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**INTER-AMERICAN ABUSE CONTROL  
CONTROL COMMISSION**

**CICAD**

Secretariat for Multidimensional Security

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

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COMMISSION (CICAD) TO THE GENERAL ASSEMBLY OF THE ORGANIZATION OF  
AMERICAN STATES AT ITS FORTY-SIXTH REGULAR SESSION**

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COMMISSION (CICAD) TO THE GENERAL ASSEMBLY OF THE ORGANIZATION OF  
AMERICAN STATES AT ITS FORTY-SIXTH REGULAR SESSION**

1. The Inter-American Drug Abuse Control Commission (CICAD) herein presents its annual report to the forty-fifth 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 chapters of the Hemispheric Drug Strategy, approved in 2010.

**EXECUTIVE SUMMARY**

2. In 2015 the Hemispheric Report on the Sixth Round of the **Multilateral Evaluation Mechanism (MEM)** was submitted for the consideration and approval of CICAD Commissioners at the fifty-seventh regular session (Washington, DC, April 29 - May 1, 2015). In addition, meetings and events were held in Bolivia, Costa Rica, Guyana, Panama, Paraguay, Jamaica, and Trinidad and Tobago to officially present the respective national Evaluation Report on Drug Control as well as to coordinate and promote the MEM process with government institutions and officials. This marked the official culmination of the Sixth Evaluation Round on the level of implementation of 27 shared recommendations that were assigned to the 34 member states. These recommendations stem from the Hemispheric Drug Strategy and its 2011-2015 Plan of Action and focus on the areas of institutional strengthening, demand reduction, supply reduction, control measures, and international cooperation.

3. **The Plan of Action 2016-2020 for CICAD's Hemispheric Drug Strategy.** A Working Group on the Preparation of the Plan of Action 2016-2020 worked through in-person meetings and an on-line virtual platform. As a result of discussions during 2015, the Working Group developed a draft of the Plan of Action 2016-2020, which included input and points of consensus from member states. However, delegates agreed that some topics needed to be discussed in greater detail during 2016, with a view to having the final version approved in due course.

4. The **Institutional Strengthening and Policy Coordination** Section continued to contribute to developing capacities in the area of drug use, facilitating the design, execution, monitoring, and evaluation of public policies, plans, and strategies. It continues to be at the forefront of the discussion on new trends: regulated markets (cannabis) and alternatives to incarceration for drug-related crimes. It participated in the preparatory workshops for the 2016 Ibero-American Judicial Summit. It followed up the report on Alternatives to Incarceration (CICAD 56), performing three national diagnostics in the Dominican Republic, Colombia, and Panama (Closing the Gap). Through the Drug Treatment Courts model, it continues to provide support to 14 member states (DTC initiative), offering technical assistance and training to more than 500 professionals in the area of justice, health, and social services. The Legislation on Drugs in the Americas (LEDA) project provided cross-cutting information for discussions on cannabis and alternatives to incarceration. The Group of Experts on Alternative, Integral, and Sustainable Development was created. Side Events were organized with civil society during the 57<sup>th</sup> and 58<sup>th</sup> CICAD sessions. Negotiations were conducted with Kitts and Nevis on actions for 2016 in the design of drug policies and strategies for the

Caribbean. The Health and Life in the Americas (SAVIA) program was evaluated, and its results are part of developing the next phases (support for decentralization and territorial management processes and the development and application and methodologies and tools for improved local and integrated management). The dissemination of good practices in social integration and drugs continued.

5. The **Inter-American Observatory on Drugs (OID)** published the “Report on Drug Use in the Americas,” providing the most up-to-date information in the area of drug use and suggesting the critical issues to be addressed by the countries. Other publications included studies on students and prisoners in several Caribbean countries as well as reports on National Information Systems. Efforts continued on execution of the Project on Smokable Cocaine in the Southern Cone, while progress was made in developing a protocol for studying the subject of drug treatment based on an information system. Information on drug use in the Americas was disseminated through political and scientific forums.

6. During 2015, the **Demand Reduction Section** worked in coordination with the World Health Organization (WHO), the United Nations Office on Drugs and Crime (UNODC), and the Pan American Health Organization (PAHO) to develop the conceptual framework and programmatic areas of joint work for strengthening national health systems through the professionalization of human resources involved in drug use prevention and treatment. Under the chairmanship of Brazil, the 16<sup>th</sup> meeting of the Group of Experts was held, producing shared recommendations on the public health approach to the drug problem and its implications. In addition, in coordination with National Drug Commissions and Ministries of Health, execution of the Training and Certification Program for Drug and Violence Prevention, Treatment, and Rehabilitation (PROCCER) continued in 23 member states, providing technical assistance to those states for the implementation of certification mechanisms and training more than 2,800 prevention and treatment service providers. The program was subject to external evaluation, with satisfactory results in terms of its implementation and impact.

7. In 2015, the **Supply Reduction** section carried out 25 training activities for 971 officials on anti-drug police investigation; control and interdiction of drug production and traffic; customs security in ports, airports, and borders; maritime narcotrafficking; control of traffic and diversion of chemical products; production, identification, and the use of synthetic drugs, including New Psychoactive Substances (NPS). Within the framework of the ERCAIAD anti-drug intelligence training program, three courses were organized on Anti-Drug Strategic and Prospective Intelligence as well as two specialized seminars on operational intelligence. The section also coordinated two meetings of the groups of experts on chemical substances and maritime narcotrafficking.

8. In 2015, the **Anti-Money Laundering Section** provided technical assistance and developed capacity building programs for Financial Intelligence Units (FIU) analysts, judges, prosecutors and law enforcement agents throughout the Hemisphere on the prevention, detection, investigation and prosecution of money-laundering and related crimes. Among those initiatives, highlights included the development of workshops with the objective of raising awareness of money laundering and terrorism financing, improving compliance of international standards on the topic, and strengthening its combat within the region. The Section also joined efforts with strategic partners and represented the OAS at regional and international fora, such as the Financial Action Task Force of Latin America (GAFILAT), the Caribbean Financial Action Task Force (CFATF) and United Nations (UN). The

implementation of the Seized and Forfeited Asset Management (BIDAL) project continued to be implemented in Brazil, and commenced in Paraguay. The Group of Experts for the Control of Money Laundering (GELAVEX) held its regular sessions in Washington, D.C. and Lima, Peru.

## **CHAPTER I: THE COMMISSION'S REGULAR SESSIONS**

9. The Commission held its fifty-seventh regular session in Washington, D.C., from April 29 to May 1, 2015 and its fifty-eight regular session in Ciudad de Trujillo, Peru, November 11-13, 2015. During the 2014-2015 period, the Commission was chaired by Guatemala, represented by Dr. Héctor Mauricio López Bonilla, Minister of the Interior, with Peru as Vice Chair. During the fifty-eighth regular session, Peru assumed the Chair, represented by Dr. Luis Alberto Otárola Peñaranda, Executive President of the National Commission for Drug-Free Development and Life (DEVIDA), with the Bahamas being elected as Vice Chair.

### **57<sup>th</sup> REGULAR SESSION**

10. During CICAD's fifty-seventh regular session, the 2015 Report on Drug Use in the Americas prepared by the Inter-American Observatory on Drugs (OID) was presented, as was the Technical Report on Alternatives to Incarceration prepared by the Working Group on Alternatives to Incarceration. The Commission agenda included discussion panels on policies aimed at decriminalizing drug use, alternatives to incarceration, asset recovery networks, new psychoactive substances (NPS), the use of evidence in the design of regulated systems, training and certification of human resources for drug abuse and dependency treatment, medicinal marijuana, institutional advances in social integration, and drugs in the Americas, among other subjects.

11. The Commission approved the following documents: Draft CICAD 2014 Annual Report (CICAD/doc.2166/15.rev3) for the forty-fifth regular session of the General Assembly of the OAS in June 2015; Hemispheric Report of the Sixth Round of the MEM (CICAD/doc.2177/15); Report of the Working Group for Preparation of the 2016-2020 Hemispheric Plan of Action on Drugs (CICAD/doc.2184/15); and the Work Plan of the CICAD Executive Secretariat for 2015 (CICAD/doc.2194/15).

### **58<sup>th</sup> REGULAR SESSION**

12. During CICAD's fifty-eighth regular session, the Commission held panels and presentations on: the Special Session of the United Nations General Assembly on the World Drug Problem (UNGASS 2016); an integrated approach to problems related to the adolescent and youth offender population; reduction of illicit crops; effective tools for preventing or mitigating the effect of money laundering; application of a risk-based approach; alternative, integral, and sustainable development; the drug problem in the Caribbean; public health policies based on scientific evidence; proportionality of sentences; legislative and judicial approaches; new psychoactive substances; early warning systems, experiences, prevention and treatment.

13. The Commission agreed to reactivate the Group of Experts on Alternative, Integral, and Sustainable Development, which will be chaired by Peru in its first year (CICAD/doc.2200/15 rev.4).

14. The Commission approved the Report of the Working Group for Preparation of the Plan of Action (2016-2020) of the Hemispheric Drug Strategy (2010) (CICAD/doc.2209/15) and the proposed approval of the Plan of Action 2016-2020 during CICAD's fifty-ninth regular session. It also approved the 2015 Report of the Group of Experts on Demand Reduction, including its conclusions and recommendations (CICAD/doc.2216/15), and reiterated its appointment of Brazil to continue as Chair of the Group of Experts on Demand Reduction until 2017. The Report of the Group of Experts on Control of Chemical Substances and Pharmaceutical Products, including its recommendations and work plan (CICAD/doc. 2203/15rev.1); the Report of the Group of Experts on Maritime Narcotrafficking, including its recommendations, documents, and work plan (CICAD/doc.2206/15); and the Report of the Group of Experts for the Control of Money Laundering for the period 2015-2016, including its recommendations, documents and the 2016-2017 work plan (CICAD/doc.2205/15) were also approved. The nomination of the Dominican Republic to serve as the Chair of this latter group for the period 2016-2017 was also approved.

