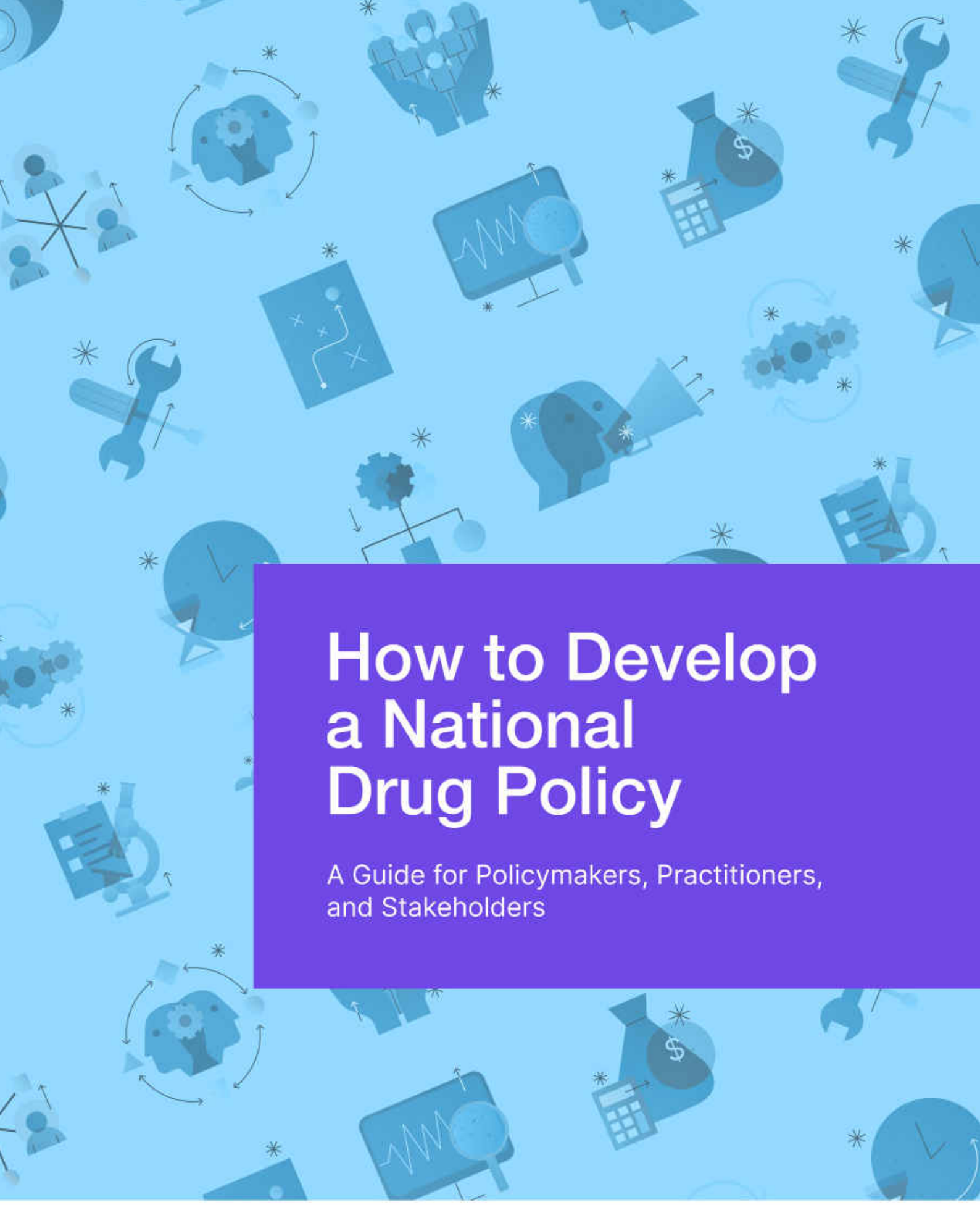

How to Develop a National Drug Policy

A Guide for Policymakers, Practitioners, and Stakeholders

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Preface

Ambassador Adam E. Namm
Executive Secretary.
Inter-American Drug Abuse Control Commission (CICAD)
Organization of American States (OAS).

The world drug problem remains a critical challenge that threatens individual and public security, global health, social development, and the environment. Countries must therefore develop effective public policies to address the fundamental causes and consequences of the drug problem.

A national drug policy represents a political commitment and is ideally the result of discussions with a wide range of stakeholders, including national and local governments, non-governmental organizations, academia, the scientific community, and the private sector; obtaining input from this wide range of stakeholders creates collective ownership of the policy. Well-crafted national drug policies establish strategic direction and identify actions that can mitigate the drug problem, considering the unique challenges facing each member state. The inherent complexity of the formulation and implementation of public policies, especially those related to drugs, poses a challenge that impacts governments at both the national and subnational levels.

The Executive Secretariat (ES) of the Inter-American Drug Abuse Control Commission -- CICAD, by its Spanish-language acronym -- provides technical assistance and training to help boost the institutional capability of member states in responding to the drug problem. As part of ES-CICAD's support, this publication on How to Develop a National Drug Policy 2023 will help guide OAS member states in their efforts to develop, implement, monitor, and evaluate national drug policies, strategies, and plans.

Aim and Structure of this Guide

The first edition of **How to Develop a National Drug Policy** was published in 2009 by the Executive Secretariat of the Inter-American Drug Abuse Control Commission (ES-CICAD), in collaboration with the CARICOM Secretariat and the Pan American Health Organization. The publication represented ES-CICAD and its collaborators' initial effort to provide OAS member states with a resource that combined sophisticated policy development concepts with hands-on didactic guidance for implementation. The guide was intended for a wide audience of readers, from drug policy authorities to middle managers, as well as practitioners and stakeholders at all levels.

Since its inception, the guide has been used as the key technical document for drafting national drug policies in the Western Hemisphere. Over time, however, important related concepts and approaches have emerged alongside new international and regional declarations, resolutions, and recommendations, thus requiring an updated version. Through this revised guide and ongoing technical assistance—based on the latest evidence-based methods and tools for policy design, implementation, and monitoring and evaluation—ES-CICAD will continue to provide institution-building support to all OAS member states.

This year's updated guide aims to define and support the processes of developing, planning, implementing, and monitoring and evaluating national drug policies based on specific country needs. It includes an overview of the structure and main recommended components of a national drug policy and its corresponding strategy and plan of action.

The approach to developing a national drug policy draws upon a range of methodologies and theories, as well as several decades of drug policy formulation research. The aim in developing this guide, however, was not to provide an exhaustive review of drug policy literature. Instead, it was to draw selectively upon the body of existing research and present it for practical application by a variety of users. The resulting guide is intended to provide a foundation so that countries may establish a drug strategy and plan of action guided by a policy whose execution will achieve the best results. In essence, it is a "how-to," designed to help stakeholders (from any discipline or organization) structure a strategy to implement drug policies. It is especially aimed at public sector professionals who are responsible for decision-making, planning, and managing services and programs, as well as professionals in institutions charged with implementing drug policy at a national, provincial, or local level.

Definitions of Key Terms

National Drug Policy

The umbrella term “national drug policy” encompasses the following common structural elements: a **national drug strategy** and a **plan of action.**

National Drug Strategy

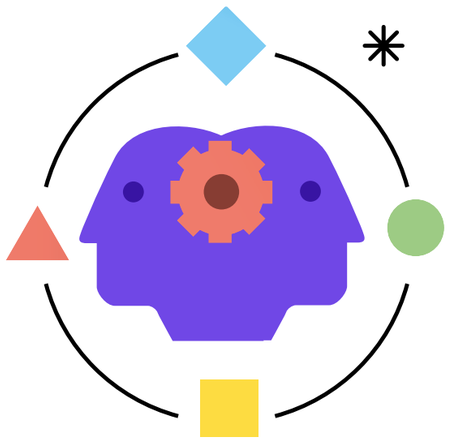
The term “national drug strategy” refers to the strategic direction that transforms well-intentioned statements of a policy into meaningful action. It is the part of the policy that details its principles, mission, and vision regarding the stakeholders involved, the goals and objectives desired, and the expected results and performance targets.

Plan of Action

The term “plan of action” refers to the planning and implementation stages of a national drug strategy. It sets out all of the interventions, programs, and activities—as well as the responsible parties and resources—that are logically required to reach each objective of the strategy.

CHAPTER 1

Structure and Formulation of a National Drug Policy



The world drug problem remains a global challenge that negatively affects the public health, security, human rights, environment, and well-being of all humanity. It also undermines sustainable development, justice systems, political and economic stability, and democratic institutions. In essence, the problem represents a threat to security, democracy, good governance, and the rule of law. Similarly, in the Americas, the problem is an increasingly complex, dynamic, and multicausal phenomenon that requires a comprehensive, balanced, multidisciplinary, and evidence-based approach, in full respect of human rights and fundamental freedoms. The approach must espouse the principle of common and shared responsibility, which takes into account the causes of the problem.

For decades, countries have been engaged in developing drug policies, but how exactly do we define a *drug policy*? Deciding which drugs to address and what levels of consumption are tolerable is only the first challenge in formulating a drug policy. Indeed, there is no single, correct definition of a drug policy, as it varies from country to country. Its definition largely depends on each respective country's situation/needs assessment, goals, and institutional foundations—all topics that are discussed later in this guide.

In keeping with the OAS/CICAD Hemispheric Drug Strategy and its accompanying Hemispheric Plan of Action on Drugs, this guide recognizes that there are different inter-connected areas critical to the management of drug policies. Management of drug policies should include, for example, institutional strengthening; measures of prevention, treatment, and recovery support; measures to control and counter the illicit cultivation, production, trafficking, and distribution of drugs and to address the causes and consequences; research, information gathering, and monitoring and evaluation; and international cooperation. A plan should also include the cross-cutting issues of gender and human rights.

Policy Foundation

There are common **ethical principles** that underlie any effective policy: shared responsibility, universality, solidarity, human rights guarantee, and gender equality, among others. These ethical and practical foundations are generally considered the core values of a policy, and they are intended to define a country's beliefs or principles while setting the policy stage. Each country, however, must select the appropriate ethical and practical foundations that reflect their unique values.

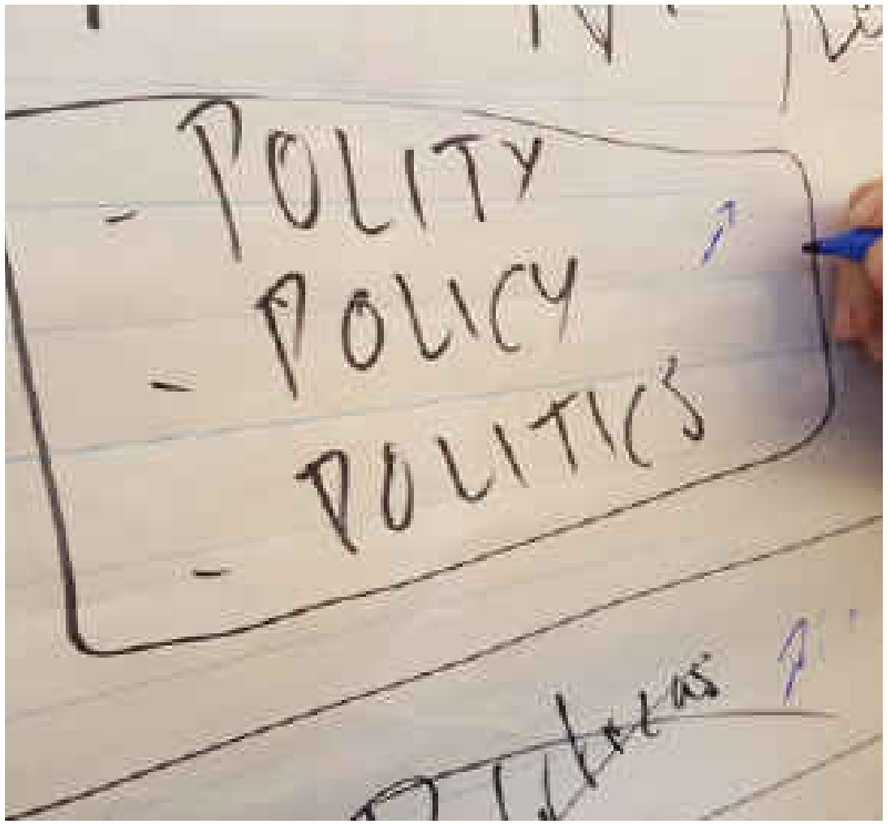
ES-CICAD encourages OAS member states to take a balanced and comprehensive approach to the formulation of their national drug policy. This balance should correlate with the drug problem as defined through a situation/needs assessment. For instance, if a country determines that drug abuse is prolific, whereby its drug problem is principally consumption-based, its policy should reflect this reality.

Addressing drug abuse, however, does not mean that prevention and treatment programs should be the sole defining components of a policy. Law enforcement and criminal justice interventions can be of substantial value in tackling a consumption-based problem. **A comprehensive drug policy must ensure an appropriate balance between drug demand and drug supply reduction interventions, and all stakeholders should be engaged in the policy's formulation and implementation**. All strategic orientations should aim to be comprehensive and balanced. Funding is determined by a country's strategic orientation to its own, unique drug problem. Thus, each country must freely select a policy that serves its specific needs.

The practical foundation of a national drug policy includes common elements that guide the planning and implementation process. These elements include, inter alia, community participation, efficiency, cost-effectiveness, sustainability, and integrity. The chapters that follow discuss and further develop the ethical and practical foundation that underpins an effective policy.

Having a drug policy alone is meaningless unless it is accompanied by a strategy and plan of action. The processes of developing and implementing a strategy require the collective action of a number of stakeholders—government agencies, nonprofit organizations, and other actors—to decide how a country should best mitigate its drug problem. As stated previously, a drug strategy should be balanced and comprehensive in that it includes all of the policy's components. For example, if collaboration with other nations is a component, then a strategic discussion regarding how to best establish linkages would be expected; and, if addressing problem drug use is a component, then a strategic discussion about the ways to reduce problem drug use would also be expected. Essentially, every aspect of a policy must have a corresponding actionable strategy or plan to change the course of the drug problem.

The drug problem is a multidimensional phenomenon that affects local communities in rural and urban areas, national security, and the public health of the whole society. Furthermore, it generally has international ramifications based on the nature of the illegal drug trade. An effective national drug policy formulation process must carefully consider the country's various political, economic, and social dimensions. It must also entail using a multidisciplinary approach that is centered on a set of underlying strategic principles (see *Chapter 2*).



Common Structural Elements of Effective Drug Policies

"National drug policy" is an umbrella term that encompasses two common structural elements: (1) a **national drug strategy** and (2) a supportive **plan of action** that includes interventions, programs, projects, and activities (see *Figure 1*). The policy-making process involves formulating specific goals and supporting objectives that determine which interventions or programs have to be included in the strategy in order to achieve measurable outcomes. The following chapters lay out the structural elements of a strategy in detail, but at this point, it should be noted that words without action are meaningless; formulating a drug strategy is just the first step of many required to transform well-intentioned policy statements into meaningful action.

Figure 1. The conceptual drug policy framework

"National Drug Policy" is an umbrella term that emcompasses a drug strategy and supportive plan of action that includes interventions, programs, projects and activities

A Systems Approach to Formulating a Strategy: The Four-Component Policy Framework

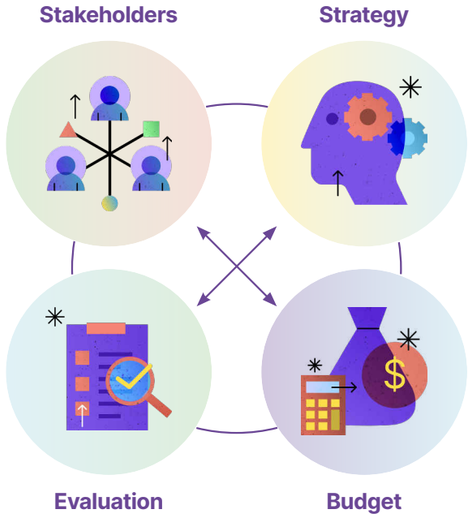
This section introduces a four-component policy framework for formulating a drug policy and its strategy. Formulating a strategy requires top-down leadership as well as stakeholder participation. This leadership may be an individual or a committee of individuals selected from the highest level of government.

Formulating a strategy also requires a well-thought-out structure to efficiently get it off the ground and move it forward. The four-component framework herein is a tool that provides the logical approach needed to organize this undertaking. The framework, which has been documented in peer-reviewed literature[1], entails a public health, community-oriented approach for drawing up effective drug strategies. Its use allows for a systematic, strategic course to be set in laying out a drug policy and its strategy.

[1]Ronald Simeone, John T. Carnevale, and Annie Millar, "A Systems Approach to Performance-Based Management: The National Drug Control Strategy," Public Administration Review 65, no. 2 (2005): 191–202.

The framework consists of four essential interrelated components that create a closed system in which a policy helps stakeholders shape strategy, identify the budget (resources) needed to implement the strategy, and evaluate and monitor (through evidence-based feedback) the policy's processes and successes (see *Figure 2*).

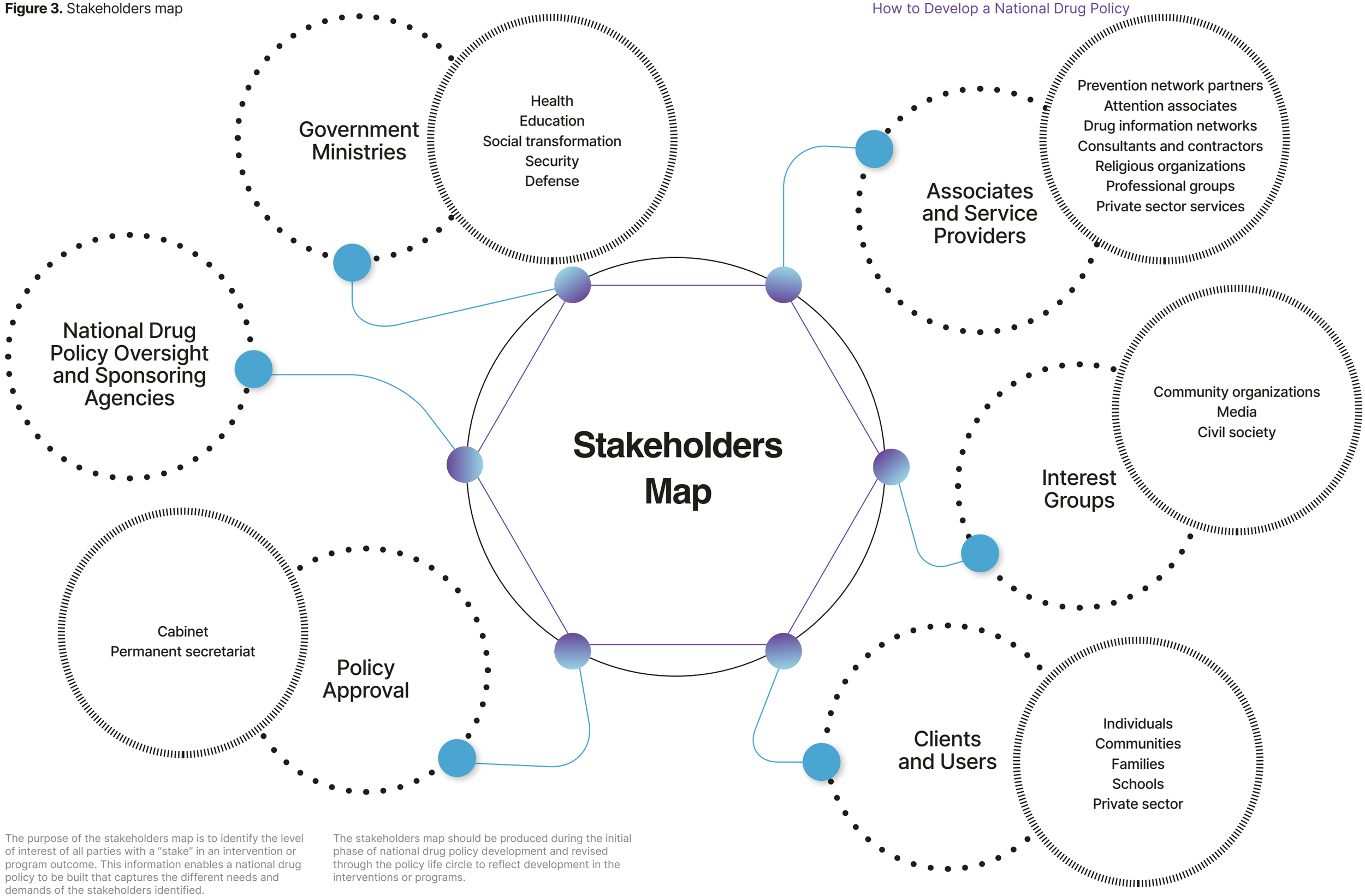
Figure 2. The four essential interrelated components of the drug policy



The double-headed arrows of the figure illustrate the interaction and dynamic relationship between the four main components used in developing a drug policy.

The box labeled **stakeholders** is the starting point. Stakeholders are the constituency that has a stake in solving a particular problem. In this case, they come together in response to the drug problem. It is of paramount importance that stakeholders represent everyone in the community who may benefit from the outcome of a successful national drug policy and who may also be change agents (e.g., government budget office representatives responsible for funding programs and operations). *Figure 3* shows those parties who frequently comprise the stakeholder group.

Figure 3. Stakeholders map



The purpose of the stakeholders map is to identify the level of interest of all parties with a "stake" in an intervention or program outcome. This information enables a national drug policy to be built that captures the different needs and demands of the stakeholders identified.

The stakeholders map should be produced during the initial phase of national drug policy development and revised through the policy life circle to reflect development in the interventions or programs.

The diagram above maps out all potential **stakeholders** that a country might consider when identifying participants to be involved in formulating a drug strategy. The list includes representatives from governmental organizations, NGOs, consumer groups, special interest groups, and those with the know-how to turn ideas into action.

What is the role of stakeholders?

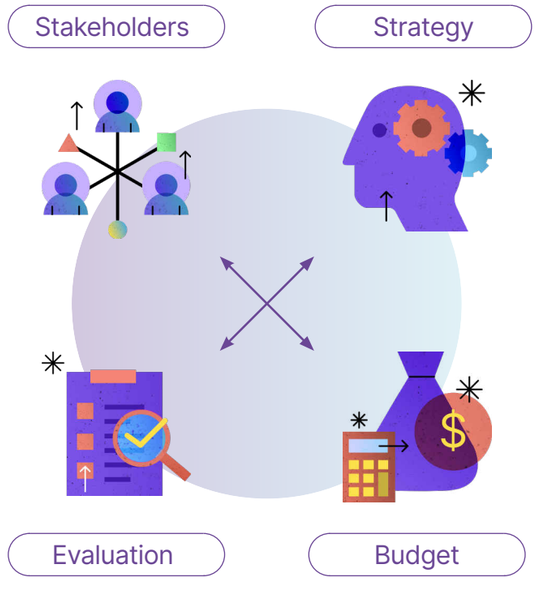
Stakeholders jointly conduct what is formally known as a situation or needs assessment (see *Chapter 2*). The assessment is a tool for identifying and coming to an agreement on a country's drug problem. Stakeholders may set priorities based on the assessment, but their most important activity is to reach a consensus on the characteristics, size, and scope of a country's drug problem. They can then turn their attention to defining a drug policy in keeping with the situation assessment. This drug policy is what sets the stage for the next phase in this strategic process: developing a national drug strategy.

Upon completion of their work, stakeholders have a collective vision of what must be done to alleviate the drug problem identified by their situation assessment. This vision, which is the basis of the national drug policy, is expressed as a national plan of action, referred to herein as the national drug strategy (see "Strategy" in *Figure 4* above). This **strategy** is the mechanism through which the goals and objectives that stakeholders have identified can be pursued. It is also an organizational tool that turns intentions into actionable items with measurable results. In sum, the national drug strategy (detailed in *Chapter 2*) emanates from the drug policy that stakeholders developed using evidence from a situation assessment.

- **Stakeholders** — Identify needs and set priorities based on the situation assessment, as well as reach a consensus on how to address the drug problem.
- **Strategy** — Sets the direction for pursuing the goals and objectives identified by stakeholders.
- **Evaluation** — Informs stakeholders of their progress in achieving the goals and objectives through research and evaluation; a feedback loop is established through performance measures.
- **Budget** — Allows resources to be used for fulfillment of the goals and objectives.

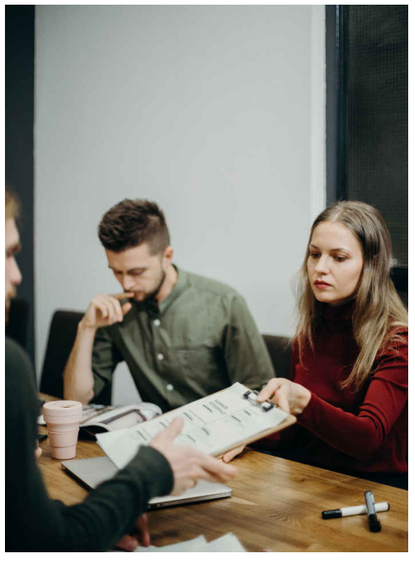
Countries generally do a good job conducting situation assessments to develop their national drug policy and supporting drug strategy, but encounter problems in the next step of the process: identifying the existing and new resources necessary to fund the interventions and programs involved in the strategy's implementation. This step usually entails identifying government resources, first and foremost, and then potential nongovernmental resources. Achieving a strategy's desired results requires resources (i.e., a **budget**). Without a proper budget, a strategy is a dead document that merely describes a drug policy based on a situation assessment; it cannot be implemented to change the drug situation. As shown in *Figure 4*, the budget falls under the strategy because, logically, resource requirements are determined after the strategy is drawn up.

Figure 4. The system approach



The strategy drives the budget, meaning stakeholders should propose a budget that fully funds the strategy's implementation. In all likelihood, not all resources will be forthcoming due to competing demands on limited resources for other societal concerns; however, knowing what is required to fund the strategy enables budget decision-makers to be fully informed of competing budget demands.

The **evaluation** is the general feedback mechanism that informs stakeholders of their progress in achieving the strategy's goals and objectives. It includes an examination of the overall strategy and plan of action's ability to accomplish the stated measurable goals and objectives. It can also include "performance evaluation," which tests the ability of the strategy to achieve the specific results (usually expressed as "performance targets") identified by the stakeholders when setting strategic goals and objectives. It may also include "intervention or program evaluation," which focuses on how each intervention or program element identified in the strategy's plan of action is contributing to the achievement of relevant performance targets. The role of evaluation is discussed further in *Chapter 5*.



Policy Approaches to Human Rights, Gender, and Public Health

In addition to a systems approach, a national drug policy should also include a human rights approach. In recent decades, countries have been encouraged to move away from divisive "drug war" rhetoric and to adopt a new paradigm to address the drug problem, which focuses on the individual instead of the substance. Modern drug policies have embraced this paradigm by including actions and interventions that respond to individual and community needs. Incorporating the cross-cutting elements of human rights, gender, and public health is fundamental in this regard.

Policymakers and managers responsible for formulating and implementing drug policies and their interventions and programs should effectively integrate these elements in all aspects of their work, from designing strategic tools and developing normative standards to shaping and delivering national and regional programs.

Ⓐ Human Rights

A drug policy with a human rights approach provides for actions and interventions that respect, protect, and promote the integrity of the person, as well as ensures health care and social welfare.

Ⓑ Gender

A drug policy with a gender perspective provides for actions and interventions that consider specific gender-based characteristics and needs in order to promote equality across all genders.

Ⓒ Public Health

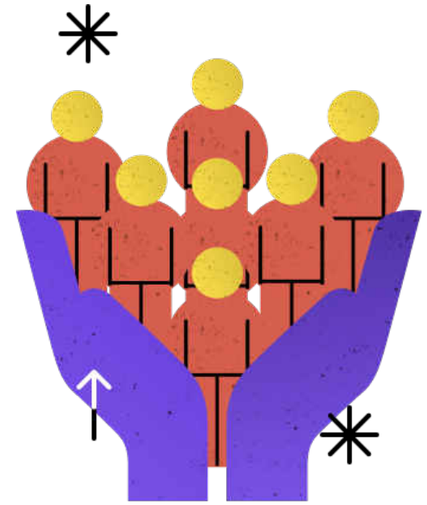
A drug policy with a public health approach provides actions and interventions that help prevent drug use and treat and rehabilitate people with substance use disorders. It also engages those who commit criminal offenses in evidence-based treatment during and following, or instead of incarceration, to prevent relapse and recidivism.

Ⓐ Human Rights Approach

Human rights intersect with a range of drug policy measures. Responses to the consequences associated with drug use and the illicit drug trade have always had human rights implications. Historically, drug policies lacking a human rights approach have systematically violated the rights of people and communities, causing damage to multiple aspects of their lives. In keeping with the tenets of the Universal Declaration of Human Rights adopted by the United Nations General Assembly in 1948, as well as other international conventions and declarations, it is imperative that drug policies ensure human dignity, equality, and nondiscrimination for individuals and communities in these areas: drug control, criminal justice, and health and social care[2].

