

Universal Training Curriculum

for National Drug Strategies (UC-NDS)



OAS/CICAD



MANUAL FOR TRAINERS
UC-NDS in the Americas
1st Edition, 2023

OAS Cataloging-in-Publication Data

Inter-American Drug Abuse Control Commission.

Universal Training Curriculum for National Drug Strategies: Manual for Trainers UC-NDS in the Americas.
p.; cm. (OAS. Official records; OEA/Ser.L/XIV.6.85)

ISBN 978-0-8270-7734-8

1. Drug control--America--Handbooks, manuals, etc. 2. Drug abuse--Government policy--America 3. Substance abuse--America. I. Title. II. Organization of American States. Secretariat for Multidimensional Security. Executive Secretariat of the Inter-American Drug Abuse Control Commission. III. Series.

OEA/Ser.L/XIV.6.86

Credits and Acknowledgments

This publication was possible thanks to the institutional leadership of Ambassador Adam E. Namm, Executive Secretary of the Inter-American Drug Abuse Control Commission (CICAD, by its Spanish-language acronym), Secretariat for Multidimensional Security of the Organization of American States. Special recognition to the contribution of the Bureau of International Narcotics and Law Enforcement Affairs (INL) of the U.S. Department of State for the institutional and financial support to make this training tool a reality. Thanks to the Canadian government through its Anti-Crime Capacity Building Program (ACCBP) for supporting the pilot training of this curriculum.

Principal Authors

Dr. Elisabet Arribas Ibar
Esther Best
Miguel Castro
Antonio Lomba Maurandi

Editorial Coordination

Dr. Elisabet Arribas Ibar
Antonio Lomba Maurandi

Peer Review Panel

Dr. Luis Alfonso
Bruno Bui
Curvelle David
Sarah David
Tedla Giorgis
Elena Hedoux
Liesbeth Vandam
Lindsey Williams

Collaborators

Tiffany Barry
Santiago Moreno
Luisa Neira
Bernardo Pinto
Hannah Rigazzi
Daniela Vanegas Ángel

ISBN 978-0-8270-7734-8

Copyright © (2023) General Secretariat of the Organization of the American States (GS/OAS).

Public Domain Notice

All materials appearing in this Course except for those taken directly from copyrighted sources are in the public domain and may be reproduced or copied without permission from the U.S. Department of State INL, the General Secretariat of the Organization of the American States (GS/OAS), or the authors. Citation of the source is appreciated. However, this publication may not be reproduced or distributed for a fee without specific, written authorization from INL and the GS/OAS.

This publication was prepared by the Executive Secretariat of the Inter-American Drug Abuse Control Commission (ES-CICAD), Secretariat for Multidimensional Security of the Organization of American States (SMS/OAS). It was developed under the aegis of the Drug Policies, Strategies, and Action Plans Program for the Americas, an initiative coordinated by ES-CICAD/SMS/OAS. This publication was made possible through the financial contribution of the Government of the United States of America, through the Bureau of International Narcotics and Law Enforcement Affairs (INL) of the U.S. Department of State. The contents expressed in this document are presented exclusively for informational purposes and do not necessarily represent the opinion or official position of INL or the U.S. Department of State, the Organization of American States, its General Secretariat, or its member states.

TABLE OF CONTENTS

Part I - TRAINING ORIENTATION 6

Universal Training Curriculum for National Drug Strategies (UC-NDS) 6

General Training Goal.....	7
Addressed to	7
Available to OAS member states.....	7
Goal Statements.....	7
Learning Objectives	8

Customizing the Curriculum 9

The Trainer 10

Trainer Qualifications.....	10
The Trainer’s Connection with Participants	10
Focus on the Community Process	11
The In-Person Trainer Manual.....	12
The Participant Manual.....	13

The Learning Approach 13

The Adult Learner.....	13
The Approach.....	14

Preparation for In-person Training 14

The Training Space	14
Equipment and Supplies.....	15
Selecting and Preparing Participants.....	16
Becoming Familiar with the Curriculum.....	16
Customizing the Curriculum	17
Opening Ceremony	17

Getting Started: 18

Preparation Checklists for In-Person Training 18

1 to 2 Months before the First Session	18
1 to 2 Weeks before the First Session	18
1 to 2 Days before the First Session	18
Before Every Session	19
After Every Session.....	19
At the End of the Training Program.....	19

Part II - MASTER AGENDA FOR IN-PERSON TRAINING 20

Part III - EVALUATION TRAINING FORMS **22**

Evaluation Forms **22**
Daily Evaluation of the Training23
Overall Training Evaluation24

Part IV - TRAINING MODULES **26**

Overview of the modules26

Module 0: Presentation of Training Objectives and Methodology **28**
Module 0 Preparation Checklist28
Module 0 Content and Duration28
Module 0 Goal Statement and Learning Objectives.....28
Module 0 PowerPoint Slides and Narrative29

