



## Improving drug treatment and rehabilitation: European, Latin American and Caribbean cities in partnership



### Locations

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European Union (EU) cities are currently being selected. An initial list of Latin American and Caribbean cities has been generated after an open consultation to all national drug councils.

### Summary

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Duration of the Project	36 months
Objectives of the Project	<p><b>Overall objective</b></p> <p>To contribute to improved policy decisions at the city level on the quality and coverage of drug treatment and rehabilitation for diverse populations in the European Union and Latin America and the Caribbean to ensure that the care provided to them is appropriate.</p> <p><b>Specific objectives</b></p> <p>To help improve the policy-making capacity of partner cities to support the provision of drug treatment and rehabilitation by creating a learning partnership among programs in different cities.</p> <p>To facilitate the development of public policies in drug demand matters, including the incorporation of treatment and rehabilitation programs into the local health care systems.</p> <p>To build an exchange network of twinned cities in Latin America and the Caribbean and the European Union that will mutually reinforce the knowledge, skills and experience they need to better serve their populations of problematic drug users, attaching particular attention to social exclusion problems and the safeguarding of human rights.</p> <p>To sensitize family court prosecutors and judges to drug treatment and rehabilitation as an alternative to incarceration for petty drug offenders.</p>
Partner(s)	<p>EU/LAC twinned cities that have, in their political and administrative structures, locally controlled health authorities, drug committees, adult and juvenile courts, prison systems, and NGO treatment providers</p> <p>International experts</p> <p>NGO networks</p>
	Drug users and their families, and the health and social welfare

	systems of the participating cities.
Estimated results	<ul style="list-style-type: none"> <li>• Better informed decisions on policies on, and structures for, drug treatment and rehabilitation in the participating cities.</li> <li>• Local-level experiences exchanged and best practices adopted in drug treatment and rehabilitation for specific populations, and improved understanding on the part of local authorities and treatment providers of how to address the vulnerabilities of drug-dependent populations in both regions.</li> <li>• Development and application of rapid assessment methodologies at city level for determining current status and potential future need for drug treatment and rehabilitation.</li> <li>• Drug treatment protocols, curricula and materials in English and Spanish exchanged, compiled and made available on the web.</li> <li>• Family court judges, prosecutors and police sensitized to treatment as an alternative to prison for drug-dependent petty offenders.</li> <li>• Better understanding on the part of EU partner cities of how to address the substance abuse problems of their LAC immigrant populations</li> <li>• Exchange of information and experiences through an on-line shared workspace established and functioning among the partner cities</li> <li>• Local committees established to coordinate the Project and functioning.</li> <li>• Increased visibility of the subject of drug treatment and rehabilitation in the partner cities..</li> </ul>
Activities	<ol style="list-style-type: none"> <li>1. Establishment, through CICAD/EC cooperation, of a partnership of cities in EU and LAC countries, the goal of which is to increase best practices in drug treatment and rehabilitation through exchanges of various types.</li> <li>2. Launching in a LAC city of the Project at an inter-regional forum of EU/LAC Mayors, at which commitment to follow-through and future cooperation will be obtained.</li> <li>3. Rapid assessments conducted of drug treatment needs and facilities in partner cities, as a basis for improved design and evaluation of local drug treatment and rehabilitation needs, policies and plans.</li> <li>4. Best practices exchanges and technology transfer between EU and LAC cities to build a common corpus of knowledge and experience in the area of therapeutic care and social reintegration for specific drug-dependent populations, particularly for the disadvantaged.</li> <li>5. Development and implementation of an on-line shared workspace</li> </ol>

	<p>to allow all partners in this project to exchange information and documents rapidly and in a secure Internet environment. This initiative will make an on-line collaborative environment available to all participants.</p> <p>6. Final wrap-up meeting of senior municipal staff involved in anti-drugs efforts, to take place in an EU city.</p> <p>7. External evaluation</p>
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## Objectives

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### Overall Objective

To contribute to improved the provision of care and policy decisions on the quality and coverage of drug treatment and rehabilitation for diverse populations in the European Union and Latin America and the Caribbean to ensure that the care provided to them is appropriate.