[2] *Universal Declaration of Human Rights*, United Nations, December 10, 1948. https://www.un.org/en/about-us/universal-declaration-of-human-rights.

[3] *International Guidelines on Human Rights and Drug Policy*, United Nations, March 2019. https://www.humanrights-drugpolicy.org/.



- **Human dignity.** Every person deserves respect for who they are, not just for what they can do. Human dignity cannot be earned nor taken away; rather, it is inherent to the human condition. No drug law, policy, or practice should undermine or violate the dignity of any person.

- **Equality and nondiscrimination.** All people with substance use disorders have the right to equality and freedom from discrimination. Accordingly, they are equal before the law and are entitled to equal protection and benefit of the law, including the enjoyment of all human rights without discrimination on grounds of, inter alia, health status—which includes drug dependence.

A national drug policy with a human rights approach includes appropriate measures to prevent, identify, and remedy unjust discrimination in drug laws and in judicial and health system practices.

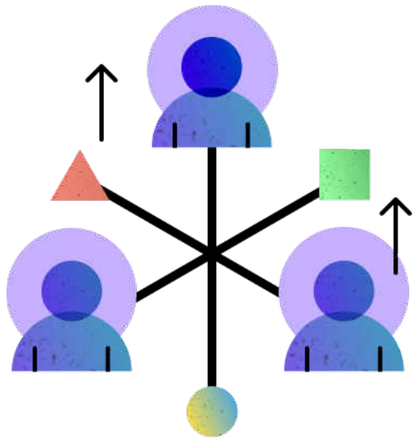
Human rights instruments and standards defined by the United Nations and other relevant organizations are available to support states in protecting and ensuring human rights in all processes and interventions. The International Guidelines on Human Rights and Drug Policy establishes the following standards[3]:

Standards	In accordance with this right, drug policy shall:
Right to the highest attainable standard of health	Take deliberate, concrete, and targeted steps to ensure that drug-related and other health care goods, services, and facilities are available on a nondiscriminatory basis in sufficient quantity; financially and geographically accessible; acceptable in the sense of being respectful of medical ethics, cultural norms, age, gender, and the communities being served; and are of good quality (that is, with a solid evidence base).
Right to benefit from scientific progress and its applications	Take legislative and other appropriate measures to ensure that scientific knowledge and technologies and their applications—including evidence-based, scientifically proven interventions to treat drug dependence, to prevent overdose, and to prevent, treat, and control HIV, hepatitis C, and other diseases—are physically available and financially accessible without discrimination.
Right to an adequate standard of living	Develop specific viable and sustainable economic alternatives for individuals and communities who are particularly vulnerable to exploitation in the illicit drug economy, and ensure that efforts to prevent or eradicate illicit drug crop cultivation do not have the effect of depriving people of their rights to a means of subsistence or to be free from hunger.
Right to social security	Take steps to establish and progressively expand comprehensive social security systems that equally guarantee legal entitlements to the aforementioned individuals and groups, while also ensuring that particularly marginalized or vulnerable groups can effectively exercise and realize these human rights on an equal basis with others.
Right to life	Take immediate action to halt executions, commute death sentences, and abolish the death penalty for drug offenses. Take measures to prevent both state-perpetrated and private violence, threats to life, and unnecessary or disproportionate use of potentially lethal force based on actual or perceived drug use or involvement in the illicit drug trade; and investigate, prosecute, and hold accountable those responsible for such acts.
Freedom from torture and other cruel, inhuman, or degrading treatment or punishment	Take effective legislative, administrative, judicial, and other measures to prohibit, prevent, and redress all acts of torture and ill-treatment in their jurisdiction and in all settings under their custody or control, including in the context of drug dependence treatment, whether administered in public or private facilities.

Standards	In accordance with this right, drug policy shall:
Freedom from arbitrary arrest and detention	Ensure that people are not detained solely on the basis of drug use or drug dependence. Ensure that pre-trial detention is never mandatory for drug-related charges and is imposed only in exceptional circumstances where such detention is deemed reasonable, necessary, and proportional.
Right to a fair trial	Guarantee to all persons accused of drug-related offenses the right to a fair and public hearing, without undue delay, by a competent, independent, and impartial tribunal established by law; and further guarantee that all such persons will be presumed innocent until proven guilty according to the law. Ensure that such persons have access to prompt and detailed information and free, good-quality legal assistance where needed.
Right to privacy	Adopt legislative, administrative, and other measures to prevent arbitrary and unlawful interference with the privacy, family life, home, and correspondence of people who use drugs. Ensure the protection of the right to privacy in relation to criminal investigations for drug-related offenses.
Freedom of thought, conscience, and religion	Utilize the available flexibilities in the UN Drug Control Conventions to decriminalize the possession, purchase, or cultivation of controlled substances for personal consumption.
Right to enjoy cultural life	Refrain from discriminatory and otherwise unnecessary or disproportionate interference with the exercise of cultural practices and with access to cultural goods and services on grounds of drug control law and policy. Foster a rich and diverse cultural life through the conservation, development, and diffusion of culture and by ensuring the participation of relevant communities in the governance of cultural heritage, including where these involve controlled plants and substances.
Freedom of opinion, expression, and information	Take all necessary legislative, administrative, and other measures to ensure full enjoyment of the rights to freedom of opinion, expression, and information about matters related to drug laws, policies, and practices, including information and opinions regarding health services for people who use drugs (such as harm reduction interventions).
Freedom of association and peaceful assembly	Take all necessary legislative, administrative, and other measures to ensure full enjoyment of the rights to freedom of association and peaceful assembly with respect to drug laws, policies, and practices.

Elements of best practices under a human right–based approach include the following:

- Human rights standards guide the formulation of goals, objectives, and indicators in the policy.
- People and communities are recognized as key actors in their own recovery, rather than passive recipients of commodities and services. Their participation is both a means and a goal.
- Programs, interventions, projects, and activities are empowering, not disempowering. The aim is to reduce disparities and empower those left behind.
- Both outcomes and processes are monitored and evaluated based on human rights indicators.
- Among other objectives, situation analysis is used to identify violations of human rights in processes and/or interventions



Ⓑ

Gender Approach

Patterns of drug use, sales, and trafficking are closely associated with gender. Research shows that across cultures, there are unique gender-based factors that contribute to the initiation of substance use and the progression to drug dependence. These factors also influence involvement in illegal activities.

It is important to note that gender differences are based on the cultural definition of men's, women's and LGBTIQ+ persons' role in society, while sex differences are based on biology. Both gender and sex differences significantly affect the health of men, women, and LGBTIQ+ persons and their relationship with drugs. Specifically, there are notable differences in their patterns of drug use, risk perception, and drug-related activities and in how they manage addiction, associated health problems, and treatment.

Women and LGBTIQ+ persons who use psychoactive substances face far more complex problems than men do. Besides important stigma consequences, some psychoactive substances have a greater physical impact on women. What is more, it is difficult for women to access specific care since they often have greater family responsibilities and less social and family support. And seeking treatment may cause women to lose custody of their children. Women also suffer greater personal devaluation, stress, and family conflicts—or even gender violence—as they frequently face misunderstanding and rejection by their closest social circle.

Because men and women experience different types of drug-related consequences, they interact with judicial and health systems at different points and rates, which impacts the trajectory of their substance use and their lives. To address the drug problem, drug policies need to account for gender differences and guarantee interventions that promote gender equality and equity. The following definitions may inform drug policies to this end:

- **Gender** is defined as a cultural, social, and historical construct that, on the biological basis of sex, determines the values that society attaches to being masculine and feminine, as well as the nature of collective subjective identities. Gender also shapes the differences in social value assigned to men and women and the balance of power between them. Gender refers to both women and men.
- **Gender equality** refers to equal consideration, value, and approval for women's and men's different behaviors, aspirations, and needs. It does not mean women and men must be the same, but rather that their rights, responsibilities, and opportunities should not depend on whether they are born male or female.
- **Gender equity** means fair treatment for women and men, according to their respective needs. It may include the same treatment or treatment that is different, but regardless, it is considered equivalent in terms of the associated rights, benefits, obligations, and opportunities.

Many interventions and programs fail to robustly address gender issues. Growing evidence indicates that understanding gender dimensions and inequalities can improve the effectiveness of drug policy measures by bringing different perspectives, experiences, and solutions to the drug problem. A gender perspective should be incorporated across the board in drug policy—in terms of both reducing drug demand and supply and enforcing the law.

Mainstreaming a gender perspective is the process of considering the implications for women and men of any planned action, including a legislation or intervention, in all areas and at all levels of policy[4]. It makes both women's and men's concerns and experiences an integral dimension of the design, implementation, and monitoring and evaluation of a policy so that women, men, and LGBTIQ+ persons benefit equally and inequality is not perpetuated.

[4] *Report of the Economic and Social Council for 1997,* 52nd United Nations General Assembly, Supplement nº3 (A/52/3/Rev.1), chapter VI, Coordination Segment, "A. Mainstreaming the gender perspective into all policies and programmes in the United Nations system," United Nations Economic and Social Council, 1999, https://digitallibrary.un.org/record/271316?ln=en

Mainstreaming a gender perspective into a drug policy includes the following actions:

- Assessing women's and men's drug patterns and their roles in the drug context, as well as their need for and access to services. Information collection and analysis are particularly effective in identifying specific needs and other gender-based issues related to the drug problem.

- Assessing the implications of any planned action for both women and men. This approach seeks to ensure that women and men benefit equally by integrating their experiences and concerns into the design, implementation, and monitoring and evaluation of the policy and its interventions. The ultimate goal is to achieve gender equality.

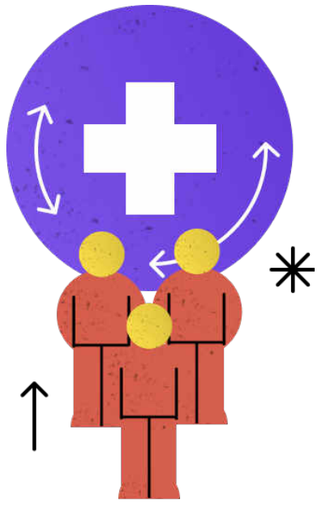
- Designing and implementing interventions and programs that consider gender differences and the specific needs of men and women and that target both common and different gender outcomes.

- Identifying gender-specific approaches in response to drug use and adapting the material and content of the programs by integrating a gender perspective throughout.

- Raising gender awareness by increasing general insight, understanding, and knowledge about gender differences, equality, and equity among professionals from all drug policy areas (demand and supply reduction).

© Public Health Approach

Drug dependence has been recognized as a chronic brain disease and a social problem that can be prevented and treated[5]. According to myriad studies, drug use leads to increases in mortality, morbidity, and violence, thereby having a significant adverse effect on public health. The public health approach to drug policy aims to improve the health, safety, and well-being of the entire population through understanding and addressing the broad individual, environmental, and societal factors that influence substance misuse/disorders and its consequences[6]. This approach also coordinates efforts across diverse stakeholders to prevent and reduce drug use.



[5]"The Science of Drug Use and Addiction: The Basics," National Institute on Drug Abuse, https://www.drugabuse.gov/publications/media-guide/science-drug-use-addiction-basics, accessed on September 27, 2020.

[6]Nora D. Volkow, Vladimir Poznyak, Shekhar Saxena, Gilberto Gerra, and the UNODC-WHO Informal International Scientific Network, "Drug Use Disorders: Impact of a Public Health Rather Than a Criminal Justice Approach," World Psychiatry 16, no. 2 (2017): 213–214.

Drug policies with a public health approach provide integrated, balanced responses to health problems related to drug use. These policies aim to:

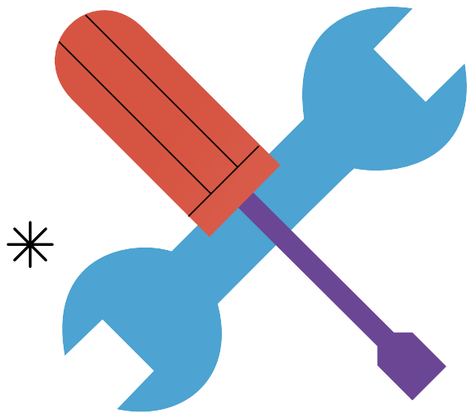
- define the problem through a systematic collection of data on the scope, characteristics, and consequences of substance abuse and identify factors that increase or decrease the risk of substance abuse and its consequences, which may be modified through interventions;

- develop and implement strategies and interventions for effective health promotion and protection, drug prevention, treatment, harm reduction, and social integration in the health system and the criminal justice system, as well as monitor and evaluate the impact of these interventions; and

- ensure that all population groups have access to adequate and efficient care, including health promotion and disease prevention.

CHAPTER 2

Developing a National Drug Policy



This chapter presents an overview of the methods, tools, and processes a country can use in preparing its national drug policy and its corresponding strategy and plan of action. The process starts with an assembled group of stakeholders conducting a situation assessment to ascertain the nature and extent of its country's drug problem. Based on the needs reflected in the situation assessment, stakeholders set priorities and then develop a strategy and a plan of action that address them.

A common occurrence after writing drug strategies is to stop the process there; however, concerted efforts need to be undertaken to determine the existing resources available to address the drug problem, as well as the additional resources needed to achieve the goals and objectives delineated in the strategy. This essential budgetary step should not get lost in the process of implementing the strategy. Finally, the stakeholders involved in the initial effort need to know how their strategy is performing and whether the interventions and programs implemented are achieving their strategic objectives. This is where policy (or performance) evaluation comes into play. Subsequent chapters provide further details about the strategy's structure and implementation.

Conducting the situation assessment is merely the first step in formulating the drug policy and its accompanying strategy. Indeed, this formulation process requires multiple steps in order to turn words into meaningful actions.

None of these steps can go forward without a body or group that is responsible for steering the process from beginning to end. Countries may create an independent agency, council, or secretary within an existing ministry, thus instituting a permanent entity that can accomplish this. Alternatively, countries may task key leaders with forming a steering committee to manage the strategic planning process through to its logical conclusion. This guide assumes that the responsible body or group is a steering committee and discusses how that committee's role comes to fruition. Creating a steering committee is perhaps the easiest option, but the same activities involved in its creation also apply to the development of a national council or an independent governing entity.

Creating a Steering Committee

A steering committee is a kind of corporate governance body, composed of representatives of key stakeholders. The committee oversees development of a drug policy based on the situation assessment, which, in turn, gives rise to a drug strategy. It likewise oversees the success of a drug policy and its performance outcomes through the development of management policies, plans of action, and approaches. Additionally, this committee acts as an advisory body to provide guidance on overcoming different issues and barriers during policy implementation. Having a steering committee increases the chances of a drug policy's success by closely aligning drug policy goals to the organizational goals of all stakeholders (government, nongovernment, and public).

Steering committee composition

Committee members are appointed by each stakeholder. The recommended size of a steering committee is seven to ten representatives. When there are more than ten members, committee deliberations can become bogged down and less productive.
It is imperative that the steering committee chair or leader have the authority to

- set clear rules and goals for the committee's work;
- manage the process of conducting a situation assessment;
- define the role of each committee member, promote constructive discussion, and seek consensus and agreement; and
- organize and prepare for meetings with all committee members.

The steering committee should meet at least four times a year; moreover, the steering committee chair should schedule special meetings when there are important issues to discuss, such as outcomes, problems, the budget, or reprogramming.

Conducting the Situation Assessment

The situation assessment is a tool for formulating drug policy and its supporting strategy. When stakeholders come together in response to a drug problem, one of their first tasks is to conduct this **situation or needs assessment**. It informs a comprehensive description of a country's drug problem, which the community of stakeholders then uses to identify priority corrective actions to reduce drug use and its damaging consequences.
The situation assessment defines the drug problem that the national drug policy and its accompanying strategy will seek to address through its goals and objectives. As the strategy unfolds, the stakeholders should revisit the situation assessment from time to time, based on performance evaluations, to determine whether the drug problem has changed and, if so, what the implications are for the country's policy.

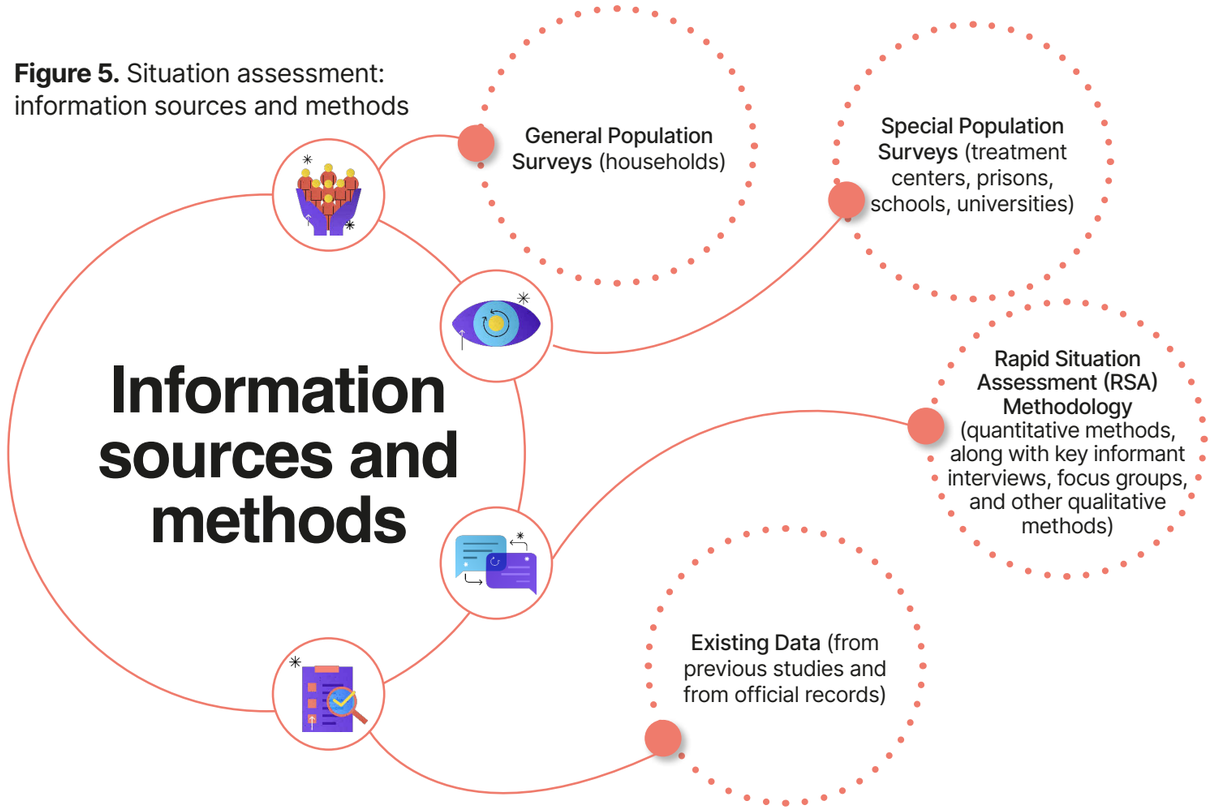
The situation assessment process is a systematic gathering and analysis of data and information about a country's drug problem. Generally, the assessment is used to identify the most serious problems stakeholders believe need to be addressed in order to manage and reduce them. It informs stakeholders of the nature and extent of the drug problem, helping them to identify both the existing problems and—when surveillance systems allow—emerging problems. The assessment should also include qualitative data from focus groups or key informant interviews (see *Figure 5*).

The situation assessment provides the information needed for a country to determine its drug policy. That policy is then used to inform the country's strategy for addressing drug production, trafficking, and consumption and their related consequences. In essence, the situation assessment is a tool used to collect and analyze relevant data on drug use or abuse (the drug problem), health- and crime-related consequences associated with drug use, and drug availability resulting from the activities of drug trafficking organizations or other drug suppliers.
Situation assessments have four objectives:

1. Assess the extent and scope of the drug problem (i.e., define the drug problem as clearly as possible).
2. Assess the extent (and if possible, the effectiveness) of the current response to the problem.
3. Perform a SWOT (strengths, weaknesses, opportunities, and threats) analysis based on the assessment findings. A SWOT analysis is a strategic planning technique to identify strengths, weaknesses, opportunities, and threats. The analysis helps a country manage all the information gleaned from the situation assessment during the process of developing its drug policy.
4. Provide broad and specific direction to help formulate the strategy's goals, objectives, and performance targets.

Figure 5 shows sources of information that typically support a situation assessment. These sources, such as population surveys, interviews, studies, and records, furnish policymakers and other stakeholders with useful information and answers to the key questions that situation assessments should address. At a minimum, stakeholders should ask the following sets of questions.

Figure 5. Situation assessment: information sources and methods



1 To analyze drug use and its consequences:

What is the extent of drug use? (e.g., prevalence, incidence, frequency of use, emerging trends)

Who are the persons involved in such use? (e.g., age and gender of users)

What is the nature of the use or abuse problem? (e.g., types of drugs being used, frequency of use, route of administration)

Why has such drug use occurred? Have there been changes in the availability or price of drugs? Have there been socioeconomic changes? (e.g., increased urbanization, unemployment, a recession)?

What are the resulting social, psychological, and health-related problems? Are they acute or chronic?

How are such consequences affecting families, workplaces, and communities?

What are the social and other factors associated with drug use?

2 To analyze drug treatment and rehabilitation services:

What is the demand for drug treatment and rehabilitation?

What kinds of drug services are offered in the country?

How many drug treatment facilities does the country have?

How many people have received drug treatment?

3 To analyze drug use and its consequences:

What is the perceived availability of selected drugs, as reported by surveys?

What are the levels of production/ cultivation of illicit drugs?

How many drug trafficking organizations are recognized and targeted by law enforcement?

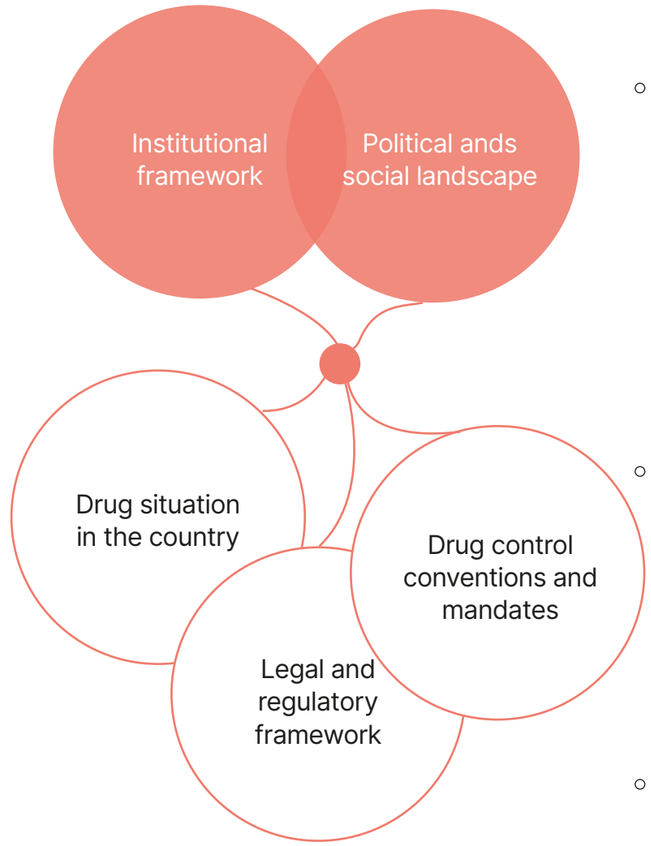
What is the level of drug-related and drug-induced crime, including violent crime?

What are the figures for arrests and for what type of drug-related crimes?

What quantity of illicit drugs is seized annually?

When conducting the situation assessment, each country should also take into account its specific institutional framework, legal and regulatory framework, conventions and mandates, and political and social context (see *Figure 6*):

Figure 6. Elements to consider for a situation assessment



- The **institutional framework** analysis involves reviewing a country's institutional capacity to address the drug problem. This includes the central government's capacity to centralize and coordinate the overall drug effort, using existing drug-related data and information systems. It also includes assessing (1) the country's ability to provide much needed services like drug treatment, prevention, and education; (2) law enforcement's capacity to address drug crime and availability; and (3) NGOs' ability to complement each of their efforts.
- The **legal and regulatory framework** analysis involves reviewing the country's legislation on illegal drugs and related problems such as corruption, organized crime, and money laundering. It also entails reviewing regulations on the importation, manufacture, and sale of legal substances such as alcohol, tobacco, and prescription drugs and of precursor chemicals used in the production of other illicit drugs, as well as regulations on the legal penalties for illicit drug possession for personal use.
- The **political and social landscape** analysis includes identifying how the drug phenomenon is viewed in the political arena. It also includes assessing whether the political/social climate is conducive to developing a national drug policy and whether there is the necessary political will to motivate policy and program managers to develop and implement a strategy for reducing drug use and its damaging consequences.
- The **drug control conventions and mandates** analysis includes identifying those currently in force (to which a country is a party or signatory). Examples of such international conventions are the Single Convention on Narcotic Drugs (1961), the Convention on Psychotropic Substances (1971), and the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988).

OAS/CICAD Hemispheric Drug Strategy and its Plan of Action on Drugs

The Inter-American Drug Abuse Control Commission (CICAD), known by its Spanish-language acronym, CICAD, of the Organization of American States (OAS) serves as a forum for OAS member states to discuss and find solutions tothe drug problem and provides them technical assistance to increase their capacity to counter the problem. The Hemispheric Drug Strategy and its corresponding Hemispheric Plan of Action on Drugs are approved by consensus.

The **OAS/CICAD Hemispheric Drug Strategy** provides OAS member states with core principles and critical elements, as well as demand and supply reduction measures to consider in the formulation and implementation of their drug policies. This strategy supports the commitments undertaken by OAS member states in the Declaration of Antigua, Guatemala, "For a comprehensive policy against the world drug problem in the Americas" (2013); the Resolution of Guatemala, "Reflections and guidelines to formulate and follow up on comprehensive policies to address the world drug problem in the Americas" (2014); and other international declarations such as the outcome document of the Special Session of the United Nations General Assembly on the World Drug Problem, "Our joint commitment effectively addressing and countering the world drug problem" (2016), the Ministerial Declaration of the 2019 Commission on Narcotic Drugs, among others.

The **Hemispheric Plan of Action on Drugs** outlines objectives and priority actions for OAS member states to consider when designing and implementing drug policies, programs, and interventions in response to their country's unique challenges. It promotes the exchange of best practices and lessons learned in the implementation of drug demand and supply reduction policies, institutional strengthening, research, and international cooperation.

Systems Approach for Drafting a Drug Strategy

The systems approach refers to the use of the four-component framework introduced in Chapter 1 for formulating drug policies and strategies. These components are **stakeholders, strategy, budget, and evaluation.** When combined, the four are mutually reinforcing and ensure a public health, community-oriented approach to drawing up an effective drug policy and its associated actions.

The systems approach begins with the situation assessment presented earlier in this chapter. This stakeholder-driven assessment gauges what is being done with respect to the drug problem and what should be done. This vision is translated into a national drug strategy, which arises from the interactions and discussions of stakeholders on policy priorities. The strategy generally expresses the policy's goals and objectives, expected results, and performance targets.

The systems approach to formulating an actionable national drug strategy accomplishes four main aims:

①	**Sets strategic direction**	Organizations can identify and respond to the most fundamental issues they face and prepare for long-term challenges.
②	**Supports an organized effort**	Organizations can select evidence-based programs and activities that directly support implementation of the strategy.
③	**Defines expected results and aids performance monitoring**	Organizations can be action-oriented by stressing the importance of developing data systems and performance evaluation plans to monitor the strategy's success in achieving results.
④	**Facilitates resource allocation**	Organizations can target activities and ensure political support and funding by taking into account the needs, concerns, and preferences of internal and external stakeholders.

The strategy may also include a discussion of a country's core values. **Core values** constitute the "ethical foundation" that underlies a national drug policy, its supporting strategy, and its corresponding plan of action, which delineates evidence-based programs and policies to be implemented to achieve success (as defined by performance targets). Core values identify a country's beliefs with respect to how best to approach the drug problem. A country that focuses above all on criminal aspects of the drug problem may express its core values in terms of suppressing drug-related crime and trafficking. A country that perceives the drug problem as a public health issue may express its core values in terms of facilitating access to public health systems and reducing the adverse consequences associated with drug use. That said, countries should define terms like "reduction of adverse consequences;" for example, the definition could expand the delivery of treatment interventions, addressing drug-related crime, reducing rates of overdoses, or other approaches. Each country must decide on its individual core values, guided by the cross-cutting elements described in *Chapter 1* (human rights, gender, and public health).

Strategic Planning Framework for Developing a Drug Strategy

Strategic planning is a process in which leaders clarify their mission and vision, define major goals and objectives, and develop a longer-term strategy for successfully moving forward. It is a disciplined effort toward taking fundamental decisions and actions that will shape and guide the "what," "why," and "how."

