



New Hemispheric Drug Strategy

“The world drug problem, including its political, economic, social and environmental costs, constitutes a complex, dynamic and multi-causal phenomenon that presents a challenge to States and their governments. Far from being a local or regional issue, this problem demands a comprehensive, balanced and multidisciplinary approach that requires common and shared responsibility among all States.”

The opening paragraph of the new Strategy (above) defines both the challenge posed for the member states of CICAD and the path forward. The process of developing the new Strategy, ably led by Brazil, involved all OAS member states. Of the 25 or so *new ideas* incorporated, three are highlighted here:

Respect for human rights in the implementation of drug policy

Although this principle informed the *Plan of Action of Rio de Janeiro*, under which CICAD was established in 1986, it did not form an explicit part of the Anti-Drug Strategy in the Hemisphere. The world drug problem has evolved considerably since 1996, and the CICAD Commission has now found it essential to frame the Strategy in the context of the United Nations Universal Declaration of Human Rights, in terms of law enforcement and due process, and of health and treatment. The answers to the most complicated questions with regard to drugs do not always come easily, but the questions always must be considered carefully to safeguard the essential rights of individuals.

Scientific evidence should underpin the development of drug policy

In the past, too many public policy decisions on drugs were taken based on “good intentions,” rather than on scientific evidence, and set unrealistic compliance goals. Now our member states seek to establish and implement evidence-based drug policies and actions with attainable goals. They also are aware that to achieve this status, they need to build institutions capable of developing objective, reliable, and comparative information, such as the National Drug Observatories. The new Strategy also refers to an evaluation of states’ actions in response to the drug problem; this component has been performed multilaterally since 1999 through the Multilateral Evaluation Mechanism (MEM), which did not exist in 1996 when the previous Strategy was approved.

Drug dependence is a chronic, relapsing disease that should be treated as a public health issue



OAS Secretary General José Miguel Insulza underscored the urgency of updating the region’s policy tools for dealing with the world drug problem at the CICAD meeting in May 2009.

Strategy Summary

Approved on May 3, 2010 by the Inter-American Drug Abuse Control Commission in Washington, DC, the document updates the Anti-Drug Strategy in the Hemisphere, originally approved by the OAS General Assembly in 1997. It has 52 articles covering five aspects: Institutional Strengthening, Demand Reduction, Supply Reduction, Control Measures, and International Cooperation.

This crucial finding, based on significant research and recognized in the new Strategy, will impact, not only health policy and actions in our member states, but also how those offenders who also are drug abusers are dealt with in the legal and health systems. The new Strategy declares that drug dependence should fall within the purview of public health services, with provisions for appropriate treatment and rehabilitation. Furthermore, the new Strategy regards drug dependent persons as men and women suffering from an illness that requires medical attention, just as those suffering from diseases such as diabetes, hypertension or asthma require medical management of their chronic, relapsing illnesses. Taking into account that the most reliable data indicates that nearly 10 percent of the adult population of the Hemisphere engages in problematic licit and illicit drug use (including alcohol), it is easy to understand the resulting social and economic costs that burden member states.



The Commission engaged in an extensive discussion through a high-level working group that met four times. At the regular session in May 2010, the Commission approved the Strategy and set up a new working group to draft the Plan of Action, led by Mexico.

With regard to offenders who also are substance abusers, research shows that *court-supervised drug treatment* lowers rates of recidivism and drug use and is less costly to society over the long term than incarceration. CICAD is committed to finding ways to help our member states establish *drug courts* or similar alternatives to incarceration for drug dependent offenders.

What's in a Name?

The title of the old strategy was “*The Anti-Drug Strategy in the Hemisphere*”. The new title, simply “*The Hemispheric Drug Strategy*,” means our region now sees the body of policies and actions to deal with the drug problem as **not being against something but in favor of** the wellbeing of its people. Obviously, governments need to implement strict controls to prevent the traffic in illegal drugs, and also to take steps to contain the serious security threat that, as has been seen recently, criminal enterprises can pose to the state itself. The new Strategy also states that member states should, in the first instance, try **to prevent** the use of controlled substances by their citizens. When their use has already led to health, work, financial, familial and social problems or dependency, member states should take steps to help provide **treatment and aftercare**.

Once the Strategy was approved, the CICAD Commission began development process for the *Plan of Action* that can serve as a guide for the implementation of the principles and actions set forth in the new strategy. This effort, now under the leadership of Mexico, will have full support from the member states, the CICAD Executive Secretariat and the OAS General Secretariat itself.

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