dominican Republic, Jamaica, Mexico (five States, with another six exploring the possibility), Panama, Trinidad and Tobago, and the United States. The Bahamas, Belize and Peru are exploring possibilities. Colombia is beginning implementation of the model, following two

feasibility studies (health and justice) on implementation of a pilot for juveniles. When ES/CICAD first launched the DTC program for the Americas, only four countries in the Hemisphere had such a model. Currently, 14 countries are exploring, implementing, or expanding the model, and more than 50 pilot courts are operating throughout the Hemisphere.

41. The Drug Treatment Court Program for the Americas offered member states assistance in exploring the feasibility of the model, working with national drug commissions, the judiciary, the health authorities, and other professionals and agencies to address specific needs in a holistic way. From 2013 onward, the program cooperated with PAHO to identify synergies among the two organizations and thus ensure the necessary communication with the ministries of health and the health sector as a whole. Most participating member states have signed a memorandum of understanding with the OAS to carry out activities under this program.

42. Pilot DTC projects were formally launched in 2016 in Chihuahua, Mexico, and a juvenile DTC in Nuevo León and Ciudad Juárez, Mexico. Chihuahua and Nuevo León now have a Juvenile Drug Treatment Court.

43. In November 2016, at the fifth high-level workshop attended by a number of Mexican government authorities, the document entitled *Model Mexican Justice Program for people using psychoactive substances* was presented. This document is a methodological handbook for therapeutic justice programs in Mexico, which analyzes and systematizes the information received from member states on the models used in the various courts operating the program.

44. In Mexico in 2016, the Institutional Strengthening Unit worked with the Justice Committee of the Mexican Senate on drafting the new juvenile criminal justice law. Unit working closely with the Secretariat of the Interior (SEGOB), and with the National Commission against Addictions (CONADIC) to expand the model to other Federal entities (States).

45. The first and second training events on social integration strategies for the DTC model were held in 2016 in Antigua, Guatemala and Cartagena de Indias, Colombia. They were directed at judges, social workers, and those responsible for the issue of social integration from the following countries: Argentina, Barbados, Chile, Costa Rica, Dominican Republic, Jamaica, Mexico, Panama, and Trinidad and Tobago.

46. Mexico, Barbados, Jamaica, and the Dominican Republic are exploring the feasibility of implementing the DTC model for juveniles. In Colombia, following a feasibility study, the DTC model for juveniles was adopted in November 2016, following technical assistance to the Government of Colombia, and the first pilot DTC for juveniles began in the city of Medellín. It currently has one participant and other candidates are under consideration. Discussions resumed at the end of 2016 with Peru, to continue exploring the possibility of implementing a pilot DTC for juveniles.

47. Participants graduated from the DTC program in 2015-2016 in Cocle, Panamá; Santo Domingo, Dominican Republic, and in Mexico, the State of Morelos, State of México, Nuevo León, Monterrey, Morelos, Chihuahua, Ciudad Juárez, and Durango.

48. In November 2016, representatives of the Colombian government attended a high-level workshop in Mexico City, the purpose of which was to identify, analyze, and discuss the DTC models in other countries of the Hemisphere, and in this case, Mexico. There was also a review of the model in the health and health context.

49. A handbook on good DTC monitoring and evaluation practices is undergoing peer review, and will be published in the second quarter of 2017.

50. ES/CICAD hired two experts in the areas of health and justice to conduct a study to evaluate whether the model is viable. The findings of these studies were presented during the first half of 2016. The conclusion was that the DTC model was feasible for adults, and it was suggested that a subsequent feasibility study be conducted for juveniles. Following that study, it was concluded that both the legal and the health structures were sufficiently mature to allow for implementation of DTCs for juveniles. It was also concluded that the Colombian juvenile criminal justice system was sufficiently robust to provide the health and judicial responses that would be needed for a DTC pilot plan for juveniles.

51. Meetings were held throughout 2016 for follow-up, coordination, and planning with the President of the Supreme Court of the Dominican Republic. Similar meetings were held in Panama and Costa Rica. The three countries are working with ES/CICAD to expand pilot projects to other cities. The meetings were geared to strengthening judicial networks, health networks, and interagency cooperation, and to developing operational judicial, and health protocols.

52. The Governments of Canada, the United States, and Trinidad and Tobago financed this phase of the program. In addition to contributions by the authorities and national drug commissions, different executive branch departments (ministries of the interior, and security, among others) the judiciary and the health sector of each of the participating countries, the work was conducted with the cooperation of a number of organizations: the Canadian Association of Drug Treatment Court Professionals (CADTCP), the U.S. National Association of Drug Court Professionals (NADCP), the Center for Court Innovation (CCI), American University, the International Association of Drug Treatment Courts (IADTC), and *Paz Ciudadana* (Chile), among others.

Health and Life in the Americas (SAVIA)

53. The SAVIA program continued its cooperation, technical assistance, training, and exchange activities in 2016 in the areas of decentralization and local management of drug policies in the Dominican Republic. The SAVIA program continued to help strengthen local management of the drug issue, providing methodologies, tools, and advice to national authorities and local governments to contribute to enhancing institutional capacities to design and implement comprehensive drug strategies at the local level.

54. In January, the SAVIA program coordinated with the Spanish Fund for the OAS (FEPO) and the OAS Department of Planning and Evaluation (DPE) to update and follow up on the *Management response to the evaluation of the SAVIA program*, focusing on its recommendations and identifying the initial actions and adjustments made to the design and development of the projects, in

55. On February 23-26, the SAVIA program held a workshop on local management of drugs and social integration: Planning, coordination and good practices, which took place in the Spanish Cooperation Training Center in Cartagena de Indias, Colombia. The workshop, which was organized as an expert group, with representatives of associations of cities of Latin America, and with those in charge of local management in the national drug authorities of eleven countries: Colombia, Ecuador, Peru, Uruguay, Argentina, Chile, Mexico, Costa Rica, Guatemala, Dominican Republic, and Spain. Also participating was a representative of the Ministry of Justice and Law of Colombia.

56. The activities of SAVIA Phase II (Extension) concluded in the first half of 2016. An audit was conducted of the project, and the final report was presented. The final results of this phase focused on the consolidation of local projects and support for initiatives in beneficiary countries (Peru and Uruguay, among other participants in the training and exchange events that took place). Activities also focused on the preparation of a reference guide for the development of public policies on social integration and drugs in Latin America, together with other strategy documents and special activities. This completed execution of the activities programmed in the memoranda of understanding signed by ES/CICAD and the National Drug Commissions of the participating countries.