The process is a blend of future-oriented thinking, objective analysis, and subjective evaluation of goals and priorities to chart a path forward.

A strategic planning framework for drug strategies provides structure to the planning process. It facilitates creation of the vision, mission, goals, and objectives of a national drug policy, as well as the relationship between inputs and outcomes. It also assists with ensuring a policy's practicality when implemented.

At the outset, the successful formulation of a strategy calls for the following:

Buy-in from leadership (i.e., policymakers):

- Consistent top-down support
- An understanding that policy must drive budget formulation (stakeholders must report the cost of implementing changes to policymakers, who, in turn, must decide how much of the country's limited resources can be allocated to implementation).

A vision, a mission, and goals and objectives, in accordance with strategic planning best practices and using language that is:

- Direct and concise
- Without too many prepositions, adjectives, and adverbs
- Memorable and compelling

The **strategic planning framework** presented in *Figure 7* supports stakeholders' efforts to successfully develop a country's drug strategy. The framework, depicted in the form of a pyramid, has nine layers. A strategy's vision is at the apex of the pyramid, where stakeholders broadly set out what the strategy is to achieve based on the drug policy. At the base of the pyramid is monitoring and evaluation (see *Chapter 5*), where policy and program managers are informed through a feedback mechanism about the strategy's success in achieving its desired results (outcomes).

Figure 7. Strategic planning framework

Core values: Underline the organization's culture and drive the vision, the mission, and goal and objectives.

Vision, mission, goals, and objectives

Vision and mission statements, as well as goals, share a common element: they are short and memorable (i.e., no one should need to look them up to recall them). Objectives, on the other hand, are likely longer expressions. Furthermore, there are generally many objectives because it typically takes more than one objective to further the aims of a particular goal.

The **vision** defines a desired "end-state" that a country seeks to achieve. It may be expressed as an inspirational, perhaps unachievable, statement reflecting the ultimate desired outcome a country would someday hope to accomplish. A vision statement may be utopian and motivational; for example, it may call for a "drug-free nation." While likely unattainable, this vision serves the important purpose of providing a straightforward, conceptual image of a distant future and makes clear that a particular country's policy is based on a "no-drug-use" philosophy. The vision statement should be short—a phrase that all stakeholders can easily recall. The rule of thumb is that if stakeholders cannot remember the vision statement, the country does not have one. (This rule likewise applies to the mission and goals and objectives.)

The **mission** explains the role of an organization—such as the government agency responsible for managing a country's entire anti-drug effort—in achieving the vision for the national drug strategy. Using the example vision statement above, a corresponding mission statement might be that the organization "will work to reduce drug use and its associated consequences." As with the vision statement, the mission statement must be short and simple. All stakeholders must be able to easily recite the mission statement.

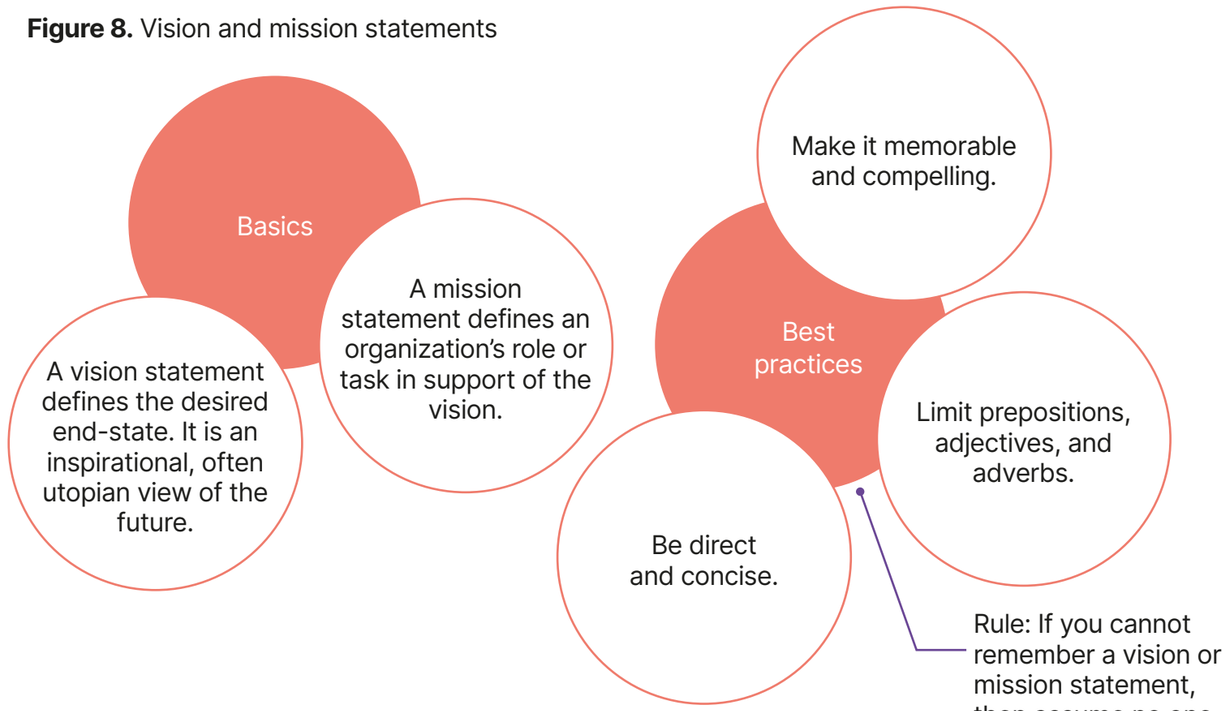
Figure 8 summarizes the basic definitions of vision and mission statements and the best practices for drafting them.

Table 1 provides examples of vision statements. The examples are succinct, to the point, and easy to remember. After the vision statement is developed, a good test of its usefulness is to have stakeholders write it down or recite it without referring to the strategy. If stakeholders cannot remember the vision statement verbatim, it should be redrafted.

Table 1. Developing the vision statement

Vision statement	○ Short and direct. ○ Explains what you are striving to achieve: ○ Ultimate end-state ○ Utopian: • Inspirational • Big picture
Examples	○ A drug-free nation. ○ Safe and thriving communities. ○ A life in the community for everyone.

Figure 8. Vision and mission statements



Here is an example of an initial vision statement that needs to be revised:

It is the vision of XYZ agency to support the nation's effort to address the drug problem through a universal behavioral health care system that reduces substance abuse by expanding access, delivering evidence-based treatment and prevention services, expanding health care capacity, simplifying billing, and educating the workforce.

On the face of it, this vision statement seems reasonable. Although it may appear overly ambitious, most vision statements are. Indeed, vision statements set the tone for a drug policy and its supporting strategy.

That said, is it concise enough? Is it to the point? Is it memorable? In other words, can you repeat it verbatim without having to look back at it? Can people recall it accurately without having to read it over repeatedly? The answer to these questions is probably not. Therefore, how could stakeholders reduce this statement to a memorable phrase that captures its intent?

- A useful rule of thumb is to find the first preposition and end the statement there. In this example, the preposition is "by." Notice that what follows are really statements that could be particular action items (simplify billing) or objectives (deliver evidence-based treatment programs). The text following the preposition explains how things are to be done (i.e., the means, not the vision). Accordingly, this text—"by expanding access, delivering evidence-based treatment and prevention services, expanding health care capacity, simplifying billing, and educating the workforce"—should be dropped.

- A second rule of thumb is to avoid naming the entity responsible for achieving the vision. Presumably, the vision statement will be in the strategy document. Thus, there is no need to repeat the name of this entity, as it is clear. Consequently, this text—"It is the vision of XYZ agency"—can be dropped as well.

- Notice also that the XYZ agency has essentially stated its mission by saying how it conducts its business. What is the XYZ agency's business? Its business is "to support the nation's effort to address the drug problem." This language is unnecessary in the vision statement although it can be used in the mission statement.

After making the above deletions, the vision statement has been shortened to the following:

Through a universal behavioral health care system that reduces substance abuse.

These are the key words at the heart of the statement. The vision should refer to the desired result or outcome, comparable to the examples in Table 1. The desired outcome in this example is universal (for all citizens) health care—namely, behavioral health care that covers treatment, prevention, and co-occurring problems (substance abuse and mental health problems). The phrase about reducing substance abuse is implied. Could the example vision statement be shortened even further? How about "behavioral health care for all"? (The words "for all" replace the word "universal.") To be sure, there are other options, but no one would have trouble remembering this short statement.

The same approach can be applied to drafting a mission statement. *Table 2* includes some example mission statements. Notice that unlike vision statements, mission statements may start with a preposition, but none are used elsewhere in the statement. A verb is also a good starting word for mission statements. Like in vision statements, the name of the organization is absent. The mission statements shown below are short and memorable and give the reader an understanding of what the XYZ entity will do to achieve the vision statement. In sum, the vision statement says what the strategy intends to achieve, whereas the mission statement indicates what the entity responsible for the strategy intends to do to achieve this vision.

Table 2. Developing the mission statement

Mission statement	○ Short and direct. ○ Defines how the organization will work to achieve its vision. ○ Provides a sense of purpose. ○ Is easy to remember.
Examples	○ Reduce drug use and its damaging consequences. ○ Reduce crime and revitalize communities. ○ Keep the country safe from threats posed by alcohol and the misuse and abuse of other drugs.

The **goals** define the major directives in support of the mission and explain how the mission will be broadly implemented. Goals generally reflect the major areas of a national drug policy, including but not limited to measures related to demand reduction (e.g., prevention, treatment, and recovery support) and supply reduction (e.g., law enforcement and drug interdiction). As a whole, the goals define the drug strategy's overall focus in accomplishing the mission. It is highly recommended that the number of goals be limited. Successful strategies typically have only one or two broad goals that correspond to the major policy areas. Having too many goals may doom a strategy to failure. Based on the goals laid out, specific objectives are defined.

Starting a goal with a verb works well. For instance, imagine that a country wishes to expand access to treatment to meet all types of treatment demand. The goal could be "increase access to treatment to serve the needs of all citizens with substance abuse disorders." Arguably, the phrase "with substance abuse disorders" could be struck since the strategy is about reducing the drug problem; however, there is more leeway when drafting the goals or objectives.

Objectives set out major "lines of action" to achieve each goal. They must be specific, clearly defined, concise statements about the aim of a particular goal and what actions a country will take to achieve it. Each goal will likely have many supporting objectives. Using the example treatment goal, an objective might be to broaden outreach to individuals with substance abuse problems in order to expand access to treatment. Another objective might be to expand treatment to individuals in jails or prison. Finally, there might be an objective to expand the use of medications for treatment. In short, there are myriad ways to expand access to treatment, and a drug strategy must determine what its specific objectives will be to achieve this goal or others.

Objectives are formulated in accordance with the OAS/CICAD Hemispheric Plan of Action on Drugs , which has priority objectives and actions organized under five pillars. OAS member states, according to their own contexts and challenges, may take these into account when formulating and implementing national drug policies.

Five pillars

1. **Institutional strengthening.**
2. **Measures of prevention, treatment, and recovery support.**
3. **Measures to control and counter the illicit cultivation, production, trafficking, and distribution of drugs, and to address their causes and consequences.**
4. **Research, information, monitoring, and evaluation.**
5. **International cooperation.**

For example, if a goal is to increase access to treatment, one objective might be to introduce a treatment voucher program whereby problem drug users have the resources to pay for treatment services. A second objective might be to provide treatment support services (e.g., transportation, or childcare, etc.). A third objective might be to develop a central intake program to assess and place individuals in treatment. If another goal is to reduce recidivism, an objective might be to expand the use of evidence-based diversion programs such as drug courts. Remember to use as many objectives as needed to support each goal. Likewise remember that the objectives should explain what the goal seeks to do and how the goal is to be accomplished. At this point, the strategy provides for the precise details of how the vision, mission, and goals will be achieved.

Figure 9 shows an example of a completed strategic planning framework. It is merely illustrative, as each country would fill in the framework template with its pertinent data when formulating its specific strategy. Notice that—moving from the top of framework to the bottom—each layer supports the previous one by explaining how the strategy will work.

The vision statement below reads, "A drug-free nation." The entity in charge of managing the drug problem, as expressed in its mission statement, intends to reduce drug use and its consequences in order to achieve this vision. What does the entity plan to do to accomplish its stated mission? The entity has two goals. How are the goals to be achieved? Several specific objectives have been established to reach the goals.

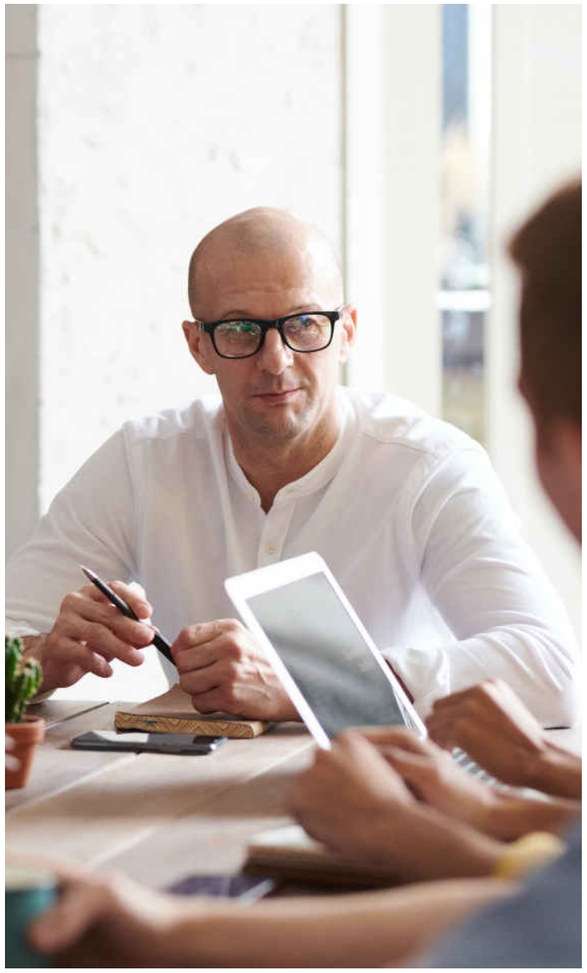


Figure 9. Example of a strategic planning framework

Vision

A drug-free nation

Mission

Reduce drug use and its damaging consequences

Goals

Goal 1

Improve the physical and mental health and well-being of citizens through the delivery of systemic multidisciplinary approaches to drug prevention, treatment, rehabilitation, and social integration.

Objectives:

1.1 Develop and strengthen situational assessments to identify the specific needs, risks, and protective factors related to each target population of drug use prevention programs.

1.2 Define and implement evidence-based programs in the areas of early intervention, treatment, and social integration.

1.3 Design and implement cooperation mechanisms with social and community actors that provide social and community support services.

1.4 Establish supervisory mechanisms to ensure that prevention programs and public and private treatment services meet the standards of international quality criteria recognized by the member states.

Goal 2

Prevent, disrupt, or otherwise reduce the illicit production, trafficking, and distribution of plant-based and synthetic illicit drugs.

Objectives:

2.1 Define and implement coordinated actions between national and regional entities to dismantle organized criminal groups involved in drug trafficking and related crimes.

2.2 Improve domestic capabilities to detect and analyze new psychoactive substances by making resources and tools available for those responsible in this area.

2.3 Strengthen the existing international control system to prevent the diversion of controlled chemical substances, pharmaceutical products, and precursors used in the illicit manufacturing of drugs, particularly interdiction measures to counter the trafficking of chemical substances.

Goal 3

Strengthen the formulation, implementation, monitoring, and evaluation of the national drug policy, providing the necessary capabilities, resources, and competencies to coordinate these processes.

Objectives:

3.1 Design or optimize mechanisms to facilitate effective coordination and collaboration among government institutions for the formulation, implementation, monitoring, evaluation, and updating of evidence-based interventions and programs.

3.2 Integrate human rights, gender, and public health approaches, particularly with respect to at-risk populations, in the process of formulating, implementing, and updating national drug policy[7].

[...]

[7]At-risk populations may include women, children, adolescents, LGBTIQ+ persons, people who use drugs, prison populations, Indigenous groups, migrants, homeless individuals, and other socially disadvantaged groups.

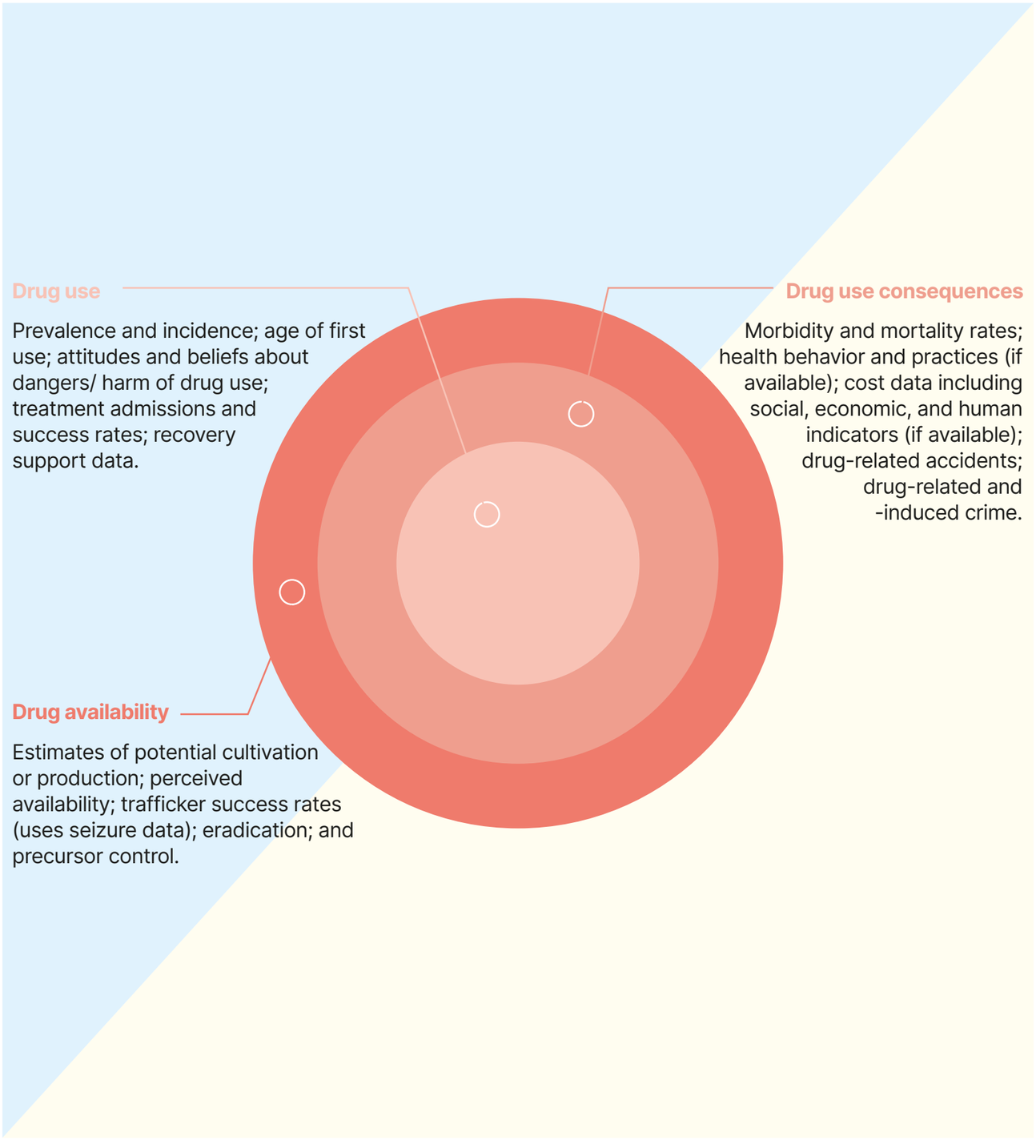
Performance targets (expected results)

These are desired, measurable (i.e., there are data are available) results against which actual performance can be compared. A national drug strategy should have desired performance targets or milestones for each objective that furthers its goals. The practice of setting targets makes a policy statement about how far the national drug strategy and corresponding plan of action seek to go in achieving policy results.

How does a country know that the goals it has set out have been achieved? The answer is provided through the use of performance targets. Performance targets define desired, measurable end-states/results against which to compare actual performance. A national drug strategy should specify appropriate milestones or performance targets that support its goals, which, in turn, buttress the strategy's mission and vision. Indeed, the targets set indicate how far the national drug strategy and plan of action seek to go in achieving results, both in terms of policy and program outcomes (see *Figure 10*).

The process of developing a performance target begins with a benchmark that stakeholders define when they meet to conduct the situation assessment. The target is generally time sensitive in that it establishes a "marker" against which to measure progress at some point in the future. Additionally, the target is specific in that it sets a numeric milestone relative to the benchmark the stakeholders identify. Stakeholders may find that the treatment system has the capacity to treat 10% of the drug-addicted population at any given time. They may set a target of increasing this capacity to 20% within five years. The level of detail prescribed by a target varies, depending on a country's ability to document the information required for the target. Where surveys are done infrequently or do not provide representative estimates for the population or activity covered by the target, a country can at the very least discuss the direction it would like to go in over the life of the strategy. For example, if marijuana use is increasing, a target that seeks to stop this upward consumption trend or reverse it entirely is perfectly acceptable.

Figure 10. Categories of outcomes of a national drug policy



Stretch targets

Stretch targets fall into a category of their own. A stretch target, as its name indicates, is one that is intentionally set too high (or too low). In some cases, stretch targets are used to make a political statement or to express the seriousness with which member states' leaders take a problem. An example of a stretch target could be cutting drug use in half in five years, which may well be viewed as impossible and too ambitious.

Indeed, the problem with setting stretch targets is that they potentially doom national drug strategies and plans of action to failure, when viewed through the lens of a performance evaluation. However, at the same time, these targets clearly demonstrate a strong and serious political commitment to solve the drug problem. ES-CICAD recommends against using stretch targets but also recognizes that leadership may sometimes find them useful for the reasons noted above.

Performance measures

All targets should be measurable. To gauge progress in achieving the targets set, data, variables, and events, known as performance measures, are used. These measures inform stakeholders whether the targets are actually being met. Performance measures take on many forms: inputs, outputs, outcomes, and impacts, as well as milestones that stakeholders consider critical to a national drug strategy (e.g., the development of a national drug use prevalence survey).

Stakeholders should identify performance measures only after the targets are established. In other words, the availability of data should not be the determinant of targets; setting targets is a policy/program-driven process. In some cases, performance measures may not yet exist (e.g., a drug use survey) and will need to be developed subsequently. This issue should be addressed by the stakeholders responsible for identifying or proposing resources to support the national drug strategy as well as the specific activities required to conduct performance measurements, such as the development of data systems.

Evidence-based programs and practices

This guide frequently refers to evidence-based programs or practices. These are interventions that, in keeping with a preponderance of research-based scientific and/or empirical evidence agreed upon by subject-matter experts, are effective and consistently produce positive patterns of results. In other words, most evidence supports the program's or practice's effectiveness. In general terms, evidence-based programs and practices that have shown the greatest levels of effectiveness are those that have established generalizability (i.e., they can be replicated in different settings and with different populations over time) according to research studies. The implementation of proven, well-researched programs is rapidly becoming a standard requirement to receive limited available public funding. Evidence-based programs and practices, if implemented as intended, should lead to the desired results agreed upon by stakeholders.

Stakeholders in charge of drug strategy oversight also require a feedback mechanism to inform them of the overall strategy's success in achieving performance targets. They also need to know what has gone awry when the performance targets are not attained.

Budget/resources

Some existing programs within a drug strategy may already receive funding as part of a different public policy (e.g., an education-focused policy that also works on campaigns to prevent drug use among youth). Others may be deemed as ineffective and, as a result, should be dropped. New programs will require funding from the government or an external source. In any event, a national drug strategy can act as a map in helping policy and program managers determine funding needs related to the successful implementation of a strategy.

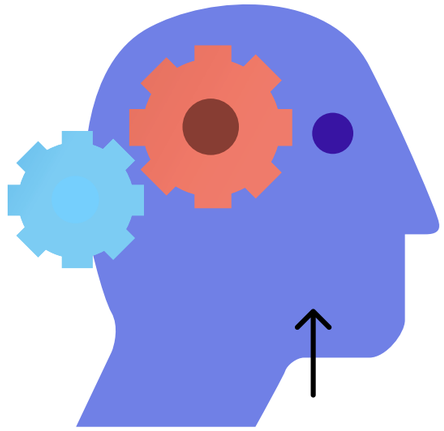
Monitoring and evaluation

Monitoring and evaluation is a process that provides feedback on the progress or efficacy of a national drug strategy, program, or intervention, based on a list of predetermined performance targets and metrics (see *Chapter 5*). To ensure successful implementation of a national drug strategy, it is essential that a performance evaluation system be established to monitor its progress. This progress is measured in relation to a set of performance targets. In general, there are two different basic types of performance evaluations. The first evaluation focuses on the efficacy of the national drug strategy and its interventions. In other words, this evaluation seeks to monitor the national drug strategy's overall success in achieving its goals and objectives as set out by its performance targets. The second type of evaluation focuses on the impacts or outcomes of a program or intervention within a national drug strategy once its activities have been finalized. While the strategy may lead to the design and implementation of an evidence-based program to address a specific need identified by policymakers (e.g., reducing addiction among youth), this program may prove to be ineffective for a host of reasons (e.g., poor management or failure to adapt the program to reflect culturally sensitive matters). As such, a poor-performing program may be the reason why a performance target is missed. Therefore, it is important to monitor both the efficacy of the overall national drug strategy as well as the effectiveness of each individual program implemented under a strategy's corresponding plan of action.

Once the strategy or the strategic planning framework is done, the next step is to define the specific actions and resources needed to implement the strategy. Logic models can be useful in this regard. Generally, these models should be understood as simple "road maps" that provide direction in the form of actionable steps or processes used to achieve specified results.

CHAPTER 3

Logic Models



Planning a course of action, such as managing a program or intervention or charting a course for a specific policy, generally requires some sort of logic model. A logic model is basically a graphic depiction of a program, showing what the program will do, how it will do it, and what it expects to accomplish[8]. Logic models may be thought of as step-by-step guides that describe the theory behind why a program should work when implemented as designed.

The development of a logic model begins with three simple questions:

- What are we seeking to achieve?
- Why do we want to achieve this?
- How do we want to achieve this?

Logic models have largely been used in program and intervention evaluations to assess what should have happened and what did or did not occur as intended. The models start with an evaluation of program or intervention inputs, work their way through all processes, and conclude with a desired end-state, which could be an output or an outcome. Evaluation specialists, with input from policy/planning staff and program managers, usually undertake these modeling efforts in order to develop research or analytical protocols for assessing program success or failure. Logic models are now used more as organizational and program tools in an effort to identify critical or core processes that create desirable outcomes. These efforts are generally carried out by headquarters staff, stakeholders, and sometimes training and technical assistance specialists.

For the purposes of this guide, logic models should be understood as road maps that provide direction in the form of action steps or processes used to achieve specified results. They are word or pictorial depictions of real-life events/processes that show the underlying assumptions or basis upon which undertaking one activity is expected to lead to the occurrence of another activity or event. When developing a logic model, it helps to think first about what the expected result is and then work backward to determine the logical steps (i.e., actions or processes) that will give rise to that result. **In other words, logic models show causal (if-then) relationships and the connections between them—a systems approach to devising a path that leads to a desired reality.**

[8] Annie Millar, Ronald Simeone, and John Carnevale, "Logic Models: A Systems Tool for Performance Measurement," *Evaluation and Planning* 24, no. 1 (2001): 73–81.

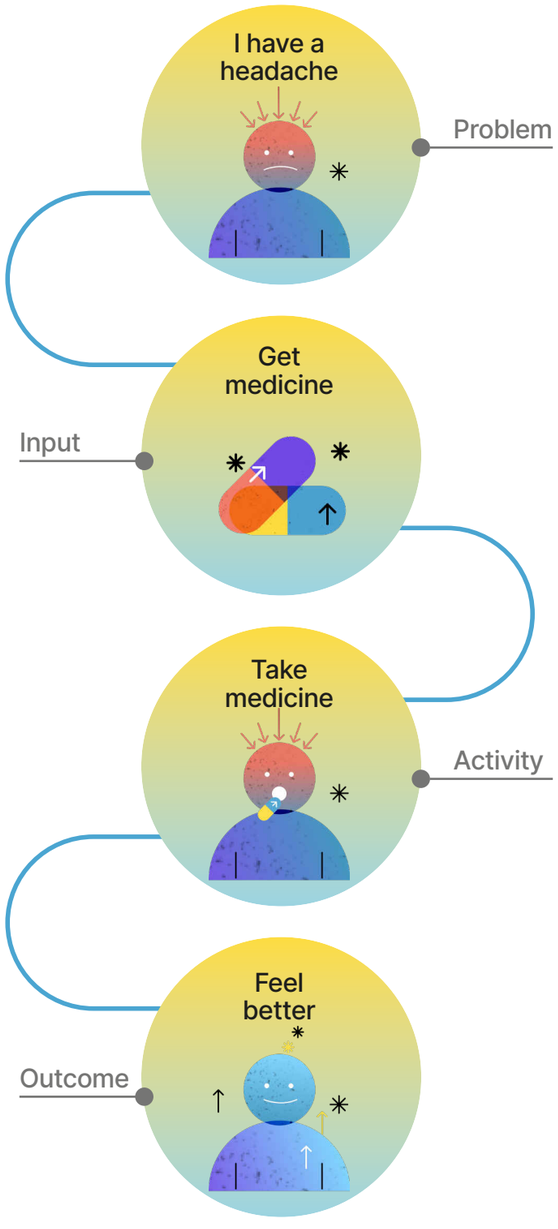
Developing Logic Models

Logic models are useful for the myriad stages of the policy development process, including program design and improvements, strategic and operational planning, and monitoring and evaluation. The strategic framework discussed in *Chapter 2*, for example, is a logic model that shows the causal linkages among four key elements of a strategy: the vision, mission, goals, and objectives. The objectives explain logically how a goal is to be accomplished; each goal explains how an entity is to achieve its mission; and an entity's mission explains how it is to realize its vision.