Module 1: Public Policies – A Needed Response to Societal Problems **47**
Module 1 Preparation Checklist47
Module 1 Content and Duration47
Module 1 Goal Statement and Learning Objectives.....47
Module 1 PowerPoint Slides and Narrative48

Module 2: National Policy Development within the Framework of International and Regional Drug Policy Documents **82**
Module 2 Preparation Checklist82
Module 2 Content and Duration82
Module 2 Goal Statement and Learning Objectives.....82
Module 2 PowerPoint Slides and Narrative83

Module 3: Formulating the National Drug Strategy - Part I **125**
Module 3 - Part I Preparation Checklist125
Module 3 - Part I Content and Duration.....125
Module 3 - Part I Goal Statement and Learning Objectives125
Module 3 - Part I PowerPoint Slides and Narrative126

Module 3: Formulating the National Drug Strategy - Part II “Strategic Planning” **170**
Module 3 - Part II Preparation Checklist170
Module 3 - Part II Content and Duration.....170
Module 3 - Part II Goal Statement and Learning Objectives170
Module 3 - Part II PowerPoint Slides and Narrative171

Module 4: Developing Logic Models and the Plan of Action **196**
Module 4 Preparation Checklist196
Module 4 Content and Duration196
Module 4 Goal Statement and Learning Objectives.....196
Module 4 PowerPoint Slides and Narrative197

Module 5: Monitoring and Evaluation Framework **240**
Module 5 Preparation Checklist240
Module 5 Content and Duration240
Module 5 Goal Statement and Learning Objectives.....240
Module 5 PowerPoint Slides and Narrative241

Module 6: Budget Planning	287
Module 6 Preparation Checklist	287
Module 6 Content and Duration	287
Module 6 Goal Statement and Learning Objectives.....	287
Module 6 PowerPoint Slides and Narrative	288
Module 7: Approval and Adoption of the National Drug Policy (Strategy and Plan of Action)	321
Module 7 Preparation Checklist.....	321
Module 7 Content and Duration	321
Module 7 Goal Statement and Learning Objectives.....	321
Module 7 PowerPoint Slides and Narrative	322

PART V - APPENDICES

345

Checklist/guidelines: policymaking progress (steps)	345
Glossary	346

Part I - TRAINING ORIENTATION

Universal Training Curriculum for National Drug Strategies (UC-NDS)

The Universal Training Curriculum for National Drug Strategies (UC-NDS) in the Americas has been developed by the Executive Secretariat of the Inter-American Drug Abuse Control Commission (ES-CICAD), Secretariat for Multidimensional Security of the Organization of American States (SMS/OAS), in collaboration with a drug policy advisory group. It has been made possible thanks to the financial support of the Bureau of International Narcotics and Law Enforcement Affairs (INL) of the U.S. Department of State.

The Inter-American Drug Abuse Control Commission (known by its Spanish language acronym, CICAD) of the Organization of American States (OAS) serves as the preeminent Western Hemisphere forum for policy discussion and hemispheric cooperation on drugs. Along with other responsibilities, the Executive Secretariat of CICAD supports OAS member states by providing an evidence-based framework for analyzing the drug problem, nationally and at the hemispheric level, so that member states can design and implement policies and programs to address the problem and its consequences.

ES-CICAD has carried out a multi-decade effort providing technical assistance to OAS member states on the development, implementation, and strengthening of national drug policies through effective national drug strategies and their respective plans of action. Although this technical assistance has generated significant progress toward improving national drug policies across the region, there is still a need for training in the areas of policy development, implementation, as well as monitoring, and evaluation as indicated in several reports of the Multilateral Evaluation Mechanism (MEM), and as reflected in the CICAD/OAS Hemispheric Drug Strategy (2020)¹ and its Plan of Action 2021-2025.²

Support for the development and strengthening of national drug plans and strategies is at the core of CICAD's Hemispheric Plan of Action on Drugs (2021-2025). The CICAD/OAS Hemispheric Drug Strategy (2020) called for "member states to design and implement national drug policies and/or strategies duly coordinated with other public policies and/or strategies, in concert with the government, civil society, and other organizations to address fundamental causes and consequences of the world drug problem".

The CICAD/OAS Hemispheric Plan of Action on Drugs 2021-2025, under Institutional Strengthening Objectives, states:

Objective 1: Establish and/or strengthen national drug authorities, placing them at a high political level and providing them with the necessary capabilities, resources, and competencies to coordinate formulation, implementation, monitoring, and evaluation of national drug policies.

Objective 2: Formulate, implement, evaluate, and update comprehensive national drug policies and/or strategies that promote balanced, multidisciplinary, and evidence-based approaches, [...]