57. Formulation of Phase IV of the SAVIA program, *Implementation of local methodologies and strategies on drugs in the countries of Central America and the Caribbean*, was completed in June 2016, and activities began with the first missions to two of the beneficiary countries (El Salvador and Costa Rica) to introduce the project and gather basic information for the policy and institutional diagnostic and the design of work plans in each country. These technical missions took place in the first week of September, and were able to identify the most notable institutional experiences and programs to be incorporated into activities in each country.

58. In the framework of the SAVIA project *Development of Methodologies for Local Management of Drug Dependence* promoted by ES/CICAD, the first workshop on local planning and management on drugs and social integration was held in Quito, Ecuador in October 2016. It was designed to strengthen governance of the problem by decentralized autonomous governments. The workshop was organized together with the Technical Secretariat on Drugs (SETED) of Ecuador, and was attended by 48 officials and technical personnel from a number of cantons, together with local coordinators from SETED. Also participating in the activity were the local UNODC office, the OAS representative in Ecuador, the Technical Cooperation Office of AECID, and the Association of Cities of Ecuador (AME).

59. The fourth online training course on *Key aspects of public management to reduce the demand for drugs* took place in Peru from June through November 2016. The course was given via the Online Training Platform of the National Commission for Development and Life without Drugs

(DEVIDA). The development and delivery of the course was cofinanced by the ES/CICAD through the SAVIA program. The course, which consisted of 200 credit hours, graduated 38 students.

60. On November 9 and 10, 2016, the SAVIA program, along with the Spanish Federation of Municipalities and Provinces (FEMP), participated in the First National Meeting of Cities in Action, organized by the Argentine Secretariat for Comprehensive Drug Policies. Technical personnel from a number of Argentine provinces and cities participated in the event. At that meeting, SAVIA and SEDRONAR organized a workshop on planning and local management of drugs, which discussed basic approaches and methodologies for addressing the drug problem at the local level.

D. INTER-AMERICAN OBSERVATORY ON DRUGS (OID) (Hemispheric Drug Strategy of 2010, Principle 12)

61. The Inter-American Observatory on Drugs (OID) of the Executive Secretariat is charged with promoting and supporting the hemispheric network of information and research on Observatories on Drugs of the National Drug Commissions (NDCs), universities, and other international agencies. Its main counterparts outside the Hemisphere are the United Nations Office on Drugs and Crime (UNODC) and the European Monitoring Center for Drugs and Drug Addiction (EMCDDA), among other international agencies.

Evaluation of the OID

62. In 2016, the OID undertook a comprehensive evaluation of its portfolio of programs. The evaluation was done by an outside consultant, who based the evaluation on empirical data and mandates and whether the OID was responsive to the needs stated by the member states, and to development of policies on drugs.

Research studies on smokable cocaine

63. The OID published a series of reports on smokable cocaine in the region. The reports covered topics that were key for member states: *Analysis of the Chemical Characterization of Smokable Cocaine*, and *Description of the Availability of Care and Treatment for Users of Smokable Cocaines in Vulnerable Areas*.

64. The OID conducted a patient tracking study (in which smokable cocaines were the substances that motivated the demand for treatment) in an effort to understand the effectiveness of the treatment. The findings of this study are expected in June 2017.

Support for National Observatories on Drugs

65. In the context of the project to strengthen the National Observatories on Drugs, and the System of Uniform Data on Drug Use (SIDUC) project, the OID provided technical assistance for a number of epidemiological studies that were conducted in the countries, including technical assistance to Panama on the drafting of a report on the study of drug use among the general population, and technical assistance to El Salvador on conducting a study on drug use among high school students. In the area of studies among university students, the OID provided technical support to Colombia for its study in eight universities, and also gave technical support to Bolivia, Colombia, Ecuador, and Peru to conduct, analyze, and draft reports on drug use among university students.

66. Additionally, as per instructions received from the fifty-seventh regular session of CICAD, the OID formed a working group on the subject of heroin and other opioids in the Hemisphere, and organized its first meeting. Following the recommendations of that meeting, the OID has prepared a project proposal for a more in-depth study of the issue of heroin and other opioids.

Assistance to Drug Observatories in Caribbean Member States

67. In 2016, the OID provided technical and financial assistance to countries in the Caribbean to conduct epidemiological studies on drugs. Support was provided for the household surveys conducted in Guyana and Jamaica. OID financial and technical support was provided to the Bahamas to conduct a general population survey.

Support for Drug Information Networks in the Caribbean

68. In order to continue providing technical assistance to Caribbean member states in developing drug information networks (DINs), the OID prepared a document on standardized indicators for Caribbean DINs, which will be accompanied by a toolkit for implementation in the member states. It will be published in 2017 and launched at a training seminar.

69. Treatment center information project: In 2014, the OID developed a standardized data collection system for the collection of information from persons enrolling in facilities in Caribbean member states that provide drug treatment services. The system has continued to grow, and the OID provided technical support for this system to eleven Caribbean countries that reported data every six months using their own resources. A comparative analysis report on the characteristics of persons seeking drug treatment will be drafted and launched in the first half of 2017.

Educational Development

70. ES/CICAD and the Canadian Center for Addiction and Mental Health (CAMH) continued the last round of their collaborative effort to build capacities in scientific research for professionals in the field of health and drugs. This post-graduate training program takes an applied approach to drug research. The students in the program completed gathering the data for the study on *Perceptions of Harms and/or Benefits associated with the use of Marijuana among Adolescents, and are drafting their reports and scientific articles stemming from the study.*

International Cooperation

71. The OID participates actively in technical cooperation among the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) process of harmonizing indicators on drug treatment. The goal is to ensure that the indicators on drug treatment are sufficiently uniform to enable the agencies to work together on mutually beneficial activities on the subject of drug information. The OID and the National Institute on Drug Abuse (NIDA) International Program have a cooperative relationship in which the OID participates each year in symposia, presentations and events such as enhancing networks to focus on the variety and quality of research and information. The OID participated in the 42nd EMCDDA-NIDA symposium on "New Psychoactive Substances: A Global Challenge" in Vienna, Austria, in 2016.