### Specific Objectives

- Ø To help improve the policy-making capacity of partner cities to support the provision of drug treatment and rehabilitation by creating a learning partnership among programs in twinned cities.
- Ø To facilitate the development of public policies in drug treatment, including the incorporation of treatment and rehabilitation programs into the local health care systems.
- Ø To build an exchange network of twinned cities in Latin America and the Caribbean and in the European Union that will mutually reinforce the knowledge, skills and experience they need to better serve their populations of problematic drug users, attaching particular attention to social exclusion problems, and the safeguarding of human rights.
- Ø To sensitize family court prosecutors and judges to drug treatment and rehabilitation as an alternative to incarceration for petty drug offenders, and improve the capacity of partner cities to support the provision of drug treatment and rehabilitation by creating a learning partnership among programs and efforts in different cities.

## Why did CICAD and the European Commission develop this program ?

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The European Commission's Latin American Regional Strategy calls for: increased attention to economically-deprived and socially-excluded populations who require access to drug treatment and rehabilitation services; decentralization of policies, plans and projects to the local level and improved capacities of local authorities and civil society to tackle local adverse consequences of drug use. The Project will strengthen synergies among civil society networks, and help cities to promote ethical treatment of drug users.

CICAD's priorities and programs in the area of drug treatment, detailed below, have focused thus far on creating regulations and the appropriate regulatory authority over drug treatment; helping CICAD member states diversify the types of drug treatment and rehabilitation programs available, and advocating the need for integration of drug treatment programs into the countries' health care systems. Through this Project, CICAD will promote this regulatory, good governance approach at the municipal level, and encourage local advocacy for improved drug treatment and rehabilitation.

### Identification of perceived needs in drug treatment and rehabilitation in EU and LAC cities

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#### Need to improve professional training in drug treatment and rehabilitation at the municipal level

In Latin America and the Caribbean, drug abuse and dependency problems and related health and social harms are treated largely by NGOs that function independently, or with very weak ties to the government health and social services. This translates into a limited range of care, which does not meet the varied needs of drug-dependent individuals. At the same time, the government health care services, particularly at the local level, generally do not have sufficient staff trained to diagnose and treat health problems related to drug use. The project will contribute to awareness of the need for training, and provide opportunities for the exchange of best practices.

### **Usefulness of cross-learning by EU and LAC cities**

EU countries, cities and regions have invested considerable resources in drug treatment and rehabilitation programs and research. That expertise and experience will be of significant help to drug treatment providers in the participating cities in LAC. But at the same time, particularly as regards cocaine, LAC countries have considerable experience with the treatment and rehabilitation of vulnerable and socially excluded populations, such as street children and gang members, which will surely be of interest to EU cities that may be experiencing similar problems.

### **Situation of drug treatment programs in LAC**

- Drug treatment, rehabilitation and aftercare services are still not fully regulated by local government authorities, are usually under-funded and insufficient for the number of potential clients.
- With a few exceptions, drug treatment programs are not integrated into national health care services, and therefore there is virtually no continuum of care, and no matching of patient to treatment (both of which are critical to patient recovery).
- Record-keeping in drug treatment programs is sparse, and few data exist on, for example, clinical histories of patients, the extent to which they may be using drugs during or after treatment, co-morbidity, family issues, social exclusion.
- Many countries/cities have no system or structure to license drug treatment professionals, nor do they have fully comprehensive training programs that could lead to licensing.
- Traditional harm reduction approaches, such as needle exchange and substitution treatment, are not yet relevant to or widely understood in most cities in LAC, since injecting drug use, according to CICAD studies, is statistically insignificant almost everywhere except Brazil. In the Caribbean, where HIV infection rates are relatively high, some harm reduction measures are in place. Recovery readiness models (low threshold walk-in centres, for example), which treat health problems associated with drug use (e.g., tooth decay, sexually-transmitted diseases, Hepatitis A and C, etc.) and which do not require an individual to be drug-free before entering treatment are, however, appropriate and needed, and will be promoted through this Project..

### **Alternatives to incarceration for petty offenders who are also problematic drug users**

Prisons in LAC and in the EU are often over-crowded, under-staffed and poorly equipped. Alternatives to incarceration for drug-dependent petty offenders who are charged with misdemeanors may be an option that participating cities would wish to consider, legislation permitting. In LAC, Kingston and Montego Bay (Jamaica) and Belmopan (Belize) have incipient drug courts or court-ordered community service for drug-dependent petty offenders. In Europe, the UK Youth Justice Board “sentences to the community”, including community service and drug treatment orders, can be particularly relevant to LAC experiences, as are the drug courts operating in Glasgow and Fife (Scotland), Leeds and West London. Eire also has some experience with drug courts.