All logic models begin with a specific problem that stakeholders have deemed a priority based on their situation assessment. **The logic model explains how this problem is to be solved.** The basic elements of a logic model include a problem statement, as well as inputs, activities, and outcomes.

Figure 11 shows a straightforward example of a logic model. The problem addressed here is how to relieve a headache. The easiest way to develop a logic model is to first state the desired outcome and then work backward to the inputs. This way, stakeholders can reflect on what needs to be done rather than on what is being done—which can occur if the inputs are the starting point. In the example provided, the desired outcome is to "feel better." With this in mind, the challenge is to identify the best way (i.e., based on available evidence) to relieve a headache. Here, the solution requires that the individual take medicine. Therefore, getting medicine is the input.

Figure 11. The basic elements of a logic model



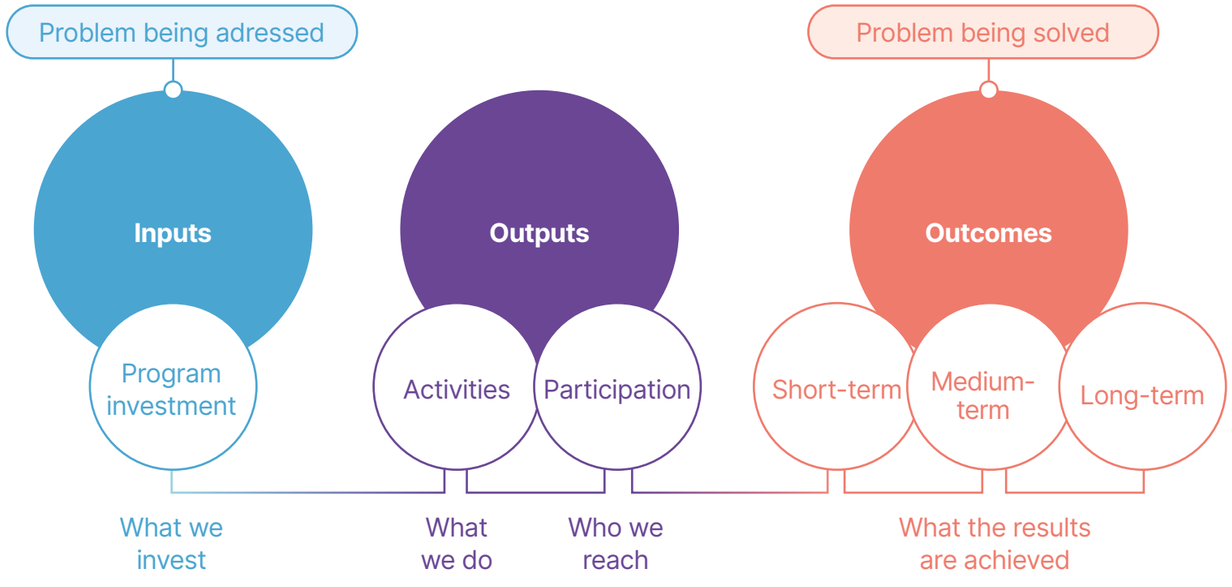
Practical Logic Models to Implement Programs and Interventions

Logic models represent the logic underlying a program or intervention's design, indicating how different elements are expected to interact, the goods or services they produce, and how they achieve the desired results. **Logic models are thus a tool for planning, describing, managing, communicating, and evaluating a program or interventions**. They graphically represent the relationships between a program's activities and its intended effects, they state the assumptions that underlie the expectations of why a program will work, and they frame the context in which the program operates.

Figure 12 depicts a more detailed rendering of a logic model. To the left is the core of the logic model, defined as the problem statement, inputs, goals, and objectives. In the middle are the products resulting from the core—in this case, the activities undertaken to accomplish the results. Finally, on the right are the results, which obviously are the solutions to the problem set out in the core. In the process of solving the problem (i.e., achieving the results), the program's deliverables, processes, and outcomes must be measurable via performance measures.

Figure 12. Logic model

Logical chain for connections showing what a program is to accomplish (i.e, it shows how an identified problem will be solved



The general approach applied to develop a logic model is to define the basic elements of a solution, starting with answering these simple questions:

- What problem or issue exists that demands a programmatic response?
- Why does the problem or issue exist?
- For whom does it exist?
- Who has a stake in seeing the problem solved?
- What can be changed that will make an impact on the situation?

This planning step has to be formulated based on the situation/needs assessment conducted previously (see *Chapter 2*). After defining the problem, an evidence-based solution is formulated to address it. To use the logic model most effectively in planning appropriate activities or actions, the following questions should be addressed:

- Which actions or activities have the greatest demonstrated impact?
- Is there sufficient evidence that these actions or activities are robust enough to markedly effect change?
- What is the feasibility of the proposed actions and activities? Namely:
  - Are they culturally feasible given the values and the social and cultural context of the community?
  - Are they politically feasible given the existing power structure?
  - Are they administratively feasible given the existing structure of relevant organizations?
  - Are they technically feasible given the staff capabilities and program resources?

Logic models can be read from left to right or from right to left. The left to right option shows what inputs are needed to address a problem, the processes that occur in using the inputs, and what outcomes are expected. Starting with the inputs may potentially foster a defense of the status quo. To promote reinvention and out-of-the-box thinking, reversing the order is helpful, thereby focusing attention on the end result to be achieved.

A Logic Model Framework

The logic model framework shown in *Table 3* is to be used in practice. The framework is structured such that the goal being addressed is stated at the top (e.g., "Prevention"), followed by a particular objective considered decisive for achieving that goal.

As noted earlier, a particular goal may have numerous objectives and each one will have its own logic model. Indeed, each objective is trying to solve a specific problem. Stating the objective keeps the focus on developing the logic model. As a general rule, the problem to be solved should be stated as a medium- or long-term outcome on the right of the template. For example, if the problem is to raise awareness about the dangers of marijuana use on the developing brain, an outcome could be "youth gain knowledge about the dangers of marijuana use."

In the model framework, the **inputs** include staff, volunteers, research, materials, equipment, special technology or software, partners, policies, laws, or regulations. Inputs, if thought of in economic terms, are factors of production (i.e., they give rise to processes or activities—which lead to outputs or outcomes).

The **activities** are the direct result of the actions associated with the inputs. Each activity will be a step that must occur to achieve the objective in the plan of action (see *Chapter 4*).

Table 3. Logic model template

Inputs	What do you have and what do you need?
Activities	What happens in our organization
Outputs	What are the tangible products of our activities?
Outcomes	Short-term What changes do we expect to occur within the short term?
	Medium-term What changes do we want to see occur after that?
	Long-term What changes do we hope to see over time?

To give a real-life example of the relationship between activities, inputs, and objectives, suppose the objective is to increase border security by detecting illegal drugs at the border and hindering their entry. One input could be canines trained to detect marijuana. And one activity associated with the input is that the dogs are put to work at ports of entry to sniff cargo and people entering the country.

What are the results of this activity? **Outputs** are the immediate results of activities conducted by stakeholders. In other words, they may be thought of as those results directly obtained by the activity. To use the example above, one output of placing drug-sniffing dogs at ports of entry would be the detection of illegal drugs.

Thanks to this detection, illegal drugs would be seized and the supply of illegal drugs entering the nation would decrease. Thus, the immediate-term output (detection) leads to short-term and medium-term outcomes (drug seizure and decreased drug supply, respectively). In the longer term, this detection would impact drug traffickers, who would experience less success at providing illegal drugs to the market. Note that the logic model provides for **these three types of outcomes: short-, medium-, and long-term**. The model facilitates the achievement of a continuum or chain of outcomes that have a short- to long-term impact.

As shown in *Table 4*, short-term outcomes refer to "learning something": changes in awareness knowledge, skills, attitudes, opinions, aspirations, motivations, or intent. Medium-term outcomes are about "actions taken": changes in behavior or decision-making, policies, and social action. Long-term outcomes are "acquired conditions": changes in social, economic, civic, or environmental conditions (e.g., increased community safety). When looking ahead from short-term outcomes toward medium- or long-term outcomes, a good approach is to ask, "So, what now"? In the above example, drugs were seized. So, what now? The answer could be that fewer drugs entered the nation or that traffickers were arrested. Longer term, this means fewer drugs on the street, which could hinder individuals from accessing drugs. In getting to the long-term outcome, this question of "so, what now?" leads us to the end result associated with the goal or solution to the problem posed.

A note of caution, however, is warranted when picking outcomes that might be affected by external factors. In the example used, one could argue that a drop in the illegal supply of drugs would cause prices to rise and demand to decrease. But this would only happen if demand by users remains constant. If not, prices could fall with decreases in demand. Another expected outcome in this example would be an increase in arrests. But this would only happen if the level of enforcement remains unchanged. Arrests are a function of the level of enforcement; therefore, all else being equal, where enforcement declines, arrests decline, and vice-versa. In the example, specially trained canines may result in increased arrests of traffickers; yet, if enforcement rolls back other border control efforts, arrests may in fact decline, thereby contradicting expectations.

External factors that may hinder the logic model's success can be made explicit in the framework. There are optional boxes in the template to list data sources, external factors, underlying assumptions, and what is referred to as the theory of change (see below and Table 6). While these boxes may be helpful, the model will work just as well without them.

Table 4. Summary of the terminology of a logic model

Inputs	Activities	Outputs	Outcomes		
			Short-Term "Learning"	Medium-Term "Action"	Long-Term "Conditions"
Trainers Equipment Facility Research Training Curriculum Others...	Train, teach, educate Develop, implement, or evaluate Network with others Build partnerships Facilitate access Work with the media Others...	Training delivered Meeting held Study, research, or evaluation conducted Program or intervention developed/ implemented Participants selected Staff hired Agreement signed Report published Others...	Changes in: Awareness Knowledge Attitudes Skills Opinions Aspirations Motivation Behavioral intent	Changes in: Behavior Decision-making Policies Social action	Changes in: Social (well-being) Health Economic status Civic engagement Environmental status

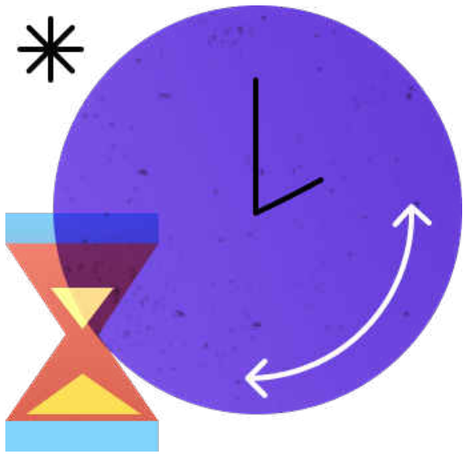
Theory of Change

A theory of change is what links program components together. Generally research-based, it describes the chain of evidence: how and why a specific intervention, activity, or practice that can be tested will work. It is very helpful to outline the theory of change, or set of causal relationships, when beginning to articulate a logic model. Doing so will help clearly define the actual activities and work products, as well as help achieve the measurable outcomes desired. Additionally, when reviewing the preconditions for achieving program goals, the assumptions (how and why) that connect the different levels of the theory of change should be identified.

Consider the following factors when developing a theory of change:

Changes:	what needs to occur in order to move from the problem that currently exists to the achievement of program objectives.
Hypotheses:	blanket statements about how change will take place to solve the problem. These can be written as "If___, then___ because ___" statements in order to link existing conditions to desired changes.
Source/Evidence:	any source or evidence that supports these theories. This could include the findings of research, including previous program evaluations; anecdotal evidence gained through discussions with stakeholders; or input from program beneficiaries or participants.

Examining these factors allows the program team to summarize why the changes described and predicted are expected to take place, based on available evidence and the consideration of other possible paths. Both the logic model and the theory of change should be reviewed periodically to determine whether they should be modified as new information becomes available.



The theory of change should be evidence-based, meaning it has been proven to be successful through research and it consistently produces positive patterns of results. The evidence of effectiveness required for highly discrete interventions is different from that required for program selection. The evidence for a complex, interactive, and evolving community-based program, in order to be credible and persuasive, should[9]:

- have a basis in strong theory that has validated evidence;
- have an accumulation of empirical evidence showing effectiveness in similar or related efforts;
- enjoy consensus among informed experts based on a combination of theory, research, and practical experience; and
- show demonstrated positive results in evidence-based programs replicated across different settings.

Some programs and interventions have not yet risen to the level of evidence-based but are considered best and promising practices (or simply promising practices). These programs and interventions have demonstrated positive impacts but have generally not been replicated across multiple settings. When choosing promising practices, consider the setting and target group in which the promising practice was implemented and how it compares to your setting and target group.

[9]Lawrence W. Sherman, Denise C. Gottfredson, Doris L. MacKenzie, John Eck, Peter Reuter, and Shawn D. Bushway, "Preventing Crime: What Works, What Doesn't, What's Promising," National Institute of Justice, July 1998, https://www.ojp.gov/pdffiles/171676.pdf.

In practice, most stakeholders rely on at least one of the three following approaches to select an evidence-based or best and promising program:

- The program appears on some officially approved list.
- The program was published in a peer review journal.
- The program follows other meaningful criteria, such as being based on widely recognized theoretical principles (e.g., they are in keeping with the National Institute on Drug Abuse's Principles of Prevention)

Logic Model Examples

Table 5 shows a complete example that may serve as a guide in developing a logic model or in providing training on the topic. (See the appendix of this guide for additional logic model examples.)

The first consideration for a logic model should be the goal. In this example below, the goal is to "improve stakeholder ability to develop a balanced national drug strategy." One objective for accomplishing this goal is to "train stakeholders on how to develop and use logic models in order to structure and guide actions for furthering the strategy's success."

Table 5 then includes the expectations and process of a technical training session on developing logic models. The model was built from left to right, but there are advantages to doing so from right to left, as explained later in this section.

As mentioned previously, the model can also be built from right to left. The processes for identifying the goal and objective are the same, but building the logic model's other components is done in reverse order (right to left). In this case, instead of asking, "So, what now?," it is useful to ask, "How do we accomplish this?"

Table 5. Example of building a logic model

Goal: Improve stakeholder ability to develop a balanced national drug strategy.
Objective: Train stakeholders on how to develop and use logic models in order to structure and guide actions for furthering the strategy's success.

Inputs	Activities	Outputs	Outcomes		
			Short-Term "Learning"	Medium-Term "Action"	Long-Term "Conditions"
•Trainers •Equipment •Facility •Training •Curriculum	•Hire experienced trainers. •Select policymakers and other professionals who are responsible for the drug strategy to participate in the training. •Locate the proper space to conduct the training. •Develop training materials and a training program.	•Trainers identified. •Participants selected. •Meeting room at the headquarters office identified. •Training developed. •Activities and exercises delivered.	•Increased knowledge of logic models. •Increased confidence in using logic models. •Increased ability to create logic models. •Shared common understanding of logic models.	•Creation of meaningful logic models. •Use of logic models in the implementation of the national plan of action.	•Development of a balanced, comprehensive national drug policy. •Use of the national plan of action to drive resources and decisions. •Use of performance metrics to track the plan's progress.

The model development process continuously raises this question. The problem statement informs the long-term outcome, which informs the short and medium-term outcomes, and so forth. The following questions can serve as a guide through the logic model, from **right to left:**

Development of a national drug strategy (long-term outcome)

- How to we achieve this? – Through the drafting of a robust logic model (medium-term outcome).
- How do we accomplish this? — Stakeholders are trained in and fully understand how to develop logic models (short-term outcome).
- How does that happen? —A three-day training on logic models is delivered (output).
- How is this output achieved? —Through the organizing of the training (activities).
- What is needed to produce this activity? – Training materials, venue, trainers (inputs).

Table 6 presents a different example of a logic model to illustrate how the template can be tailored to a country's capacity and needs. This example states the goal, which is to "reduce substance dependence among offenders who are in a residential facility," in addition to one objective to help achieve this goal. (Remember, a goal may have more than one objective.) To achieve our particular objective of providing all offenders diagnosed with a substance use disorder with treatment services while incarcerated, the model includes a list of required inputs, activities, outputs, and desired or expected outcomes.

Table 6. Logic model example

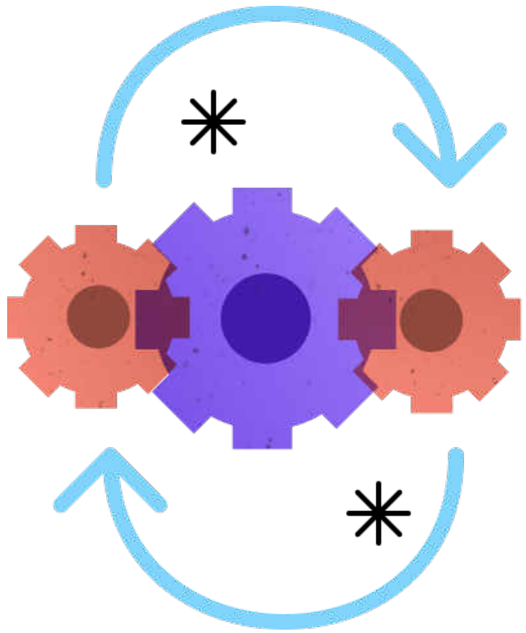
Goal: Reduce substance dependence among offenders who are in a residential facility.

Objective: Provide all offenders diagnosed with a substance use disorder with treatment services while incarcerated.

Inputs	Activities	Outputs	Outcomes		
			Short-Term "Learning"	Medium-Term "Action"	Long-Term "Conditions"
•Correctional staff •Treatment program staff • Treatment program (menu of services) • Medical officer • Valid risk/needs assessment instrument • Dedicated space for the therapeutic community • Institutional advisory board	•Develop a therapeutic community environment for substance abuse treatment. •Identify offenders in need of treatment using risk/need assessment tools. •Develop a treatment plan that is responsive to the risk/needs of the individual to include the possibility of medication-assisted treatment. •Identify recovery/ peer coaches. •Provide treatment services identified through a risk needs assessment. •Coordinate with community-based aftercare services for the integration of offenders.	•Number of participants enrolled/admitted. •Number of participants with individualized treatment plans. •Risk/need level of participants. •Time in program for each participant. •Number of participants that drop out.	•Percent of participants terminated from the program for noncompliance. •Percent of "dirty" drug tests. •Percent of participants with program violations. •Percent of participants who remain in the program.	•Percent of participants that complete the program. •Average time in the program. •Number of participants in reentry programs linked to community services. •Percent of participants rearrested within one year.	•Percent of participants rearrested within three years. •Percent of former participants that remain drug free after one year. •Percent of former participants that report positive changes in social functioning.
Data		**Theory of change**			
•Capacity of program. •Number of staff by type. •Ratio of staff to offenders.	•Number of days of inpatient/outpatient services provided. •Type of assessment tools used.	If correctional institutions identify the needs of inmates with a substance use disorder and develop individualized treatment plans for addressing those needs, create therapeutic communities in institutions to provide treatment, incorporate reentry planning activities into treatment programs, and provide offenders with community-based treatment and other broad-based aftercare services, then offenders will be better prepared for their reintegration into the communities from which they came. Additionally, and their substance abuse of substances will be reduced or eliminated, thereby reducing the demand for, use of, and trafficking in illegal drugs.			

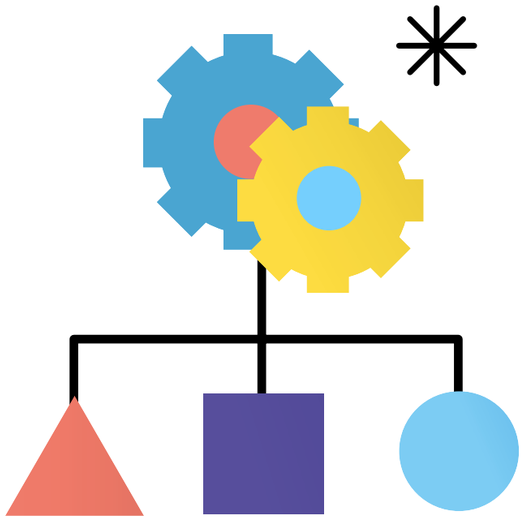
Final Considerations

Logic models have proven invaluable for developing consensus between stakeholders with divergent interests. By enabling a structured analysis of how joint targets can be met, these models also show how to address the issue of "factors outside our control." As discussed in *Chapter 4*, logic models are also critical tools for designing plans of action, which are needed to fully implement a national drug strategy.



CHAPTER 4

Implementing a National Drug Policy



Plans of Action to Implement National Drug Strategies

Plans of action are essential for implementing national drug strategies. The plans describe programs, interventions, and activities, which are captured by logic models. Thus, the results of logic models seamlessly flow into the plans of action. Logic models are important, effective tools for building evidence-based approaches for every objective supporting a goal and for defining inputs and evidence-based processes. However, the models fall short with respect to assigning responsibility to stakeholders (e.g., from government, NGOs, and other organizations) to accomplish specific tasks. This is where plans of action, which detail all the tasks required to reach an objective, come into play. Upon completion of a logic model, the **plan of action becomes the means for assigning responsibility to a person or persons who will be held accountable for achieving the tasks contained therein.**

Confusion frequently arises about the difference between a logic model and a plan of action. To distinguish the two, an analogy is helpful. Imagine you are a general contractor whose objective is to build a house. Your construction plan is essentially the logic model that shows everything required to build the house. This plan is considered evidence-based, as it complies with housing industry and building guidelines and regulations. However, the construction plan (logic model) is insufficient to complete the task. Therefore, your job as a general contractor is to identify and hire individuals that specialize in various tasks required to build the house: individuals from the concrete company that will build the foundation, carpenters who will frame the house, drywall experts who will finish the inside walls, and electricians who will install wiring. These individual tasks, which are not included in the construction plan (logic model), are identified in the plan of action.

Plan of action elements

There are myriad ways to depict a plan of action, although the template shown in *Table 7* is the most frequently used. Its structure flows from left to right, similar to that of a logic model. Familiarity with the logic modeling process facilitates understanding of action planning.

The first element of a plan of action is simply a row number used to enumerate the steps required to transform an objective into the means to achieve the objective. The second column, **activities/action steps,** lists each individual step that must occur for a successful plan. The third column, **responsible party,** is vital, as it designates the party who will be in charge of a particular step. Only one party should be listed, as having more than one does away with any responsibility for the step's completion.

Moving from left to right in the template, the next column is called **resources needed (internal and external).** For each step, those responsible for developing the plan of action should identify the internal and/or external resources needed to complete the step. The source of internal resources will likely be the government; the source for external resources will likely be a foundation or an interest group that is a stakeholder. This column is essential because it enables those responsible for developing budgets to estimate the cost of the resources, bearing in mind that some costs may already be included in existing resources (both internal and external). For this reason, including budget experts in the strategic and action planning process is key. These experts know where to find funds to pay for the steps identified in a plan of action.

However, the budget (available resources) should not drive the plan of action. Individuals with budget expertise will be quick to remind action planners that resources are limited, which could result in the dropping of an approved objective from the plan of action. Action planners must be free to identify all the resources required to complete the step, whereas budget planners must decide what is affordable. Knowing the total cost of the resources required for an action step is vital when informing budget planners about resource needs. Further, it is helpful for action planners, who are accountable for reporting on the success of the strategic plan, to have this important information should the resources required not be fully provided and the strategy fail to achieve its performance objectives. Underfunding a task likely means it will not be completed as expected.

Table 7. Plan of action template

Activities/ action steps	What activities are needed to implement the activity (list them)?
Responsible party	Who is responsible for carrying out each activity? Who has oversight authority?
Resources needed (internal and external)	What internal and external resources are needed to complete each activity?
Progress indicated at benchmark	How do you know that you have made progress on each action step? List milestones, activity measures, and other metrics for each step.
Completion date	When do you expect to complete each activity step?
Evidence of improvement	The result of completing each action step—what result will be associated with completion of the plan of action?

The next column in the template, **progress indicated at benchmark,** should provide indicators of progress in completing a step in the plan of action (see Chapter 5 for a deep dive into performance measurement). For example, if an individual is tasked with screening individuals for a specialized treatment program, that individual should be assigned a deadline for its completion. The types of information commonly seen in this column are milestone measures (completion by a certain date), activity measures (room secured for providing training), and other metrics (legislation introduced for a governing body's consideration).

The next column, **completion date**, is self-explanatory. It has important information for managers of the national strategy in order to identify why expected changes in desired outcomes, such as reduced availability of illicit drugs, may or may not be taking place. The information gives managers an easy reference to see what is failing to occur and to demand more accountability from the individuals who are assigned tasks related to each objective.

Finally, the last column, **evidence of improvement,** provides information on the expected result of a step in a plan of action currently being implemented. If the step is to provide training and technical assistance to youth in a prevention program, evidence of improvement could be "understanding the risks of illegal drug use." To obtain this information, one approach would be to conduct a pre- and post-test of youths' knowledge about the dangers of drug use. This is a simple indicator to show that the step produced the expected results.

Action planning in general

- Must be written.
- Outlines the steps required to achieve an objective.
- Identifies who will do what and when.
- Assigns one person to each step/task; "if two people are responsible, no one is responsible."

In completing a plan of action, answering the following questions can be helpful:

○ ACTIVITIES/ACTION STEPS:
What activities need to take place to implement the program? (They should be listed)

○ RESPONSIBLE PARTY:
Who is responsible for carrying out each activity? Who has oversight authority?

○ RESOURCES NEEDED (INTERNAL AND EXTERNAL):
What internal and external resources will be needed to complete each activity?

○ PROGRESS INDICATED AT BENCHMARK
How do we know progress has been made on each action step? List the milestones, activity measures, and other metrics for each step.

○ COMPLETION DATE:
When do we expect to complete each action step?

○ EVIDENCE OF IMPROVEMENT:
What result will be associated with the completion of the activity (i.e., the result of completing each action step)?

Plans of action and logic models are living documents and should be reviewed, assessed, and revised on a regular basis, for example, annually.

Plan of action example

Table 8 assumes that stakeholders who developed the national drug strategy specified a goal for demand reduction—for example, a 20% reduction in demand for licit and illicit drugs in five years. Two major options are available to achieve this goal. One is to put in place prevention programs to stop drug use before it starts, hence preventing the furtherance of the problem. There are also prevention programs that seek to stop drug use from transitioning into problem drug use. The other option for reducing demand is to implement treatment programs. These are designed to help individuals with problem drug use become healthy functioning individuals who cease to use drugs.

Plans of action are designed to guide the implementation of strategic objectives under each goal. As discussed earlier in this guide, goals are generally limited in number—say four—but supporting objectives are more numerous. **Each objective should have its own plan of action.** In the example in *Table 8*, the objective is to "establish treatment rehabilitation and social reintegration programs for persons incarcerated." This objective targets a particular segment of individuals with substance abuse problems—those who are in correctional facilities. Stakeholders have established a 100-bed facility that is set off from the general population to provide treatment. The challenge of implementing this very specific action now falls to the action planners—imagine a group of individuals coming together who have knowledge of treatment, community reintegration, and enforcement within the walls.