## **CHAPTER II: ACTIONS BY CICAD TO IMPLEMENT THE HEMISPHERIC DRUG STRATEGY**

### **A. MULTILATERAL EVALUATION MECHANISM (MEM)**

(Hemispheric Drug Strategy 2010, Guidelines 8 and 52)

15. The Multilateral Evaluation Mechanism (MEM) completed its Sixth Round, evaluating the implementation level of 27 recommendations by the 34 member states. These recommendations stem from the Hemispheric Drug Strategy and its Plan of Action for 2011-2015 and focus on the areas of institutional strengthening, demand reduction, supply reduction, control measures, and international cooperation. In this regard, with the support of the MEM Section of the Executive Secretariat (ES/CICAD), the following products and activities were developed in 2015:

#### **Hemispheric Report**

16. During January to April 2015, the MEM's Governmental Experts Group (GEG) was organized into on-line thematic working subgroups to draft the text of the Hemispheric Report of the Sixth Evaluation Round, based on the MEM's 34 national evaluation reports published in December 2014. The final draft of the Hemispheric Report was approved during the fifty-seventh regular session of CICAD (Washington, DC, April 29-May 1, 2015).

## **In-country Meetings/ Workshops and Official Presentation of MEM Reports**

17. In 2015, meetings were held with government officials and institutions in seven countries (Bolivia, Costa Rica, Guyana, Panama, Paraguay, Jamaica, and Trinidad and Tobago), to sensitize national authorities with regards to the MEM process and the evaluation instrument, to encourage more active participation by member states in this evaluation process, and to officially present each country's national report. The report highlights the level of implementation of the Hemispheric Drug Strategy and its Plan of Action, reflecting the countries' challenges and progress made in their drug control policies.

### **B. DEVELOPMENT OF THE PLAN OF ACTION 2016-2020 OF THE HEMISPHERIC DRUG STRATEGY 2010**

18. The Working Group for Preparation of the Plan of Action 2016-2020 worked through two in-person meetings and a virtual platform. With the support of the MEM Section of the Executive Secretariat (ES/CICAD), the following activities were developed in 2015:

#### **First Meeting of the Working Group for Preparation of the Plan of Action 2016-2020**

19. The Working Group for Preparation of the Plan of Action 2016-2020 held its first meeting chaired by Guatemala (Washington D.C., April 29 to May 1, 2015) to revise the first draft of the 2016-2020 Plan of Action, developed by the ES/CICAD. As a result, the group agreed on a general structure for the document, based on the five thematic areas of the CICAD Hemispheric Drug Strategy and the guidelines for developing the introduction to this document. The group also agreed that the themes on the plan's cross-cutting pillars, objectives, actions and indicators should be the focus of most discussion and on the importance of receiving opinions and inputs from civil society organization and specialized regional organizations for consideration in the preparation of the new plan.

#### **Gathering Input from Civil Society Organizations and Specialized Regional Organizations**

20. Following OAS guidelines, the MEM Section of the ES/CICAD, in coordination with the Chair of the Working Group, identified a number of civil society organizations and regional organizations specializing in drug-related themes. Inputs and viewpoints were gathered from those organizations to enhance the dialogue among the delegations in preparing the new Plan of Action 2016-2020 on the CICAD's Hemispheric Drug Strategy.

#### **Development of an On-line Platform to Support the Working Group's Discussions in Preparing the Plan of Action 2016-2020**

21. In order to support the discussions of the Working Group for Preparation of the Plan of Action 2016-2020, an on-line platform was developed to facilitate communications among the delegations appointed for this Working Group and the ES/CICAD and the exchange of working and reference documents that were used as input for developing the new Plan of Action.

## **Development of the Second Draft of the Action Plan for 2016-2020**

22. The team of the Chair of the Working Group for the Preparation of the Plan of Action 2016-2020 met in July 2015 with the area heads of the ES/CICAD to develop a second draft of the plan, which also took into account the comments expressed by the member states during the Group's first meeting and through on-line communications. This document was translated and distributed via the on-line platform for the comments of member states in August 2015, prior to the Group's next meeting.

## **Second Meeting of the Working Group for Preparation of the Plan of Action 2016-2020**

23. The Working Group held a second meeting (Mexico City, September 28 to October 2, 2015) to review the second draft of the Plan of Action 2016-2020, and consider the comments submitted by member states during the month of August. The Group reached consensus on two objectives and their respective actions, but further discussion would be needed to reach agreement on a final version of the document to present to CICAD Commissioners for approval. Thus, the Group proposed to the fifty-eighth regular session of the CICAD (Trujillo, Peru, November 11-13, 2015) continuation of the discussions of the Working Group.

## **C. INSTITUTIONAL STRENGTHENING AND POLICY COORDINATION**

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

24. In 2015, the Institutional Strengthening and Policy Coordination Section continued to help build the capacities of several government agencies and non-governmental organizations working in the area of drugs in member states, by facilitating the design, execution, monitoring and evaluation of public policies, plans, strategies, processes, and tools, the review of laws and regulatory changes, and discussions and political coordination on existing and emerging drug-policy issues (such as the proportionality of sentences for drug-related crimes, alternatives to incarceration, and debates on the regulation of substances, regional policies, and social integration policies). Additionally by supporting local horizontal and inter-institutional cooperation initiatives, including cooperation with civil society, making it possible for them to respond adequately, comprehensively, and sustainably to the challenges posed by the drug problem.

25. To this end, the ES/CICAD promoted technical assistance, training, strategic analysis, knowledge management, awareness activities and coordinated and fostered policy dialogue and partnerships to provide support for each country's institutional and legal framework, using a programmatic approach based on cooperation among the various sections of the CICAD, the Secretariat for Multidimensional Security, and the General Secretariat.

## **Public Policies on Drugs: Development and Evaluation**

26. This program continues to provide technical assistance to the member states for creating and strengthening institutional and policy components, by supporting them in the design, execution, monitoring, and evaluation of public policies, plans, and strategies with regard to drugs. The ES/CICAD supports the organizational and professional development of the competent authorities,



various State institutions, with special emphasis on the National Drug Commissions (NDCs) and cooperation among those commissions and with various civil society players.

27. During 2015, the ES/CICAD initiated a process of providing assistance for development of the National Strategies of Caribbean member states. Training and technical assistance is planned in this regard for St. Kitts and Nevis in 2016, with horizontal cooperation for sharing good practices in the region. In addition, work was undertaken to develop technical tools (manuals, guides, other items) for the development, implementation, monitoring, and evaluation of national drug policies, through the implementation of concrete policies and strategies.

### **Incorporating Civil Society in Policy Dialogue and Initiatives**

28. The ES-CICAD continued for the third consecutive year to organize parallel events during CICAD's regular sessions with civil society. In 2015, two parallel events were organized alongside this year's regular CICAD sessions. One entitled "Drugs and Development, Prioritizing a Social Integration Approach", brought together representatives from civil society throughout the Hemisphere to share experiences and suggest proposals to facilitate future research. Participants had the opportunity to strengthen collaboration among the various state actors and civil society by promoting awareness of the relationship between drugs and development and putting particular emphasis on social integration. The final CICAD parallel event was titled "New Substances and the Environmental Impact of Drug Trafficking." Experts and professionals met in Trujillo, Peru to present projects and good practices during the 58<sup>th</sup> regular session of CICAD.

### **Contribution to the Policy Debate on Emerging Issues**

29. Debate on Cannabis: The sessions organized by ES/CICAD in 2015 notably include: CICAD 57, Washington, D.C.: "Medical Marijuana: Highs, Hypes, and Hopes," "Marijuana Legalization: Design Considerations and Data Needs," Panel: "Use of Evidence in Designing Regulated Systems;" CICAD 56, Guatemala City, Guatemala: "Marijuana for Medical Use," "The Reform of Cannabis Laws in Jamaica," Panel: "Perspectives on Regulated Markets," Panel: "Marijuana for Medical Use."

30. Since 2014, the ES/CICAD has maintained a website on cannabis that includes news and research for reference. During 2015, it collaborated with EMCDDA professionals in efforts to monitor various regulated markets on cannabis from a hemispheric perspective.

31. Various initiatives have been developed within the area of developing drug-related policies and strategies to seek alternatives to incarceration for drug offenders. These include the "Closing the Gap" project and "Drug Treatment Courts" project.

32. The ES/CICAD is implementing various initiatives for drug-related offenders, based on the Hemispheric Drug Policy and its Plan of Action 2011-2015; as well as the report on "The Drug Problem in the Americas" prepared by the OAS as mandated by the Heads of State gathered at the Sixth Summit of the Americas held in Cartagena de Indias in April 2012, at which a number of challenges to the enforcement of drug laws that demand public policy responses by the countries of the Hemisphere were identified. They are also based on the Declaration of Antigua, Guatemala (June 2013): "For a Comprehensive Policy against the World Drug Problem in the Americas," followed by

the Special General Assembly of the OAS also held in Guatemala in 2014, where this need was again stressed.

33. A High-Level Dialogue on Alternatives to Incarceration for Drug-Related Offenses was held in Washington, D.C. in December 2015, attended by Supreme Court Chief Justices and Vice Ministers, General Prosecutors, Drug Commissioners, and other professionals in the area of justice from 17 member states. Also in attendance were experts from the United States, Spain, Belgium and outstanding universities such as Harvard. The topics discussed included proportionality of sentences and damages, programs under judicial supervision for adolescent and adult populations, reprieves and pardons, and social integration for offenders of drug laws, as well as the Drug Treatment Courts model.

#### **“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 can be judicial reforms or strategies, programs, or policies) that seek to reduce the number of prosecutions, 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 and possession for use (where penalized), as well as problematic use in the case of drug-dependent offenders; ii) small-scale cultivation and production, especially by farmers and indigenous persons or for personal use; and iii) small-scale, non-violent transporters, traffickers, and distributors (mules or dealers); as well as iv) individuals who have committed other minor offenses under the influence of illicit drugs or in order to feed their addictions.

35. This project limited its scope to three types of measures: i) “pre-procedural” measures or measures prior to investigations and criminal trials, which seek to prevent certain drug crimes from being prosecuted in the justice system; ii) “procedural” measures, which are aimed at avoiding incarceration or ensuring that sentences are proportional to the offense; iii) “post-procedural” measures, which seek to allow the early release of convicted and incarcerated individuals with the support of strategies for social integration.

36. The project will initially focus on four member states: Costa Rica, Colombia, Panama, and the Dominican Republic, studying the potential for carrying out certain programs or interventions in each of them.