¹ CICAD/OAS (2020). Hemispheric Drug Strategy. Washington, D.C; USA.

² CICAD/OAS (2020). Hemispheric Plan of Action on Drugs (2021-2025). Washington, D.C; USA.

Objective 3: Design and coordinate national drug policies, which can be harmonized across related government policies and/or strategies that address the fundamental causes and consequences of the drug problem.

General Training Goal

The Universal Training Curriculum for National Drug Strategies in the Americas (UC-NDS) aims to empower professionals responsible for designing and implementing national drug policies by addressing the need for enhancing knowledge and skills on drafting each component of the various national drug policies while facilitating the policymaking process from drafting to approval.

Addressed to

The curriculum is aimed at public sector professionals with responsibilities for planning, decision making, and management of social and drug control services, as well as other officials in key institutions responsible for the implementation of policies at the national, state/provincial, or local level. However, this curriculum is also broadly applicable to the private sector, NGOs, and other types of organizations that support the implementation of a national drug strategy and its plan of action, in any capacity.

Available to OAS member states

The material is available to all OAS member states that request it through their National Drug Commission, or other sectoral institutions that are responsible for different components of developing and delivering elements of a country's public policy on drugs. The intention is to support all institutions recognized by the authorities of each country as agents that contribute to the advancement of effective drug strategies in this field.

Goal Statements

- Introduce participants to the Universal Training Curriculum for National Drug Strategies (UC-NDS) in the Americas and its Training Program.
- Define the public policy and examine the contributing systems which are needed to ensure its effective development and implementation.
- Introduce and review the regional and international drug policy frameworks and agreements.
- Explain the process and key elements of formulating the strategic planning of a national drug policy.
- Explain the process and key elements for developing the logic model and the plan of action of a national drug policy.

- Explain the importance and the key elements of monitoring and evaluation for national drug policies, strategies, and drug plans to enable successful implementation and oversight of its corresponding framework.
- Explain the core areas related to planning the budget, including appropriate costing mechanisms and identifying the key components and agencies necessary to develop the budget.
- Detail the steps necessary in seeking approval of the policy and its acceptance by all key stakeholders.

Learning Objectives

- Understand the training goals and learning objectives of the material as well as the training methodology, dynamics, and evaluation mechanisms.
- Understand the expected training results.
- Better understand the definition, characteristics, and responsibilities of a public policy.
- Learn about the public decision-making process and the expected public policy outcomes from this process.
- Understand the importance of evidence-based policymaking for rigorous technical and methodological policy design.
- Better understand the role of CICAD/OAS, as well as the importance of its Hemispheric Drug Strategy and Plan of Action adopted by all OAS member states.
- Learn about key conventions, declarations, and mandates, as well as other international influences on drug policy.
- Learn what key approaches and cross-cutting elements to consider when formulating a national policy.
- Learn the structure and components of a national drug policy.
- Learn how to build and coordinate the national drug policy with all stakeholders involved.
- Learn how to define the country's drug situation.
- Learn the importance of, and how to define, the drug policy's legal and regulatory landscape.
- Understand and define the strategic vision, mission, core values, goals, and objectives of a national drug policy and how they build upon one another.
- Learn to develop performance targets.
- Understand the relationship between strategic planning (logic models) and the plan of action.
- Learn to develop logic models.
- Understand the purpose and components of a plan of action.
- Learn the key elements for drafting the plan of action: activities, responsible parties, required resources, and progress at benchmark.

- Learn to formulate a plan of action.
- Understand the differences and related components of monitoring and evaluation.
- Understand the objectives and steps of the monitoring and evaluation process.
- Learn how to develop performance indicators.
- Learn how to create a monitoring and evaluation framework for activities, objectives, and goals.
- Learn how to estimate the cost of activities in the plan of action and how to aggregate them to reach an overall policy budget.
- Learn how to aggregate the costs of the various activities into the different components of the strategy.
- Learn about the different possible funding sources, such as public budgets, private initiatives, and mixed partnerships, and how these complement the activities.
- Understand how to develop, estimate, and present a budget plan.
- Understand the process involved in the approval of the public policy.
- Understand the advocacy process for acceptance of the policy with all key stakeholders.

Customizing the Curriculum

This curriculum and its contents are intended to be customized according to individual national or regional needs, strengths, and specific realities for use by the various governments in OAS member countries. It has been developed and organized to facilitate the adaption of the basic core curriculum to each specific context:

- Trainers are encouraged to customize this content in ways that will make it more effective for their countries.
- Trainers are encouraged to use these resources as they need them, and as they have the time to use them. The curriculum as a whole can be used as an intensive three-day session on these concepts and practices, or it can be divided into shorter training sessions using the individual modules or woven into other training events.
- Trainers are encouraged to create a welcoming environment that reflects the community in terms of food, dress, etc.
- Trainers are encouraged to create a welcoming environment that facilitates interactive engagement with all participants.