Table 8. Plan of action for establishing a substance use treatment program in a correctional facility

Activities/ action steps	Responsible party	Resources needed (internal and external)	Progress indicated at benchmark	Completion date	Evidence of improvement
What activities are needed to implement the activity (list them)?	Who is responsible for carrying out each activity? Who has oversight authority?	What internal and external resources are needed to complete each activity?	How do you know that you have made progress on each action step? List the milestones, activity measures, and other metrics for each step.	When do you expect to complete each activity step?	The result of completing each action step—what result will be associated with completion of the plan of action?
① Establish an agreement with the Department of Corrections (DOC) and external treatment adviser to design a program.	DOC and treatment adviser	Lawyer, treatment adviser	Written agreement drafted.	July 2024	Ratified agreement with the DOC
② Conduct a study to identify space requirements and available spaces.	DOC	External or internal space manager/ engineer	Research team established.	September 2024	Completed study with detailed space requirements for the expected population
③ Build/renovate a facility.	DOC	Consultant	Contractor selected.	December 2024	New facility that can house up to 100 inmates with substance use disorders
④ Develop a staffing plan.	DOC/external consultant	Consultant	Policies and procedures for a new facility drafted.	March 2025	Approved staffing plan
⑤ Staff a facility with treatment professionals, especially medical officers.	DOC/human resources department	Consultant	Draft staffing plan ready for approval by the DOC director.	September 2025	Facility adequately staffed with correctional staff, including medical officers
⑥ Establish policies and procedures.	DOC and external treatment certification program/trainer	Consultant	Team assembled to review best practices on treatment services behind the walls.	September 2025	Complete policies and procedures for the facility

In this plan of action, six steps are identified. There could be more steps, but to allow for a simple discussion, the number has been limited. The plan first requires someone to establish an agreement with a program that specializes in providing treatment for incarcerated individuals. The plan then requires someone to identify a space in the jail or prison complex in order to separate the treatment population from the general population. Once the space is identified, the next step is to build the facility to accommodate the needs of the treatment program. This step is followed by staffing the facility and establishing policies and procedures to treat this special population.

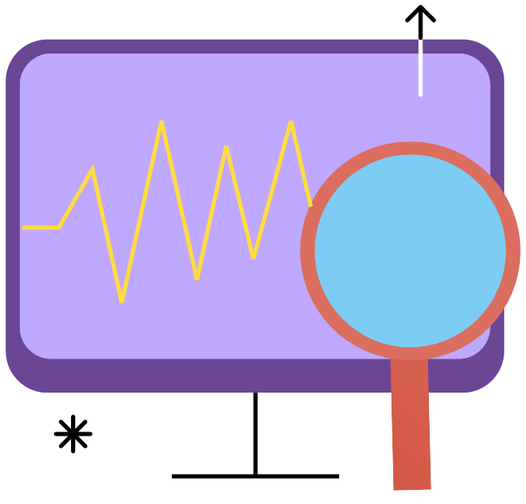
The final column in this example lists milestones for the completion of each step to show improvement, while the previous column identifies when these milestones are to be achieved. These two columns are particularly useful for accountability purposes.

Note that the column identifying resources does not provide estimates of cost. This is where a budget planner would come in to calculate this. Remember, however, that the availability of resources should not affect the decision-making when developing the plan. Policy leaders charged with allocating limited budget resources need to know the cost of implementing the strategy in order to weigh funding the requirements of a well-planned strategy against funding competing priorities like building schools.

The aim of this chapter is to provide the skills needed to develop a plan of action. Plans of action undergird strategic objectives, which, in turn, support the strategic goals of a national drug strategy. Action planning is challenging, as it requires developing a plan for every single objective. Typical drug strategies have 20-plus objectives and, therefore, 20-plus plans of action. Hence, if a strategic planning process were to fail, it would most likely happen during the development of plans of action. To avoid such failure, a nation would ideally assign the overall leadership and management of action planning to one individual, who then leads a dedicated management body that ensures development and implementation of the plans, subject to periodic review.

CHAPTER 5

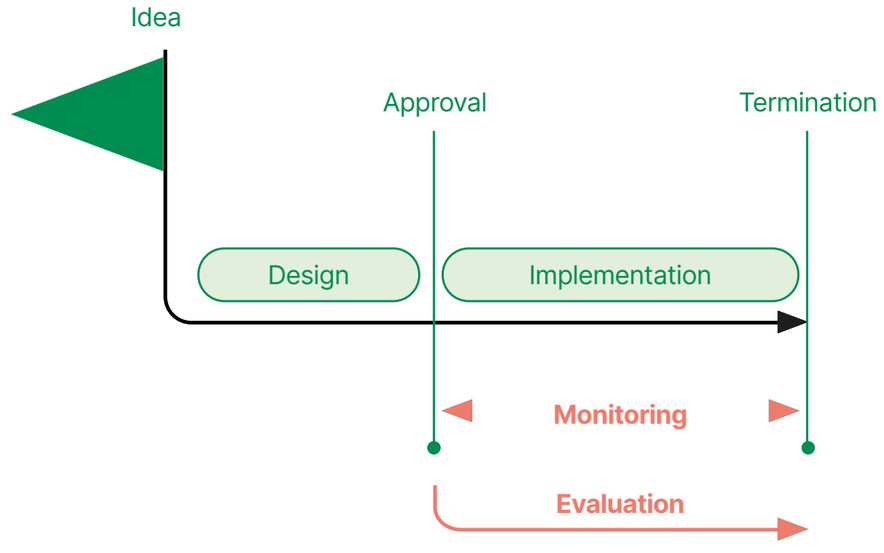
Monitoring and Evaluating a National Drug Policy



This guide began with an introduction of the structure and formulation of a national drug policy that involves four essential components: stakeholders, strategy, budget, and evaluation. *Chapter 1* discussed how stakeholders come together to conduct a situation assessment to determine priorities for a national drug policy; and then how they subsequently translate these priorities into a strategy—a national drug strategy that has a vision, mission, goals, and objectives and potentially a statement of the country's core values. *Chapter 2* discussed how the strategy is structured, while *Chapters 3 and 4* delved into how to implement the strategy by developing logic models and actions plans and, as part of the latter process, identifying the required resources/budget.

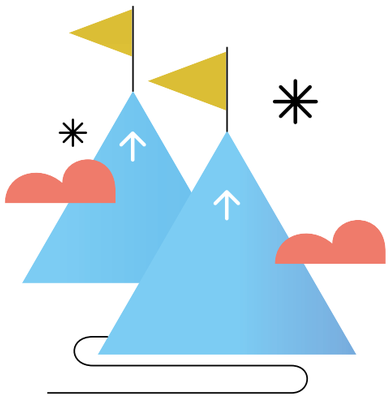
This chapter considers the last policy component: monitoring and evaluation. Specifically, this component includes the carrying out of performance monitoring and evaluation activities to determine the success of drug policy implementation (see *Figure 13*).

Figure 13. Monitoring and evaluation as a key part of drug policy implementation



The Key Role of Monitoring and Evaluation in a National Drug Policy

Monitoring and evaluation (M&E) are key components of performance management. Policymakers assess the value and impact of their work on an ongoing basis: they ask questions, consult partners, make assessments, obtain feedback, and use the information collected to improve the policy and its programs and interventions. Indeed, these informal assessments fit nicely into a broad definition of evaluation, which is the "examination of the worth, merit, or significance of an object." Policymakers' work is also guided by formal assessments done through **policy evaluation**—which, for purposes of this guide, is defined as "the systematic collection of information about the activities, characteristics, and outcomes of programs and interventions to make judgments about the policy, improve policy effectiveness, and/or inform decisions about future policy development." The **policy** term itself is defined as "any set of organized activities supported by a set of resources to achieve a specific and intended result."



A well-functioning M&E system plays a critical role in good policy management and accountability. Indeed, timely and reliable M&E provides information to:

- support policy implementation with accurate, evidence-based reporting that informs management and decision-making to guide and improve policy performance,
- contribute to organizational learning and knowledge sharing by reflecting upon and sharing experiences and lessons learned,
- uphold accountability and compliance by demonstrating whether the policy has been carried out in compliance with established standards and requirements,
- provide opportunities for stakeholder feedback to furnish input regarding the policy, and
- build the evidence base for the field by providing additional knowledge and lessons learned on drug control topics, where findings are released publicly.

Monitoring vs. Evaluation

While closely linked, the main differences between monitoring and evaluation are their *timing* and *focus*.

Monitoring

Monitoring is the ongoing scrutiny or routine data collection of several factors (e.g., behaviors, attitudes, deaths) over a regular interval of time. It generally describes what is happening and captures this information against performance indicators to illustrate real-time progress of policy implementation. Monitoring (and performance indicator data) is most useful for assessing activities and outputs underway, as well as near-term outcomes of the policy. It is less useful in answering questions about how, or if, the program contributed to the desired long-term outcomes and why this is the case. This being said, the data gathered by monitoring systems are nonetheless invaluable for performance measurement and policy evaluation, especially for longer-term and population-based outcomes. Monitoring also provides the managers and main stakeholders of an ongoing development intervention with measures that indicate the extent of progress, achievement of objectives, and use of allocated funds.

Evaluation

Evaluation complements monitoring, and is the systematic and objective assessment of an ongoing or completed project, program, or policy, including its design, implementation, and results. The aim is to determine the relevance and fulfillment of objectives, development efficiency, effectiveness, Impact, and sustainability. Implementation teams conduct evaluations at specific points in time, and typically focus on questions of program and intervention impact. Evaluations often employ mixed methods of data collection that are broader in scope than for performance indicators and are thus better suited to address questions about the extent to which a program and its interventions contributed to desired outcomes.

When a monitoring system signals that program efforts are veering off track (e.g., the target population is not making use of the services, costs are accelerating, or there is resistance to adopting new practices), stakeholders can use this information to conduct internal learning, demand accountability, and respond to external reporting and communication requirements (see *Table 9*).

Table 9. Complementary roles of monitoring and evaluation

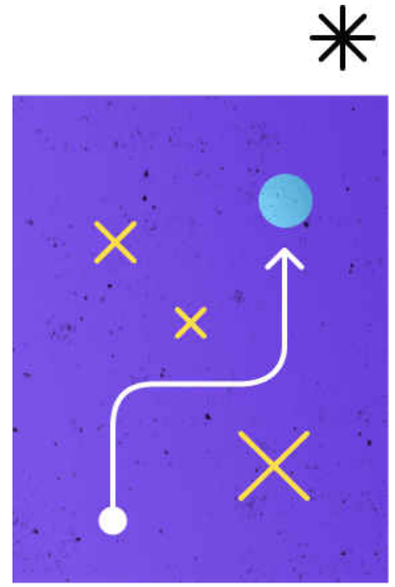
Monitoring

- Clarifies program objectives.
- Links activities and resources to objectives.
- Translates objectives into performance indicators and performance targets.
- Routinely collects data on these indicators and compares actual results with targets.
- Reports progress to managers and alerts them to problems.

Evaluation

- Analyzes why intended results were or were not achieved.
- Assesses specific causal contributions of activities to results.
- Examines the implementation process.
- Explores unintended results.
- Provides lessons, highlights accomplishments or program potential, and offers recommendations for improvement.

Monitoring and Evaluation Approaches



In addition to evaluating the effectiveness of a national drug policy, it is important to evaluate programs and their interventions, as stated in the plan of action. This helps to ensure that the national drug policy is evidence-based. *Table 10* presents different types of monitoring and evaluation approaches.

Table 10. Types of monitoring and evaluation approaches

Needs assessment	Ascertains what the identified people or communities may need in general or in relation to a specific issue.
Evaluability assessment	Determines whether a program or intervention is ready for a formal evaluation.
Progress evaluation	Tells how the project is operating, whether it is being implemented as planned, and whether problems in implementation have emerged (e.g., it might identify that a program is reaching a less at-risk group than it intended, that staff do not have the necessary training, that the program locations are not accessible, or that program hours do not meet participants' needs).
Program monitoring	Counts specific program activities and operations. This is a very limited kind of evaluation that helps to monitor but not assess the project.
Outcome evaluation	Examines the extent to which a program or intervention has achieved the outcomes it set at the start.
Summative evaluation	Examines the overall effectiveness and impact of the program or intervention, its quality, and whether its ongoing cost can be sustained.
Cost-effectiveness analysis	Examines the relationship between program costs and program outcomes. It assesses the cost associated with each level of improvement in outcome.
Cost-benefit analysis	Looks at the relationship between program costs and outcomes (or benefits). It is like a cost-effectiveness analysis but assigns a dollar value to the outcome or benefit so that a ratio can be obtained to show the number of dollars spent and the number of dollars saved.

Indicators

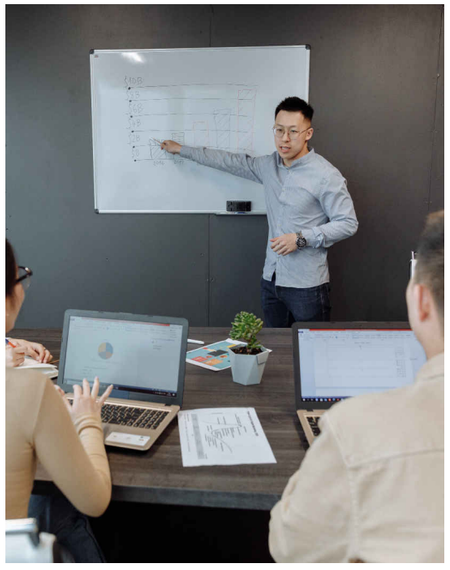
When formulating performance indicators, reviewing the logic model and plan of action can be a good starting point. This step can help identify what needs to be measured, beginning with the overall goals and objectives stated in the model.

Types of indicators and data

When formulating performance indicators, reviewing the logic model and plan of action can be a good starting point. This step can help identify what needs to be measured, beginning with the overall goals and objectives stated in the model.

Quantitative Data These data express a certain quantity, amount, or range. When appropriate, measurement units are associated with the data, such as inches, tons, and pounds. Many output indicators, for example, are quantitative.

Qualitative Data These data describe the attributes or properties possessed by the unit of analysis (e.g., a person, object, or system). They provide helpful context and more in-depth description. These data are also important for contextualizing quantitative trends—such as why participants, based on their feedback, could not participate in a specific activity—and for communicating program and intervention outcomes. Examples of quantitative data include observations collected at a program or intervention site and opinions, attitudes, or perceptions obtained via interviews, focus groups, or surveys.



Data are pieces of information, but by themselves, they do not tell you anything. When used for monitoring, data are indicators (i.e., they indicate the state or level of something). In the context of a plan of action, performance indicators use data (or performance measures) to tell a story about successes or failures in achieving results. Various categories of potential indicators (i.e., data or metrics) are available to evaluate specific aspects of this story:

Contextual Provide situational information to help understand trends or other aspects related to a program or intervention goal (e.g., unintended side effects or external factors).

Customer Service Indicate or inform improvements needed in the interaction between a program or intervention and those people it serves.

Efficiency Provide a ratio of program or intervention inputs to its outputs or outcomes, reflecting the resources used to produce outputs and achieve outcomes.

Input Indicate the consumption of resources.

Output Indicate the level of productivity or activity.

Intermediate Outcome Indicate progress against an intermediate outcome that contributes to an ultimate, long-term outcome.

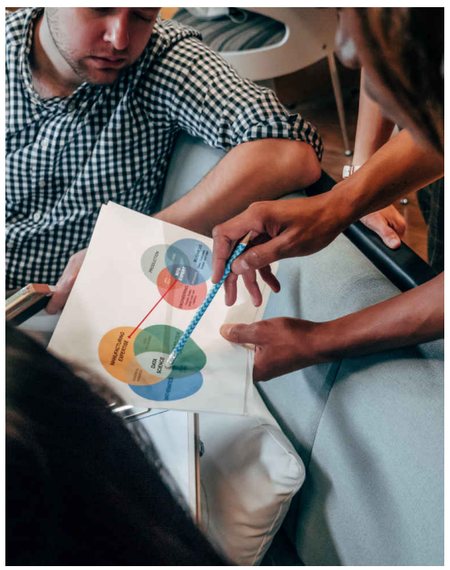
Process Indicate how well a process or procedure is working.

Outcome Indicate progress in achieving the intended result of the program or intervention.

After developing a list of potential indicators, the quality of each indicator should be assessed against a well-defined set of criteria. High-quality indicators should be:

Measurable	Are quantifiable using available tools and methods.
Practical	Can be used on a timely basis and at a reasonable cost.
Precise	Are specific and well-defined.
Reliable	Are consistently measurable over time and in the same manner by different observers.
Valid	Accurately measure a behavior, practice, or task.
Relevant	Directly link to a programmatic input, output, or outcome.
Useful for decision-makers	Are critical to decision-making.
Sensitive	Serve as an early warning of changing conditions.

Using these or similar criteria, the list should be narrowed down to the final performance measures. The aim is to have an optimum set of measures that meets management needs at a reasonable cost. This also means limiting the number of measures for each objective/result to a reasonable amount.



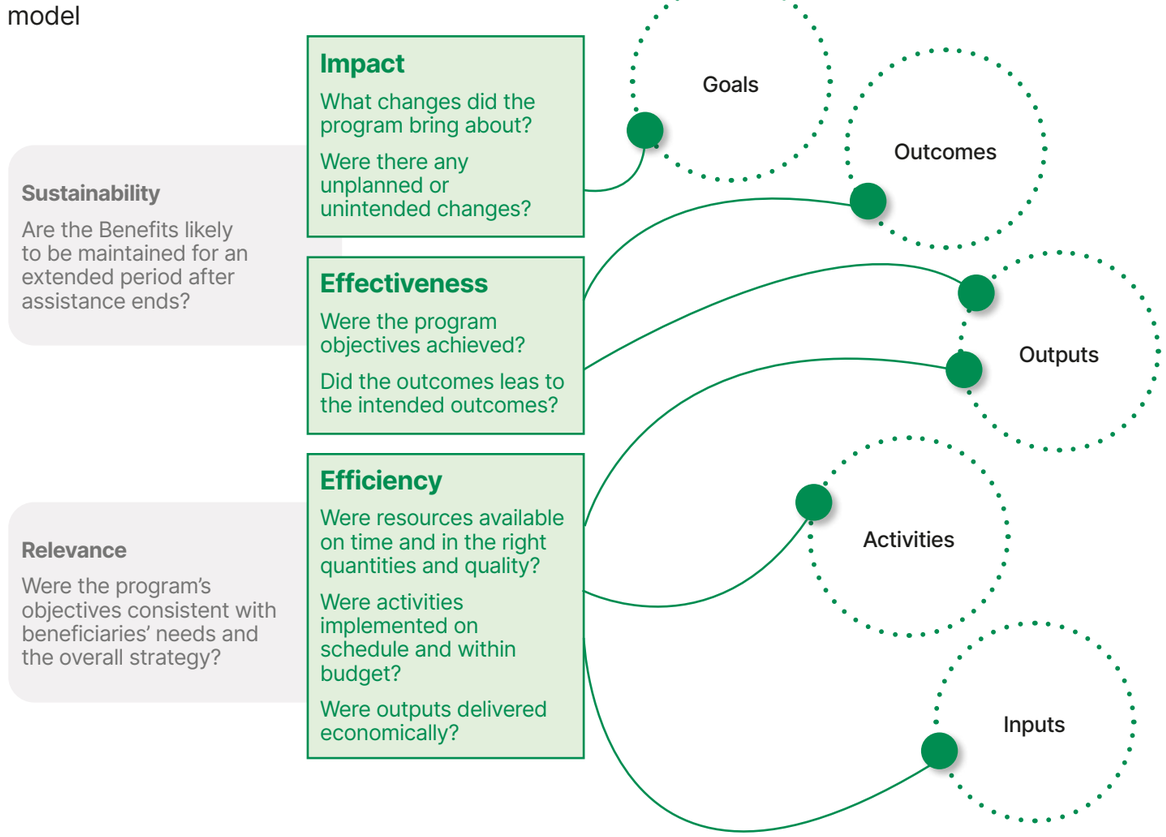
Evaluation

Evaluation is the systematic collection and analysis of information about the characteristics and outcomes of programs, projects, or processes. Evaluations can both help determine what a drug policy has achieved and provide insight into how and why. Implementation teams undertake evaluations to identify ways to improve the performance of existing policies, including their programs and interventions; assess the policies' effects and impacts; or inform policy-making. Like monitoring, evaluations may also inform implementation (e.g., a midterm evaluation), but they take place less frequently and examine larger changes (outcomes) that require analysis with greater methodological rigor.

Pressure has increasingly mounted to demonstrate that drug policies are worthwhile, effective, and efficient. Evaluation can meet this demand by examining a policy's relevance, effectiveness, efficiency, sustainability, or impact. Indeed, through evaluations, stakeholders can identify and reflect on the effects of the policy's programs and interventions and judge their worth. In turn, they can learn from the experience and improve future interventions.

Figure 14 summarizes key questions to ask when evaluating policy components. The questions focus mainly on how the policy and its programs and interventions have unfolded and the resulting changes.

Figure 14. Evaluation questions and the logic model



Evaluation efforts should be undertaken and funded because of their vital contribution to the following:

- Decision-making
- Managing the policy
- Improving the policy
- Determining whether the policy worked
- Identifying policy side effects (unanticipated outcomes)
- Demanding accountability

Unfortunately, evaluation efforts may not go forward because of a number of reasons, such as:

- Lack of time
- Lack of money
- Lack of expertise
- Intrusiveness
- Fear
- Belief that the programs or interventions are ineffective
- Lack of long-term funding

Evaluation Design

An evaluation can focus solely on assessing progress on outcomes, or it can also focus on attribution (i.e., the linking of progress on outcomes to particular program and intervention efforts). Research efforts frequently center on **causal attribution** and can supplement traditional policy evaluation when needed.

Over the life of a policy, circumstances may necessitate complementing traditional evaluations with other studies that look more like research. Traditional evaluation generally uses a nonexperimental/observational design; other types of evaluation and research utilize experimental, quasi-experimental designs and goal-based designs. The following discussion delves further into these design types.

Observational designs include cross-sectional surveys and case studies. Periodic cross-sectional surveys can be used to describe characteristics that exist in a community, but not to determine cause-and-effect relationships between different variables. These surveys can inform an evaluation by collecting data to make inferences about a population of interest at a specific point in time or about possible relationships. A survey is also frequently used to gather preliminary data to support the development of a policy, program, or intervention and the evaluation of its impact. Case studies are useful when an existing program or intervention is being replicated in a new or different setting, a unique outcome is being assessed, or an environment is especially unpredictable. They allow for exploring community characteristics and how these influence program or intervention implementation, as well as for identifying the barriers to, and facilitators of, change.

Experimental design uses random assignment to compare outcomes for one or more groups that participate in an intervention with those for an equivalent group or groups that do not participate in the intervention. An example of an experimental design would be to select a group of similar schools and randomly assign some schools to receive a violence-prevention curriculum and assign other schools to serve as controls. In this design, all schools would have an equal chance of being in the intervention group or the control group. What is more, random assignment would reduce the chances that intervention and control schools vary in any significant way that could influence differences in intervention outcomes. Thus, the implementation team could attribute changes in outcomes to the intervention, insofar as the intervention is the only difference between the two groups. If students in the intervention schools were to delay the onset of risk behaviors longer than students in the control schools, the implementation team could attribute this success to the intervention.

Where an experimental design is not possible or feasible, a **quasi-experimental design** is another option. This design makes comparisons between nonequivalent groups and does not use random assignment to intervention and control groups. An example of a quasi-experimental design would be to assess in two communities the adults' beliefs about the harmful effects of bullying in school and, subsequently, to conduct a media campaign in one of the communities. After the campaign, the implementation team would reassess the adults' beliefs in the two communities, expecting to find in the community that received the media campaign a higher percentage of adults who believe bullying in school is harmful. However, in this case, critics could argue that other differences between the two communities caused the changes in beliefs; therefore, documenting key similarities between the intervention and control groups—based on factors such as population demographics and related current or historical factors—is important.

In addition to quasi-experimental design, comparisons of outcomes/outcome data across states or jurisdictions, between one state and the nation, or over time (time-series analysis) can help the implementation team establish meaningful benchmarks for progress. Comparison data are also helpful for measuring indicators in anticipation of new or expanding interventions. For example, prior to implementing an intervention, a lack of change in key indicators over time is useful for demonstrating the need for the intervention. Where interventions have already been implemented, a lack of change in indicators is also useful for justifying greater investment in more evidence-based, well-funded, and comprehensive interventions and programs.

Another alternative to an observational or traditional design is a **goal-based design**. It uses predetermined goals and the underlying program or intervention as standards for evaluation, thus holding the program or intervention accountable for reaching pre-established expectations. The description and construction of a logic model emphasized in this guide set the stage for robust goal-based evaluations of policies. In these cases, evaluation planning focuses on activities; outputs; and short-, medium-, and long-term outcomes outlined in a logic model that directs the measurement activities.

Given the complexity of programs and interventions, the traditional evaluation designs described herein may not be the best choice. The appropriateness and feasibility of alternative designs (e.g., simple before-after/pretest-posttest or posttest-only designs) should also be considered. Depending on the policy objectives and the intended use(s) of evaluation findings, these designs may be more suitable for measuring progress toward achieving a policy goal. When there is a need to prove that the program or intervention was responsible for progress on drug policy outcomes, traditional evaluation designs may not be the best or only options.

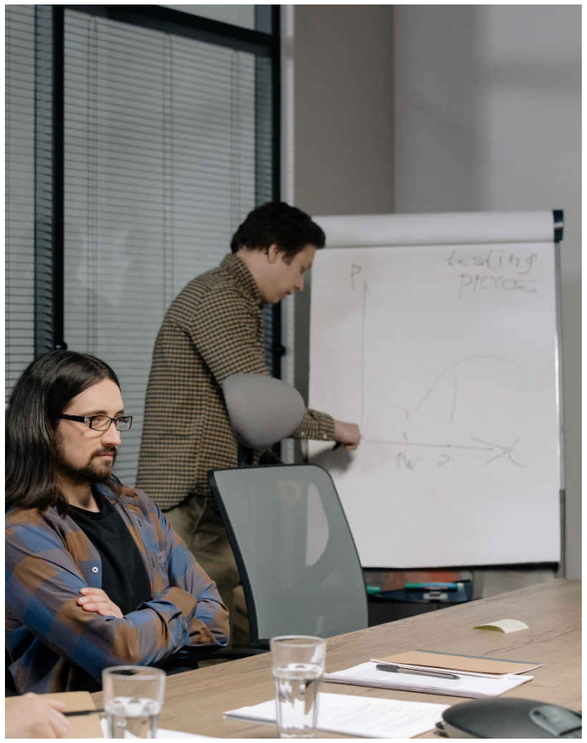
While these design alternatives often cost less and demand less time, *saving time and money should not be the main criteria for selecting an evaluation design*. It is important to choose a design that will measure what the implementation team needs to measure and will meet both medium- and long-term needs. The design the implementation team selects influences the timing of data collection, how they analyze the data, and the types of conclusions the team can draw from the findings. Taking a practical, collaborative approach to designing and focusing an evaluation will help ensure the appropriateness and utility of the evaluation.

Analysis and Learning

Through analysis of monitoring and evaluation data, stakeholders gain valuable knowledge about ongoing progress and projected future results that could impact implementation. Incorporating regular progress reviews also gives policymakers, implementing partners, and other stakeholders opportunities to assess and reflect on policy implementation and results—and thereby:

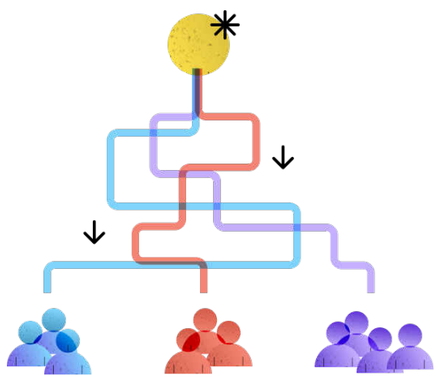
- **improve performance** by gaining new insights that enable course correction and the adaptation of activities;
- **inform current and future programmatic decisions** to modify or eliminate what is not working and reinforce what is working;
- **inform future strategic planning and budgetary decisions** to improve operations in the future and allow future data-driven decision-making at all levels;
- **test theory-of-change hypotheses** by filling knowledge gaps and resolving uncertainties in hypotheses with new research or syntheses of existing analyses;
- **identify and monitor assumptions and context** by accounting for conditions beyond our control that could potentially impede policy implementation;
- **build awareness** through public outreach campaigns around a particular issue or efforts to resolve a particular problem;
- **reduce the challenges** associated with staff turnover and transition by effectively documenting staff knowledge about the policy's context, past and present activities, and key relationships;
- **advocate support** with increased information and knowledge about the policy's implementation, as well as results to defend and support resource requests;
- **facilitate coordination, collaboration, communication, and exchange** of experiential knowledge internally and with external stakeholders;
- **maintain accountability** with implementers and key stakeholders by establishing regular reviews; and
- **measure progress** toward strategic goals and objectives by using program performance data as part of regular reviews of progress toward the strategic goals and objectives.

Regularly analyzing program data allows stakeholders to learn whether the program is progressing according to plan; apply accountability measures; and identify any possible adjustments to inputs, activities, or overall implementation of the program to mitigate any issues identified.



CHAPTER 6

Approval and Adoption of a National Drug Policy (Strategy and Plan of Action)



Why an Approval is Necessary

Official approval of the national drug policy, strategy, and plan of action is critical to the recognition of the document as an official government position, and needs to be obtained through the country's structured system for approving documents of this nature. The policy must be approved by the country's parliament, legislative body, or cabinet of senior officials for implementation.

Every country has different policies, systems, and procedures, but there are some common, broad suggested steps and considerations for obtaining approval of a national drug policy:

Having completed the policy document

- Step 1 Meet with all stakeholders.
- Step 2 Submit the policy with all supporting documents to the ministerial level or higher to confirm executive support.
- Step 3 Present the document to the relevant legislative body with responsibility for assessing and approving the policy.
- Step 4 Follow up with the legislative body and raise awareness (both among the government and the general public) on the issues addressed in the policy.