72. The Scientific Advisory Committee on the Report on the World Drug Problem, Vienna, Austria. The OID participated in the meetings of the Scientific Committee in 2016, and also worked with UNODC to review the data from the countries of the Hemisphere.

73. The OID participated in a WHO technical meeting: Consultation of Intergovernmental Organizations and Agencies collaborating to Enhance Data in Drug Epidemiology in order to support drug programs and policies, which was held in Geneva, Switzerland. The meeting reviewed the status of NPS use and looked at different ways of improving the data on use and its impact on health.

74. Technical participation of the OID in a Regional Workshop on Collection and Analysis of Data on Drug Use and Estimates of the Numbers of Drug Users in the General Population, which was held in Dakar, Senegal.

75. In addition, the OID is cooperating actively with the Program of Cooperation among Latin America, the Caribbean, and the European on Drug Policies (COPOLAD). Throughout 2016, the OID gave technical assistance to the Caribbean and Latin American countries led by OID staff during the annual meeting of National Observatories on Drugs.

Working with the Global SMART Program (Global Synthetic Drugs Monitoring: Analyses, Reporting, and Trends) in Latin America

76. By means of a Memorandum of Understanding with ES/CICAD, the Global SMART Program has been operating in Latin America since January 2011, with the support of UNODC. Its objective is to support member states in producing, managing, analyzing, and publishing reports on synthetic drugs and new psychoactive substances, including trafficking, use, and treatment of drug use.

- ◀ In 2016, the Global SMART program in Latin America published information on new psychoactive substances in the region, both through the UNODC Early Warning Advisory (EWA) on New Psychoactive Substances (NPS), and through distribution every six months of the Global SMART Update newsletter in English and Spanish.

- ◁ An evaluation of the success of the Global SMART program in Latin America determined that member states have reached a sustainable level of self-sufficiency, and therefore for the future, the Global SMART program will focus its efforts on countries having greater needs.

E. DEMAND REDUCTION (Hemispheric Drug Strategy 2010, Guidelines 14-26)

77. The Demand Reduction Unit of the CICAD Executive Secretariat (ES/CICAD) promotes the development of strategic lines of action and public policies in accordance with the Plan of Action 2016-2020 of the Hemispheric Drug Strategy and contributes with member states in the development and promotion of sustainable, evidence-based public policies, strategies, plans and programs to promote healthy lifestyles, and the prevention, treatment, and rehabilitation of drug-dependent individuals.

Demand Reduction Expert Group

78. In 2016, under the Brazilian chair of the Demand Reduction Expert Group, CICAD worked to develop the three products agreed upon in the Memorandum of Understanding signed with the National Drug Policy Secretariat of Brazil (SENAD), which will be reviewed by the Expert Group at its meeting in 2017.

- A. **Manual for Health Planning**, which addresses the status of application of the public health approach to drug policies in the Americas, has a two-fold purpose: First, to facilitate understanding and use of theories of public policy formulation and methods for policy analysis as applied to the field of public health. And second, to encourage review of current drug policies in order to ensure that they adopt a public health approach.

The guidelines in this manual took into account the contributions and recommendations of the *Mental Health Policy and Service Guidance Package and Policies of the World Health Organization*, as well as publications on the subject of the Pan American Health Organization (PAHO/WHO) and other international agencies. The national plans, strategies, and regulations on drugs and public health of the countries of the Americas were also consulted and analyzed. This document was produced with the support of the Pan American Health Organization (PAHO).

- B. **Development of a Practical Guide** that summarizes, consolidates, and updates the most useful thematic and methodological content of current early detection and brief intervention programs, and identifies the subjects that are still needed to cover all of the needs of the community in a primary health care context. The intention of this document is to define a methodology for implementing early detection and brief intervention programs on the risks associated with psychoactive substance use, based on a description and analysis of existing programs in the countries of the Americas. This document is being developed by the Juiz de Fora University.

- C. **Development of a protocol for long-term follow-up/monitoring**, which can be used in brief intervention models for people with problem use of psychoactive substances. This research is being conducted by the National Autonomous University of Mexico (UNAM).

Collaboration and cooperation with PAHO

79. In 2016, CICAD cooperated with the Pan American Health Organization (PAHO) to review the Manual for health planners entitled *Public health policies on psychoactive substance use*. The document was reviewed by a group of specialists known throughout the Hemisphere for their expertise, and will subsequently be reviewed by the Demand Reduction Expert Group.

80. In an effort to enhance outcomes in public health, social health, and social security, ES/CICAD is working with WHO, PAHO, UNODC, and other strategic partners to develop materials for specialized training of public health system professionals. This initiative began as part of a project involving CICAD, PAHO, and the Council of Ministers of Health of Central America and the Dominican Republic (COMISCA) on the functions and competences of health care personnel in contact with people with problems of psychoactive substance use. The training program covers the professional profiles of those most in need of this training, to offer them guidance on how to determine and address drug use disorders within the public health system. The training materials incorporate content from the PROCCER Training and Certification Program, the Universal Treatment Curriculum (UTC) United States Bureau of International Narcotics and Law Enforcement (INL)/ International Society of Substance Use Prevention and Treatment Professionals (ISSUP), and v j g " Y q t n f " J g c Mental Health Gap Action Programme (mhGAP).

Training and Certification Program for Drug and Violence Prevention, Treatment and Rehabilitation (PROCCER)

81. PROCCER is a model for the training and certification of human resources, in an effort to optimize the quality of care in drug treatment and rehabilitation services. PROCCER offers an interagency, interdisciplinary, national organization that can offer training and certification in the area of therapeutic intervention for drug treatment, rehabilitation, and reinsertion, as well as issues having to do with the organization and operations of programs.

82. 2015 marked the beginning of the second phase of PROCCER-Mexico, carried out in coordination with the National Commission against the Addictions (CONADIC) and the National Center for Prevention and Control of the Addictions (CENADIC). PROCCER-Mexico took a major step forward in 2015 and 2016 with the establishment of the National Certification Mechanism, in coordination with the Director of the National Council for Standardization and Certification of Job Competencies (CONOCER) of the Secretariat for Public Education (SEP). CONOCER accredited CONADIC as a Certification and Evaluation of Competencies Body (ECE). CONADIC is authorized by CONOCER to train, evaluate, and certify competencies in the field of addictions counseling according to the Mexican Standard of Competencies. In 2016, it was decided that service providers trained and evaluated under the first phase would be given supplementary training to meet the new certification requirements. CENADIC selected *Monte Fénix* and *Neurocheckup Academico* for this second phase of training and evaluation.