The Trainer

Trainer Qualifications

This curriculum is designed to be delivered by professionals with strong experience in policymaking. They should have experience delivering training to high-level policymakers and must be familiar with the subject matter. Trainers for this course should have the following knowledge, skills, and experience:

- Knowledge and experience in public policymaking and its framework.
- Experience drafting situation analyses, strategic plans, monitoring and evaluation plans, budget preparation, and policy approval processes.
- Experience working in the development and implementation of interventions and programs relevant to drug problems.
- Ability to create a collaborative and participatory approach toward training.
- Ability to facilitate participant learning, including the use of different types of exercises and group exercises that appeal to different learning styles.
- Willingness and ability to support the ongoing learning process after the training.

A minimum of three trainers (or co-trainers) are required across the various modules to implement this curriculum. Also, a support person to help with logistics (scheduling, room set-up, copying materials, and so on) is also highly recommended, particularly when training groups of more than 20 participants.

The Trainer's Connection with Participants

Regardless how much the trainer knows or how interesting the course is, the success of a training often depends on the quality of the connection between the trainer and the participants. This is often the element that draws and keeps participants' attention, stays in their memory after the training, inspires them to use what they have learned, and encourages them to keep learning more about the subject.

There are many qualities that give trainers the best chance of making strong, positive connections with participants:

- The most effective trainers are genuine. They are true to themselves, instead of acting like someone else (for example, pretending they are someone from the participants' culture, or someone they think would be more of an expert or an authority than they are). Genuine trainers are engaging, without trying so hard to capture participants' attention that it distracts from the message of the training.
- Effective trainers clearly and consistently respect all participants, their communities, and their cultures. For example, they do not chew gum while they are running the training or use words that would be offensive to some participants. Through showing this respect, they can gain the

respect of their participants, increase participants' respect for themselves, and show participants respectful ways of responding to their communities.

- A trainer does not need to come from the same country or culture as the participants, but effective trainers know enough about the culture to appreciate their strengths and respect their traditions. Nonetheless, effective trainers remain aware of the limits of their own understanding of participants and their cultures. They never assume they know more about participants than the participants themselves. Effective trainers learn how to balance the need to show appreciation for participants' cultures with the need to be professional. For example, they have neat and careful personal grooming and dress in ways that are professional— neither too casual nor too formal.

Focus on the Community Process

It is important for trainers to see this training as part of a larger, ongoing effort within the country. Trainers should:

- Increase participant interest and understanding of policymaking in view of the implementation of comprehensive drug policies, strategies, and plans.
- See themselves as “facilitators” who make it possible for participants to discover their own way to shape policymaking.
- Find a way to let the group process unfold naturally and still stay on schedule, so that participants are able to build relationships with one another, build their own learning skills, and prepare to help their countries more effectively.
- Continue to show respect for participants, fellow trainers, and governmental leaders throughout the training and follow-up processes.
- Sow the seeds of ongoing collaborative relationships and processes throughout the training and the work that follows.
- Support those collaborative relationships and processes by providing follow-up contact and technical assistance, so participants apply their knowledge and skill in drug policy in their respective countries.

The In-Person Trainer Manual

This Trainer Manual has five parts:

- Part I—Trainer Orientation
- Part II—Master Agenda
- Part III—Evaluation Forms
- Part IV—Training Modules
- Part V—Appendices

Parts of the Manual	Brief Description
<p>Part I. Training Organization</p>	<p>The training organization includes an overview of the curriculum, its goals and objectives, ways in which trainers can customize it for the needs of specific audiences, information to prepare the trainer, and a preparation checklist for in-person training. This information will help orient the trainer to the content and objectives of the curriculum and prepare them for teaching it.</p>
<p>Part II. Master Agenda</p>	<p>The master agenda is a comprehensive timeline to help structure the training sessions. It allocates specific amounts of time for each module, including time for the presentation, activities, questions, and breaks.</p>
<p>Part III. Evaluation Forms</p>	<p>The evaluation forms allow participants to provide their opinions on the content of the modules and on the performance of trainers. The manual presents a Daily Evaluation Form for participants to complete at the end of each day of training and an Overall Training Evaluation Form to be used at the end of the training. The Daily Evaluation helps the trainer identify any changes that should be made during the training. The Overall Training Evaluation provides an overall look at participants’ experiences.</p> <p>Participants need to know that completing the forms is important and that their feedback will improve training content and delivery over time.</p>
<p>Part IV. Training Modules</p>	<p>The training modules provide instructions for presenting the seven modules in this curriculum.</p> <p>Each module in the manual includes:</p> <ul style="list-style-type: none"> □ Preparation Checklist □ Content and Duration □ Goal statement and Learning Objectives □ PowerPoint slides and Narratives <p>For each PowerPoint slide, the information that the trainer should provide is written as a script directly underneath the picture of the slide. Script text is indicated with an icon of the word “Say” or “Ask” and italicized (e.g., say: Please turn to Module 2 in your manuals). Trainers should feel free to use</p>