Most Latin American countries do not penalize drug use, but rather provide for “diverting” petty, first-time offenders into treatment. However, lack of resources, experience and infrastructure make it difficult for the central and municipal governments to deliver effective care to drug-dependent offenders who are in court-ordered treatment.

A first step in developing such alternatives, when desired and feasible, is to sensitize family court judges and prosecutors in LAC to consider drug treatment as an alternative to incarceration for drug-dependent petty offenders.

## **EU issues in drug treatment and rehabilitation**

- The rise in cocaine shipments from LAC to the European Union has resulted in more new cases of cocaine use in the EU, and hence there is a need to provide appropriate early diagnosis and treatment of cocaine addiction. This Project will bring to bear LAC expertise and experience with the treatment of problematic cocaine use.
- LAC immigrants to European Union countries are often culturally and ethnically different from the people in the host countries. These differences may be a barrier to effective treatment of drug dependency. Thus, LAC partners can provide advice and assistance to European host countries in dealing with these populations.
- EU countries' public health and social welfare policies, in many cases, allow for publicly-funded drug treatment in a well-regulated environment, which may help LAC cities develop their own similar models.

## **CICAD/EC Partners in the Twin Cities Program**

- City mayors and councillors, as well as drug treatment providers are the major partners in this project. officials' decision-making and regulatory role and the NGOs' efforts are key to the provision of improved drug treatment and rehabilitation programs in their cities. In particular, elected mayors and city councillors play the key role in the allocation of local resources, can respond to constituent demands for ethical treatment and well-qualified care, and can act to prevent abuses of human rights in drug treatment facilities and in prisons. Treatment providers will have the opportunity through the project to improve quality and accessibility of drug treatment and rehabilitation programs, and who can decide to organize better-integrated services.
- Local judges and prosecutors who typically work in "family" or juvenile courts and deal with petty offenders, some of whom have problems of drug and/or alcohol addiction and may also have mental health disorders. Sensitizing them to the local availability of drug treatment and rehabilitation programs, to the rehabilitative process itself, and to the concept of restorative justice could pave the way for better handling of drug addiction as well for humanizing the court systems and relieving the overcrowding of prisons.

## **Project Activities**

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### **Establishment of a network of EU/LAC partner cities**

CICAD will help establish a network of twinned cities in LAC/EU that will focus for three years on raising awareness among city policy-makers of the health, social and cost benefits of providing quality drug treatment and rehabilitation programs and on exchanging experiences and best practices in this regard. The network focal point in each city will be the mayor (or a top representative), who will participate in the high-level policy exchanges among EU and LAC cities.

### **Two LAC-EU inter-regional fora on drug treatment and rehabilitation**

An inter-regional forum of city mayors and councilors and their senior technical staff will be in March of 2008 in a LAC city. The forum, which will last for two and a half days, will be open to delegations from all interested cities, with up to four persons per delegation. The goal will be to highlight best practices in drug treatment and rehabilitation; plan joint activities of mutual interest, and raise awareness of the need for quality care. Each participating city, in most cases, will defray the cost of travel and hotel accommodations of its own mayor. The forum will feature an agora in which cities will broker their partnership agreements, and match their qualifications and needs with twin cities, and develop an action plan specifying their shared goals and anticipated results of the exchanges.

The local technical teams will agree on exchanges and policy discussions to be carried out over the following two and a half years among twin cities.

A wrap-up forum will be held in the third year of the Project, in an EU city, to assess the results of the Project, and agree on a transition to local ownership and follow-through.

### **Conclusion of agreements between CICAD and partner cities, and among twinned cities**

CICAD will sign Memoranda of Understanding (MOUs) with partner cities to agree a plan of action and schedule for the execution of activities. CICAD will encourage partner (twinned) cities to conclude agreements amongst each other that will specify the activities that they will conduct together.

### **Exchanges and policy discussions among EU and LAC cities**

In order to develop program exchanges among twinned EU and LAC cities, as per their letters of agreements, CICAD will make available tools to facilitate these exchanges (online access to all participants with information about each partner, their interests, application forms, institutional support, etc).

The initial exchange visits will be among city mayors, accompanied by two technical staff. These high-level visits will give immediate impetus to the Project, with attendant public attention and visibility. **A typical exchange visit, which would be programmed by the host city**, would be for two or three days, and would involve the visiting mayor in a press conference, a TV/radio appearance, a visit to a drug treatment program, and a walk-about.