Some critical considerations

Ⓐ Inclusion of ALL stakeholders in the policy development process

As detailed in *Chapter 1,* a policy-making process (see *Figure 16*) should include specific steps to ensure the development of a comprehensive document with all the necessary elements.

In following the steps, the policy document will be complete and include the contributions of all agencies and actors involved in, or associated with, drug control.

Figure 16. Policy-making process

Key Actors	○ Map of actors ○ Coordination meetings ○ Steering committee
Situation Assessment	○ Data collection and analysis (demand and supply) ○ Legal framework ○ Institutional capacity framework
Strategy	○ Vision, mission, goals, and objectives ○ Performance targets
Plan of Action	○ Planning of programs, interventions, and activities ○ Responsibilities ○ Resources and budgeting
Monitoring and Evaluation	○ Indicators for the goals, objectives, and activities ○ Final report
Funding and Approval	○ Consultation with budgeting experts ○ Meetings with key officials responsible for approval

Ⓑ Identification of the lead agency by the steering committee (line minister or most senior official is aware of the policy and corresponding strategy and plan of action)

Having completed the policy, the steering committee should identify the agency that will submit the policy to the relevant government body for approval. The committee should select an agency that had a lead role in the development of the document and that currently has a senior profile among the stakeholders (who can provide the agency with the authority to present the policy). Steering committee members should acknowledge which agency is the strongest and has the most influence. Ego-led considerations must be set aside, and collective ownership must be paramount to ensure that the document is endorsed.

If possible, the steering committee should first present the policy to the line minister, or the most senior relevant official, to secure the authorization to submit the policy for approval.

Ⓒ Inclusion of a political endorsement (foreword by one or more senior officials)

There MUST be some form of political endorsement of the policy. In all countries, the political directorate articulates the overarching policy direction of the country. Therefore, a national drug policy must be recognized by the highest authority. Consequently, it is important to include in the document a foreword or statement by a high-level office holder, whether that is the country's president, prime minister, or responsible minister or senior official.

Ⓓ Inclusion of a comprehensive executive summary

A well-developed policy must reflect that an evidence-based process was used to determine the actions proposed. A comprehensive executive summary is strongly recommended for this document, as many policymakers involved in the approval process may not have the time to review the document in its entirety. To be helpful to them, a strong executive summary should outline the evidence-based process, provide a complete overview of the document, emphasize the collaboration undertaken, detail all the areas covered, and highlight some of the main interventions and outcomes proposed.

The Approval Process (Suggested Steps)

The steering committee and lead agency must be aware of the level of approval necessary and also what level would give the document the most national reach: would it be the approval of the office of the president, the parliament, or the cabinet? Whichever it is, the approval should be appropriately pursued.

The lead agency should then:

- secure endorsement from other high-level decision-makers (e.g., from the Board of Permanent Secretaries), and
- submit the policy document and seek to deliver a presentation on the policy.

Figure 17 summarizes suggested steps for the approval process of a national drug policy.

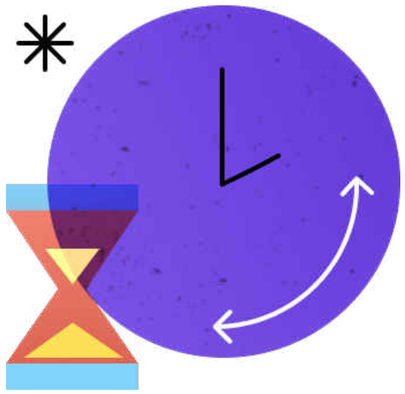


Figure 17. Approval process (suggested steps)

STEP 1

Meet with all stakeholders to confirm their responsibilities and commitments; draft a memorandum of understanding with stakeholders; and identify which agency will take responsibility for submitting the policy for approval.

STEP 2

Submit the policy with all supporting documents; and include a foreword(s) by a high-level officer(s) and a strong executive summary.

STEP 3

Present the policy to the relevant legislative body with responsibility for assessing and approving the policy.

STEP 4

Follow up with the legislative body; and raise awareness (among the government and the general public) on the issues addressed in the policy.

Once Approval Has Been Secured: Dissemination and Adoption

The policy document needs to be "live," which means disseminated and adopted by the stakeholders for implementation. This will ensure that the policy goals reflect the mandate, organizational goals, and priorities of the stakeholders, who will undertake implementation. The media should be engaged to disseminate the policy document.

Dissemination of the policy document

- Obtain an International Standard Book Number (ISBN) for the document. This is a numeric commercial book identifier that is intended to be unique. Publishers purchase ISBNs from an affiliate of the International ISBN Agency. An ISBN is assigned to each separate edition and variation of a publication.
- Produce hard and soft copies.
- Distribute the document to stakeholders, libraries, and other areas for public access.

Adoption by and support from all stakeholders

- Ensure that all stakeholders are supportive of the policy—they were involved from the beginning as part of the development of the document.
- Have the stakeholders share the policy with their agency and help them understand their role.
- Have major stakeholders speak about the policy in the media or other public forums. Ensure that a standard consistent message is shared by all the stakeholders in order to communicate a strong, united front.

Use of the media

The media should be used cautiously and wisely, once the policy is approved.

- Engage traditional media and ensure that the information provided is clear.
- Use social media platforms that are approved by the various agencies.
- Ensure that all stakeholders have the document on their social media platforms.
- Ensure that all stakeholders promote the documents, particularly in their area of responsibility.
- Put out specific information on the policy and build the content incrementally to detail the planned activities and the expected outcomes. Ensure that the stakeholders and the public are aware of the benefits to be derived from implementing the policy.
- Highlight achievements annually (or on another predetermined schedule), and share updates on certain activities, such as events, trainings, and the opening of centers/facilities.

Appendices

Structure for a National Drug Policy (example)

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Areas of Intervention (not exhaustive)

Demand Reduction (Prevention and Treatment, Rehabilitation, and Recovery Support)

Prevention works to educate and support individuals and communities to prevent the use and misuse of drugs and the development of substance use disorders. A drug prevention program includes a series of activities carried out on a continuous and systematic basis over a period of time, supported by a planned curriculum or course of activities; appropriate instructional resources; and written and/or audio-visual materials. Individual, stand-alone activities, actions, or sessions (such as lectures or workshops) do not constitute a program. Programs that target key populations, also referred to as target populations, are those that develop and implement drug abuse prevention strategies that are tailored to the characteristics of a particular population group, context, gender, age, or ethnicity (e.g., primary school or high school students, working children, women, and Indigenous groups).

Target population refers to the population group that a program seeks to address. The size of the target population will depend on the type of program to be implemented. A universal prevention program will be directed at an entire population group, while a selective or indicated prevention program will target a specific target population "at risk" or "at high risk." Other groups at risk: Each member state should determine population groups within their specific context that may be at higher risk regarding the misuse of drugs and its associated adverse social, health, and legal consequences. These high-risk groups might include migrants, sex workers, HIV-positive individuals, homeless people, street youth, and injecting drug users.

The most well-known types of drug prevention programs include the following:

- **Universal prevention programs:** these target a general population, such as all school-age students. This level of prevention seeks to strengthen values, attitudes, knowledge, and abilities that contribute to a child or youth leading a healthy and drug-free lifestyle.
- **Selective prevention programs:** these target at-risk groups or subgroups of the general population, such as children of drug users or poor school achievers.
- **Indicated prevention programs:** these are designed toward people already experimenting with drugs or who exhibit other risky behaviors.
- **Workplace drug abuse programs:** these may include drug and alcohol abuse prevention and education for employees and managers within a workplace; employee assistance programs; referrals to and/or financial assistance for treatment for substance abuse; on-site facilities made available for Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) groups; and written policies about nonuse of alcohol and other licit and illicit drugs while on the job.

Treatment, rehabilitation, and recovery support refer to the way in which programs and services provide care to someone with a substance use disorder. For example, the services may be centralized through a single facility, or, most commonly, these services may be delivered through a coordinated system involving different institutions by patient referral, in order to ensure adequate quality, coverage, and continuity of care. Government regulation of both public and private drug treatment services is key in ensuring that care standards are maintained; the integration of specialized alcohol and drug treatment programs into the general health care system is also important.

Supply Reduction

Supply reduction is designed to improve a country's capacity to reduce the production, distribution, and availability of illicit drugs, as well as to divert chemical products used in the manufacture of drugs. Supply reduction measures consider a wide range of enforcement and control issues, including eradication of crops cultivated to produce illicit drugs; production of illicit drugs, including plant-based and synthetic drugs; distribution and trafficking of illicit drugs by land, air, and sea; patterns of drug consumption; diversion of pharmaceutical products that could lend themselves to abuse; and control of precursors and other chemicals used to produce illicit drugs, among others.

The primary objective of national supply reduction activities is to reduce the availability of illicit drugs. Programs implemented within this framework are thus intended to help achieve this objective. These programs require a legislative and regulatory foundation with appropriate administrative systems and controls upon which the programs can be developed. This foundation must be linked to a system of criminal, civil, and administrative sanctions that imply a certain level of consequences for individuals involved in illegal undertakings. Regulatory, administrative,

and law enforcement activities thus serve to monitor the context surrounding drug supply as well as conduct the appropriate investigative and interdiction activities. Successful execution of such activities requires close collaboration between all the various agencies concerned, from a wide range of sectors: policy, regulatory, legislative, and administrative; law enforcement and customs; and criminal justice, among others. The individuals involved in each sector must have the skills and knowledge to effectively and safely execute their responsibilities. Programs and external assistance should thus serve to strengthen the capacity of countries in their efforts to implement such activities.

The nature of the drug problem as well as its severity and consequences will be different for each country. As such, the nature, focus, and provisions of any program or series of programs should be tailored to the particular characteristics of each country context. At the same time, countries can learn and benefit from the experiences of other countries and agencies through the exchange of good practices and lessons learned.

The global nature of the illicit drug problem adds to the complexity of any response that is developed and implemented, as the problem's transcendence of national borders implies a certain level of international cooperation. The incredible profits of drug illicit activities create the conditions for potential corruption, diminished public security, and the destabilization of governments. Any response to the drug problem must recognize this reality.

Democratic principles, human rights, and international drug policies are interrelated. Wherever drugs are grown or produced in volume, there is the potential for corruption, major trafficking activities, and narco-terrorism. Consequently, strengthening democracy and the rule of law is integral to international drug control.

Crop eradication represents the destruction of illicit drug crops before they are cultivated and refined into usable drugs. Eradication programs are effective at reducing the supply of raw drugs in the system. Eradication is usually employed through the use of chemicals, the destruction of fields, or the cultivation and immediate destruction of illicit crops.

Interdiction generally refers to the interception of illicit drugs before they reach their final destination. Often focused on known production centers and transit zones, interdiction relies on the use of law enforcement or military resources to prevent the transit of drugs from region to region or country to country. Interdiction prevents refined drugs from reaching their point of distribution and removes a quantifiable supply of illicit drugs from the distribution network.

Local law enforcement represents the last opportunity to reduce the availability of drugs before they reach drug users. Strong local law enforcement coordination can prevent drugs from reaching the drug dealers that provide their supply directly to drug users.

Money laundering refers to the offense described in article 2 of OAS/CICAD's Model Regulations Concerning Laundering Offenses Connected to Illicit Drug Trafficking and Other Serious Offenses, amended in 1999, and is defined as "the practice of concealing or disguising the true nature, origin, location, disposition, movement or ownership of assets, rights, and valuables that result directly or indirectly from criminal activity."

To combat money laundering, governments should establish comprehensive anti-money laundering regimes that provide the necessary legal and regulatory tools to the authorities in charge of combating the problem. Such measures should cover the criminal justice system (e.g., judges, prosecutors, and law enforcement agents); the financial sector (e.g., bankers, regulators, and financial intelligence unit members); and nonfinancial business and professional sectors (e.g., insurance brokers, notaries, accountants, and lawyers). Criminal organizations have the potential to obtain huge profits from their illicit businesses, therefore it is important to deprive such organizations of their criminal proceeds through seizure, restraint, and forfeiture. To pursue these provisional measures, countries should designate a specialized administrative authority with the responsibility for the administration, inventory, and reasonable preservation of the economic value of assets connected to money laundering or a serious criminal activity (for their eventual forfeiture).

Pharmaceutical products are those substances defined in the 1961 UN Convention (amended in 1972, 1971, and 1988) that have psychotropic properties and are intended for legitimate medical, scientific, and veterinary use. Such products include those that have a single basic entity or "raw material" and those that have formulations containing more than one active component. These products have legitimated medical or scientific purposes. At the same time, their psychotropic properties make them attractive for those who may wish to use, abuse, or misuse them. The diversion and illicit sale of these drugs represent major problems for member states and their respective health care systems. The potential harm associated with the diversion of these drugs is often overlooked or minimized due to their "legal" status. As such, national legislation, controls, and consequences (criminal, civil, and administrative) must address this gap.

Precursors and other chemicals are the chemical substances listed in tables I and II of the 1988 UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, as well as the chemical substances either controlled by the reporting country, listed in OAS/CICAD's aforementioned model regulations, or identified as substances used in the production of illicit drugs. Such substances include chemical products containing a single basic compound or "raw material" and products containing combinations of chemical substances. Precursors are those substances that are essential to the production of a synthetic drug that cannot be replaced or substituted.

Most, if not all of these substances, have legitimated scientific or commercial applications despite their use in the production of illicit drugs. Member states must therefore apply appropriate controls while still ensuring the availability of these chemicals for their legitimate uses. At the same time, countries must ensure that other legislation, regulations, and regulatory/administrative frameworks already in place consider these controls.

Alternatives to Incarceration

Alternatives to incarceration (ATI), including drug treatment courts, are designed for criminal offenders who have an underlying substance abuse disorder driving their criminal conduct. These programs give them the option of treatment and rehabilitation under judicial supervision instead of incarceration. By focusing on the treatment of a substance abuse disorder, these programs address one of the underlying causes of the criminal conduct rather than its symptoms. As such, alternatives to incarceration can help break the "revolving door" of criminal behavior, substance abuse, imprisonment, and recidivism.

Drug treatment courts are the most researched mechanisms within ATI and criminal justice more generally. Decades of empirical studies show that, when implemented correctly, they

- reduce criminal recidivism,
- reduce financial costs related to the criminal justice system, and
- improve outcomes for participants (including better relationships with their families and communities).

Harmful Consequences of Drug Use

Harmful consequences of drug use focus principally on the health, social, and economic consequences of drug use. Activities aimed at minimizing these consequences target problematic drug users in an effort to treat their disease. These activities can include keeping the drug user alive and functioning; reducing the spread of infectious diseases (e.g., HIV, Hepatitis C and B, and sexually transmitted diseases); treating mental disorders (e.g., depression, anxiety, suicidal behaviors, and schizophrenia); diagnosing cardiovascular and respiratory diseases; engaging hard core users with the health system and social services; and curbing public disorders and criminal behavior related to drug use.

Comprehensive and Sustainable Alternative Development

Comprehensive and sustainable alternative development aims to reduce, eliminate, and prevent the illicit cultivation of drugs, using a holistic approach that seeks to improve the overall social and economic situation of affected populations. By reducing and/or preventing illicit crop cultivation, such programs contribute to the creation of licit and sustainable economies and the improvement of quality of life and human development in harmony with the environment. The programs usually entail working in cooperation with public and private institutions, regional and local organizations, and society in general.

The following are actual examples of a countries' strategic planning frameworks (drug strategies)

Example 1

Vision: A nation that is safe and secured against the world drug problem.

Mission: Formulate and conduct official national programs that protect the nation against drug use and misuse, drug trafficking, and their associated consequences.

Core Values:

- *Compassionate:* treats substance use as a health issue, and recognizes stigma as a barrier to health and other services.
- *Comprehensive:* recognizes that substance use exists on a continuum that requires a range of policies, services, and supports to promote overall health and well-being.
- *Protection of vulnerable groups:* focuses on a commitment to providing support and protection to vulnerable groups such as youth and the homeless.
- *Collaboration:* engages federal, provincial, territorial, and municipal governments; communities; stakeholders; and people with lived and living experiences. There is also a need for local collaboration (both public and private) with schools, families, religious groups, health care and human service professionals, law enforcement professionals, businesses, and other community organizations. Other areas of collaboration include regional and international cooperation to successfully address substance use, misuse, trafficking, and manufacturing.

Demand Reduction Goals

1. Improve and implement all-inclusive demand reduction policies and plans.
2. Encourage the integration of treatment and recovery programs into the public health care system and address drug dependence as a chronic, noncommunicable disease.
3. Expedite access for drug-dependent persons to a system of drug treatment, rehabilitation, social reintegration, and recovery services that are evidence-based.
4. Explore the means of offering treatment, rehabilitation, social integration, and recovery support services to drug-dependent persons in the criminal justice system as an alternative to criminal prosecution or imprisonment.
5. Promote and strengthen the training and continuing education of professionals, technicians, and others involved in the implementation of all drug control activities.
6. Emphasize the synchronization of the drug plan with all other national plans strategies.
7. Explicitly focus on youths in the national fight against drug use and misuse.

Supply Reduction Goals

1. Expand data collection and analysis mechanisms, in support of conducting assessments that will facilitate the development of public policies aimed at reducing the illicit supply of drugs.
2. Implement comprehensive and balanced measures aimed at reducing the illicit supply of drugs.
3. Sponsor studies and research that contribute to the early identification and monitoring of new and emerging trends that could provide updated information on the illicit supply of drugs.

Control Measures Goals

1. Reinforce control measures that prevent the diversion of controlled chemical substances toward illicit activities.
2. Toughen the government's food and drugs agency and the revenue authority to ensure better control and reduction of illicit drug trafficking and related crimes.
3. Fortify, as applicable, control measures that prevent the illicit trafficking of firearms, munitions, explosives, and other related materials.

Institutional Strengthening Goals

1. Plan, implement, strengthen, and update national evidence-based strategies on drugs.
2. Coordinate and support those units concerned with the effective planning and implementation of the national drug policy.
3. Reinforce the national drug information network to improve national drug information systems and rationalize strategies.
4. Carry out research to determine the human, social, and economic cost of the drug problem.

International Cooperation Goals

1. Endorse the principle of cooperation contained in international instruments to address the world drug problem, including through actions to ensure compliance and helpfulness.
2. Nurture and partake in international cooperation programs aimed at the reinforcement of national policies to address the drug problem based on the needs of stakeholder agencies.
3. Pursue and promote technical assistance as well as the exchange of best practices and lessons learned to address all aspects of the world drug problem.
4. Seek technical assistance and training for implementation of the recommendations formulated in the context of the Multilateral Evaluation Mechanism of CICAD.
5. Explore further agreements with key countries from which and to which drugs are transshipped in order to exchange information concerning all aspects of drug trafficking and to target high-level leaders of drug gangs.
6. Encourage, obtain, and utilize funding and support from the international donor community to intensify the national fight against drugs.

Example 2

Institutional Strengthening

Goal:

Strengthen and sustain national mechanisms (legal and institutional) to coordinate and manage the implementation of national initiatives for drug control.

Core Values:

- *Social and community participation:* The local policy on drugs must be designed based on the needs felt and expressed by the community, for which their participation is important in the actions to be carried out.
- *Interventions based on evidence:* The actions that arise from the local policy on drugs must be founded and based on scientific evidence, with some consideration for those based on common sense, intuition, or opinion.
- *Flexibility*: During the validity of the policy, its strategy can be modified based on changes in the drug phenomenon, new needs, and new evidence

Demand Reduction

Goal:

Strengthen and sustain national mechanisms (legal and institutional) to coordinate and manage the implementation of national initiatives for drug control.

Objectives:

1. Design demand reduction policies that focus on early intervention, treatment, rehabilitation, and the strengthening of support services.
2. Disseminate information on the risks associated with drug use, including by utilizing new information technologies, popular culture, and the mass media.
3. Use data and research to craft and implement programs with specific measurable targets for distinct at-risk populations.
4. Design and implement programs with education and skills development opportunities that promote healthy lifestyles.
5. Provide the education system with substance abuse prevention methodologies and approaches.
6. Engage the adult population through family, community, and workplace prevention programs.
7. Explore treatment, rehabilitation, and recovery models for drug-dependent offenders as an alternative to incarceration.
8. Strengthen relationships with academic and research institutions to facilitate research and studies that generate evidence on the various aspects of drug demand.
9. Enhance the registration and continuing education of professionals, technicians, and other officials involved in implementing drug demand reduction.
10. Subject drug demand programs to ongoing monitoring and scientific evaluation.
11. Establish and improve existing mechanisms to gather and share health-related information among public health care providers.

Supply Reduction

Goal:

Decrease the illicit supply of drugs and reduce the threats posed by drug trafficking and related crime.

Objectives:

1. Establish and improve existing mechanisms to gather and share information/intelligence on the drug trade.
2. Elaborate a comprehensive regulatory system to prevent and control the diversion of chemicals.
3. Enhance mechanisms to detect the cultivation and production of drugs.
4. Conduct studies and research that contribute to the early identification and monitoring of new and emerging trends in the illicit drug trade.

Control Measures

Goal:

Introduce measures that enhance the capacity of the government to prevent the entry into the country of illegal drugs and other materials and to establish appropriate domestic control over chemical precursors.

Objectives:

1. Adopt appropriate domestic legislation to control the trade in chemical precursors.
2. Establish supply reduction programs that focus on preventing the illicit manufacture of synthetic and plant-based drugs.
3. Prevent the diversion of pharmaceutical products with psychoactive properties for illicit uses.
4. Strengthen national agencies engaged in the control of illicit drug trafficking and related crime.
5. Establish measures for effective collaboration in criminal investigations, in procedures for investigations, and in the collection of evidence and exchange of information among countries.
6. Prevent the diversion of firearms, ammunition, explosives, and other related materials for illicit uses.

International Cooperation

Goal:

Engage in the principle of international cooperation through instruments that address the drug problem and to coordinate national efforts for effective regional, hemispheric, and global action.

Objectives:

1. Sign and ratify relevant instruments of the international community.
2. Foster international cooperation programs.
3. Promote hemispheric judicial cooperation mechanisms and mutual legal assistance.
4. Encourage and promote technical assistance as well as the exchange of best practices and lessons learned.

Monitoring and Evaluation

Goal:

Strengthen and promote the monitoring and evaluation function in all aspects of the implementation of the anti-drug plan to ensure that the stated objectives are achieved.

Objectives:

1. Collate stakeholders' strategic information on the implementation of the anti-drug plan.
2. Evaluate results at discrete periods over the life of the anti-drug plan.
3. Include the monitoring and evaluation function at the inception of all programs and projects.
4. Promote periodic, independent evaluations of policies, programs, and interventions.
5. Provide continuous training in monitoring and evaluation for all officials involved in anti-drug efforts.

Example 3

Goal:

Reduce drug use and trafficking.

Objective:

Reduce the availability of illegal drugs in the country.

Guiding Principles:

- Comprehensive responses, an essential condition for dealing with the problem of drugs effectively.
- Joint responsibility, a basic principle that can be applied internationally and locally.
- Balanced activities aimed at reducing demand and controlling supply.
- Social participation.

Institutional Strengthening Objectives:

1. Strengthen the National Drug Commission (NDS) within the Ministry of National Security, placing it at a high governmental level and providing it with the necessary capabilities and competencies to coordinate national drug policies in its stages of formulation, implementation, monitoring, and evaluation.
2. Strengthen the National Drugs Observatory within NDS for the development of national drug information systems and the fostering of scientific research in this area.
3. Promote the design, adoption, and implementation of alternatives to incarceration for low-level drug-related offenses, while taking into account national, constitutional, legal, and administrative systems in accordance with relevant international instruments.

Demand Reduction Objectives:

1. Establish demand reduction policies with a public health focus that are evidence-based, multidisciplinary, and respectful of human rights, while considering the guidelines and recommendations of specialized international organizations.
2. Strengthen the relationships between NDS, the Ministry of Education, the Ministry of Social Services, the Ministry of Youth Sports & Culture, the Academia, independent schools, youth organizations, and the media, with the goal of raising awareness of the impact of drugs; maximize the access that these institutions have to key populations involved in the drug problem.
3. Establish a national treatment, rehabilitation, and social reintegration system for people with problematic drug use; incorporate human rights and gender-based approaches and take into account internationally accepted quality standards.
4. Establish treatment, rehabilitation, and social reintegration programs for incarcerated persons with problematic drug use.
5. Strengthen the relationships between NDS and community-based organizations and nongovernmental organizations, with the aim of implementing and managing drug demand reduction programs focused primarily on the treatment and rehabilitation of at-risk youth.
6. Strengthen the relationship between NDS and civil society, with the aim of implementing and managing drug demand reduction programs focused primarily on the treatment and rehabilitation of at-risk youth.

Supply Reduction Objectives:

1. Design, implement, and strengthen comprehensive and balanced policies and programs aimed at preventing and decreasing the illicit supply of drugs, in accordance with the territorial realities and human rights principles.
2. Reduce the trafficking of illicit drugs.
3. Design and implement plans and/or programs to mitigate and reduce the impact of illicit crops and drug production on the environment, with the incorporation and participation of local communities and in accordance with national policies that establish alternative development programs for those at risk of becoming cultivators.
4. Increase the number of supply programs for persons at the Department of Correctional Services.

Control Measures Objectives:

1. Adopt and/or strengthen control measures to prevent the diversion of pharmaceutical products containing precursors substances or products containing narcotic drugs and/or psychotropic substances toward illicit activities; ensure the adequate availability of and access to pharmaceutical products solely for medical and scientific purposes.
2. Establish, update, and strengthen, as appropriate, the legislative and institutional frameworks aimed at countering money laundering derived from drug trafficking.
3. Strengthen agencies for the administration and disputation of seized and forfeited assets as proceeds of crime in cases of drug trafficking.

International Cooperation Objectives:

1. Promote and strengthen regional, hemispheric, and international cooperation and coordination mechanisms to foster technical assistance, improve the exchange of information and experiences, and share best practices and lessons learned on drug policies and related crimes.
2. Promote and strengthen bilateral cooperation and coordination mechanisms to foster technical assistance, improve the exchange of information and experiences, and share best practices and lessons learned on drug policies and related crimes.

Example 4

Mission:

Establish drug policy implementation guidelines that guarantee the execution of actions that different state agencies are responsible for.

Vision:

Consolidate a political sphere that supports inter-institutional cooperation on the implementation of a national drug policy.

Principles:

- *Human rights:* Integration of human rights principles and instruments in a drug policy.
- *Development with equity:* Commitment to development and human dignity, with a focus on vulnerable populations. Inclusion of a cross-cutting gender perspective.
- *Integrity and balance:* Complex approach, multidimensional and transversal.
- *Shared responsibility:* Strengthening of the drug strategy through multilateral cooperation at the global level.
- *Democracy:* Active participation of the community and civil society in the development of a policy and discussions related to it.
- *Scientific evidence:* Evidence-based interventions that ensure the quality, efficiency, and sustainability of actions.
- *Transparency:* Availability of public information, and accountability.

Objectives by Components:

Institutional Strengthening

1. Strengthen policy design processes and the stewardship role of the national drug agency, deepen inter-institutional work of the participating ministries, and promote (at the highest level) the articulation of policy actions with other relevant public institutions.
2. Develop joint lines of action and strengthen the capacity of the multiple actors involved in the strategy implementation process, such as state agencies, departmental and local governments, educational institutions, NGOs, and labor unions.
3. Strengthen the strategy's normative and regulatory framework, to ensure universality, accessibility, and inter-institutional articulation between services.
4. Consolidate the institutional framework and endowment of resources of the national drug agency for the most effective fulfillment tasks.

Integral Health

1. Develop a comprehensive prevention system that offers a range of universal, selective, and indicated prevention programs.
2. Develop a comprehensive drug treatment and care system among the stakeholders involved in its operations, such as NGOs, public agencies, and private sector companies.
3. Design, execute, and coordinate national plans in relation to specific mandates of the law regarding the treatment of substances, including tobacco, cannabis, alcohol, psychotropic drugs, and other drugs, in line with the country's National Health Plan.
4. Develop and implement high-quality management systems for prevention treatment and care.
5. Strengthen social integration actions aimed at reducing vulnerabilities associated with problematic drug use and increasing access to social protection programs, specifically in the education, culture, housing, and health spheres; ensure that these actions are adapted to the specific circumstances and needs of people and their families and communities.

Market: Control and Regulation Measures

1. Strengthen the monitoring and evaluation of market regulation policies through a system of agreed-upon validated, standardized, comparable, and reliable indicators.
2. Strengthen the control measures established to prevent the diversion of precursors and chemical substances from the legal market toward the illicit production of drugs.
3. Strengthen the control measures established to manage the pharmaceutical product market; address illegal commercialization and the production of illicit psychoactive substances.
4. Strengthen policies aimed at countering money laundering, including asset investigation, seizure, and the confiscation of assets linked to criminal organizations.
5. Ensure the implementation of measures aimed at preventing and sanctioning corruption, particularly, with regard to public officials.
6. Strengthen policies centered on the prevention, interdiction, and repression of illicit drug trafficking and related crimes, especially policies related to organized crime, public corruption, money laundering, and arms and human trafficking.
7. Strengthen relevant information systems; establish mechanisms to promote consultation, the sharing of advice, training, and cooperation among authorities implementing areas of the drug policy (such as authorities from the judiciary, the public prosecutor's office, the Department of Internal Affairs or equivalent, academia, and other organizations linked to the justice system).