37. The project has conducted exhaustive, participatory diagnostic studies in four countries: Costa Rica between August 4 and August 8, 2014; Dominican Republic between February 2 and February 6, 2015; Colombia between August 10 and August 21, and Panama between October 26 and October 30, 2015. These studies analyzed the institutional capacities and structures available for strengthening and implementing new initiatives and evaluated the potential for carrying out certain programs and interventions in each country. A multidisciplinary OAS team, with support from the respective national drug authorities together with more than 200 key players from civil society, academia, the community, drug-related offenders, vulnerable groups, think tanks, the media, shapers of public opinion, legal and social experts, unionists, the government, and international cooperation agencies performed a participatory diagnostic on the existing and possible alternatives to

incarceration in each country for drug-related offenders. The team analyzed the strengths, opportunities, and threats, taking into account the reality of offenses, patterns of use, types of substances, and the institutional, cultural, political, and regulatory frameworks of each country. Through interviews, focus groups, workshops, surveys, and other kinds of research, the team investigated how these players coordinate local and external resources, as well as the opportunities for development available to residents of the most vulnerable communities and the options for social integration available to the different types of drug-related offenders.

38. The short-term objectives for these studies were to: a) gather information for as many key players as possible; b) build networks of professionals as a resource for future CICAD projects; and c) create awareness among the participants regarding problems associated the indiscriminate incarceration of drug-dependent offenders, resources available for them, and the potential benefits of expanding or implementing alternatives to incarceration and social integration programs for drug-related offenders in their countries.

39. The medium-term objective of these studies was to prepare a country report for each country, summarizing the current situation and providing policy recommendations, whether to expand existing programs or implement new ones. The country reports for Costa Rica, the Dominican Republic, and Colombia have already been prepared while the report on Panama will be completed in the first quarter of 2016.

40. The long-term objective of these studies is to continue the policy recommendations from the country reports by financing a pilot project with the assistance of CICAD counterparts in each country, during the course of 2016.

41. With respect to the promotion of policy design and coordination, discussion has been promoted to respond to challenges such as reducing crime rates and prison crowding for drug-related crimes. In this respect, the ES/CICAD held a high-level dialogue on alternatives to incarceration for drug-related crimes in December 2015 resulting in new initiatives reflecting new policy approaches for the adolescent population: proportionality of sentences and damages, greater access to justice for all, measures under judicial supervision, deterrent measures, decriminalization of drug use. Within the scope of this debate, the ES/CICAD has also participated in and contributed to workshops in preparation for the 2016 Ibero-American Judicial Summit on issues related to programs under judicial supervision for drug-related offenses.

42. The OAS member states are leading a process of open debate on the subject of alternatives to incarceration. As a result of these discussions and the shared concerns of the member states, the ES/CICAD, in conjunction with the governments of Mexico, Colombia, Trinidad and Tobago, and the United States, organized a parallel event during the Commission on Narcotic Drugs (CND) meeting in Vienna (March 9, 2015) to put the subject before the CND Narcotics Commission. This was carried out as part of the discussion for the upcoming special session of the United Nations General Assembly on the World Drug Problem (UNGASS). In addition, the UN General Assembly held a high-level thematic debate in support of the process toward the UNGASS on May 7, 2015, where the OAS Secretary General, participated in a parallel event titled “Reform of Sentencing and Alternatives to Prison: New Approaches for Addressing Drug Use and Crime.”

## **Drug Treatment Courts in the Americas**

43. The ES/CICAD made progress with its program to promote concrete alternatives to incarceration for drug-dependent offenders under judicial supervision, as an alternative measure to criminal prosecution or imprisonment (through models such as “Drug Treatment Courts” or “DTCs”). This program provides direct assistance to the judiciary, orchestrating coordinated linkage with other State institutions and civil society (health, social services, labor, et al.). Under this type of program, criminal offenders who are also drug dependent are provided a combination of treatment, rehabilitation, and social reinsertion, with intense judicial supervision over this treatment process. This model has been adapted to meet different countries’ realities. The legal eligibility criteria, the types of drugs considered in each country and jurisdiction, the way in which the assessments and case processing are carried out, and target population, among other factors, may vary considerably from country to country. As of late 2015, operational DTCs exist in Argentina, Barbados, Canada, Chile, Costa Rica, the United States, Jamaica, Mexico (5 States), Panama, the Dominican Republic, and Trinidad and Tobago. The Bahamas, Belize, and Peru are in the exploratory phase. Colombia is initiating implementation of the model as a result of two viability studies (health and justice) for the implementation of a youth population pilot. When the ES/CICAD launched its DTC program for the Americas, only four countries in the Hemisphere had this type of program. Now 14 countries are exploring, implementing, or expanding the model and 22 pilot courts are already operating.

44. The Drug Treatment Court Program for the Americas provided assistance to the member states to explore the viability of this model, working with national drug commissions, the judiciary, senior health officials, and other professionals and institutions to address specific needs with a comprehensive view. In 2015, the program also cooperated with PAHO to identify synergies between the two organizations and thus ensure the necessary communication with the ministries of health and the health sector as a whole. Most of the participating member states have signed a memorandum of understanding with the OAS to execute program activities.

45. More than 700 judges, prosecutors, defense attorneys, treatment providers, and policy makers (multidisciplinary teams from drug treatment courts) participated in program activities in 2015, including the following:

46. Study visits. A Colombian expert in the area of justice contracted by the ES/CICAD to carry out a viability study for implementation of DTCs in Colombia conducted a study visit to a drug treatment court in Toronto and to a treatment center. There he received relevant information on the model and participated in a pre-hearing and hearing where he had the opportunity to interview some of the participants. He also attended a drug treatment court in Ghent, Belgium and a treatment center to compare how the model operates in the two countries and see which might be better for implementation in Colombia. In late July, a delegation from the drug treatment court of Jamaica, including three magistrates and one treatment provider, participated in the Annual Conference of the National Association of Drug Treatment Court Professionals (NADCP) in Washington, D.C. The objective of the visit was to gain more in-depth knowledge of the model, including new practices, simulation exercises, and other aspects. In August, two participants from the ES/CICAD Fellows Program (a researcher from the University of Ghent and magistrate from the drug treatment court of Jamaica), along with another magistrate from Jamaica, visited the Juvenile Drug Court of Miami-

Dade County where they witnessed the operation of a DTC for adolescents, including the pre-hearing where there was an exchange of experiences.

47. During the High-Level Dialogue on Alternatives to Incarceration for Drug-Related Offenses held in Washington, D.C. in December, work was undertaken on the drug treatment court model. During this Dialogue, there were training sessions and visits to the Superior Court of the District of Columbia. Each workshop lasted for approximately three days, with the participation of more than 250 professionals from the health and justice sector.

48. Training and Planning Workshops: During the month of July, follow-up visits were conducted in the States of Mexico, Chihuahua, Durango, Nuevo León, and Morelos, to gather information from areas participating in the operation of the program and to supervise the implementation of the standardized screenings for developing the Mexican DTC model. The Ibero-American Judicial Summit was held in September 2015, at which the ES/CICAD participated in designing the drug treatment court model for possible conceptual application throughout the Hemisphere.

49. During 2015, drug treatment court pilot projects were formally launched in Chihuahua, Mexico and one for adolescents was launched in Nuevo León, Mexico. Chihuahua and Nuevo León already have a drug treatment court for adolescents.

50. In August 2015, a meeting was held to present a draft of the “Mexican Model of Drug Treatment Courts,” which brought together various Mexican government authorities. This model consists of three documents: the first is the analysis and systematization of the information gathered in the States that are presenting the model; the second involves a DTC health action protocol; and the third is a study of the sample from the screenings obtained by students contracted by the ES/CICAD during July 2015.

51. In Mexico, this Section has been collaborating with the Senate Justice Committee to develop the new juvenile criminal justice law. On several occasions, professionals from this section have participated in the debate being conducted by this committee. Similarly, the ES/CICAD is collaborating closely both with the SEGOB and the CONADIC on expanding this model in other federative entities.

52. Social Integration for Drug-Related Crimes in Programs under Judicial Supervision: the first training session on social integration strategies for the drug treatment court model was conducted in September 2015, aimed at judges, social workers, and those responsible for social integration in the following countries: Argentina, Barbados, Jamaica, the Dominican Republic, Costa Rica, Panama, Mexico, Chile, and Trinidad and Tobago.

53. DTCs for the Adolescent Population: The first training session on drug treatment courts for the adolescent (youth) population was held in 2015 in Mexico City. Mexico, along with Barbados, Jamaica, and the Dominican Republic, are exploring the viability of this model for the adolescent population.

54. Graduation ceremonies from the DTC Program in 2015 were held in the following cities and countries: City of Coclé, Panama; State of Morelos, Mexico; Nuevo León, Monterrey.

55. Expansion of the Model: In June 2015, judges, prosecutors, public defenders, representatives from the health sector, civil society, and the National Police, as well as members of the academic and research world in various cities of Colombia participated in a High-Level Workshop in Colombia to identify, analyze, and discuss Drug Treatment Court models in other countries of the Hemisphere such as Jamaica, the United States, Canada, Chile, and Mexico. A workshop was also held to review the viability and relevance of the model used in Colombia, according to its legal and health context.

56. Monitoring and Evaluation: The guide to good practices for the monitoring and evaluation of drug treatment courts is now undergoing peer review and will be published during the first quarter of 2016.

57. Viability Studies for Implementation of the Drug Treatment Courts Model in Colombia. The ES/CICAD has contracted two experts in the area of health and justice in Colombia to conduct a viability study to review the Colombian legal and health context and examine whether the model is viable. The results of these studies will be presented during the first quarter of 2016.

58. Throughout 2015, monitoring, coordination, and activities planning meetings for 2016 were held with the Chief Justice of the Supreme Court of the Dominican Republic and with the country's Drug Treatment Courts team, with similar meetings being held in Panama and Costa Rica. The three countries are working with the ES/CICAD on expanding pilot projects in other cities in each country. The meetings resulted in strengthening judicial networks, health networks, and inter-institutional cooperation as well as the development of judicial and health operating protocols.