The technical teams would at the same time work out specific plans for future cooperation on topics of mutual interest, for example:

- drug treatment for women, prisoners, adolescents;
- best practices in release from treatment, follow-up and aftercare;
- structuring of city services, such as housing, education, health care, job training and placement, low threshold walk-in centres;

Subsequent EU/LAC exchanges with partner cities will be at the technical level. Each technical team would typically consist of four individuals: a representative of the city Drug Commission; a representative of the city Board of Health (typically, the Head of Mental Health); a representative of the local court system, and a representative of an NGO treatment provider. Such exchanges will, generally, last for four days.

### **City-wide directories of drug treatment and rehabilitation services**

When not already available, the local technical teams, under Mayoral direction, will gather information, based on a standard questionnaire furnished by CICAD, on the overall status of drug treatment and rehabilitation in their respective city, the characteristics of the demand for these services, and the way in which the treatment and health care services are organized to meet that demand. These city teams may contract local universities (typically, Schools of Public Health) to produce the directories.

The resulting study will involve developing or updating a city-wide directory of drug treatment and rehabilitation programs, specifying their characteristics, modalities of care, cost, if any, and other information that a prospective patient/client and his/her family might need. Participating cities will commit to publishing their directories, either on the Web, or in local newspapers, or through the distribution of flyers.

This Project will make a significant contribution to improvement of the availability of drug treatment and rehabilitation services in LAC cities, the great majority of which have no directory of available services.

### **Review, adaptation and publication of materials on best practices in treatment, rehabilitation and recovery readiness**

The existing materials from EU and LAC on best practices will be gathered, reviewed and adapted for use at city level by CICAD and the local technical teams, who will produce basic templates and guidelines in English, Spanish, and, when appropriate, French and Portuguese. The content will emphasize how to operate an integrated network of services within the city; provide updates on drugs of abuse and complications deriving from drug use, and devote particular attention to the management of populations with special needs

(e.g., dual diagnosis; adolescents with drug problems; women and prisoners in drug treatment; HIV/AIDS users and drug-related emergencies).

### **On-line shared workspace**

CICAD will set up an on-line shared workspace. The platform will enable program participants to use tools such as:

- Communications (e.g., news, on-line fora, e-mail notifications)
- Management of group work (e.g., shared documents with control of different versions, access rights, etc.)
- Organization of tasks (e.g., diary entries for appointments, planning and scheduling, etc.)
- Discussion of specific issues, with a monitored discussion..

### **Sustainability**

Sustainability of this Project will depend on the quality of the materials produced on best practices in the participating cities, and on the extent to which local participants in exchanges can replicate the knowledge at home. Hence, the emphasis in this Project on the production of workplans for future cooperation, exchange of materials in English, Spanish, and whenever needed and possible, French and Portuguese via an on-line shared workspace, and structured agendas for meetings and exchanges.

### **Program evaluation**

CICAD will engage an external evaluator to design the ongoing evaluation of the program. The evaluation will measure, inter alia, compliance with this plan of operations and its process indicators; intensity of intra- and inter-regional exchange through on-line workspace; number of exchanges and workshops held; improvements in drug treatment and rehabilitation policies and practices, etc. This evaluation will take the findings and reports of the Multilateral Evaluation Mechanism (MEM), as well as the needs assessments performed in year one of the Project, as part of its baseline.

**To the largest extent possible, each participating city will conduct its own evaluation, with its own funds, and following CICAD guidelines.**

## **Methodology**

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### **Methods of implementation and reasons for the proposed methodology**

EU/LAC city partnerships at high-level and technical-level, to draw attention to the need to provide drug treatment, rehabilitation and aftercare programs to local populations. The inter-regional forum of mayors, which will have a high profile, the inter-city exchanges of policy-makers and technical staff, the joint production of materials on best practices, and the rapid assessments of the current state of drug treatment and rehabilitation, are all designed both to focus the attention of policy-makers and the public on the issues at stake and to improve the quality of care for drug addicts.

### **Responsibilities of participating cities**

This project belongs to the participating cities, and we encourage cities to take maximum advantage of it to benefit drug treatment and rehabilitation for their citizens, in ways that they think best. The participating cities, will set the agenda. Nonetheless, there are a few ground-rules. Each participating city shall:

1. Identify a potential partner city on the other continent with which the city would wish to work in partnership, and reasons for such a partnership (we recommend drawing on any personal or professional contacts the city may already have, and making extensive use of the Internet);
2. Develop clearly-stated goals and desired outcomes of the project in general, and from the exchange visits in particular. These goals and desired outcomes should be written in some detail and forwarded

to CICAD at the earliest opportunity. This document will become the basis for the city's partnership with its twin city.