	their own words and add examples rather than simply reading the script. Adding real-life examples enriches the training experience, but this benefit must be balanced with time considerations.
Part V. Appendices	<p>Appendices include:</p> <ul style="list-style-type: none"> - Checklist/guidelines: Policymaking progress (steps) - Glossary

The Participant Manual

Trainers will need to remind participants to bring their manuals with them each day. The Participant Manual contains a participant’s orientation, glossary, and resources. For each module, it includes:

- Training goals and learning objectives.
- A suggested timeline.
- PowerPoint (PPT) slides, with space for notes.
- Resource Pages containing additional information or exercise instructions and materials.

The Learning Approach

The Adult Learner

Adults have much to offer to the learning process, having already gained knowledge through their education, work, and other experiences. The curriculum provides opportunities for the trainer to encourage participants to share their relevant experience and knowledge with others. This process can also prepare participants to form more effective partnerships and collaborative relationships following the training event.

- Although some didactic presentations (lectures) by the trainer are necessary, this training series relies heavily on collaborative exercises and other learner-directed activities.

Adults have much to offer to the learning process, having already gained knowledge through their education, work, and other experiences. The curriculum provides opportunities for the trainer to encourage participants to share their relevant experience and knowledge with others. This process can also prepare participants to form more effective partnerships and collaborative relationships following the training event.

This training series is based on adult learning principles, which advise trainers to:

- Focus on real-world problems.
- Emphasize how the information can be applied.

- Relate the information to the learners' own goals.
- Relate the materials to the learners' experiences.
- Allow debate of and challenge to ideas.
- Listen to and respect the opinions of participants.
- Encourage participants to act as resources for the trainer and for one another.
- Treat all participants with respect.

The Approach

The learning approach for this training series includes:

- Trainer-led presentations and discussions.
- Frequent use of creative learner-directed activities, such as small-group and partner-to-partner conversations.
- Small group exercises and presentations.
- Periodic reviews of the material, to increase the amount of information participants will remember.
- Exercises to assess how much the participants have learned.
- Action planning allows small groups to identify short to long-term goals and tangible steps that their group will take to achieve these goals.

Preparation for In-person Training

Major training preparation tasks include:

- Logistical planning, including scheduling, selecting the site, and securing or arranging for equipment and supplies on-site.
- Selecting and preparing a list of participants.
- Becoming thoroughly familiar with the curriculum.

The Training Space

An attractive, well-organized training space can enhance a participant's learning experience. The room must be large enough to accommodate all participants and small groups. Seating small groups at round tables is ideal because it saves much of the time participants would otherwise spend moving into and out of their small groups for exercises. The trainer must be able to rearrange the room and seating for particular presentations and exercises. Additional small tables around the edges of the room can hold supplies, learning materials, and training materials.

However, the ideal space is not always possible. If the space is not large enough to accommodate tables, small groups can always push back their chairs and work on the floor—if participants are comfortable doing so. Using more than one room at a site can help provide space for small-group activities. However, do not use more than two rooms because it is helpful to have a trainer present in each room to monitor the group process at all times and provide help wherever it is needed.

Providing tea, coffee, water, and snacks during refreshment breaks will further encourage participants to mingle and talk with one another during these times.

Participants will also need information on where to buy lunch if lunch is not provided.

Equipment and Supplies

The PowerPoint presentations require a laptop computer, LCD projector, and screen. A remote control for the projector allows the trainer to move freely around the room. If a remote is not available, a training assistant or the co-trainer who is not presenting can control the slides.

If a PowerPoint projector is not available (or if it breaks down during the training!), the training can continue without it. The Participant Manual includes copies of all slides, and the Trainer Manual shows a copy of each slide, followed by the information needed to explain it.

At least one whiteboard with markers, several pads of flipchart paper, tape, and colored markers could be useful to facilitate the training and group work.

The Preparation Checklist in each module indicates the specific supplies needed or recommended for each module.

Master Supply List for All Modules:

- One copy of the Trainer Manual for each trainer.
- One copy of the Participant Manual for each participant.
- One copy of the overall training schedule and Master Agenda for each participant.
- Colored markers:
 - Washable, unscented, and in multiple colors (one set per table for participant use).
 - Multiple black and blue markers for presentation use (black and blue are most visible on newsprint; light colors can be used for highlighting).
- Tape (one or two rolls of masking tape for hanging flipchart paper).
- Flipchart.
- Copy of the evaluation forms as appropriate and if not provided in the training binders.