59. Donors and Principal Partners: The governments of Canada, the United States of America, and Trinidad and Tobago financed implementation of this phase of the program. Activities were carried out with contributions from national drug authorities and commissions, different executive branch bodies (governance, security, among others), the judiciary, and the health sector of each of the participating countries, as well as with the cooperation of a number of organizations: the Canadian Association of Drug Treatment Court Professionals (CADTCP), the United States 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* [Citizen Peace] (Chile), among others.

### **Health and Life in the Americas (SAVIA)**

60. The Spanish government supports the SAVIA program through the Spanish Agency for International Development Cooperation (AECID) and the government delegation for the Spanish National Drug Plan (PNSD). During 2015, it continued to provide cooperation, technical assistance, training, and exchange activities, primarily in Uruguay, Peru, and Chile, with other countries in the region participating in the workshops organized. Thus, the SAVIA program maintains its objectives of helping to strengthen decentralization processes and territorial management of drug policies, by providing tools and training to national authorities and local governments that help to improve

institutional capacities for the design and implementation of comprehensive drug strategies at the local level.

61. Dissemination of the final report from the external evaluation of the SAVIA program began in January 2015. The report was published by the OAS Department of Planning and Evaluation (DPA) and the AECID in December 2014, with results presented to the national drug authorities and other entities in the countries where SAVIA has focused its work in recent years, and discussions with the various agencies involved in the projects regarding findings, recommendations, and lessons learned from the evaluation. This dialogue made it possible to define opportunities for improvement and aspects that could be adjusted in the development and scopes of programmed activities and within the strategic objectives and general logic guiding the program.

62. In this process and in coordination with the Spanish Fund for the OAS (FEPO), in March 2015 the CICAD Executive Secretariat and the AECID signed the “*Management response to the evaluation of the SAVIA program*” focused on the recommendations from that evaluation. That document confirms acceptance of the recommendations and describes actions proposed for their implementation by the ES/CICAD and the coordination of the program, with the support and collaboration of the AECID based on its perspective and strategy of cooperation with the countries of Latin America, through the OAS and other multilateral organizations.

63. As part of extending Phase II activities of the SAVIA program during 2015, the activities planned in the Memoranda of Understanding signed by CICAD and the National Drug Commissions of Peru and Uruguay continued to be followed up and monitored. These activities included training, the co-financing of local initiatives, the exchange of good horizontal and regional cooperation practices on local drug policies, and officials’ participation in regional seminars and internships. To this end, missions were organized to each country and, in the case of Peru, an extension was signed to extend the program’s life so that activities pending during 2015 could be developed.

64. In Uruguay, in conjunction with the National Drug Board (JND) through its Decentralization Secretariat, monitoring continued during 2015 on local projects supported as initiatives in the area of prevention and social inclusion, in the departments of Canelones, Colonia (Carmelo and Tarariras), Montevideo, Florida and Rivera, where the resources approved in the latest bidding process are being executed. In Peru, through the Budgetary Program on Drug Use Prevention and Treatment (PPPCTD), reporting to the DEVIDA’s Directorate of Territorial Coordination, a mission was developed in April to monitor the community intervention co-financed by SAVIA in the district municipality of Ventanilla, as a reference point for improving quality of life and empowering the inhabitants of Pesquero III – Pachacutec with regard to drug demand reduction and local prevention strategies.

65. The third edition of the Virtual Training Platform Course on “Key Aspects of Public Administration for Drug Demand Reduction” concluded in March 2015 in Peru. The course was organized from DEVIDA’s Virtual Training Platform, and the design and launch was co-financed by the ES/CICAD through the SAVIA program. This new edition of the course developed over 200 class hours and culminated with 37 participants passing the course.

66. As a contribution to the dissemination of principles, research, and practices in social integration and drugs, during 2015 the SAVIA program published and distributed the “Valdivia Declaration on Social Integration”. This document was signed upon the conclusion of the “First International Seminar on Social Integration: Exclusion and Drugs” held in the city of Valdivia, Chile (Dec. 2014), convened by the Chilean National Service for Drug and Alcohol Prevention and Rehabilitation (SENDA), the Austral University of Chile, and sponsored by the ES/CICAD and other institutions.

67. In addition, the SAVIA program supported SENDA’s analysis and systematization of the content and final results of the above-mentioned seminar on integration and drugs. The final product made it possible to reflect the diversity, points of agreement, and complementarity of the research, studies, and projects presented, which came from some 12 Latin American countries, as a reflection of the most recent developments in social integration and drugs in the region as well as the contexts of intervention and approaches proposed for the integrated human development of those who have problematic links to drugs. The work also contributed to the discussion on models and public policies being implemented on the subject in some countries.

68. In coordination with the Uruguay National Drug Board, ES/CICAD and the government delegation for the Spanish National Drug Plan organized, through the SAVIA program, the “Pilot Workshop for Local Planning on Drugs and Social Integration” held at the Spanish Cooperation Training Center in Montevideo, July 21-23, 2015. Those participating in this workshop included 45 institutional representatives from seven of the country’s departments, and from the technical units of the National Board itself, in addition to some local governments in Brazil and Argentina. The workshop helped to develop theoretical and practical capacities for the formulation of local plans on drugs, fostering the sharing of experiences on the municipal, departmental, or provincial reality of Uruguay and other countries in the region, with a focus on social integration and comprehensive human development. The Inter-American Observatory on Drugs and the CICAD Demand Reduction Section collaborated as specialists in some of the workshop’s sessions.

69. In Montevideo, the National Drug Board of Uruguay organized, with the support of the SAVIA program, the “National Workshop Introducing Local Planning on Drugs and Social Integration,” held on July 24, 2015 at the Galeria Caubarrere Amphitheatre. Participants included 52 representatives, officials, and experts from 12 of the country’s departments, most of which have established mechanisms and reference points in Uruguay’s National Network on Drugs (RENADRO). The workshop’s organization and subject matter sought to provide participants with the basic knowledge and tools that would allow them to assume responsibility for developing local plans on drugs in their respective territories, contributing to the decentralization of drug policies in the country.

70. The SAVIA program participated in the Third International Session on Local Policies to Address Problem Drug Use, September 28-29, 2015 at the main campus of the Provincial University of Cordoba, Argentina. This third edition of the event was organized under the banner of “Drugs in Their Labyrinth,” with the participation of teachers, researchers, and civil society organizations, as key actors in the study of and approach to the complex problems of drugs in most countries of the Hemisphere.



71. In the final months of 2015, SAVIA coordination completed the formation of the group of experts to support the development of methodologies to strengthen local management on drugs, combining in each team and subject of work Latin American and Spanish experts, along with ES/CICAD specialists, who enriched viewpoints on processes and institutional realities in this effort to design a tool that would integrate diagnostics, planning, and coordination of policies and services at the local/territorial level. The project starts with SAVIA's experience and incorporates and adapts available methodologies and cross-cutting approaches on social integration, gender, and multisectoral local development.

72. In September, the SAVIA program participated in the "Fifth Meeting of Municipalities to Address the Drug Problem" organized by the Under-Secretariat for Prevention of Addictions (SEPADIC) of Cordoba, Argentina, as part of its "Municipalities in Action" program that the provincial government has been developing in various phases since 2013. That program seeks to provide methodological and theoretical tools to guide the design of interventions using a comprehensive and participatory approach.

73. The SAVIA program organized, in conjunction with Peru's National Commission for Development and Life without Drugs (DEVIDA), organized the Workshop on Decentralization of Policies and Regional and Local Planning on Drugs, in Lima, 16-18 November, in order to support municipal governments in their prevention strategies. This initiative, developed within the framework of the Memorandum of Understanding signed with the Peruvian government, expanded on the analysis of the decentralization of local policies on drug demand reduction in the country and helped to develop institutional capacities for developing local plans on drugs and social integration that facilitate the territorial implementation of their policies. The workshop participants included 40 individuals, municipal officials from the Department of Lima and the DEVIDA Budgetary Program on Prevention.

### **Legislation on Drugs in the Americas (LEDA)**

74. In 2015, the ES/CICAD created a network of legal contacts through the LEDA project. The OAS member states appointed a legal expert as the reference point for any query the ES/CICAD and member state governments might have regarding national drug legislation. These points of contact also update the ES/CICAD regarding new laws or discussions in their countries so that the information published by the ES/CICAD on its webpage is accurate and current.

75. Other forms of legislative comparison include recent developments with regard to the reform of cannabis control. The project recently conducted an exhaustive comparative analysis of the three existing models for regulating the legal availability of cannabis in the Hemisphere. In 2015, the LEDA project will continue to cover other regulatory and legislative spheres in a second phase. The second phase of the project provides for a new analysis of the enforcement of the member states' laws related to drug-related offenses. This project complements others by documenting current discussions on regulatory and/or legislative frameworks.

76. The ES/CICAD adapted a study methodology developed by the European Monitoring Centre for Drugs and Drug Addiction to obtain qualitative information on sentencing practices among judges. The ES/CICAD adapted the survey to tailor it to Latin American legal systems and added

sections to the survey to gather opinions from prosecutors and public defenders. This survey was used in the field studies done in Colombia and Panama under this section's "Closing the Gap" project.

#### **D. INTER-AMERICAN OBSERVATORY ON DRUGS (OID)**

(Hemispheric Drug Strategy 2010, Guideline 12)

77. The Inter-American Observatory on Drugs (OID) Section of the CICAD Executive Secretariat (ES/CICAD) is mandated to promote and support a hemispheric drug information and research network that produces valid, timely and comparable information across OAS member states. The OID's primary counterparts in the Hemisphere are the National Drug Observatories (NDO's) within the National Drug Commissions, universities, and international agencies. Their primary counterparts outside the Hemisphere are the United Nations Office on Drugs and Crime (UNODC) and the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA), and other international agencies.

#### **Report on Drug Use in the Americas**

78. The OID/CICAD published a report on Drug Use in the Americas 2015 which was presented at the LVII CICAD Regular Session. The report provides an analysis of the most recent drug consumption data across OAS member states from three primary sources of information: national studies among secondary school students, general population studies and surveys on drug use among university students. The report also incorporates data from drug treatment systems, prisons and other key data sources from the OND's.