Justice and Coexistence

1. Promote the generation of knowledge and exchange of good practices in this area to strengthen the design and implementation of evidence-based programs.
2. Considering the high prevalence of consumer and mental health problems among the homeless population, strengthen the living conditions of these persons while accounting for their mobility patterns and ways of inhabiting public spaces and coexistence.
3. Develop selective intervention strategies and programs aimed at communities most affected and exposed to the commission of drug micro-trafficking crimes.
4. Strengthen the treatment network for persons in vulnerable situations, with particular considerations for the impact of incarceration on caregivers and their dependents.
5. Sensitize and train actors from the justice system (e.g., judges and police officers), academia, health services, and community organizations on how to address problematic drug use; incorporate up-to-date information and good practices.
6. Promote alternatives to incarceration for individuals with substance use disorders; develop plans and programs for socio-occupational and educational integration that also have special considerations for the most vulnerable populations affected by drug trafficking, particularly women linked to micro-trafficking.

International Relations and Cooperation

1. Coordinate and promote the country's political and technical participation in international forums on drugs.
2. Support the country's active participation in multilateral and regional efforts to strengthen international cooperation.
3. Maintain and deepen bilateral agreements and programs with other countries to deepen legal cooperation, technical assistance, and international operations on drugs, as well as strengthen bilateral actions in border areas.
4. Strengthen South-South and triangular cooperation on drug policy, in line with the UN Sustainable Development Goals.
5. Promote the effective integration of human rights principles into the international drug policy framework.
6. Continue participating in and promoting policy debates regarding the complex nature of problematic drug use.
7. Promote and strengthen international cooperation in the field of medical cannabis and industrial hemp.

Methods and Templates to Support Development of a National Drug Policy

Ⓐ Approaches to Consider When Conducting a Situational Assessment

① **Gather the perspectives of key stakeholders.**

- Identify individuals and organizations with a responsibility, mandate, or interest in a drug control policy.
- Describe the views of stakeholders on the intended plan (i.e., those who support it, oppose it, and have clear ideas for it).
- Identify what your or others' previous experience has revealed.

② **Gather comprehensive reviews of any available reports, literature, and documents that record previous experiences.**

Specifically, consider the following:

- Examine the literature for research about projects, activities, communities, and issues related to drugs (e.g., annual institutional reports and reports regarding specific activities).
- Examine previous evaluation findings of projects.
- Review the literature regarding similar types of projects and recommendations for best practices.

③ **Collect health-related data on priority issues.**

Consider collecting data on the following:

- Prevalence and incidence.
- Age of first use.
- Morbidity and mortality.
- Health behavior and practices (if available).
- Cost, including social, economic, and human indicators (if available).

④ **Review existing mandates.**

As part of any situational assessment, it is both necessary and important to review existing mandates to ensure that the proposed plan fits well with them. Specifically, consider reviewing the following:

- Mandate of your organization.
- Other legislation and regulations.
- Policies and guidelines.
- Professional standards and ethical guidelines.
- Political agendas.
- Societal concerns.
- Mandates of potential partners and/or competitors.
- Budgets for implementation.

⑤ **Assess the vision and mission statements.**

In addition to examining existing mandates, it is also important to look at the following:

- Vision of others involved in the planning process.
- Vision of your organization.
- Desired direction by managers, politicians, and community leaders.
- Relevant strategic plans.

⑥ **Complete a threat analysis.**

Identify the factors that could potentially affect your plan:

- Political
- Economic
- Environmental
- Social
- Technological
- Demographic
- Legal

⑦ **Identify information gaps.**

Examine all of the information. Are there any gaps, particularly related to issues that are likely to be addressed by the plan? Identify where additional information can be obtained or the areas (e.g., demand reduction) that need to be developed to fill the remaining information gaps.

Ⓑ The Drug Situation: Drug Consumption and Consequences

Epidemiological studies along with other related approaches can be used to answer the below research questions.

Methods for Drug Epidemiology[10]

Research question	Extent of the problem.		
Methods	General population surveys.	Special population surveys.	Rapid Assessment Methodology (RAM).
Advantages	Broad coverage. Trend data if repeated. Precision. Scientific standardized methods.	Targeted coverage. Information on users of particular drugs. Information on "hidden" populations.	Rapid, inexpensive, and multimethod. Relevance to interventions.
Limitations	Validity and representativeness. Expensive and training needed. May miss users of some drugs. May miss some "hidden" populations.	Validity and representativeness. Expensive and training needed. Sampling difficult.	Validity and representativeness. Training needed.

[10]The table is adapted from the World Health Organization's "Guide to Drug Abuse Epidemiology," 31–33, https://cdn.who.int/media/docs/default-source/substance-use/a58352-parta.pdf?sfvrsn=7138d85f_2.

Research question	Characteristics of persons involved.		Nature of the problem.			Factors and processes associated with initiating and maintaining drug use.
Methods	General population surveys.	Special population surveys.	Existing data.	Key informant interviews, focus groups, and other quali¬tative methods.	Rapid Assessment Methods (RAM).	Longitudinal studies.
Advantages	Broad coverage. Trend data if repeated. Precision. Scientific standardized methods.	Targeted coverage. Information on users of particular drugs	Inexpensive and available.	Information on "hidden" populations. Inexpensive.	Rapid, inexpensive, and multimethod. Relevance to interventions.	Identifies factors associated with risk and protection
Limitations	Validity and representa-tiveness. Expensive and training needed. May miss users of some drugs.	Validity and representa-tiveness. Expensive and training needed. Sampling difficult.	Validity and representa-tiveness. "Known" us-ers only. Subject to collection bias (e.g., policy changes).	Validity and representa-tiveness. Some training needed.	Training needed.	Very expensive and time consuming. Training needed.

Research question	Consequences and other factors.			
Methods	Longitudinal studies.	Existing data.	Natural history studies.	Special studies.
Advantages	Health and social consequences trend data.	Inexpensive and available.	Trend data.	Trend data. Linked use and consequences.
Limitations	Very expensive and time consuming. Training needed.	Validity and representativeness. "Known" users only. Subject to collection bias (e.g., policy changes).	Very expensive and time consuming. Training needed.	Very expensive and time consuming. Training needed.

© Identifying Data Collection Methods

Indicator				
Data collection mothod	Source of information			
	Tool/instrument used			
	Frequency of collection			
Rational				

Ⓓ Planning and Organizing Data Collection

Evaluation questions				
Key indicators				
Information sources	Source			
	Tools to use			
	Frequency of collection			
	Dates			
Resources needed to collect information	Persons			
	Time			

Ⓔ Survey Writing and Interviewing

Rapid Situation Assessments (RSAs)

1 Practical considerations for developing countries: the Rapid Situation Assessments (RSAs)

How does a small developing country with few resources and an underdeveloped system of data and information carry out a needs assessment? The method that lends itself best to this context is the rapid situation assessment (RSA). The RSA is a research methodology that uses a combination of several quantitative and qualitative data collection techniques in order to assess the nature and extent of certain health and social problems, such as drug abuse, and the ability to respond to these problems.

The characteristics of an RSA make it a well-suited tool for undertaking situation assessments for national drug plans. These characteristics include the following:

- Speed
- Cost-effectiveness
- Flexible approach
- Inductive orientation
- Combination of several data collection techniques
- Use of multiple categories of respondents and multiple sources of data
- Documentation of the problem and the responses to it
- Documentation of the needs and the availability of resources
- Documentation of "good/best practice" initiatives and lessons learned from previous programs
- Linkage to interventions

Rapid assessments primarily focus on the following:

- Context
- Drug use
- Resources
- Interventions and Policies

2 Example of a guideline for key informant interviews (national level)

Audience:	Attorney General, Police, Ministry of National Security
Objectives:	To get a full picture of drug misuse (including alcohol abuse) in [country name] and the different services, organizations, institutions, and individuals engaged in delivering programs to prevent, reduce, or treat drug misuse.
Name of organization where the key informant works:	
Key informant function in the organization:	
Date of interview:	
Interviewer name:	
Date of finalization:	
What is the most problematic legal or illegal drug in [country name]?	
Why is this drug the most problematic? What are the main problems caused by the use of this drug?	
What is the drug that is mostly associated with: Arrests/convictions Seizures Court mandated treatments	
What other drugs are causing problems in your country?	

Have you detected, or are aware of, any new drugs introduced to your country over the past five years?
Have you detected, or are aware of, any new trends of drug-taking behavior in your country?
In your work area, which persons are most vulnerable for drug use?
What can be done better to reduce or minimize drug-related problems from a law enforcement perspective?
Are there any initiatives in that direction? If yes, please describe.
What are the main barriers and facilitators for improving the situation from a law enforcement perspective? Barriers: Facilitators:
What type of punishment or sanctions (e.g., fines, treatment, or incarceration) should be given to persons caught for: Pushing drugs? Drug usage? Drug-related crime?
Does imprisonment serve as deterrence and contribute to resocialization? (Is counseling offered and its relation to recidivism?)
Should there be alternative forms of correction?
With respect to the trafficking of drugs, what are the source countries?
How much of the drugs coming in actually stays in the country versus moving further north?
Are most of the persons involved in trafficking locals?
Does your country have any international partnerships to help in the fight against drug trafficking?
What proportion of your violent crimes would you say result from drugs?
Review the Multilateral Evaluation Mechanism report recommendations.
What should happen in society at large to reduce drug-related problems?

Collect any available recent data on the problem; ask for other potential key informants; ask specific questions in relation to the function of the key informant.

3 Example of a guideline for key informant interviews (national level)

Audience:	National Drug Commission
Objectives:	To get a full picture of drug misuse (including alcohol abuse) in [country name] and the different services, organizations, institutions, and individuals engaged in delivering programs to prevent, reduce, or treat drug misuse.
Name of organization where the key informant works:	
Key informant function in the organization:	
Date of interview:	
Interviewer name:	
Date of finalization:	
What is the role and mandate of your organization?	
How does your organization carry out its mandate?	
What is the most problematic legal or illegal drug in in your country?	
Why is this drug the most problematic?	
What drug is related to most prevention activities in your country?	
What are other problematic drugs in your country?	
In what way are they problematic?	
Are there new trends of drug-taking behavior in your country? If yes, what are they?	
Which persons are most vulnerable for drug use in your country?	
What are the major social factors related to drug use?	
What are the social consequences of drug use? (Impact on families, communities, and on services.)	

What can be done better in the area of preventing drug-related problems?

Are there any initiatives in that direction, either in the planning phase or recently implemented? Please describe.

What are the main barriers and facilitators for improving the situation in prevention?

Barriers:

Facilitators:

What should happen to persons who are already taking drugs?

Is your organization sufficiently linked to the community? If yes, how do these links operate?

What should happen in society at large to reduce drug-related problems?

Are there any other comments you would like to make about the drug-related problems in your country?

What is the current status of your country's National Anti-Drug Strategy and Plan of Action?

Is the national anti-drug authority, commission, council, or other responsible body constituted and functional?

What about the national anti-drug authority, commission, council, or other responsible body's secretariat?

What are the things that need to happen in order to improve the function of the national anti-drug authority, commission, council, or other responsible body and the secretariat?

What needs to happen at the national level?

Collect any available recent data on the problem; ask for other potential key informants; ask specific questions in relation to the function of the key informant.

Ⓕ Stakeholders Map I

	Expectations	Priorities
Internal Stakeholders		
External Stakeholders		
Stakeholders		

Ⓖ Stakeholder Identification

Identification of customers and stakeholders

Actors	Expectations	Prioritization
Internal Customers		
External Customers		
Stakeholders		

Ⓗ Stakeholders Map II

Actors	How is your organization/ institution affected by substance abuse?	Ability and motivation to participate in solutions to the problem	Interests and expectations of stakeholders involved	Type of relation with other actors (cooperation or conflict)	Relative power of the actor

Ⓘ Inter-sectorial Coordination

Institution or sector	Description

Ⓙ SWOT Analysis: Institutional, Socio/Economic, Legal, and Political Framework for the Development of a National Drug Policy

Strengths	Weaknesses
Opportunities	**Threats**

Strengths, criteria examples:

Capacities of institutions and agencies? Resources, assets, people? Experience, knowledge, data? Financial resources, processes, systems, IT, communications? Cultural, attitudinal, behavioral? Political support? Philosophy and values?

Weaknesses, criteria examples:

Gaps in capabilities? Lack of competitive strength? Poor financial resources? Vulnerabilities? Reliability of data, plan predictability? Morale, commitment, leadership? Processes and systems, etc.? Political support?

Opportunities, criteria examples:

Local, regional, or international developments? Local lifestyle trends? Global influences? New drugs, or related issues? Change in tactics of traffickers, dealer's users? Information and research? Partnerships, coordination, agencies, and new sources of funding?

Threats, criteria examples:

Political effects? Legislative effects? Environmental effects? New developments? Insurmountable weaknesses? Loss of key staff? Sustainable financial backing? Economy—home, abroad?

Ⓚ Analysis of the Previous National Drug Policy

Accomplishments	Failures

Ⓛ Comparisons among National Policies

Policy (theme)	Relevant aspects of the policy	Opportunities	Threats	Observations

Ⓜ International Policies

National policy	International policies	Key elements (missing/having)

Ⓝ Legal Framework at the International Level: United Nations Conventions on Drugs and Other Instruments and Recommendation

UN Conventions on Drugs
United Nations Office on Drugs and Crime, www.unodc.org.

The **Single Convention on Narcotic Drugs** of 1961 was set up as a universal system (replacing the various treaties signed until then) to control the cultivation, production, manufacture, export, import, distribution of, trade in, use and pos¬session of narcotic substances, paying special attention to those that are plant-based: opium/heroin, coca/cocaine, and cannabis. More than a hundred substances are listed in the four schedules of the convention, placing them under varying degrees of control[11].

The **Convention on Psychotropic Substances** of 1971, set up in response to the diversification of drugs of abuse, introduces controls over the licit use of more than a hundred (largely synthetic) psychotropic drugs, like amphetamines, LSD, ecstasy, and valium. An important purpose of the first two conventions was to codify interna¬tionally applicable control measures in order to ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes, while preventing their diversion into illicit channels[12].

The **World Health Organization** (WHO) is responsible for the medical and scientific assessment of all psychoactive substances and for advising the Commis¬sion on Narcotic Drugs (CND) about their classification into one of the schedules of the 1961 or 1971 conventions.

[11] *Single Convention on Narcotic Drugs*, United Nations, 1961, amended in 1972, https://www.unodc.org/pdf/convention_1961_en.pdf.

[12] *Convention on Psychotropic Substances*, United Nations, 1971, https://www.unodc.org/pdf/convention_1971_en.pdf.

In response to the increasing problem of drug abuse and trafficking during the 1970s and 1980s, the **Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances** of 1988 was set up to provide comprehensive measures against drug trafficking. These measures include provisions against money laundering and the diversion of precursor chemicals, and agreements on mutual legal assistance.

The **International Narcotics Control Board** (INCB) is the quasi-judicial control organ for the implementation of all three United Nations drug conventions. The board consists of 13 members: three elected from a list of candidates nominated by the WHO and ten from a list nominated by governments.

The **UN General Assembly Special Session** 2016 includes operational recommendations on the following:

- Demand reduction and related measures, including prevention and treatment, as well as other health-related issues.
- Ensuring the availability of and access to controlled substances exclusively for medical and scientific purposes, while preventing their diversion.
- Supply reduction and related measures; effective law enforcement; responses to drug-related crime; and countering money laundering and promoting judicial cooperation.
- Cross-cutting issues: drugs and human rights, youth, children, women, and communities.
- Cross-cutting issues in addressing and countering the world drug problem: evolving reality, trends and existing circumstances, emerging and persistent challenges and threats, including new psychoactive substances, in conformity with the three international drug control conventions and other relevant international instruments.
- Strengthening international cooperation based on the principle of common and shared responsibility.
- Alternative development; regional, inter-regional, and international cooperation on development-oriented balanced drug control policy; addressing socioeconomic issues.

[13] *Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances,* United Nations, 1988, https://www.unodc.org/pdf/convention_1988_en.pdf.

[14] *"UN General Assembly Special Session 2016,"* United Nations, 2016, https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf.

National Legal Framework

Key regulations	Restrictions/ limitations/new regulations needed

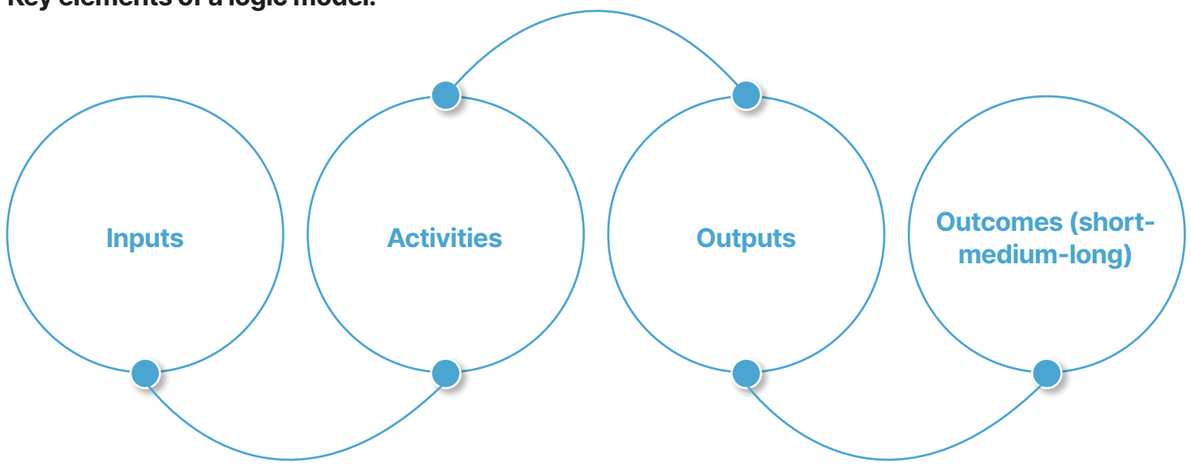
Examples of Logic Models

As discussed in *Chapter 3*, a logic model briefly outlines what a policy, intervention, or program will do, how it will do it, and what it is expected to accomplish. This section presents three example logic models to inform the process of designing a logic model. To this end, the logic model building process explained in *Chapter 3* is used.

Formulation of questions:

- What problematic condition exists that demands a programmatic response?
- Why does the problematic condition exist?
- For whom does it exist?

Key elements of a logic model:



Example A-1

Logic Model for Increasing the Accessibility, Coverage, and Effectiveness of Drug Treatment and Rehabilitation

Substantial evidence suggests that the treatment of substance use and misuse is effective in reducing addiction-related problems, such as crime, health issues, poverty, and unemployment, as well as the inappropriate use of health care services. At the same time, there is an indication of insufficient capacity to provide adequate, high-quality substance abuse treatment. Indeed, increasing access and effectiveness to drug treatment is a prominent goal of many countries and territories.

Expanding treatment capacity may seem like a relatively simple matter that just requires increasing the number of available inpatient beds and/or outpatient treatment slots. However, a closer examination of the factors affecting treatment capacity and treatment access within the public treatment system shows a more complex picture. For example, patient utilization practices can act to restrict access. Many people who wish to enter the public addiction treatment system are among the most severely affected by active substance use and combinations of physical and psychiatric diseases.

In recognition of the importance of making quality substance abuse treatment more accessible within the public and private sectors, this example logic model is focused on increasing the accessibility and effectiveness of drug treatment and rehabilitation (see *Table A-1*).

Table A-1 is structured in the same manner as the logic model discussed in *Chapter 3*. The model includes inputs, activities, outputs, and three types of outcomes.

Starting with inputs, the example assumes there is a need for drug treatment centers/facilities/services; research; interventions, programs, and protocols; multidisciplinary staff teams; medical equipment/medication; quality standards of treatment and care; and training (see column 1 in *Table A-1*). **Inputs** are persons, places, and things, whereas **outputs** are what these persons, places, and things do.

Having identified the inputs, the next step is to identify **activities that directly stem from the inputs.** The **activities** are the immediate results of the inputs (see column 2 in *Table A-1*). For instance, in the example, identifying all the centers/facilities/services currently delivering drug treatment and rehabilitation (in the public and private sectors) is an input, and mapping all of them per zone, territory, or state is an activity; the resulting output is "drug treatment and rehabilitation centers/facilities/services identified and located." In addition, identifying what the barriers and gaps in drug treatment access is an input, and conducting a situation assessment to determine those existing barriers and gaps is an activity; the resulting output is "barriers and gaps identified." Other activities include calculating the coverage of drug treatment and rehabilitation centers/facilities/services; improving the referral systems to drug treatment and rehabilitation centers/facilities/services from general hospitals, the police, the criminal judicial system, and social services; and assessing the drug interventions, programs, and protocols implemented based on quality standards of treatment and care.

As indicated above, once the activities are established, the next step is to ask what results will arise from them. These are the **outputs** (see column 3 in *Table A-1*). In the example, training staff to deliver interventions in compliance with quality standards of treatment and care (the activity) leads to having highly qualified staff who can deliver high standards of treatment and care in their daily practice (the output).

The next step is to ask what these outputs will produce. **Short-term outcomes** in the example include knowledge of the existing barriers and gaps; coverage of drug treatment centers/facilities/services (public and private) (%); awareness of referral channels and processes among general hospitals, the police, the criminal judicial system, and social services; and staff with skills and practices aligned with quality standards of treatment and care (see column 4 in *Table A-1*).

After determining the short-term outcomes, the next step is to determine the benefits derived from the outputs. **Medium-term outcomes** in the example include actions undertaken to overcome barriers and gaps in access; increased referrals to drug treatment and rehabilitation centers/facilities/services; and the application of high standards of treatment and care within the drug treatment and rehabilitation network (see column 5 in *Table A-1*).

The final step is to identify the long-term impacts (see column 6 in *Table A-1*). In the example, these impacts include:

- increasing the number of people receiving drug treatment by 25%; and
- increasing the recovery cases and reducing the relapses cases by 30%.

As a reminder, every element of the logic model is measurable. Once the logic model is identified, the stakeholders who designed it should then use a systematic data collection approach to track adherence to each element of the logic model.

Table A-1. Logic model for increasing the accessibility, coverage, and effectiveness of drug treatment and rehabilitation

What is the problem? Low average rates of people receiving drug treatment and high average rates of drug abuse relapses, caused by insufficient access to and coverage of drug treatment programs, as well as low-quality services.

Goal: Improve the physical and overall well-being of citizens through the systemic delivery of multidisciplinary approaches to drug treatment and rehabilitation.

Objective: Increase the accessibility, coverage, and effectiveness of drug treatment and rehabilitation, including services for people with comorbidities.

Inputs	Activities	Outputs	Outcomes		
			Short-Term	Medium-Term	Long-Term
Drug treatment centers/facilities/services (public and private). Research. Interventions, programs, and protocols. Multidisciplinary staff: physicians, nurses, and community health workers. Medical equipment/medication. Quality standards of treatment and care Training.	Map all drug centers/facilities/services per zone, territory, or state. Conduct a situation assessment to determine barriers and gaps in access. Calculate the coverage of drug treatment and rehabilitation centers/facilities/services. Improve the referral systems to drug treatment and rehabilitation centers/facilities/services from general hospitals, the police, the criminal judicial system, and social services. Assess the drug interventions, programs, and protocols implemented in compliance with quality standards of treatment and care. Train staff on delivering interventions that meet quality standards of treatment and care. Define a specific program to address the co-existence of substance use disorders with other psychiatric disorders.	Drug treatment and rehabilitation centers/facilities/services identified and located. Situation assessment conducted and barriers and gaps identified. Coverage of facilities and services estimated. Referral systems strengthened. Interventions, programs, and protocols assessed based on quality standards of treatment and care. Number of staff trained/applying high standards of treatment and care in daily practice. Program on dual disorders defined and integrated into drug treatment and rehabilitation centers/facilities/services.	Knowledge of the existing barriers and gaps. Coverage of drug treatment centers/facilities/services (public and private) increased (%). Awareness of referral channels and processes among general hospitals, the police, the criminal judicial system, and social services increased. Identification of interventions, programs, and protocols that meet quality standards of treatment and care. Staff with skills and practices aligned with quality standards of treatment and care. Individuals with drug abuse screened for mental health status.	Actions undertaken to overcome barriers and gaps in access. Increased referrals to drug treatment and rehabilitation centers/facilities/services. Application of high standards of treatment and care within the drug treatment and rehabilitation network. Staff application of high standards of treatment and care in their daily practice. Specific program for co-occurring disorders developed and implemented in the drug treatment network.	Number of people receiving drug treatment increased by 25%. Recovery cases and relapse cases reduced by 30%.

Example A-2

Logic Model for a Law Enforcement Resource Grant Program

This second example focuses on a program that seeks to improve public safety by providing resources to law enforcement to strengthen community policing, stay current on the latest technological advances in policing, recruit more staff, and expand training and technical assistance. The ultimate aims are to increase the public's trust in policing and improve public safety. Community policing programs offer opportunities to merge criminal justice considerations with those of public health, especially where drug and alcohol-related crime control policies are concerned[15]. Generally, community policing programs place less emphasis on arrest and incarceration to control crime. Instead, they focus on prevention and "order maintenance" functions, which can range from supervising lot cleanups to suppressing the local retail drug market.

In the example here, an existing community policing program is being enhanced by resources from a government source, with the goal of reducing drug-related crime and thus increasing public safety and health. The long-term outcome is a higher percentage of citizens that feel safe in their homes and communities as the result of increased police presence intended to suppress drug-related crime. *Table A-2* presents the example logic model.

[15]Gary Cordner, "Community Policing," in *The Oxford Handbook of Police and Policing*, eds. Michael D. Reisig and Robert J. Kane (Oxford: Oxford University Press, 2014), 148–171.

Table A-2. Logic model for a law enforcement resource grant program.

What is the problem? Insufficient resources across the criminal justice system to close program gaps, adopt more effective tools for crime prevention and control, and increase public health and safety.

Goal: Increase public safety and health.

Objective: Implement a community policing program to reduce crime and create safe communities.

Inputs	Activities	Outputs	Outcomes		
			Short-Term	Medium-Term	Long-Term
Local law enforcement grant recipients. IT staff (comms; software). Community policing equipment (e.g., body-worn cameras and bicycles). Local public affairs/ recruitment staff. Contractual support for subject matter experts in community policing. Training and technical assistance trainers. Local partners (e.g., community volunteers, private nonprofits, and service providers). Evaluator.	Promote public law enforcement as a career opportunity. Develop policies and procedures. Form intra- and inter-agency partnerships. Gain greater knowledge of effective criminal justice practices. Purchase equipment for officer safety and improved communications. Purchase equipment and other tools for use in community crime prevention. Provide training and technical assistance in the latest effective practices in community policing. Conduct community outreach events. Conduct ongoing hot spots/crime analysis.	More individuals recruited and employed in law enforcement. More officers visible in the community. Increase in officers trained in effective policing practices. Expanded use of technology. Expanded use of community-oriented crime prevention tools. Improved information sharing among law enforcement entities.	Improved retention of law enforcement and criminal justice staff. Reduced incidence of crimes. Reduction in citizen complaints. Reduction in negative officer interactions. Reduction in officer deaths and injuries. Decrease in arrests.	Reduced prevalence of Part I crimes. Reduced prevalence of Part II crimes. Increase in arrests that are successfully adjudicated. Increase in successful case closure rates. Increase in citizens' trust of law enforcement officers.	The public feels safe in their homes and communities. Fear of walking alone declines.

Assumptions: The government continues to support law enforcement efforts to increase public safety and health; training and technical assistance continues to be embraced by law enforcement as a capacity-building tool; and there is continued cooperation among law enforcement agencies.

Example A-3

Logic Model for a Teacher-Led, Classroom-Based Student Prevention Program

This third example focuses on a classroom-based student program that seeks to reduce youth substance use by implementing a school intervention that teaches students about the risks of substance use and about life skills that will serve as protective factors against use. The intervention would be implemented by teachers and consists of a series of classroom sessions. The logic model was created from the perspective of a county public health department and assumes it would fund the program and facilitate its implementation within the school district (see *Table A-3*).

Table A-3. Logic model for a teacher-led, classroom-based student prevention program

What is the problem? Rising youth substance use in the community, caused by several factors including little perceived risk of harm from substance use and weak life skill protective factors.

Goal: Reduce youth substance use.