3. Bring together a local technical team to organize a local needs assessment, identify the geographical area(s) where the Project will be conducted, recommend to CICAD which institutions should be involved, and organize exchanges with partner cities. Each city will **designate one city official as the liaison with CICAD on this project, and advise CICAD as soon as possible.**
4. Arrange media opportunities (TV, radio and newspaper interviews) for visiting officials from the partner city, to enable the visiting Mayor and others to explain the drug situation in his/her city.
5. Make logistical arrangements in the host city for visiting officials from the twin city (for example: hotel reservations; local transportation within the city; a visit to a local drug treatment program; perhaps a dinner, if city funds and regulations allow; security arrangements, if necessary, and certainly, sending information about the city in advance to the twin-city counterpart).
6. Follow-up directly with visitors from the twin city to plan future cooperation.
7. *For Latin American and Caribbean cities only:* appoint a city official who will direct the local effort to develop a directory of city drug treatment programs. Participating cities will commit to publishing their directories, either on the Web, or in local newspapers, or through the distribution of flyers.
8. All communications regarding this project shall bear the logos of the European Union and of CICAD (which CICAD will provide); additional logos (each city's logo, shield or other graphic device) are, of course, desirable, so that each city can put its own stamp on the project.
9. Each city's activities in the project have to be very carefully documented, and most particularly, the city's expenditures, including, if pertinent, funds provided by the European Commission through CICAD.
10. To the largest extent possible, each participating city will conduct its own evaluation, with its own funds, and following CICAD guidelines.

### **Project management and logistics**

CICAD is the executing agency for the project. Local partners, in conjunction with their national authorities, are encouraged to build a constituency for drug treatment and rehabilitation in their community, through greater awareness and advocacy. While face-to-face contact among EU-LAC partners may not be possible with such intensity after the Project ends, unless the cities agree to finance such visits themselves, the on-line shared workspace will continue at minimum cost to CICAD and the partners.

### **BACKGROUND ON CICAD'S DEMAND REDUCTION PROGRAM**

CICAD's Demand Reduction Program, now in its twentieth year, has developed hemispheric policies to prevent and treat drug use, and has conducted technical assistance, training and cooperation both nationally and multi-nationally to enhance the capacity of governments and NGOs to deliver substance abuse prevention and treatment programs.

Over the last ten years, CICAD has strongly encouraged its member governments and NGOs to set policy, and establish national regulations and standards for drug treatment centers. Most Latin American countries now have such standards, based on the standards recommended by the World Health Organization in 1993. This regulatory framework needs to be implemented and complied with locally, where it is not widely known. This Project will focus on:

- Advocacy, at the municipal policy-making level, for the integration of drug treatment, rehabilitation programs into the health care system, in order to facilitate referral of patients from

one kind of treatment program to another, and to bring drug treatment fully under the umbrella of the social security system.

- Improving access to drug treatment and rehabilitation at the local level, particularly for socially-excluded women, adolescents, HIV/AIDS patients, prisoners and youth in detention centers, and indigenous peoples.

Additionally, as CICAD's member states are moving to improve their criminal justice systems and update their drug laws and strategies, a movement is developing to examine alternatives to incarceration for minor drug offenders. CICAD strongly supports such initiatives, and anticipates that through the present Project, judges and public prosecutors in particular can be sensitized to the possibility of such alternatives and the rationale for them.

However, while these activities have conformed to best practices in the Western Hemisphere, there has been little cross-fertilization in the area of drug treatment and rehabilitation with EU member states.

### **CICAD's ongoing program in LAC in drug treatment and rehabilitation**

**Standards of care in drug treatment:** Since 1996, CICAD, in initial cooperation with the Pan American Health Organization (PAHO), has been fostering the adoption by OAS member states of standards of care in drug treatment, following the 1993 World Health Organization model. In each country, the program brings together the main treatment providers (usually NGOs), the Ministry of Health and the National Drug Commission to agree on basic standards that a drug treatment program should meet, such as recommended number of staff, medical supervision, adequate infrastructure, patient confidentiality, etc.) The standards are adopted by the Ministry of Health, which typically has (or ought to have) regulatory authority over treatment programs. Most countries of Central and South America now have such standards on the books, but compliance is often haphazard. In the Caribbean region, Barbados, Belize and Suriname are embarked on the development of quality standards of care; Bermuda and Cayman Islands have in place a system for accreditation of drug counsellors, but the region as a whole is largely lacking in quality standards and regulatory authority.