79. Central findings of the report call the attention of member states to the abundant evidence for the detrimental effects of psychoactive substance and the increased risk for long term dependence and health effects for younger users. The report highlights the need to address early initiation of substance use as a priority area for drug policy. The report also emphasizes the importance of trend data to understand the progression of drug use and to assess whether policies are indeed producing desired results. The report asserts that scientific data is an essential requisite for evaluating policy and should be placed in high priority on the drug policy agenda.

#### **Support to Latin American Drug Observatories**

80. In the context of the Project to Strengthen National Drug Observatories and the SIDUC project, the OID has carried out the following activities:

#### **Technical Assistance to the Latin American Drug Observatories:**

- **Drug Information Networks:** During 2015, the Governments of Costa Rica, El Salvador and Panama received technical assistance for the advancement of their National Drug Information Networks. Costa Rica and El Salvador published annual reports analyzing the data from their respective drug information networks with technical support from the OID.

- **Studies in the General Population:** Panama implemented a general population survey in 2015, with technical support from the OID. Results from the survey are expected for 2016. In addition, Panama received technical support from the OID to draft its national report on drug use among university students.
- **Studies among Secondary School Students:** El Salvador implemented a survey on drug use in secondary school students with technical support from the OID.
- **Studies among the University Population:** The OID provided technical assistance to the NDO's in Costa Rica, Colombia, Bolivia, Ecuador and Peru for the implementation of their forthcoming surveys on drug use among university students. Surveys are expected to be implemented in 2016-2017.

81. **Development of Research Protocols:** The OID has developed a set of indicators and methodology for collecting information on drug treatment centers and patients, as a tool for national drug information systems.

82. The OID has initiated a process to update the existing research protocols on secondary school students with a view of providing methods for modernizing data collection and to ensure the harmonization of indicators across countries.

83. **Studies on Smokable Cocaine Substances:** The OID worked in collaboration with the countries of the Southern Cone (Argentina, Brazil, Chile, Paraguay, and Uruguay) to begin the implementation process for four studies and projects on smokable cocaine substances in that sub-region: the chemical composition of smokable cocaine products, a protocol for studies among vulnerable groups, patient follow up and treatment outcomes, and brain imaging studies to understand organic and functional changes due to smokable cocaine use and the implications for treatment and recovery. In addition, the OID has been supporting a preclinical study on the effects of caffeine as an adulterant to smokable cocaine substances. Some of the results have already been published in scientific journals (The American Journal on Addictions, XX: 1–7, 2015).

### **Support to Caribbean Drug Observatories**

84. Under the umbrella of the SIDUC drug surveillance system, several studies on drugs were undertaken and activities as follows:

- **Secondary school surveys:** Barbados and Guyana published and publicly disseminated the results of their study and held policy meetings with key stakeholders.
- **General Population Surveys:** The final report for the national household survey in Suriname was completed in December. Work also began on the implementation of the national household survey projects in Guyana, Jamaica and The Bahamas. Guyana was the first country to begin data collection and the team there was the first to receive training on the use of tablets powered by computer assisted personal interviewing (CAPI) software for data collection.

- **Prison surveys:** Jamaica became the seventh Caribbean country to complete the study on the relationship between drugs and crime. The results of this study were presented to key stakeholders in March, followed by a policy meeting. Continuing the dissemination process, a comparative analysis of data from Dominica, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Antigua & Barbuda, Trinidad & Tobago, and Jamaica, was made to the Association of Heads of Corrections and Prison Services at their 11th annual meeting in the Bahamas.

85. In June, the OID convened a sub-regional workshop on data collection from drug and alcohol treatment in order to train participants on how to utilize and implement a standardized data collection system for persons seeking treatment for problematic drug use. Participants were trained on how to use the *Epi-Info* data management software and received the results of an analysis of data from the 2014 round of data collection. Data on the characteristics of persons seeking treatment for drug and alcohol misuse is currently being collected from 11 countries: Antigua and Barbuda, The Bahamas, Barbados, Belize, Grenada, Guyana, Haiti, Jamaica, Suriname, St. Lucia and Trinidad and Tobago.

86. The OID continued to provide support to drug information networks in the Caribbean region. In December, 2015, the OID held a technical meeting in Grenada with a small group of regional experts to finalize the standardized protocol on indicators for Drug Information Networks (DINs). Several countries are also now at the stage where they are preparing their own national reports. Grenada, Guyana, and Trinidad and Tobago have all published annual DIN reports during this year.

### **Educational Development**

87. ES/CICAD and the Center for Addiction and Mental Health (CAMH)-Canada continued with their partnership to promote international research capacity for health professionals on drug issues. A group of 10 professionals including personnel from National Drug Commissions as well as university professors from Latin America and the Caribbean completed the 12-week (June to August 2015) residency in Canada, receiving specialized training and mentoring. They returned to their countries to gather data for a multi-center study on “Perceptions of Harms and Benefits Associated with Marijuana Use among Adolescents.” The participants are presently in the process of carrying out their studies, which are expected to be complete in June 2016. In the 2015-2016 period, OID received research projects from participants from the following countries: Barbados, Brazil, Chile, Colombia, El Salvador, Haiti, Mexico, and Trinidad and Tobago.

### **International Cooperation**

88. The OID is engaged in a technical collaboration between the European Monitoring Centre on Drug and Drug Abuse (EMCDDA), United Nations Office on Drugs and Crime’s (UNODC) Office on Drug Prevention, and the World Health Organization in order to harmonize indicators on drug treatment information. The long term goal of this collaboration is to ensure that all indicators on drug treatment are sufficiently uniform as to work toward mutual and individual goals in drug treatment information gathering.

89. The OID is collaborating with the Cooperation Program on Drug Policies in Latin America (COPOLAD). During 2015, the OID worked with COPOLAD to develop a joint work plan for the 2016 fiscal year based on recommendations from OAS member states and their NDO's.

**Activities with the Global SMART Programme (Monitoring of Synthetic Drugs: Analysis, Reports and Trends) – Latin America**

90. With the Support of UNODC and through the MOU with ES/CICAD, the Global SMART Programme has operated in Latin American countries since 2011. Its primary objective is to support member states in the collection, analysis and dissemination of information on synthetic drugs and New Psychoactive Substances (NPS), covering a range of activities from trafficking patterns to consumption and treatment.

- During 2015, the Global SMART Programme in Latin America disseminated information on NPS in the region, through the UNODC's Early Warning Advisory on NPS and through newsletter the Global SMART Update delivered semi-annually in English and Spanish.
- The Global SMART Programme contributed to activities to update research protocols for national surveys on variables related to synthetic drugs and NPS in Ecuador, Panama, Peru, Venezuela and other countries in the Latin American region.
- The Global SMART Programme participated in the Group of Experts on Chemical Substances and Pharmaceutical Products Meeting of the CICAD/OAS. In addition, participated in the meeting of the NPS Task Force convened by the International Narcotics Control Board (INCB), in Mexico City. Moreover, the Global SMART Programme supported in the elaboration of the "Report on Drug Use in the Americas, 2015."

91. The Global SMART Programme coordinator for Latin America participated in national and international conferences and seminars providing technical assistance to the participating countries in all aspects of the synthetic drugs and NPS problems, and their associated early warning systems.

**E. DEMAND REDUCTION**

(Hemispheric Drug Strategy 2010, Guidelines 14-26)

92. The Demand Reduction section 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, 2011-2015, 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, prevention, treatment, and rehabilitation of drug-dependent individuals.

## **Demand Reduction Expert Group**

93. With Brazil as Chair, the XVI Expert Group Meeting was held on October 29-30, 2015 offering an opportunity for reflection on the review and updating of drug policies, with an emphasis on demand reduction from the public health perspective. The Meeting further served to discuss the regional policy instruments approved by member states as part of the work plan under the Chair, and the delegates identified recommendations and common interests on the public health approach to the drug problem and its implications.

## **Collaboration and Cooperation with PAHO**

94. In 2015, as part of the Memorandum of Understanding (MOU) signed with the Pan-American Health Organization (PAHO) in 2013, CICAD participated in the Consultation with the Public Health Sector of the Americas working-group meeting in preparation for the Special Session of the United Nations General Assembly (UNGASS) on the World Drug Problem in 2016. This meeting was held in October 2015 in Mexico D.F., to discuss the public health approach to drug policy in the Americas; and included the participation of 17 ministries of health and national drug commissions, the World Health Organization (WHO), the United Nations Office on Drugs and Crime (UNODC), and the Ibero-American Network of Non-governmental Organizations that work in Drug-Dependency (RIOD).

95. Through the Demand Reduction Section, ES/CICAD participated in the project on the “Comprehensive Approach to Substance Use Disorders and other Mental and Behavioral Disorders, Co-Occurrence in Latin America” led by PAHO. The objectives of this meeting were: a) to promote a regional debate on conceptual and related matters in the public health perspective for concurrence of substance use disorders and other mental health and behavioral disorders; b) to define a proposed comprehensive approach to concurrence between substance use disorders and other mental health and behavioral disorders; and c) to outline a plan of activities to be undertaken in 2016-2017 to strengthen the public health response in this area.

96. In the interest of public health, social health, and social security, CICAD is collaborating with the WHO, UNODC, and PAHO to develop a Specialized Training for Professionals of the Public Health System. This began as part of an initiative between CICAD, PAHO, and the Council of Ministers of Health of Central America and the Dominican Republic (COMISCA) on “The Functions and Competencies of Healthcare Personnel in Contact with Persons with Psychoactive Substance use Problems”. The initiative includes the training curricula for the professions of medical doctor, psychiatrist, nurse, psychologist, and social worker, which have been identified as those professionals most requiring this training to provide guidance on how to identify and address substance use disorders within the public health system. The training curricula for these five professions are incorporating content from the CICAD Training and Certification Model Program (PROCCER), the INL/ISSUP Universal Treatment Curriculum (UTC), and the WHO mhGAP. These trainings will be piloted in Central America beginning in early 2016; and meetings for global adaptation will be held in mid-2016 with WHO, UNODC, and PAHO.

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

97. PROCCER provides for inter-agency, inter-institutional, and interdisciplinary organization at the national level, such that it can offer training and certifications in the therapeutic intervention fields of treatment, rehabilitation, and reinsertion for drug dependence and drug-associated violence as well as in aspects of program organization and operation.