Selecting and Preparing Participants

Ideally, the training group should be large enough to be divided into at least five small groups with four to six participants in each, but the training materials can be adjusted for smaller training groups.

Having a training group that includes a mixture of policymakers and officers with responsibility for the following aspects of a national drug strategy or policy is ideal:

1. Drug demand reduction
2. Drug supply reduction
3. Planning and budgeting (often from the Ministry of Planning and Development or its functional equivalent)
4. Monitoring and evaluation (often a representative from the National Drug Observatory or its functional equivalent)

The trainer can prepare participants for learning and increase their positive expectations before the training begins by sending participants a pre-training package that contains items such as:

- A welcome letter.
- The training Master Agenda
- Pre-Learning Evaluation with the purpose to assess the knowledge and skills with respect to drug policy development (Baseline) before the training.
- Info bulletin with information about the place where the training will be held, if lunch is included, etc.

Becoming Familiar with the Curriculum

Trainers should read the curriculum, study it, and make sure that they understand the training goals and learning objectives of each module and are fully prepared to facilitate the exercises. The better a trainer knows the material, the more he/she can focus on the participants. Solid preparation helps a trainer relax and be more engaging.

Co-trainers should strategize their roles and responsibilities ahead of time. Depending on the match of presentation styles and personalities, some trainers choose to deliver entire modules before switching roles; others prefer to switch roles more frequently.

Other decisions to make include:

- When each co-trainer will capture comments from participants on the flipchart or act as the timekeeper.
- What the expectations are for individual and small-group process observations.
- Whether content contributions are accepted and/or expected from the non-presenting co-trainer.

Customizing the Curriculum

Each trainer should be prepared to give examples that illustrate the information and skills addressed in the training. Whenever possible, the trainer should describe experiences with particular techniques or processes. The trainers and participants should discuss any adaptations that might be necessary for applying techniques to members of their communities, or of particular ethnic, cultural, or gender groups. Trainers should also ask participants to talk about experiences from their work, to ensure that the training addresses their concerns.

Each trainer must also have a good understanding of the needs of the training group and be prepared to adapt the training to meet these needs. For example, the trainer may need to:

- Simplify the language (including translating or replacing clinical terms and jargon), to make concepts easier to understand.
- Allow more time for participants to understand concepts that may be foreign to their cultural worldviews and find concrete examples that help bridge the gap.
- Be creative (e.g., use metaphors or traditional storytelling to make a point).

Important!

Although the curriculum can and should be adapted to suit participants' needs (as well as trainers' personalities and training styles), trainers must maintain the integrity of the content. For example:

- The logistics of an exercise may be changed, but the learning objectives should remain the same, and trainers are responsible for ensuring that all of the objectives are met.
- Group discussion is a valuable part of learner-directed training, but trainers need to manage the time well and not let undirected discussion replace information or exercises.
- Trainers should not skip sections because they assume that participants already know certain information. This training is for people from different areas who may not be familiar with issues or terminology of the other; participants need all of the information in the curriculum, or the modules chosen.
- Training timelines for each module allow for interaction and creativity.
- Trainers must remember that adding extra exercises and allowing extended discussion will increase the time needed to complete the module.

Opening Ceremony

Module 0 includes time for an opening ceremony. The trainer may want to invite a representative from the organization sponsoring the training and/or ministers from the government to welcome participants to the training and deliver opening remarks. Such a welcome can emphasize the importance of the training.

Getting Started: Preparation Checklists for In-Person Training

1 to 2 Months before the First Session

- Carefully review the curriculum.
- Develop an overall schedule for the training, including dates and times for each module.
- Determine who will attend the training in coordination with the organizing and funding parties.
- Send out save the date message, followed by an invitation and draft agenda.
- Ensure that the training space and audiovisual equipment needed will be provided.
- Obtain all the necessary training materials in electronic and hard copy formats.
- Determine and invite a list of potential facilitators to disseminate.
- Invite guest speakers and forward a simplified version of the agenda.
- Arrange for refreshments, including lunches if they are provided.

1 to 2 Weeks before the First Session

- Confirm participant registration.
- Confirm guest speakers.
- Secure enough copies of the Participant Manual.
- Check space and equipment arrangements.
- Load the PowerPoint presentations onto the laptop computer.
- Review the entire training manual.
- Prepare a detailed agenda and make a copy for each participant, including speakers for each session, break and lunch times, and time to conduct evaluations.

1 to 2 Days before the First Session

- Finalize room and equipment arrangements.
- Verify onsite lunch arrangements if necessary.
- Set up the room.
- Prepare name badges.
- Make copies of the first day's Daily Evaluation Form.