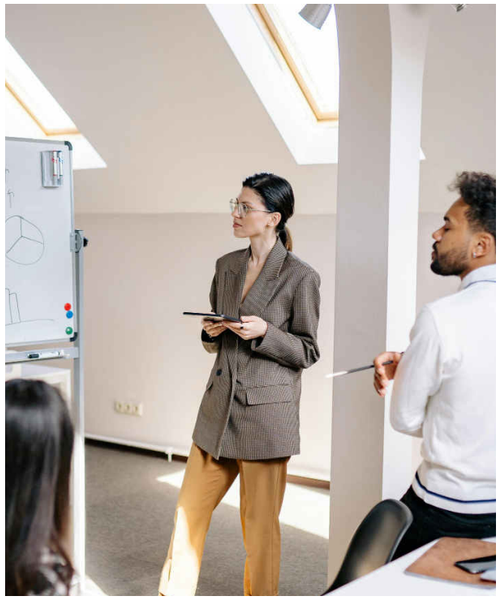
Objective: Strengthen school-based prevention efforts as a means to reduce youth substance use.

Inputs	Activities	Outputs	Outcomes		
			Short-Term	Medium-Term	Long-Term
Funding from a state-directed prevention sub-grant. County public health department employees. Relationship with school district administration. Student and community administrative surveys, and focus group data and tools. School-based prevention program materials. School-based prevention program developers. County public health department knowledge of school-based, evidence-based prevention programs. Teachers. School classrooms. Class time.	Verify that prevention sub-grant can fund all necessary program activities. Educate school district administration staff on the importance of implementing a school-based prevention program. Educate school district administration staff and teachers on how the implementation of a school-based prevention program will occur. Purchase and distribute school-based prevention program materials. Purchase and schedule teacher training time from program developers. Administer survey on student knowledge, attitudes, and beliefs toward substances pre- and post-implementation of a program. Have teachers begin implementing a school-based prevention program. Review relevant data.	School district administration agrees to implement a school-based prevention program. Number of schools (in the county) with teachers who agree to implement a school-based prevention program. Quantity of school-based prevention program materials purchased and distributed to teachers. Number of teachers who receive training and implement the school-based prevention program. Number of students who participate in the school-based prevention program. Number of students who complete the pre- and post-implementation surveys.	Teachers report confidence in being able to successfully implement the school-based prevention program. Students learn more about the risks of substance misuse. Students learn more about effective study habits. Students learn more about and practice substance awareness and refusal skills. Students learn more about and practice social and self-management skills.	Decline in high school substance use rates. Improved rates of academic achievement. Increased enrollment in after-school clubs and activities.	Improved youth and young adult health care outcomes. Increased rate of high school graduation.

Assumptions: Goal: The state continues to direct prevention funding to local public health entities. Funding is eligible to be used for this type of prevention programming. School administrators agree to participate in this kind of program.

Examples of Plans of Action

There are many ways to develop a plan of action. *Chapter 4* presents a simple and practical method that flows easily from a logic model. The first example plan of action below stems from the detailed logic model in *Table A-1*, which focuses on increasing the accessibility, coverage, and effectiveness of drug treatment and rehabilitation. This example plan is used because the logic and steps leading to its development are well documented. Two other plans of action, which correspond to the logic models presented in *Table A-2* and *Table A-3*, are also presented below.



Key elements of a plan of action:

Nº	Activities/ action steps	Responsible party	Resources needed (internal and external)	Progress indicated at benchmark	Completion date	Evidence of improvement

As *Chapter 4* explains, the first element (column) of the plan of action is simply a row number used to distinguish specific steps required to bring an element of the logic model to fruition. The second column, **activities/action steps**, lists each step that must occur for a plan to be successful. There may be one or more steps associated with each item in the logic model, but best practice requires that each step be recorded separately so that it can be properly assigned and does not get lost in the implementation process. The third column, **responsible party,** is of the utmost important because it designates the individual in charge of a particular step. It is best to designate a person or an entity as the lead in order to ensure accountability. Committee-led actions are not as effective.

Moving from left to right in the template, the next column is labeled **resources needed (internal and external).** For each step identified to the left, those responsible for developing the plan of action should help identify the resources needed to complete each activity. As noted, resources can be internal (usually from the government) or external (usually from foundations or stakeholder interest groups). This column enables the parties responsible for budget development to estimate the cost of the resources, bearing in mind that some costs may already be part of other existing budgets. (Cost estimation will be discussed in a later appendix, and a detailed example will be provided.) Lastly, the next columns, **completion date** and **evidence of improvement**, provide important information for the managers of the national strategy—namely, the end date and result associated with the activity's completion.

Example B-1

Plan of action for Increasing the Accessibility, Coverage, and Effectiveness of Drug Treatment and Rehabilitation

Table B-1 presents an example plan of action for increasing the accessibility, coverage, and effectiveness of drug treatment and rehabilitation. In this example, a country is facing low average rates of drug treatment use and high average rates of drug use relapses. The country decides to increase the accessibility, coverage, and effectiveness of drug treatment and rehabilitation, including services for people with comorbidities. Then, it asks a key question: What actions are required, based on the logic model, to accomplish this objective?

The example plan of action has seven activities (action steps), each of which is assigned to a specific unit/ department/service in an agency, organization, or entity that has responsibility for ensuring that the step is taken and completed. Each step essentially corresponds with the first two columns of the evidence-based logic model in *Table B-1*. Each step is self-explanatory, but it can be helpful to review the first step to ensure understanding of the template.

One input in the logic model includes drug treatment centers/facilities/services (public and private). Their identification and location are then stated as an output. In the plan of action, one step is to map all drug centers/facilities/ services (public and private) per zone, territory, or state. (Under the program assumptions for this example, staff members from these drug centers have been assigned responsibility for providing updated information.) The next column of the plan of action identifies the person responsible for accomplishing this step. In this case, the Demand Reduction Unit from the National Drug Council heads up the effort.

The next matter is resource identification. In the example, the Demand Reduction Unit has staff members that will coordinate with staff from drug treatment centers/facilities/services (public and private). They can therefore be considered human resources. The next item on the plan of action is when the process is to be completed. Noting the date or the deadline, as the case may be, is important to ensure accountability for the step being undertaken and completed. Finally, the plan lists the expected result from the completion of step one: "Status of drug treatment network updated."

Table B-1. Plan of action for increasing the accessibility and effectiveness of drug treatment and rehabilitation.

What is the problem? Low average rates of people receiving drug treatment and high average rates of drug use relapses, caused by insufficient access to and coverage of drug treatment, as well as low-quality services.

Goal: Improve the physical and overall well-being of citizens through the systemic delivery of multidisciplinary approaches to drug treatment and rehabilitation.

Objective: Increase the accessibility, coverage, and effectiveness of drug treatment and rehabilitation, including services for people with comorbidities. Month and Year, budget/operating year.

Activities/ action steps	Responsible party	Resources needed (internal and external)	Progress indicated at benchmark	Completion date	Evidence of improvement
What activities are needed to implement the activity (list them)?	Who is responsible for carrying out each activity? Who has oversight authority?	What resources will you need both internally and externally to complete each activity?	How will you know that you have made progress on each action step? List milestones, activity measures, and other metrics for each step.	When do you expect to complete each activity step?	The result of completing each action step—what result will be associated with completion of the plan of action?
1					
Map all drug centers/ facilities/ services per zone, territory, or state (public and private).	Demand Reduction Unit, National Drug Council.	Staff from drug treatment and rehabilitation centers/ facilities/services (public and private) are assigned responsibility for providing updated information.	Drug treatment and rehabilitation centers/ facilities/services identified and located. Inventory on treatments, therapies, and programs conducted.	2 months.	Status of drug treatment network updated.
2					
Conduct a situation assessment to determine barriers and gaps in access.	Demand Reduction Unit, National Drug Council. Independent consultant.	Existing staff from the Demand Reduction Unit. Consultant to plan a study and collect and assess data (4 months). Mobility expenses. Material.	Situation assessment conducted. Barriers and gaps identified. Plan to overcome them defined.	6–8 months.	Actions undertaken to overcome barriers and gaps to service access.
3					
Calculate the coverage of drug treatment and rehabilitation centers/ facilities/services.	Research Unit, National Drug Council.	Tablets. Statistical software package. Mobility expenses.	Coverage of drug treatment and rehabilitation centers/ facilities/services calculated.	3 months.	Neighborhoods, districts, or territories with a lack of coverage identified. Type of coverage needed identified.
4					
Improve the referral systems to drug treatment and rehabilitation centers/ facilities/services from general hospitals, the police, the criminal judicial system, and social services.	Demand Reduction Unit, National Drug Council. Health Systems Department, Ministry of Health (including the Mental Health Unit). Recovery Unit, Ministry of Justice. Social Integration Services, Ministry of Human Services and Social Security.	Meetings (room and meals). Mobility expenses.	All referral systems reviewed. Barriers and gaps identified. Channels of referrals strengthened.	15 months.	Appropriate referrals to drug treatment and rehabilitation centers/ facilities/services increased.
5					
Assess the drug interventions, programs, and protocols implemented based on quality standards of treatment and care.	Demand Reduction Unit, Research Unit, and Quality Services Unit, National Drug Council, and Ministry of Health	Purchase software. Materials. Meetings (room and meals).	Quality standards of treatment and care agreed. Interventions, programs, and protocols assessed. Interventions, programs, and protocols based on quality standards implemented.	8–12 months.	Drug treatment and rehabilitation network application of high standards of treatment and care. Effectiveness of treatment increased by reducing relapses and increasing recoveries.
6					
Train staff for delivering interventions to meet quality standards of treatment and care.	Demand Reduction Unit, National Drug Council. Ministry of Health Consultant hired to provide training.	3 facilitators (6 months). Training materials (notebooks, pencils, certificates, etc.). Classroom (chairs, tables, screen, laptop, etc.). Meals.	Training program/ course developed. Staff trained. High standards of treatment and care applied by staff in their daily practice.	9 months.	Drug treatment and rehabilitation network application of high standards of treatment and care. Effectiveness of treatment increased by reducing relapses and increasing recoveries.
7					
Define a specific program to address the co-existence of substance use disorders with other psychiatric disorders.	Demand Reduction Unit, National Drug Council. Mental Health Division, Ministry of Health. Independent experts.	2 independent experts (6 months). Materials (for piloting and implementing the program). Medication.	Program for co-occurring disorders developed. Program piloted. Program integrated into drug treatment and rehabilitation centers/ facilities/services.	18 months.	Treatment programs for co-occurring disorders increased as part of an integrated approach.

Example B-2

Plan of Action for a Law Enforcement Resource Grant Program

Table B-2 presents a plan of action for developing a community policing program that will, through increased resources, expand the presence of law enforcement in a community experiencing high rates of drug-related crime. The program takes a crime prevention approach in that it does not necessarily seek to arrest individuals, but rather, to suppress the illegal drug market.

Table B-2. Plan of action for a law enforcement resource grant program (to a locality)

What is the problem? Resources are needed across the criminal justice system to close program gaps, adopt more effective tools for crime prevention and control, and increase public health and safety.

Goal: Increase public safety and health.

Objective: Reduce crime to create safer communities. Two-Year Program: Two-year grant to a mid-sized city to promote community policing.

	Activities/ action steps	Responsible party	Resources needed (internal and external)	Progress indicated at benchmark	Completion date	Evidence of improvement
	What activities are needed to implement the activity (list them)?	Who is responsible for carrying out each activity? Who has oversight authority?	What resources will you need both internally and externally to complete each activity?	How will you know that you have made progress on each action step? List milestones, activity measures, and other metrics for each step.	When do you expect to complete each activity step?	The result of completing each action step—what result will be associated with completion of the plan of action?
1	Purchase equipment: • Bicycles • Body-worn cameras (BWCs) • Acoustic gunshot devices • Safe injection kits	Police chief or designee, such as a captain. Procurement Department.	Grant, state, or local funds. Procurement contracts.	Equipment purchased and deployed. Training on equipment complete.	6–9 months.	Equipped and trained staff.
2	Hire public affairs specialist experienced in community policing.	Police chief or designee, such as a captain. Human Resources Department.	Grant, state, or local funds.	Public affairs specialist hired.	3–6 months.	Development of a public affairs office/ strategy.
3	Conduct community outreach events.	Public Outreach Department.	Public outreach strategy/plan	Number of outreach events conducted. Number of materials developed. Number of community members that attended events.	6–24 months.	Citizens trust in law enforcement officers increased.
4	Contract with subject matter experts (SME) to provide training and technical assistance.	Police chief or designee, such as a captain. Procurement Department.	Grant, state, or local funds. Procurement contracts.	Number of training events. Number of staff/officers trained. List of materials provided by SME.	9–12 months.	Staff/officers' knowledge of community policing practices increased.
5	Develop policies and procedures.	Police chief or designee and SME.	Model policies and procedures.	Policies and procedures drafted and adopted.	3–6 months.	Policy/procedure manual revised.
6	Develop a training plan.	Training department and SME.	Training plan. Training materials/ curriculum.	Training plan developed.	6–24 months.	Training curriculum and plan implemented for staff and offices involved in the program.
7	Hire and assign staff and officers to the program.	Police chief or designee, such as a captain. Human Resources Department.	Grant, state, or local funds.	Number of officers and staff hired and assigned to the program. Percentage of officers assigned to the program.	Ongoing.	New staff/officers in the department deployed to the program.
8	Train staff and officers.	Training department and SME.	Training plan. Training materials/ curriculum.	Number of staff/officers trained. Number of hours of training completed.	6–24 months.	Trained staff/officers.
9	Hire an evaluator to conduct a pre- and post-impact analysis.	Police chief or designee, such as a captain. Procurement Department.	Grant, state, or local funds. Procurement contracts. Evaluation plan.	Interim reports provided to program staff.	9–24 months.	Final evaluation report distributed.
10	Conduct analysis (i.e., hotspots/crime analysis) to determine target neighborhoods.	Crime analysts.	Local data (e.g., calls for service and officer reports).	Number of hotspots identified. List of types of issues/ crimes impacting those hotspots.	Ongoing.	Positive changes in crime trends in hotspots/local communities.
11	Develop relationships with local partners and providers.	Police chief or designee, such as a captain. Public Affairs Office.	List of potential local partners and providers.	Number of local partners and providers providing support to the program increased.	6–12 months.	Number of memorandum of understanding/ partnership agreements with local partners and providers increased.

Example B-3

Plan of Action for a Teacher-Led, Classroom-Based Student Prevention Program

Table B-3 presents a plan of action for reducing youth substance use by implementing a school intervention that teaches students about the risks of substance use and about life skills to promote protective factors against use.

Table B-2. Plan of action for a teacher-led, classroom-based student prevention program

What is the problem? Rising youth substance use rates in the community, caused by several factors including little perceived risk of harm from substance use and weak life skill protective factors.

Goal: Reduce youth substance use.

Objective: Strengthen school-based prevention efforts as a means to reduce youth substance use.

	Activities/ action steps	Responsible party	Resources needed (internal and external)	Progress indicated at benchmark	Completion date	Evidence of improvement
	What activities are needed to implement the activity (list them)?	Who is responsible for carrying out each activity? Who has oversight authority?	What resources will you need both internally and externally to complete each activity?	How will you know that you have made progress on each action step? List milestones, activity measures, and other metrics for each step.	When do you expect to complete each activity step?	The result of completing each action step—what result will be associated with completion of the plan of action?
1	Develop a program budget.	School administrators.	Staff teachers. Program developer. Financial officer.	Preliminary budget taken to the school board and used to apply for funding.	1–3 months.	Preliminary budget proposed for funding.
2	Gain school board approval.	School administrators.	School in session.	Approval to proceed with the prevention program.	2–5 months.	Program approved.
3	Procure grant funding.	School administrators.	Grant, state, or local funds. Procurement contracts.	Funding procured.	3–9 months.	Final budget completed and grant funding procured.
4	Identify an existing staff member to implement and monitor the program (program director).	Existing member of the teaching or counseling staff.	List of staff with experience/expertise/ interest in prevention.	Staff person has been given new job duties and has been approved by the teachers' association	3–9 months.	Program director identified.
5	Identify a prevention program curriculum.	Program director.	Existing prevention program literature.	Curriculum selected.	3–9 months.	Curriculum approved.
6	Purchase and distribute school-based prevention program materials.	Program director.	Program materials for distribution.	Listing of program materials needed for distribution (e.g., plan for distribution, number of copies, and places to hang banners).	6–12 months.	Program materials distributed to staff, students, and throughout the school.
7	Develop a delivery plan for students and teachers.	SME and program director.	Training plan. Training materials/ curriculum.	Training plan developed.	6–24 months.	Training curriculum and plan for delivering the program developed.
8	Administer a pre-survey to students.	SME and program director.	Pre-survey to measure student attitudes of substance use.	Policies and procedures drafted and adopted.	9–12 months.	Pre-survey results measuring key outcomes analyzed.
9	Deliver the curriculum according to the training plan.	Program director, SME, and teachers.	Curriculum.	Number of staff trained. Number of students trained. Dosage of training. Percentage of all staff/ students trained. Number of materials distributed.	Ongoing.	New staff/officers in the department deployed to the program.
10	Administer a post-survey to students.	Training department and SME.	Training plan. Training materials/ curriculum.	Number of staff/officers trained. Number of hours of training completed.	18–24 months.	Post-survey results measuring key outcomes analyzed.
11	Deliver the results to the school board/ community.	Program director and school administrators.	Analysis findings of pre-post survey (progress report).	Final report issued.	18–24 months.	School board has enough information to determine the effectiveness of the program and whether it should be continued.

How to Link a Logic Model to a Plan of Action for the Purposes of Program Cost Estimation

This appendix describes how a logic model and its supporting plan of action can be used to estimate new or additional budget costs associated with a specific intervention. As this guide has emphasized, the implementation of a well-resourced intervention is essential for the success of a strategy. This entails ensuring that those responsible for providing program appropriations are apprised of any additional, necessary costs associated with the intervention. This appendix provides an example that uses the logic model presented in Table A-1 and its respective plan of action presented in Table B-1.

Background on Categories of Costs

The concept of cost is elementary. It captures the direct and indirect costs of implementing a plan of action or any task (i.e., those costs that are managed directly and those that are incurred indirectly in the background).

- **Direct costs** are those associated with the cost of a specific product or service. They are variable in nature and include items such as materials (e.g., stationary), space for product delivery, salaries of consultants involved in providing the service or product, and overtime. These costs are a function of the level of service provision and will likely diminish in terms of per unit costs over time, as some direct cost elements may be discounted due to volume of use. For example, if a service provision includes printed material, this cost will often decline with an increase in output due to volume discounts.
- **Indirect costs** occur regardless of the number of programs or services provided. They usually include costs such as those associated with the human resources department (e.g., managing staff payroll and other aspects related to assigned employees). In addition, they may include those associated with the physical buildings and equipment (i.e., the functioning workplace of assigned employees). Apportioning these costs across specific assignments or tasks, like those in the plan of action, is not feasible. Generally, however, these costs are represented by business or program providers at an indirect cost rate, such as 25 percent, which is applied on top of direct costs. For instance, if direct costs are estimated to be $100, then an additional $25 would be added to the estimate when determining total costs.

As an example, consider the costs associated with increasing the accessibility, coverage, and effectiveness of drug treatment and rehabilitation. The direct costs are those associated with consultant services, mobility expenses, training materials to educate staff, medications, and so forth. The indirect costs include monthly staff payments, the legal services associated with ensuring that the planned activities are properly managed in accordance with laws and regulations, the health and retirement benefits, and so forth[16].

[16]In government budgeting, capital costs are usually captured in the first year of a program and therefore do not show up in subsequent years. This approach is assumed in this guide.

Using the Logic Model and Plan of Action for Cost Estimation (Budget)

As noted earlier, this example uses the logic model and plan of action for increasing the accessibility, coverage, and effectiveness of drug treatment and rehabilitation. *Table A-1* shows how an input leads to activities, which, in turn, give rise to outputs and outcomes. *Table B-1* turns the logic model into a plan of action that can then be used to define resource requirements.

The first step in determining costs is to scan the plan of action to identify what may fall into the categories of direct or indirect costs. As a reminder, indirect costs are absorbed by the organization and are not directly attributable to a specific program or activity. In other words, these are existing resources already paid for through the organization's general operations.

Table C-1. Direct cost estimate for increasing the accessibility, coverage, and effectiveness of drug treatment and rehabilitation

Activities/ action steps	Resources needed (internal and external)	Cost type	2 years: 2022 and 2023 Cost estimate (in US dollars)
1			
Map all drug centers/ facilities/services per zone, territory, or state (public and private).	Staff members.	Indirect	$400,000 annually (10 staff of the Demand Reduction Unit).
2			
Conduct a situation assessment to determine barriers and gaps in access.	Staff members. Consultant. Mobility expenses. Materials.	Indirect Direct Direct Direct	N/A (already budgeted). 4 months x $3,000 = $12,000. $2,600 ($0.58 rate/mile). $900.
3			
Calculate the coverage of drug treatment and rehabilitation centers/ facilities/ services.	Tablets. Statistical software package. Mobility expenses.	Direct Direct Direct	$300 × 8 tables = $2,400. $1,500 (1-time purchase). $1,200 ($0.58 rate/mile).
4			
Improve the referral systems to drug treatment and rehabilitation centers/ facilities/ services from general hospitals, the police, the criminal judicial system, and social services, as well as counter-referral practices.	Meetings (room and meals). Mobility expenses.	Direct Direct	Rooms (no cost); meals $500 ($15/person). $800 ($0.58 rate/mile).
5			
Assess drug interventions, programs, and protocols implemented based on quality standards of treatment and care.	Software. Materials. Meetings (rooms and meals).	Direct Direct Direct	$1,200 (1-time purchase). $3,500 Rooms (no cost); 400 ($15/ person).
6			
Train staff for delivering interventions to meet quality standards of treatment and care.	3 facilitators. Training materials. Classroom (chairs, tables, screen, laptop, etc.). Meals.	Direct Direct Direct Direct	6 months x $2,500 = $45,000. $8,000 (notebooks, pencils, certificates, etc.). $850 × 2 laptops = $1,700 $1,500 ($15/person).
7			
Define a specific program addressing the co-existence of substance use disorders with other psychiatric disorders.	2 independent experts (6 months). Materials (for piloting and implementing the program). Medication.	Direct Direct Direct	6 months x $3,500 = $21,000 × 2 = $42,000. $120,000. $150,000.

Methods and Templates to Support the Monitoring and Evaluation of a National Drug Policy

Ⓐ

Suggested Steps for a Program Evaluation

Step 1: Engage stakeholders

Step 2: Describe the program

Step 3: Focus the evaluation design

Step 4: Gather credible evidence

Step 5: Justify conclusions

Step 6: Ensure use of the evaluation findings and share lessons learned

Step 1:

Engage stakeholders

- Identify stakeholders and involve them in the drug situational analysis and policy-making process.
- Include stakeholders operating relevant programs; ensure buy-in from stakeholders.

Step 2:

Describe the program

At a minimum, the program description should address the

- specific needs for program services in the community,
- target audience of program services,
- context in which the program operates,
- objectives of the program,
- program's stage of development,
- program's resources/inputs, and
- program's activities and intended results (outputs and outcomes).

The description should also

- provide the scope (the program's components and how they are interconnected),
- serve as a "map" to help ensure that systematic decisions are made about what is to be measured in the evaluation process and that gaps in information do not occur,
- help organize the indicators and ensure that none are overlooked, and
- visually communicate why indicators and tools matter in the overall scheme of a programs' efforts to achieve outcomes.

Step 3:

Focus the evaluation design

Process evaluation

- For established programs, process evaluations help program stakeholders understand why the programs are achieving the results they are, as well as serve to complement outcome evaluations.
- For new programs, process evaluations help staff find and correct problems before they can affect the program.

Outcome evaluation

- Outcome evaluations show whether or not a program achieved the desired effects. They answer the question, "Did the program activities produce the changes wanted?"
- The logic model is the best tool for "tracing back" the factors that contribute to good or poor performance outcomes.
- The evaluation methodology and its scope must be built around the main questions that it seeks to answer (i.e. stakeholder interviews to assess reception of the program and whether it is indeed producing its desired effects).

Step 4:

Gather credible evidence

- Determine the indicators (i.e., what should be measured and what types of data are needed to answer the evaluation question). Then, identify the data sources (i.e., where these data can be found).
- Determine the data collection method (i.e., how the data will be collected).
- Specify the time frame for data collection (i.e., when the data will be collected).

Step 5:

Justify conclusions

- Analyze the data by looking at what the data mean in addition to what they say, and then draw conclusions.
- Justify the conclusions of the evaluation; ensure that the results are both accurate and useful so that they are of maximum value.

Step 6:

Ensure use of the evaluation findings and share lessons learned

- All the evaluation participants and stakeholders should receive information summarizing the evaluation's conclusions and recommendations. Even though different recommendations may be made for differ¬ent users of the evaluation, all recommendations should outline actions steps that can be taken to improve the program.

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Measures Worksheet

	Internal	External
Input		
Output		
Outcome		
Efficiency		
Quality		

Ⓒ

Targets

Category	Internal	External
Effectiveness:		
Input		
Output		
Outcome		
Impact		
Efficiency:		
Cost/Unit of Service		
Quality		

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Selection Criteria Matrix to Choose Key Measures for the Executive Budget

Performance targets	Alignment to mission and goals	Importance to statutory purpose	Importance to stakeholder	Importance to executive and management	Total
#1					
#2					
#3					
#4					
#5					
#6					

Glossary

Activities: the actions taken or work performed through which inputs—such as funds, technical assistance, and other types of resources—are mobilized to produce specific outputs and results.

Alignment: the individual, team, and departmental goals and incentives linked to the attainment of strategic objectives.

Assumptions: the hypotheses about factors or risks that could affect the progress or success of a development intervention.

Base-line study: an analysis describing the situation prior to a development intervention, based on which progress can be assessed or comparisons can be made.

Core values: the fundamental beliefs that underpin the culture of an organization.

Culture: the awareness and internalization of the mission, vision, and core values needed to execute a national drug policy.

Effectiveness: the extent to which the development intervention's objectives were achieved, or are expected to be achieved, taking into account their relative importance. Efficacy is a related term.

Efficiency: an economic measure of how resources/inputs (e.g., funds, expertise, and time) are transformed into results.

Evaluation: the systematic and objective assessment of an ongoing or completed policy, project, or program with respect to its design, implementation, and results. The aim is to determine the relevance and fulfillment of the objectives, the development efficiency, the effectiveness, the impact, and sustainability. An evaluation should provide information that is credible and useful, enabling the incorporation of lessons learned into the decision-making process of both recipients and donors.

Gap analysis: the process of examining any disparity or gap that exists between current and desired states.

Goals: a higher order objective to which a development intervention is intended to contribute. Goals outline foundational and overall thematic outcomes for institutions. They are broad and cross-cutting in nature.

Impacts: the positive, negative, primary, or secondary long-term effects produced directly or indirectly by a development intervention. These effects may be intended or unintended.

Indicators: the specific, observable, and measurable characteristics (quantitative or qualitative) that provide a simple and reliable means to measure achievement, reflect the changes connected to an intervention, or help assess the performance of a development actor.

Inputs: the financial, human, and material resources used for the development intervention.

Internal and external customers: any internal group or persons whose work depends upon other work units or persons inside the same organization; any external users of the organization's products or services.

Logic model: a management tool used to improve the design of interventions. It involves identifying strategic elements (inputs, outputs, outcomes, and impacts) and their causal relationship, as well as indicators and the assumptions or risks that may influence success and failure. A logic model facilitates the planning, execution, and evaluation of a development intervention.

Measures: the size, amount, percentage, or degree of something that defines how progress is assessed.

Mission: a specific task with which an organization or institution is charged.

Monitoring: an ongoing task that includes the systematic collection of data about specified indicators. It provides management staff and the main stakeholders of a development intervention underway with indications of the extent of progress made and objectives achieved, as well as progress in the use of allocated funds.

Objectives: something aimed at or sought. Objectives describe how to achieve a goal of a policy, program, or intervention.

Outcomes: the way things turn out; consequences (i.e., what the results will look like).

Outputs: the products, capital goods, and services that result from a development intervention. They may also include changes resulting from the intervention that are relevant to the achievement of outcomes.

Performance: the degree to which a development intervention or a development partner operates in keeping with specific criteria, standards, and guidelines, or achieves results in accordance with the stated goals or plans.

Performance indicators: the variables that allow the verification of changes in the development intervention or show results relative to what was planned.

Performance measurement/metrics: a system for assessing the performance of development interventions as compared to the stated goals.

Results: the outputs, outcomes, or impacts (be they intended or unintended, positive, or negative) of a development intervention.

Stakeholders: the institutions, agencies, civil society organizations, or entities that share the same interest and purpose.

Strategic planning: an organizational management activity that is used to set priorities, define a strategy or direction, and help make decisions on the allocation of resources to pursue that strategy. Effective strategic planning articulates not only where an organization is going, and the actions needed to make progress but also how the organization will know if it is successful.

Target group: the specific individuals or organizations intended to benefit from the development intervention.

Target: something tangible (e.g., a product, service, or activity) used to identify performance expectations.

Vision: the ideal future state of the organization and its relationship with the stakeholders.