98. 2015 marked the start of the second phase of PROCCER-Mexico with CICAD working in collaboration with the national drug councils, *Comision Nacional contra las Adicciones (CONADIC)*, and *Centro Nacional para la Prevencion y el Control de las Adicciones (CENADIC)*, and the National Council on the Standardization and Certification of Labor Competencies, *Consejo Nacional de Normalizacion y Certificacion de Competencias Laborales (CONOCER)*. A major advance was made during the second phase of PROCCER-Mexico with the establishment of the National Certification Mechanism. CONOCER awarded CONADIC with the accreditation necessary for CONADIC to certify the service providers trained under PROCCER-Mexico. CONOCER approved the Standard of Competencies for the Service Providers in Mexico, under which terms it was agreed 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.

99. In 2015, CONOCER approved the Standard of Competencies for Service Providers in Mexico, under which terms it was agreed 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. This supplemental training and evaluation was offered to the 602 service providers from 2,291 institutions trained during the first phase meet the new requirements. Additionally, the training and certification began for 1,000 new service providers from 200 institutions from 10 states, which will continue into 2016.

100. In the Central American region, in 2015, Guatemala continued the second phase of PROCCER in coordination with the Ministry of Health and the national drug commission, *Secretaria Ejecutiva de la Comision Contra las Adicciones y el Trafico Ilicito de Drogas (SECCATID)*. The Diagnostic including the Mapping of Institutions and Assessment of Institutions, Service Providers, and User Profiles was conducted by the *Universidad Da Vinci (UDV)*. UDV also assisted in the revision of the PROCCER training curriculum to incorporate content from the ISSUP Universal Treatment Curriculum (UTC). UDV facilitated the PROCCER basic level training, and during 2015 trained 135 service providers from 59 NGO and GO institutions.

101. In El Salvador, PROCCER in coordination with the National Drug Commission, *Comision Nacional Antidrogas (CNA)*, executed important program components, including PROCCER training offered in collaboration with *Universidad Dr. José Matías Delgado* and *Universidad Centroamericana “José Simeón Cañas” (UCA)* which culminated at year end with an additional 250 trained and government-certified treatment service providers. The certification mechanism managed by CNA is the first government-certified certification mechanism in Latin America.

102. In Honduras, PROCCER in coordination with the National Drug Commission, *Instituto Hondureño para la Prevención del Alcoholismo, Drogadicción y Farmcodependencia (IHADFA)*, made major advances in the first phase of PROCCER. IHADFA and the *Universidad Nacional Autónoma de Honduras (UNAH)* selected the National Treatment Training Team in accordance with CICAD guidelines; and UNAH was selected to facilitate the training to be offered to treatment service providers, and in late 2015, began the basic training of 120 treatment service providers from NGOs and GOs. Additionally, the PROCCER Certification protocols have been approved by the Ministry of Health and IHADFA, with expected implementation in 2016.

103. In Nicaragua, the second phase of PROCCER is being executed in coordination with the National Drug Commission, *Consejo Nacional Contra el Crimen Organizado (CNCCO)*. The CNCCO held a PROCCER training for 40 participants who provide drug treatment services in the national penitentiary system; and at present, a total of 504 treatment service providers have been trained. The state certification protocols and mechanisms had been finalized and approved in coordination with the *Autonomous University of Nicaragua*.

104. In Costa Rica, PROCCER in coordination with the National Drug Commission, *Instituto Costarricense sobre Drogas (ICD)*, a total of 30 treatment service providers were trained under the facilitation of the Nursing School of the University of Costa Rica to execute the training, and the *Fundación de la Universidad de Costa Rica para la Investigación (FUNDEVI)* of the University of Costa Rica to administer the training. Progress was made in the establishment of the national certification mechanism to be managed by the *Instituto sobre Alcoholismo y Farmacodependencia (IAFA)* as the protocols, guides, and manuals for certification have been completed and are pending final approval by an executive order to be issued by the Presidency of the Republic.

105. In Panama, PROCCER continued execution in coordination with the National Drug Commission, *Comisión Nacional para el Estudio y la Prevención de los Delitos Relacionados con Drogas (CONAPRED)*. The *Universidad Católica Santa María la Antigua (USMA)* was selected by CONAPRED to review and update the PROCCER Treatment Curricula for all levels; and the *Universidad Nacional Autónoma de Panamá (UNAP)* Psychology Faculty was selected to establish a technical-level career on treatment and rehabilitation. CONAPRED selected the International Christian Academy (ICA) to conduct an academic competency-level assessment for persons who did not hold the equivalent to a high-school degree; and of those assessed, training was provided to 20 service providers to give them the necessary foundation as a pre-requisite to apply to be a PROCCER candidate. CONAPRED also held an “Addressing Addictions in the Workplace” Seminar, in which several key private and public sector stakeholders participated. The establishment of the certification mechanism made significant advances with the Ministry of Health, with hope for implementation in 2016.

106. In 2015, the Research Triangle Institute (RTI) conducted an External Evaluation of PROCCER in Costa Rica and El Salvador. The final report concluded that “PROCCER was successfully implemented in both Costa Rica and El Salvador”. It found that PROCCER is “fully functional in its main activities and goals: (1) clinically sound curricula and didactic procedures have been developed with appropriate input from local and international experts; (2) provider



organizations and related partners in the health and behavioral health treatment systems have been engaged and are participating in PROCCER; the number and types of these organizations represent the vast majority of the eligible and relevant organizations in each country's system; (3) across these organizations, substantial numbers of providers have been trained and, when appropriate, received certification. New cohorts of providers are continuing to be trained for the foreseeable future. These providers' characteristics reflect a representative cross-section of the provider organizations and indicate broad penetration of PROCCER into the treatment system. Trained providers are staying in the substance abuse treatment field; (4) each PROCCER program has been established in such a way that increases the likelihood of being sustained long term and becoming a permanent part of the behavioral health and public health treatment systems." Further, it was found "...no inefficiency in the costs of ongoing program implementation... and an important related result is the fact that a portion costs in each country reflect resources provided in-kind by either universities or national governments. Both countries have made efforts to financially sustain PROCCER and, remarkably, in Costa Rica, the national government has allocated sufficient resources to independently maintain the program". Finally, RTI compared patients who entered treatment in an institution that currently had PROCCER-trained providers or who entered at a time prior to providers being trained and found that patients exposed to PROCCER-trained providers completed treatment at an 11% higher rate than comparison patients.

107. The PROCCER Grant Funding Mechanism was implemented in 2015 in three countries participating in PROCCER Central America: Costa Rica, Honduras, and El Salvador. All activities have been undertaken in coordination with the national drug commissions: *Instituto Costarricense sobre Drogas (ICD)* of Costa Rica, the *Instituto Hondureño para la Prevención del Alcoholismo, Drogadicción y Farmcodependencia (IHADFA)* of Honduras, and the *Comisión Nacional Antidrogas (CNA)* of El Salvador. This initiative aims to strengthen the facilities and therefore the services of the NGOs providing treatment to people affected by drug use in El Salvador, Honduras, and Costa Rica, through the establishment of a competitive grant funding mechanism, which will be managed through the national drug commissions. The desired outcome is not only to directly improve drug treatment services through the provision of resources, but further, the establishment of the grant mechanism to sustain the ability to competitively fund local NGOs providing drug treatment services. The Central American countries of El Salvador, Honduras, and Costa Rica have been chosen because of an existing need for additional resources to provide adequate drug treatment services. The governments of each country have acknowledged that drug treatment services are an area that requires attention and monies, but limited resources have been provided accordingly. By the end of 2015, in accordance with the rules established for the selection of locally-submitted project proposals, six NGOs have been selected for funding in El Salvador and three in Honduras; and in Costa Rica, a total of 28 NGOs will participate in a national project, under the umbrella of the national drug commission, for the deployment of a software to record the data of the clients of these participating centers and to track their follow up in the therapeutic programs.

108. In Paraguay, CICAD worked with the National Anti-Drug Secretariat (SENAD). The basic curriculum for the training has been adapted for 3 levels of competencies. SENAD began constructing its operational plan and began the coordination and organization to train 150 treatment service providers over the course of 2016.

109. As part of the Training and Certification Program-FLACT, the Latin American Federation of Therapeutic Communities (FLACT) continued to work with 19 member states in the hemisphere, particularly in the promotion of the development and implementation of the certification mechanism. In October, FLACT organized the Latin American Conference of Therapeutic Communities in Lima, Peru.

110. In 2015, within the framework of the Training and Certification Program-FEBRACT, the Brazilian Federation of Therapeutic Communities (FEBRACT) trained counselors from the therapeutic communities of Brazil in modules 1 and 2 of its curriculum, developed under PROCCER. Between January and December 2015, FEBRACT successfully trained 683 therapeutic counselors in module 1, and 175 therapeutic counselors in module 2.

111. In the Caribbean, CICAD continued to implement the PROCCER-Caribbean Model on a regional and national level with the collaboration of the national drug councils of the 13 participating member states of 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.

112. Caribbean member states continued the in-country training of prevention practitioners and treatment service providers in coordination with ES/CICAD and the national drug commissions. The trainings are coordinated by the government-appointed national PROCCER Point Person and facilitated by the National Teams of Prevention and Treatment Trainers, who were previously selected by member states based on profiles provided and trained by ES/CICAD in regional training of trainers. In 2015, eight of the Caribbean member states trained in both prevention and/or treatment, while there are a total number of 223 prevention practitioners trained and 130 certified throughout the Caribbean region; and 294 treatment service providers trained and 172 certified in the region.

113. In coordination with the Antigua and Barbuda National Drug Council, Antigua and Barbuda provided treatment training from June – December 2015, training 20 treatment service providers. In coordination with The Bahamas National Drug Council, the Bahamas provided prevention training from July – December 2015, training 25 prevention specialists; final certification number is presently pending final review. The Bahamas trained in treatment in 2014, and certified 27 treatment service providers. In coordination with the National Council on Substance Abuse, Barbados provided prevention and treatment training from July – December 2015, training 28 prevention practitioners and 26 treatment service providers. In coordination with the National Drug Abuse Control Council, Belize provided prevention and treatment training from February – August 2015, certifying 26 prevention professionals and 22 treatment service providers. In coordination with the Drug Control Secretariat, Grenada began providing prevention training in June 2015 with 40 prevention practitioners; training and certification completion expected in January 2016. In coordination with the Ministry of Health, Wellness, and the Environment, St. Vincent and the Grenadines provided prevention and treatment training in July – November 2015, training 20 prevention practitioners and 25 treatment service providers. In coordination with National Council on Drug Abuse Prevention, the Federation of St. Kitts and Nevis provided treatment and prevention training from October 2014 – June 2015, certifying 28 prevention practitioners and 29 treatment service providers. In coordination with the Suriname National Anti-Drug Council, Suriname

provided prevention and treatment training from November 2014 – April 2015, and certified 20 prevention professionals and 25 treatment service providers.