- Gather all supplies, including the Participant Manual, notebooks for journal entry and copies of evaluation forms. Where possible, distribute this material across the room as part of the set up on the day prior to the training.
- Prepare speaking remarks for introductions from high-level participants if pertinent, addressing the relevance of the course material to helping the development of national drug policies across the region and the relevant countries as well as to CICAD’s own strategic efforts.
- Review the “Before Every Session” checklist (below).

Before Every Session

- Arrange chairs for each session in a comfortable way as required by the intended delivery mechanism and group work that facilitators will be using.
- Prepare posters for the session, if needed.
- Ensure that the computer, LCD projector, screen, PowerPoints, and internet connectivity needed for the sessions are available. This step needs to be conducted periodically and regularly.
- Check to see if there is an adequate supply of:
 - Flip chart paper, flip chart stands, and markers.
 - Pins or tape to stick the paper on the walls.
 - All other materials needed for the session including pens, notebooks, power plugs for computers, etc.

After Every Session

- Review completed Daily Evaluation forms for suggestions for the next day’s delivery.
- Secure creative and/or key newsprint resources (e.g., definitions, creative artwork) developed by participants during the session as relevant for use as a final review and potentially in future trainings.
- Incorporate any helpful information contributed by participants and/or the co-trainers into the course where it is felt it might help enrich the material.

At the End of the Training Program

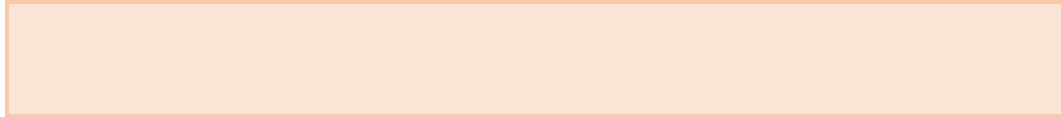
- Request all participants to hand in their completed evaluation forms.
- Distribute Certificates of Completion to persons completing 15 or more hours of the training.
- Send out an email message thanking all participants for attending as well as an electronic copy of the final course evaluation form as a reminder to those who may not have submitted theirs. If relevant, a link to official pictures of the capacity building sessions may be circulated in the email to all participants.

Part II - MASTER AGENDA FOR IN-PERSON TRAINING

MODULES AND TIMING	
Module 0 - Presentation of Training Objectives and Methodology	Time
Presentation Training Overview	15 minutes
Introduction of Facilitators and Participants	25 minutes
Total Time:	40 minutes
Module 1: Public Policies – A Needed Response to Societal Problems	Time
Goal Statement and Learning Objectives	5 minutes
Definition, Relevance, and Characteristics of a Public Policy	8 minutes
Public Decision-Making and Public Policy Outcomes	15 minutes
Evidence Based Policy Making	20 minutes
Total Time:	48 minutes
Module 2: National Policy Development within the Framework of International and Regional Drug Policy Documents	Time
Goal Statement and Learning Objectives	5 minutes
CICAD/OAS Hemispheric Drug Strategy and its Plan of Action, and Regional and International Declarations and Mandates	20 minutes
Human Rights	15 minutes
Gender Perspective	15 minutes
Public Health	10 minutes
Other Cross-Cutting Elements	7 minutes
Total Time:	72 minutes
Module 3: Formulating the National Drug Strategy - Part I	Time
Goal Statement and Learning Objectives	5 minutes
What is a National Drug Policy?	15 minutes
Institutional Framework and Capacity	15 minutes
Analysis of a Country's Existing Drug Situation	20 minutes
Legal and Regulatory Framework	10 minutes
Drug Control Conventions and Mandates	10 minutes
Political and Social Landscape and Alignment of Policies	15 minutes
Total Time:	90 minutes
Module 3: Formulating the National Drug Strategy - Part II	Time
Goal Statement and Learning Objectives	5 minutes
Formulation of a National Drug Strategy	15 minutes
Strategic Planning Framework (Vision, Mission, Goals, and Objectives)	30 minutes
Group Activity	25 minutes
Identifying Performance Targets for a Drug Policy	20 minutes
Group Activity	60 minutes
Total Time:	155 minutes