CICAD's next phase of this program is: a) to provide Health Ministry planners and evaluators with the tools to monitor compliance with the standards and exercise their regulatory authority; b) move towards mandatory compliance, licensing of treatment programs, and enforcement, and c) expand the program to the English-speaking Caribbean. The present Project will allow CICAD and the participating LAC cities to advance this goal by drawing on European experiences and expertise, while at the same time, sharing with European counterparts their obstacles and successes.

**Integration of drug treatment into national health care services:** CICAD's goal over the next five years is to advocate for national policies to bring drug treatment into the national health care system or national social security system. This will increase coverage; improve access by making care more affordable, and reduce stigmatization of problematic drug users by ensuring that they receive equitable care. CICAD's policy in this matter is based on guidelines developed by an expert task force and approved by the CICAD Commission. To that effect, see CICAD's web site at:

[http://www.cicad.oas.org/Reduccion\\_Demanda/ENG/DRprojects/NatlTx/practical%20guide%20for%20the%20organization%20drug%20treatment%20system.pdf](http://www.cicad.oas.org/Reduccion_Demanda/ENG/DRprojects/NatlTx/practical%20guide%20for%20the%20organization%20drug%20treatment%20system.pdf),

**Drug treatment in adult prison and juvenile corrections systems:** CICAD is embarked on four initiatives in this area:

- a. Training for corrections officers and prison service central staff in the provision of rehabilitative services for drug-dependent prisoners (Caribbean);
- b. Policy development (Central America), with cooperation from Spain and Canada;
- c. Direct financial support and technical assistance for three projects to set up, for the first time, pilot programs of drug treatment in prisons (Guatemala, Peru, and Saint Vincent and the Grenadines), and
- d. A new initiative in Central America, focused initially on El Salvador and Guatemala, to establish a long-term training program for drug treatment providers.

The present Project will provide another umbrella under which these various programs can come together.

**Training in drug treatment in the Caribbean:**

- a. Since the EC-sponsored Barbados Plan of Action of 1996, CICAD has been providing short training courses for drug treatment counsellors in the Caribbean. Many of the staff of leading treatment providers in the Caribbean have attended one or more of these courses, but the extent of the training has been limited because of the expense of face-to-face courses.
- b. Also in the 1990s, CICAD and UNODC jointly conducted a certificate program in addictions studies in the Continuing Education Department of the University of the West Indies. The education program was solid, and favourably evaluated by an external evaluator; however, the effort faltered after six or seven years for lack of funding and budget cuts within the University. Picking up on that program, CICAD and UWI will offer in September 2007 an on-line continuing education program in the addictions. <http://addictionstudies.dec.uwi.edu/index.html>
- c. Prior to the Barbados Plan of Action, the EC commissioned a major study on the state of drug treatment in the Caribbean, upon which some European governments acted, notably the UK, with training events.
- d. CICAD is sponsoring the production of a manual on drug treatment for the Caribbean. The contributions to the manual are by Caribbean authors; it is anticipated to be published by the autumn of 2006.

The present Project will allow links to be made with the previous training strands and previous cooperative relationships to be resumed.

**CICAD's Inter-American Observatory on Drugs**, established in 1999 as CICAD's statistics and research arm, has established a uniform system for the collection of epidemiological data on drug use. This system, known as SIDUC, is in regular use in 29 of the 34 member states of the OAS, and is replicated in the Multilateral Evaluation Mechanism (MEM) questionnaire. Two of the survey instruments are relevant to the present Project, (the questionnaires used in drug treatment centres, and in detention centres) and will be used as part of the needs assessment described above.

The Inter-American Observatory on Drugs is also conducting an ongoing program to examine the social and economic cost of drugs to society. This study is currently being conducted in Argentina, Barbados, Costa Rica, Chile, Colombia, El Salvador, Mexico and Uruguay. The findings of the studies are already being used in Costa Rica, for example, to advocate greater reliance on drug treatment than on incarceration for minor drug offences.

**CICAD's program to decentralize drug demand reduction policies and programs in the Andean region:** CICAD has been operating this program with the support of the Government of Spain. The present Project will draw extensively on the lessons learned from this ongoing program, and will build on the networks that have been created.