114. The Department of Psychiatry of the University of the West Indies Mona, Jamaica (UWI) continued management of the PROCCER-Caribbean Regional Certification Mechanism for prevention practitioners and treatment service providers trained by PROCCER in the Caribbean in coordination with CICAD. In 2015, the UWI certified a total of 150 individuals trained by PROCCER in three Caribbean countries that finished their training programs and examinations were reviewed by the end of 2015: Belize, St. Kitts and Nevis, and Suriname.

115. St. George's University (SGU) in Grenada continued management of the PROCCER-Caribbean Training Monitoring and Evaluation Mechanism for the PROCCER trainers and trainings in the Caribbean member states in coordination with CICAD. SGU monitors the trainer participation and ensures that they fulfill their time commitments and meet training delivery quality standards. SGU also evaluates training sessions in order to report strengths and offer suggestions for improvement with regard to any weaknesses identified. In 2015, SGU worked with Antigua and Barbuda, Barbados, Grenada, St. Kitts and Nevis, and St. Vincent and the Grenadines to monitor and evaluate their trainers and training sessions.

#### **Specialized Training and Certification Program for Treatment Service Providers Working with High-Risk Adolescents (PROCCER-Adolescents)**

116. At the end of 2014, a complementary initiative was launched under PROCCER in order to train treatment service providers working with high-risk adolescents in the Caribbean region: PROCCER-Adolescents. 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, training a total of 40 treatment service providers working with high-risk adolescents. In September 2015, another pilot training was held in Tobago, in coordination with the National Drug Council for 28 mental health and counseling professionals. The feedback from these pilots was compiled and yielded the expansion of the curriculum to eight curricula total, which will be reviewed and piloted in mid-2016.

117. In July 2015, a special global PROCCER-Adolescent training was offered in Bangkok, Thailand at the First International Society for Substance Use Prevention and Treatment Professionals (ISSUP), and trained 29 professionals from 14 countries including Pakistan, Philippines, Sri Lanka, Mozambique, and Cote d'Ivoire. Following the training, all participants requested the curriculum as to replicate the training in their home countries.

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

118. ES/CICAD is responsible for the dissemination of the Guiding the Recovery of Women (GROW) Specialized Training for treatment service providers working with the vulnerable female populations in Latin America; the goal of this initiative is to work in coordination with the member state to develop the capacity to provide treatment and rehabilitation services using the

GROW curriculum. The GROW training is to ensure that the hospital personnel have the necessary competencies, skills, and knowledge to provide the appropriate intervention with female patients. In 2015, CICAD, working in coordination with CARE Peru, facilitated ten replication and review workshops in Lima, Peru with ten local hospitals that work directly with women suffering from substance use disorders. The purpose of these workshops were for the subject-matter experts, who are the GROW curriculum developers, to provide technical assistance to the personnel of the engaged hospitals to work directly with the hospital service providers in determining how their GROW implementation plans were being carried out, to determine where the GROW content is being incorporated into clinical practice, and to conduct assessments to determine if the GROW concepts are being applied with fidelity in the clinical setting. Additional training workshops are being planned for mid- 2016.

119. In 2015, CICAD began reviewing the GROW curriculum for content, cultural context, and quality of translation. In following the PROCCER Model for implementation, it was determined that a Peer Review Group of Latin American and international experts will be formed and convened in 2016 to continue this process; the group will operate under the purview of ES/CICAD. CICAD will then continue implementation of the GROW training in the hemisphere.

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

120. In 2015, CICAD became one of the founding members of 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.

121. ISSUP involvement includes 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 Colombo Plan (CO); with each international organization responsible for providing technical expertise and to represent their corresponding member states and regions. As such, all international agencies sit on the Executive Board and Expert Advisory Groups of ISSUP, which include technical areas of Universal Training Curricula (UTC and UPC), the internationally-recognized Executive Credentialing Board (ICCE), and ISSUP; CICAD represents the Western Hemisphere in technical areas.

122. That is, CICAD is responsible for the political and technical dissemination of UPC and UTC in the Western Hemisphere, inclusive of: 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 in Spanish and revision of Translation of UTC in Spanish; Communication and Coordination with government, 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. CICAD will select and coordinate 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.

123. In 2015, CICAD worked with collaborating partners to select the Hemispheric Training Teams for UPC and UTC; and also organized three Hemispheric Training of Trainers in both UPC and UTC in the US, Thailand, and Mexico. The training in Bangkok, Thailand was held in conjunction with the First International Society of Substance Use Prevention and Treatment Professionals (ISSUP) Meeting. Additional Trainings of Trainers for the Hemispheric Training Teams are being planned for 2016 in order to complete the full 9-curriculum UPC and 8-curriculum UTC.

124. In 2015, CICAD participated in the First International Society of Substance Use Prevention and Treatment Professionals (ISSUP) Meeting in Bangkok, Thailand; two Prevention and Treatment Expert Advisory Group Meetings in Bangkok, Thailand and Vienna, Austria; an ICCE Board Meeting in Bangkok, Thailand; and an ISSUP Board Meeting in Mexico City, Mexico. CICAD included the participation of hemispheric subject-matter experts in many of these meetings so that they may lead the hemispheric tailoring process for the Caribbean and Latin America.

125. In 2015, CICAD, working with subject-matter experts, began the translation and cultural-context tailoring of UPC and UTC for the Western Hemisphere. CICAD presented this initiative to the OAS Central American Member States at a regional meeting; and will involve various member states from the hemisphere throughout this tailoring process, including pilot in-country trainings in 2016.

## **F. SUPPLY REDUCTION AND CONTROL MEASURES**

(Hemispheric Drug Strategy 2010, Guidelines 27-45)

126. The CICAD Executive Secretariat (ES/CICAD) Supply Reduction section activities 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 in strengthening legislation, regulations, and other measures to control chemical substances usually associated with the manufacture of drugs and pharmaceutical products that could become addictive.

127. A total of 971 law enforcement, customs officers and other officials were trained in capacity building initiatives organized in 2015 with a total of 25 courses, seminars, workshops and meetings. These activities were implemented in partnership with various governmental agencies, other international/regional organizations and SMS/CICTE. Technical assistance is provided in the following specialized training areas:

## **1. CONTROL OF NARCOTRAFFICKING**

### **1.1. Counterdrug Intelligence**

#### **Regional School for Anti-drug Intelligence of the American Community (ERCAIAD)**

128. **Latin America** – Three courses with duration of three weeks were delivered at its headquarters in Bogota, Colombia under the operational management of the Colombian National Police (CNP), focusing on strategic and prospective counterdrug police intelligence. In addition, two regional courses with duration of two weeks were organized in Mexico and Chile on specialized operational counterdrug intelligence subjects. Officers from Brazil, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Panama and Peru were trained.

129. **Caribbean** - A series of meetings were conducted for the establishment of the Regional Advisory Board which will be responsible for creating the framework which will be focused on intelligence management for the operational courses/activities of the Caribbean school. With support from the Government of Trinidad & Tobago through its National Drug Commission, one regional and one national seminar were delivered for a total of 53 participants (Defense Force, Customs and Excise, Criminal Gang Intelligence, Transnational Organized Crime, Organized Crime, Narcotics and Firearms Agencies) from Grenada, Jamaica, Barbados, Antigua & Barbuda, St. Kitts/Nevis, Dominica, St. Lucia, Guyana and Trinidad and Tobago.

### **1.2. Counterdrug Law Enforcement**

130. Two national seminars on Street Level Drug Dealing for Regional Counterdrug Commanders were organized in collaboration with the Anti-Drug Directorate of the National Police of Peru (DIRANDRO- PNP).

131. A national training seminar on “Counterdrug Strategic Intelligence” was organized in partnership with the Directorate of Antidrug Intelligence (DIRIN-PNP) of the Peruvian National Police. The training was delivered by instructors from the Directorate of Intelligence of the Colombian National Police (DIPOL-PNC).

132. ES/CICAD and the French Inter-ministerial Center for Anti-drug Training (CIFAD) organized and delivered a national seminar in Chile on operative analysis (ANAOPS). NAOPS is an investigative methodology that uses Excel to compile and analyze information concerning investigations.

## **2. CONTROL OF CHEMICAL SUBSTANCES, SYNTHETIC DRUGS AND PHARMACEUTICAL PRODUCTS**

133. The diversion of pharmaceutical drugs and the illicit production and trafficking of synthetic drugs including New Psychoactive Substances (NPS) is a growing global problem. It is a dynamic situation presenting many challenges for CICAD member states. Regulatory officials and counterdrug enforcement officers need to be aware of these changes including the new chemicals

and processes being used to illegally produce these substances, how they are diverted, and the new drugs that are being produced illegally.

## **2.1 Chemical Diversion, Illicit Production of Drugs and New Psychoactive Substances (NPS)**

134. A Chemical Diversion Control Training Seminar delivered in Trinidad and Tobago provided participants with an overview of the chemical diversion problem, as well as information on how to establish a chemical control program.

135. A National Seminar on Chemical Diversion and Use of Chemicals in the Illicit Production of Drugs was organized in partnership with Anti-Drug Directorate of the Colombian National Police (DIRAN-PNC).

136. A national Seminar on Illicit Drug Production and New Psychoactive Substances (NPS) was delivered in Barbados for officials from the National Council on Substance Abuse, Immigration Department, Police Force, Drug Education & Counseling Services, and Drug Inspection Agencies.

137. As a member of the International Narcotics Control Board (INCB/UNODC) Task Force on Precursor Chemicals and New Psychoactive Substances (NPS) the ES/CICAD:

- Delivered a presentation on “Challenges in the Americas Dealing with New Psychoactive Substances (NPS)” at the International Conference on Precursor Chemicals and New Psychoactive Substances in Thailand.
- Participated in the meeting of the INCB’s Task Force on Precursor Chemicals and the Task Force on New Psychoactive Substances (NPS), Mexico.