83. PROCCER-Mexico provided training and supplementary assessment to 602 service providers who had received training during the first phase, in order to meet the new requirements. Training for 1,200 new service providers in 10 Mexican states was completed in 2016.

84. In Central America, in 2016, PROCCER Guatemala continued with the second phase, in coordination with the Executive Secretariat of the Commission against Addictions and Drug Trafficking (SECCATID). During program execution, the Da Vinci University (UDV) conducted a national diagnostic that included a mapping of institutions providing treatment and rehabilitation services and of the training needs of their personnel. The UDV also provided academic assistance for review of the PROCCER training program so as to include content from the ISSUP Universal Treatment Curriculum (UTC). UDV facilitated the PROCCER basic level training, and during 2016 trained 150 service providers from governmental and nongovernmental organizations nationwide.

85. In El Salvador, PROCCER in coordination with the National Counterdrug Commission (CNA) completed training in partnership with the Dr. José Matías Delgado University for more than one hundred service providers from governmental and nongovernmental organizations nationwide. Eighty-five service providers were certified at the state level in 2016, and, in coordination with the Higher Public Health Council (CSSP), the CSA began the process of recertification of personnel who had been certified in prior years.

86. In Honduras in 2016, the Honduran Institute for the Prevention of Alcoholism, Drug Addiction and Drug Dependence (IHADFA) and the National Autonomous University of Honduras (UNAH) completed the training and state certification of 50 service providers nationally. The certification protocols awarded to the personnel that had been trained were approved by the Directing Council of IHADFA and by the Ministry of Health, and officially published in the National Gazette.

87. In Costa Rica, the Institute on Alcoholism and Drug Dependence (IAFA) completed the protocols, guides, and manuals for certification of personnel trained by PROCCER, and presented these products to the Office of the President of the Republic, representing the Executive Branch.

88. In Panama, execution of PROCCER continued in coordination with the National Commission for the Study and Prevention of Drug-related Crimes (CONAPRED). The Program trained ninety-five staff of the Office of the Attorney General (specifically, the Public Prosecutors on Drugs, the Public Prosecutor for Families and Adolescents, the Public Prosecutor for Illicit Association, and staff of the Legal Medicine and Forensic Sciences Institute). Specialized-level training began in Panama in 2016 for 50 professionals working in government and nongovernmental organizations, in coordination with the University of Panama.

89. In the Dominican Republic, execution of PROCCER continued in coordination with the National Drug Council (CND). The current operations and training needs of treatment services organizations and of patient profiles were mapped and analyzed in 92 facilities throughout the country. Under a cooperation agreement between the CND and the Autonomous University of Santo Domingo, training began for 308 service providers from governmental and nongovernmental organizations.

90. In Paraguay, PROCCER continued execution in coordination with the National Anti-drug Secretariat. SENAD completed the process of review and adaptation of the basic level training

curriculum for service providers, and expects to begin the training process in 2017 in coordination with the National Institute of Health (INS).

91. The project entitled *Competitive funding to strengthen NGOs that provide treatment and rehabilitation for drug users*, which is designed to help optimize the quality of treatment and rehabilitation services for people with problem drug use, established a mechanism for competitive funding (grant funding) for organizations that provide such services in El Salvador, Honduras, and Costa Rica. In 2016, in coordination with the national drug commissions, CICAD awarded funds for the implementation of twelve projects for the same number of nongovernmental organizations.

92. In the Caribbean, CICAD continues to implement the PROCCER model both regionally and nationally, in partnership with the National Drug Councils of the 13 participating countries: Antigua and Barbuda, The Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Jamaica, Saint Lucia, Saint Vincent and the Grenadines, the Federation of Saint Kitts and Nevis, Suriname, and Trinidad and Tobago.

93. The Caribbean member states continued to train prevention professionals and treatment service providers in each country, in coordination with ES/CICAD and the National Drug Councils. The training programs are coordinated through the PROCCER contact points named by each government, and are delivered by the national prevention and treatment teams previously selected by the member states and trained by ES/CICAD. As of December 2016, a total of 267 prevention professionals and 214 treatment service providers from eleven Caribbean countries received certification from the University of the West Indies at Mona, Jamaica (UWI).

94. In coordination with the Antigua and Barbuda National Drug Council, certification was granted to 20 treatment service providers and seventeen prevention professionals. In coordination with the Bahamas National Drug Council, the Bahamas certified 27 treatment service providers and 22 prevention professionals. In coordination with the National Council on Substance Abuse, Barbados certified 28 prevention professionals and 25 treatment service providers in 2016. In coordination with the National Drug Abuse Control Council, Belize certified 26 prevention professionals and 21 treatment service providers. In coordination with the Drug Control Secretariat, Grenada completed the training in 2016, and certified 37 prevention professionals. Jamaica has certified 39 prevention professionals and 42 treatment service providers. Guyana certified 32 prevention professionals. In coordination with the Ministry of Health, Welfare and the Environment, Saint Vincent and the Grenadines certified 18 prevention professionals and 24 treatment service providers. In coordination with the National Council on Drug Abuse Prevention, Saint Kitts and Nevis certified 28 prevention professionals and 29 treatment service providers. In coordination with the Suriname National Anti-Drug Council, Suriname granted certification to 20 prevention professionals and 25 treatment service providers. Trinidad and Tobago has certified 20 prevention professionals and 26 treatment service providers.

95. The Department of Psychiatry of the University of the West Indies at Mona, Jamaica (UWI) continued to administer the Regional Certification Mechanism for professionals in prevention and treatment services trained by PROCCER in the Caribbean, in coordination with CICAD. As of the end of 2016, the University of the West Indies had certified a total of 481 PROCCER-trained professionals in 11 Caribbean countries: Antigua and Barbuda, The Bahamas, Barbados, Belize,

Dominica, Grenada, Guyana, Jamaica, Saint Vincent and the Grenadines, Saint Kitts and Nevis, and Trinidad and Tobago.