## **2.2. Synthetic Drugs and Pharmaceutical Products**

138. Two training seminars on the Investigation of Internet Sale of Drugs were delivered in Costa Rica and Barbados. As a result, National Council on Substance Abuse, Police Force and Regulatory Officials had increased awareness regarding the problem of drug sales over the internet; increased capacity to apply the investigative techniques and to use the investigative tools/software presented and provided. The seminars were delivered by experts from the Swedish National Police.

## **2.3. Group of Experts on Chemical Substances and Pharmaceutical Products**

139. The Group of Experts met in Quito, Ecuador. Forty-one experts from 14 member states (Argentina, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Ecuador, Guatemala, Mexico, Peru, United States, Uruguay and Venezuela) and the United Nations Office on Drugs and Crime (UNODC/PRELAC and SMART Program) participated together with several key representatives of the chemical industry in Ecuador.

140. The Group of Experts focused its discussion on the growing problem of New Psychoactive Substances (NPS). They described a range of experiences that highlighted the growing nature of this problem in the hemisphere. Some countries indicated limited exposure to synthetic

drugs and NPS while others were more advanced in their experience with and response to the problem. All participants were interested in learning more from such experience and the approaches that others have taken. The importance of sharing and exchanging information and experiences was stressed.

### **3. MARITIME NARCOTRAFFICKING AND BORDER DRUG CONTROL INTERDICTION**

141. Narcotraffickers move chemicals, illicitly produced drugs, and related contraband by maritime and other means and smuggle them across international borders (maritime ports, airports, and land borders). ES/CICAD has in place a program to help increase the capacity of member states to respond to the challenges presented by the foregoing.

#### **3.1 Border Control**

142. During 2015 ES/CICAD collaborated with two seminars on the 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, etc.) that operate through maritime ports and to increase the participation of the private sector in this process; to increase awareness of counterdrug customs programs in the region and to increased opportunities for collaboration with other participating agencies and organizations. The events took place in Colombia, and Mexico with approximately 280 participants from the public and private sectors present.

143. One National Seminar on Container Control and Security was held in Barbados in partnership with the Inter-American Committee against Terrorism (CICTE), for border security, customs, coast guard and port security officials. The participants had overview of the sea containers trade international framework; criminal modus operandi: the specifically organized shipment (SOS); the rip-on/rip-off method and the identity hijacking method. An exercise of physical inspection was also conducted at the port.

#### **3.2 Group of Experts on Maritime Narcotrafficking**

144. The Group of Experts meeting held in Cartagena, Colombia, was chaired by the Antidrug Department of the Colombian Navy for a second consecutive year. Eighty experts from 11 member states (Argentina, Brazil, Chile, Colombia, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, the United States and Venezuela) participated in the meeting.

145. Participants had an overview of current realities and challenges in the Western Hemisphere that affect drug trafficking. These included globalization, global governance and development challenges including the convergence of threats, transnational organized crime, non-traditional actors (State/Non-State) and climate change and how counterdrug maritime interdiction has evolved. Current worldwide trends and scenarios in drug trafficking were also presented and discussed, as well as a strategy and conclusions in addressing maritime narcotrafficking.



146. In addition, the group also received presentations on key issues discussed in various multilateral conferences and summits in Central America, Latin America and the Caribbean on maritime narcotrafficking. The Group expressed the importance of these forums in the exchange of experiences and information sharing regarding maritime narcotrafficking and to identify and apply consistent and coordinated maritime controls throughout the hemisphere.

## **G. MONEY LAUNDERING CONTROL**

(Hemispheric Drug Strategy 2010, Guidelines 44-45)

147. The money laundering control training programs, conducted by the ES/CICAD Anti-Money Laundering Section, aims to improve and expand the capacities of judges, prosecutors, public defenders, law enforcement officers and analysts of Financial Intelligence Units (FIUs) to combat money laundering and terrorism financing.

### **Seized and Forfeited Assets**

148. Under the Seized and Forfeited Asset Management Project in Latin America (BIDAL) the following activities took place: a) a situational assessment of the national asset forfeiture system in Brazil was taken, and its results were presented to the Brazilian authorities during the “National Workshop on the Management of Seized and Forfeited Assets”, in Brasilia, May 13-15; b) In June and September two meetings were held with the Interagency Working Group (IWG), composed of high-level representatives of the National Strategy for Combating Corruption and Money Laundering (ENCLA), with the aim of developing a proposal to improve the forfeiture system in Brazil; c) October 20-22, the “Regional Seminar on Asset Administration and Disposal” also took place in Brasilia; d) In Paraguay, March 25-26 the BIDAL Project was officially presented to the national authorities; e) April 29-30, the ES/CICAD provided assistance to the Senate of Paraguay to improve the “*in rem* forfeiture bill”; and f) on July 1 a situational assessment on the asset forfeiture system in Paraguay commenced, and was presented to the national authorities September 17-18, when the Interagency Working Group (IWG) of Paraguay was established; g) November 16-17 the IWG met again, and the “National Workshop on the Management of Seized and Forfeited Assets” was held November 18-20 in Asuncion, Paraguay.

### **Capacity Building**

149. The Capacity Building of Financial Intelligence Units Program, the “Regional Workshop on the Strategic Analysis of AML/CFT” was held in Lima, Peru, February 9-13.

150. Through the MECOOR Initiative – consisting of the Executive Secretariats of CICAD and CICTE, the Executive Directorate of the UN Counter-Terrorism Committee (CTED), the UNOD Subdivision on the Prevention of Terrorism and the Executive Secretariat of GAFILAT– a specialized regional workshop on terrorism and its financing was held April 14-17 in Asuncion, Paraguay.

151. A Program to Strengthen the Asset Recovery Network of GAFILAT (RRAG) began to be implemented through the diffusion of the network at the 57<sup>th</sup> CICAD regular session, the XL

Meeting of the Group of Experts for the Control of Money Laundering and its Sub Working Groups, the “Workshop on Asset Investigation”, was held October 26-29 in Santiago de Chile, Chile, and at the XXIII Ordinary General Assembly of the Ibero-American Association of Public Prosecutors (AIAMP), was held October 28-30 in Santa Cruz de la Sierra, Bolivia.

152. In conjunction with the Inter-American Committee against Terrorism (CICTE/OAS), CICAD held the “Illicit Flows, Criminal Networks and Terrorism Workshop” August 10-12 in Miami, USA, and, the “Regional AML/CTF Workshop: Minimizing the Risks Associated with Free Trade Zones” which took place in Panama, August 17-21.

### **Technical Assistance and Cooperation**

153. As part of the Technical Assistance Plan to Combat Money Laundering in Peru, in June and April, the ES/CICAD held the “National Workshop for the Implementation of the Manual for the Development of a Research Plan and Protocols for Joint Work between the Public Ministry and the Police” in Cusco, Lima, Piura and Trujillo.

154. The ES/CICAD participated in the XLI Plenary Meeting of the Caribbean Financial Action Plan Task (CFATF), held May 25-28 and in the XLII Plenary, held November 22-26 in Port-of-Spain, Trinidad, and Tobago. At that meeting, ES/CICAD made three presentations and proposed the creation of an asset recovery network in the Caribbean.

155. In July 6-10 ES/CICAD participated at the XXXI Meeting of the Financial Action Task Force of Latin America (GAFILAT), as well as the XI Meeting of the Asset Recovery Network of GAFILAT (RRAG), held in Asuncion, Paraguay, May 4-8 and at the XXXI Meeting of GAFILAT, held September 7-9, in Mexico DF.

156. In Vienna, Austria, ES/CICAD participated as a speaker and moderator at three events carried out by UNODC in Vienna, Austria: a) the Sixth meeting of the Working group for the Prevention of Corruption, August 31 to September 2; b) the Ninth meeting of the Working Group on Asset Recovery, September 3-4; and c) the Expert Meeting on the Effective Administration and Disposal of Frozen, Seized and Forfeited Assets, September 7-9.

157. From March 9-13 the ES/CICAD participated in a Technical Assistance Mission of the International Monetary Fund (IMF) aimed to improve the capacities of the FIU of Uruguay.

158. In Cartagena de Indias, Colombia, May 25-29, CICAD participated at the Regional Conference "Information Exchange to Combat Money Laundering: Equity Research and Asset Recovery Offices", organized by the Intelligence Centre against Terrorism and Organized Crime (CITCO) of the Ministry of the Interior of Spain with the technical collaboration of ES/CICAD.

### **Group of Experts for the Control of Money Laundering**

159. In May 2015, under the chair of Uruguay, the XL Meeting of the Group of Experts for the Control of Money Laundering (GELAVEX) and its Sub-Working Groups was held in order to

follow up on the Strategic Plan for 2015-2017. In September, the XXLI meeting of the Group took place in Lima, Peru, during which the following documents were adopted:

- Activity Report for 2014-2015 ([CICAD/LAVEX/doc.18/15](#));
- Analysis on the rights of victims and bona fide third parties regarding forfeiture processes for assets of illicit origin ([CICAD/LAVEX/doc.16/15](#));
- Analysis of the applicability and effectiveness of modern judicial instruments for the disposal of seized and forfeited assets ([CICAD/LAVEX/doc.9/15](#));
- Proposal of the ES/CICAD for the creation of an ad-hoc working group for the development of guidelines for asset recovery (GAH-REACT)” ([CICAD/LAVEX/doc.20/15](#));
- [Asset Investigation Guide \(CICAD/LAVEX/doc.6/15\)](#)
- Open Sources of Information as a Tool in the Development of Asset Investigations ([CICAD/LAVEX/doc.3/15](#)),
- Recommendations and considerations for the Security and Integrity of officials responsible for combatting money laundering and its related crimes ([CICAD/LAVEX/doc.8/15](#));
- Work Plan 2015-2016 of the Sub-Working Groups of GELAVEX ([CICAD/LAVEX/doc.22/15](#)) and ([CICAD/LAVEX/doc.23/15](#)).

160. At the XXLI GELAVEX meeting, the Dominican Republic was elected President for the 2016-2017 period.