96. The PROCER-Caribbean Training Monitoring and Evaluation Mechanism for the PROCER trainers and trainings in the Caribbean member states in coordination with CICAD. SGU monitors trainer participation and ensures that they fulfill their time commitments and meet training delivery quality standards. In 2016, SGU worked with 10 countries (Antigua and Barbuda, The Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Saint Kitts and Nevis, Saint Vincent and the Grenadines, and Trinidad and Tobago) to monitor and evaluate their trainers and training sessions. SGU also evaluated training sessions in order to report strengths and offer suggestions for improvement with regard to any weaknesses identified.

Specialized Training and Certification Program for Treatment Service Providers working with High-Risk Adolescents (PROCER-Adolescents)

97. At the end of 2014, a complementary initiative was launched under PROCER in order to train treatment service providers working with high-risk adolescents in the Caribbean region, called PROCER-Adolescents. ES/CICAD, together with regional specialists, developed a six-module training curriculum with three manuals: trainer, participant, and adolescent. In January and February of 2015, pilot trainings were held in Montego Bay and Kingston, Jamaica in coordination with the National Council on Drug Abuse, which trained a total of 40 treatment service providers working with adolescents. In September 2015, another pilot training was held in Tobago in partnership with the National Drug Council for 28 mental health and counseling professionals. The feedback from these pilots was compiled and as a result, the curriculum was expanded to a total of eight modules, which were reviewed by the PROCER Advisory Council in 2016. Training events in member states will begin at the end of 2017.

Guiding the Recovery of Women (GROW): Specialized Training for Treatment Service Providers

98. In 2016, ES/CICAD continued to work in partnership with CARE Peru to enhance the capacities of health care personnel using the *Guide for the Recovery of Women* (GROW), to improve treatment interventions for women and adolescents who are abusing psychoactive substances. The program worked with 12 hospitals to train 481 professionals in seven health care networks and 88 health facilities in Lima and Callao, and also began the first service of hospitalization for women suffering from addictions.

99. ES/CICAD conducted the first review of the GROW curriculum in 2016, in which 15 academics, researchers, and staff of international organizations and NGOs participated. The second phase of the peer review is currently underway, and work continues to provide GROW training in the Hemisphere.

International Society of Substance Use Prevention and Treatment Professionals (ISSUP)

100. In 2016, the Demand Reduction Unit participated in the second international workshop on drug demand reduction organized by the International Society of Substance Use

Prevention and Treatment Professionals (ISSUP), which is a global initiative for the professionalization of drug prevention and treatment service providers through universal training and international credentialing. This initiative aims to enhance the knowledge, skills, and competency level of addiction professionals by providing them with a solid foundational understanding of the science of addiction and latest information on evidence-based practices in prevention, treatment, and rehabilitation interventions; with the goal of reducing the significant health, social, and economic problems associated with substance use disorders by building international prevention and treatment capacity through training, professionalizing, and expanding the global prevention workforce.

101. Members of ISSUP include CICAD, the United States Bureau of International Narcotics and Law Enforcement (INL), the United Nations Office on Drugs and Crime (UNODC), the World Health Organization (WHO), the African Union (AU), and the Colombo Plan (CO). Each international organization represents its member states and regions, and is responsible for providing them with technical knowhow. All the international agencies are members of the Board of Directors of ISSUP and in its Expert Advisory Groups, which cover technical areas on universal training curricula (UTC and UPC), the internationally recognized Executive Credentialing Board (ICCE), and ISSUP. ES/CICAD represents the Western Hemisphere in technical areas.

102. CICAD is responsible for the political and technical dissemination of the Universal Prevention Curriculum (UPC) and the Universal Treatment Curriculum (UTC) in the Western Hemisphere, including all training of trainers (hemispheric and national levels); coordination of training (national level); tailoring of curricula for cultural relevance (regional and national levels); translation of UPC into Spanish and revision of the translation of UTC in Spanish; communication and coordination with governments, universities, civil society, and all relevant stakeholders and entities; establishment of agreements with educational service providers and all cost-sharing initiatives; participation in the Prevention Expert Advisory Group, Treatment Expert Advisory Group, and ICCE, and all other related matters. ES/CICAD will select and coordinate with all institutions and persons involved in the aforementioned activities; and will work in collaboration with INL, international organizations, OAS member states, and local stakeholders to ensure a coordinated dissemination of UPC and UTC. CICAD will utilize the proven successful PROCCER model for implementation in Latin America and the Caribbean. This model was proposed by CICAD and executed in coordination with the national drug commissions of OAS member states.

103. ES/CICAD worked with collaborating partners to train and accredit seven UTC hemispheric trainers.

104. ES/CICAD worked with experts on the subject and in cooperation with the National Service for the Drug and Alcohol Use Prevention and Rehabilitation (SENDA) of Chile, to participate in coordinating the cultural and contextual adaptation to the Western Hemisphere of the universal prevention curriculum (UPC) and the universal treatment curriculum (UTC).

Training curricula prepared and specialized training conducted on drug dependence in the juvenile criminal justice system of Panama

105. A technical assistance contract was signed with the Office of Comprehensive Security of the Ministry of Public Security of Panama (OSEGI), to contribute to the technical training of various professionals involved in the juvenile justice system, particularly with those, such as

psychologists, social workers, social aides, and guards, who work directly every day with young people who are in trouble with the law and who show some type of dependence on psychoactive substances.

106. The technical assistance contract with OSEGI was signed in the framework of an agreement between the Government of Panama and the European Union, represented by the European Commission, to fund a project entitled *Security Cooperation in Panama (SECOPA)*.

F. SUPPLY REDUCTION

(Hemispheric Drug Strategy 2010, Guidelines 27-45)

107. The activities of the Supply Reduction Unit of the CICAD Executive Secretariat (ES/CICAD) are aimed at assisting member states to build their capacities to reduce the illicit production, distribution and supply of drugs and the diversion of chemical products used to manufacture these drugs. The ES/CICAD also provides guidance on strengthening legislation, regulations, and other measures to control chemical substances usually associated with the manufacture of drugs and pharmaceutical products that could be addictive.

108. A total of 525 law enforcement officers and customs and other officials were trained as the result of activities organized in 2016, for a total of 12 courses, seminars, workshops, and meetings. These activities were implemented in partnership with various government agencies and other international and regional organizations. Technical assistance was provided in the following three specialized training areas:

1. Control of Drug Trafficking

1.1. Regional School for Anti-drug Intelligence of the Andean Community (ERCAIAD)

109. Three three-week seminars were delivered at ERCAIAD headquarters in Bogotá, Colombia, under the operational management of the Colombian National Police (PNC). The courses focused on strategic and prospective counterdrug police intelligence. In addition, ES/CICAD organized two two-week seminars (Phases I & II) in the Dominican Republic, on issues of counterdrug operational intelligence. Officials from Argentina, Brazil, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Panama, and Peru received training.

1.2. Counterdrug Law Enforcement

110. Two national seminars were held on strategic intelligence and counterdrug investigation in cooperation with the Counterdrug Executive Department of the Peruvian National Police (DIRANDRO-PNP). The training was given by instructors from the Intelligence Bureau of the Colombian National Police (DIPOL-PNC).

2. Control of Chemical Substances, Synthetic Drugs, and Pharmaceutical Products

111. The diversion of chemical precursors and the production of and trafficking in synthetic drugs including New Psychoactive Substances (NPSs) are growing global problems, representing a dynamic situation that presents new challenges for CICAD member states. Regulatory officials and counterdrug enforcement officers need to be aware of these changes, including the new chemical substances and processes being used to illegally produce these substances, how they are diverted, and the new drugs being produced.

2.1 Diversion of chemical substances, illicit drug production, and new psychoactive substances (NPSs)

112. A national seminar was organized on the diversion of chemical substances and their use in the illicit production of drugs, in cooperation with the Anti-Narcotics Department of the Colombian National Police (DIRAN-PNC). The seminar helped the authorities responsible for control and regulation of chemical precursors increase their capacity to apply the investigative and interdiction techniques and tools that were presented.

3. Maritime Narcotrafficking and Interdiction and Border Control

113. Narcotraffickers move illicit drugs, chemical precursors, and related contraband by maritime means and smuggle them across international borders and transportation points (sea ports, airports, and land borders). ES/CICAD has in place a program to help enhance the capacity of member states to respond to the challenges presented by the foregoing.

3.1 Border Control

114. In 2016, ES/CICAD collaborated with two seminars on implementation of the Authorized Economic Operator (AEO) Program, an initiative developed by the World Customs Organization (WCO). The AEO program serves to strengthen the security of the international commercial distribution chain (containers, and so forth) that operate through maritime ports, and to increase the participation of the private sector in this process, increase awareness of counterdrug customs program in the region, and increase opportunities for collaboration with other participating agencies and organizations. The events took place in Mexico and Colombia, and were attended by approximately 150 participants from the public and private sectors.

3.2 Group of Experts on Maritime Narcotrafficking

115. The meeting of the Group of Experts was held in Cartagena, Colombia. It was chaired for the third consecutive year by the Counterdrug Department of the Colombian Navy. Thirty-five experts from 11 countries (Argentina, the Bahamas, Brazil, Chile, Colombia, France, Honduras, Mexico, Panama, Peru, and the United States) participated in the meeting.

116. Two working groups were set up during the meeting: one group focused on how to set up Information Fusion Centers in the region, using the Center operated by the Colombian Navy as an example, to supply operational information to support joint counterdrug maritime interdiction operations. The second working group addressed how to improve and expedite legal proceedings in

cases deriving from counterdrug maritime interdiction operations, since there are many issues that complicate the proceedings, given the nature of the operations, particularly joint operations. Both working groups heard presentations on the issues and prepared reference documents on the subjects assigned to them.

117. In addition, the Expert Group also heard a number of presentations, including an analysis of counterdrug maritime operations by the Colombian Navy; an overview of maritime narcotrafficking in the Caribbean by the French Navy, and an analysis of outcomes of and recommendations concerning *drug trafficking in the region*.

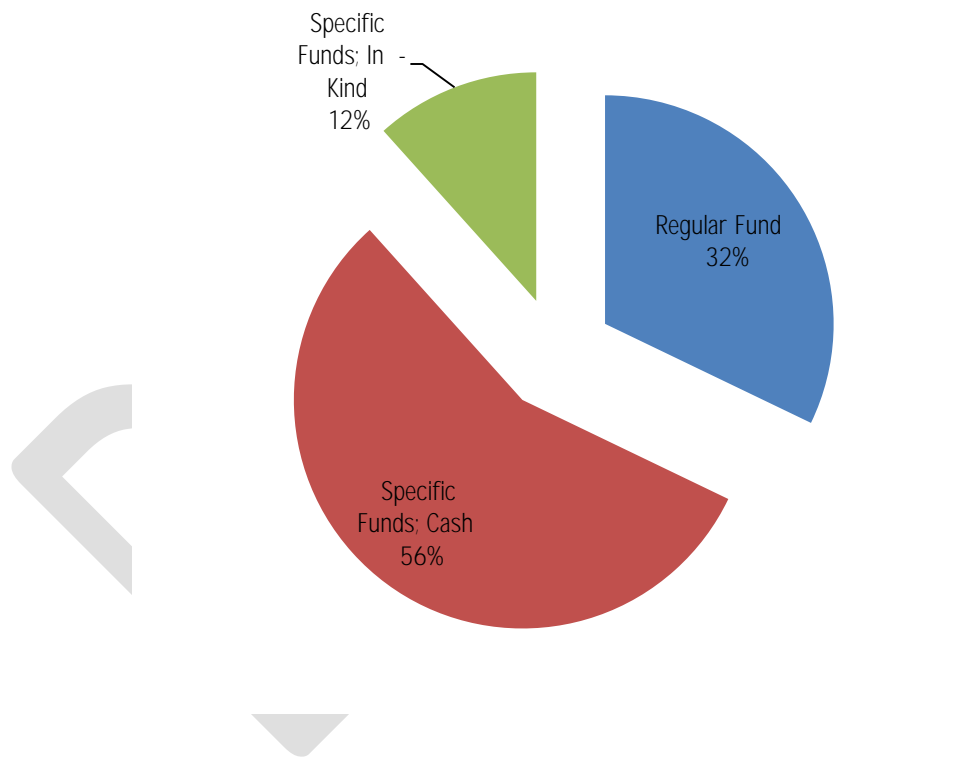
118. Lastly, the Group of Experts visited the facilities of the International Maritime Center for Counter Drug Trafficking Analysis (CIMCON), and heard a presentation on its objectives and scope; the most important results achieved during its first year of operations, such as dissemination in the region of information on the drug problem; academic and research work, support received from various agencies and institutions involved in countering illicit drugs, (CICAD, INL, UNODC, MAOC-N), and countries that had visited the Center (Mexico, France, Honduras, and Colombia).

CHAPTER III. FINANCIAL AND BUDGETARY CONSIDERATIONS

A. CICAD BUDGET 2016

119. To fulfill its mandates, CICAD is financed in part by the OAS Regular Fund, and in part by Specific Funds through cash and in-kind contributions. During 2016, CICAD received USD 3,316,999 comprised of USD 2,930,629 in cash contributions and USD 386,370 in in-kind contributions, which represents a 35% (USD 1.8 million) decrease from contributions received in 2015 (USD 5,130,194).

Figure 1
PERCENTAGE SHARE OF CONTRIBUTIONS TO CICAD 2016



120. Of all contributions received in 2016, the OAS Regular Fund contributed USD 1,065,991 (32%). Specific Funds received, both cash and in-kind, totaled USD 2,251,008, representing 68% of all contributions received during the year.

121. The following tables show in detail the cash and in-kind contributions received during 2016.

Table 1
CASH CONTRIBUTIONS TO CICAD 2016
(in USD)

Country - Donor Entity	Contribution
Argentina	10,000
Bahamas, Commonwealth of	60,663
Brazil	326,742
Canada	276,897
Chile	20,000
Mexico	175,000
Spain	188,043
Trinidad and Tobago	20,000
United Nations	175,000
United States	612,292
Total Cash Contributions	1,864,638

Table 2
IN-KIND CONTRIBUTIONS TO CICAD 2016¹
(Approximate amounts in USD)

Country - Donor	Contribution
Argentina	1,000
Colombia	60,000
Dominican Republic	25,194
Ecuador	4,000
El Salvador	11,750
Mexico	60,700
Panama	19,000
Spain	23,800
United Nations	180,927
Total In-Kind Contributions	386,370

TOTAL CONTRIBUTIONS	2,251,008
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¹The in-kind contributions included in this report reference the goods or services granted by member states, permanent missions, other countries and institutions for the implementation of CICAD programs and projects. The local in-kind contributions from member state counterparts for the implementation of projects in their own national territory are not included herewithin.

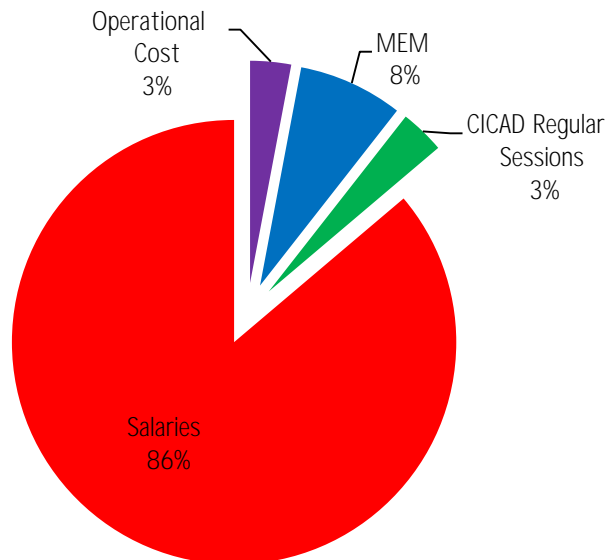
OAS REGULAR FUND 2016

122. The 2016 budget approved by the General Assembly for CICAD was USD 1,558,400, of which USD 1,150,100 was allocated.

123. The OAS Regular Fund contribution financed six CICAD staff positions (USD 918,774); the operation of the Multilateral Evaluation Mechanism (MEM) (USD 81,002); the operating costs of the Office of the Executive Secretariat (USD 31,714); and co-financed the two statutory Commission Meetings (USD 34,500).

124. The following graph shows the budgetary allocations of the Regular Fund to CICAD:

Figure 2
REGULAR FUND DISTRIBUTION 2016



C. SPECIFIC FUNDS RECEIVED 2016

125. The total contributions received from specific funds (cash and in-kind) totaled USD 2,251,008.

Cash contributions (USD 1,864,368)

- 1. United States of America: USD 612,292**
 - a. Bureau of International Narcotics and Law Enforcement Affairs (INL) of the U.S. Department of State: USD 599,792
 - i. Multilateral Evaluation Mechanism - USD 250,000
 - ii. Forfeited Assets Latin America - USD 276,869²
 - iii. Inter-American Observatory on Drugs (OID) Technical & Administrative - USD 72,923
 - b. National Institute on Drug Abuse (NIDA) - USD 12,500
- 2. Brazil, National Drug Policy Secretariat: USD 326,742**
Demand Reduction Expert Group
- 3. Canada, Department of Foreign Affairs and International Trade: USD 276,897**
Money Laundering Training³
- 4. United Nations: USD 175,000**
System of Uniform Data on Drug Use (SIDUC) Latin America
- 5. Mexico, Procuraduría General de la República: USD 175,000**
Voluntary contribution for the CICAD General Fund
- 6. Spain: USD 138,863**
Health and Life in the Americas (SAVIA) Phase IV
- 7. The Bahamas: USD 60,663**
CICAD regular session
- 8. Chile: USD 20,000**
Multilateral Evaluation Mechanism óDrafting of Hemispheric Evaluation Report

² Per Executive Order 16-01 (January 26, 2016), anti-money laundering programs were transferred to the Department Against Transnational Organized Crime (DTOC). For accounting purposes in 2016, funds earmarked for the Anti-Money Laundering Section are counted as CICAD contributions in the OAS system.

³ Idem.

9. Trinidad and Tobago: USD 20,000

Voluntary contribution for the MEM (USD 5,000), Training & Certification Drug Prevention (USD 5,000), Drug Treatment Court (USD 5,000) and for the Inter-American Observatory on Drugs (OID) Technical & Administrative Support (USD 5,000).

10. Argentina: USD 10,000

Voluntary contribution for the CICAD General Fund

In-kind contributions USD 386,370 (approximate amounts)**1. Colombia: USD 60,000**

Counterdrug Intelligence: Internal transportation, support personnel, banners, class materials, and other logistical related expenses for the courses and seminars of the law enforcement intelligence training program of the Regional Counterdrug Intelligence School (ERCAIAD), provided by Colombia National Police.

Maritime Narcotrafficking and Border, Port and Airport Drug Control Interdiction: Lunches, internal transportation, support personnel, banners, class materials, and other logistical related expenses for the meeting of the Group of Experts on Maritime Narcotrafficking held in Cartagena in Sept. 2016, provided by the Colombian Navy.

2. United Nations Office on Drugs and Crime (UNODC): USD 180,927

Meals, use of meeting space, equipment and other logistical expenses for the First Planning and Local Management Workshop on drugs and social integration (SAVIA Project), held in Quito, Ecuador, October 2016, provided by the UNODC office in Ecuador, in collaboration with the Technical Drug Secretariat (SETED).

Placement of UNODC staff member with the Inter-American Observatory on Drugs, as Regional Coordinator of the Synthetics Monitoring: Analyses, Reporting and Trends (SMART) Programme.

3. Spain: Spanish Agency for International Development and Cooperation (AECID) 6USD 23,800

Accommodation and meals for 22 Latin American participants, use of meeting space, equipment and other logistical expenses of the Local Management Workshop on drugs and social integration (SAVIA Project), held in the Spanish Cooperation Training Center, Cartagena de Indias, Colombia, February 2016.

4. Ecuador: USD 4,000

Internal transportation, banners, documentation and other logistical expenses of the First Planning and Local Management Workshop on drugs and social integration (SAVIA Project), held in Quito, Ecuador, October 2016, in collaboration with the local offices of UNODC and the OAS, provided by the Drug Secretariat (SETED).

5. Argentina: USD 1,000

Accommodation, internal transportation and other logistical expenses for the SAVIA project of CICAD/OAS and FEMP in the First National Meeting of Town Halls in Action, and for the First Planning and Local Management Workshop on drugs, held in Buenos Aires, Argentina, November 2016, provided by the Drug Policy Secretariat, SEDRONAR.

6. Mexico: USD 60,700

Venues and office costs, such as: electricity, water, equipment, materials, photocopies, and internet access, provided by the National Commission Against Addictions for the PROCCER Program.

7. El Salvador: USD 11,750

Transportation and office costs, such as: electricity, water, equipment, materials, photocopies, and internet access, provided by the National Drug Commission for the PROCCER Program.

8. Panama: USD 19,000

Venues, meals, transportation, per diem and airfare, provided by the Commission for the Study and Prevention of Drug-Related Offenses for the PROCCER Program.

9. Dominican Republic: USD 25,193.55

Venues and parking space, water, electricity, equipment, vehicles, gas and per diem, provided by the National Drug Council for the PROCCER Program.

D. CICAD PROGRAM IMPLEMENTATION DURING 2016

126. Expenditures in 2016 totaled USD 7,514,705, of which USD 6,448,713 were Specific Funds and USD 1,065,991 were Regular Fund. The following chart shows the distribution of expenditures by section

Figure 3
DISTRIBUTION OF EXPENDITURES BY AREA 2016

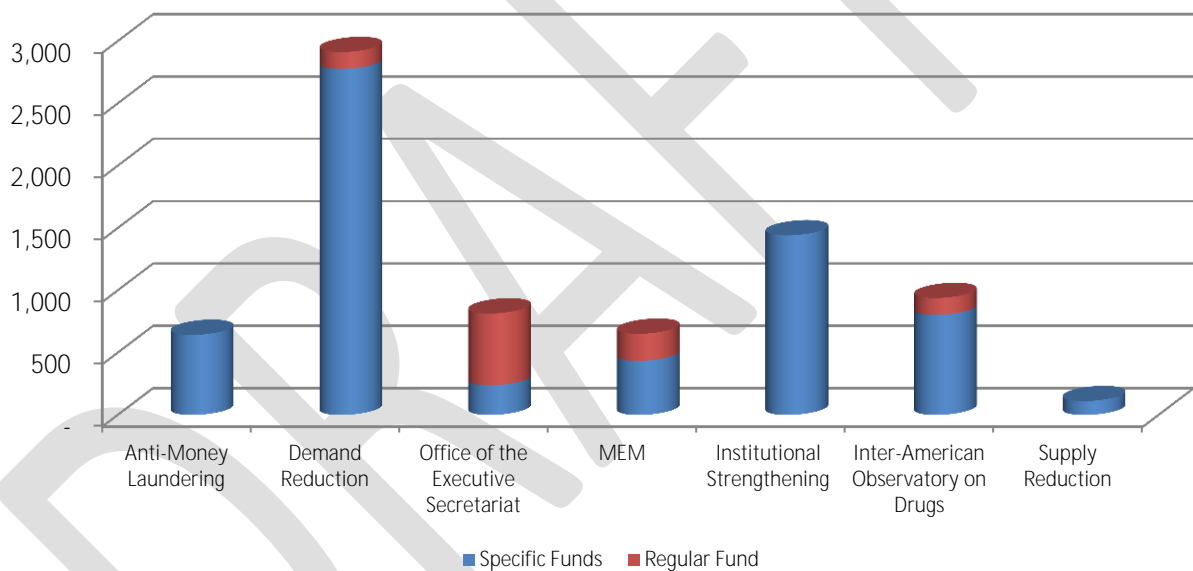


Table 3

AREA	TOTAL (USD)	%
Office of the Executive Secretariat	814,876	11%
Demand Reduction	2,912,487	39%
MEM	651,900	9%
Institutional Strengthening	1,441,896	19%
Inter-American Observatory on Drugs	938,880	12%
Supply Reduction	111,716	1%
Anti-Money Laundering ⁴	642,950	9%

⁴ Per Executive Order 16-01 (January 26, 2016), anti-money laundering programs were transferred to the Department Against Transnational Organized Crime (DTOC). For accounting purposes in 2016, funds earmarked for the Anti-Money Laundering Section are counted as CICAD contributions in the OAS system.

127. Figure 4 shows the percentage distribution of 2016 expenditures within the Executive Secretariat, including Regular Fund, Specific Funds and Indirect Cost Recovery funds.

Figure 4
EXECUTIVE SECRETARIAT DISTRIBUTION OF EXPENDITURES 2016