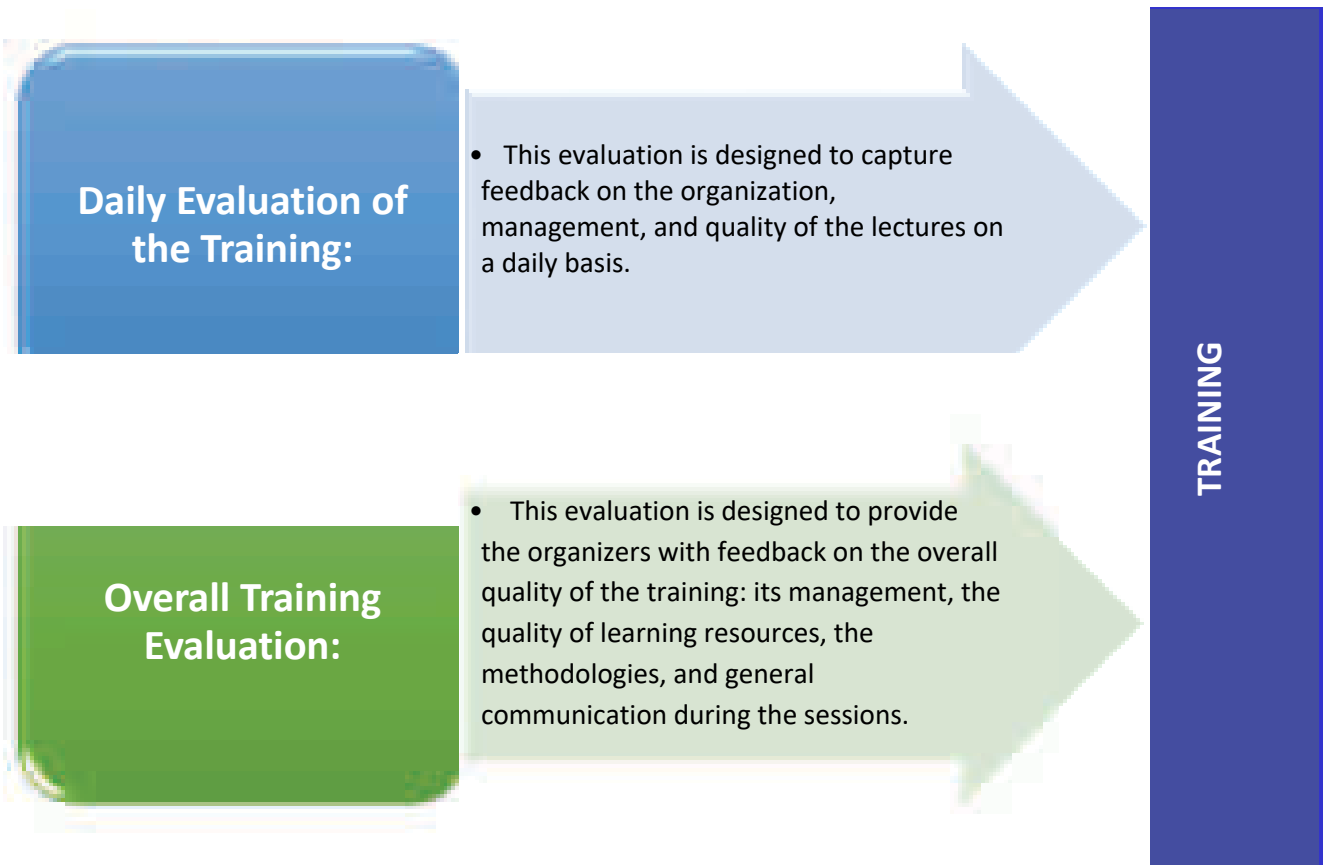
Module 4: Developing Logic Models and the Plan of Action	Time
Goal statement and Learning Objectives	5 minutes
Logic Models	60 minutes
• Group Activity	60 minutes
Plan of Action	60 minutes
• Group Activity	60 minutes
Total Time:	245 minutes
Module 5: Monitoring and Evaluation Framework	Time
Goal statement and Learning Objectives	5 minutes
Macro-View of Monitoring and Evaluation	3 minutes
Monitoring versus Evaluation	25 minutes
Monitoring and Evaluation Process	40 minutes
• Group Activity	20 minutes
• Group Activity	20 minutes
Interpreting and Disseminating Results from Monitoring and Evaluation	15 minutes
Total Time:	128 minutes
Module 6: Budget Planning	Time
Goal statement and Learning Objectives	5 minutes
Cost Estimation of Programs and Interventions	40 minutes
Identification of Sources and Amounts of Funding	15 minutes
Matching Available Resources with Cost of Activities	8 minutes
• Group Activity	45 minutes
Total Time:	113 minutes
Module 7: Approval and Adoption of the National Drug Policy (Strategy and Plan of Action)	Time
Goal Statement and Learning Objectives	5 minutes
Policy Approval Process	12 minutes
Dissemination and Adoption by Stakeholders	8 minutes
Advocacy and Follow-up Coordination Plan	5 minutes
Use of Media	5 minutes
Total Time:	35 minutes
TOTAL:	926 minutes (15h 43 minutes)

Training evaluations are useful tools that provide organizers with information to improve the quality of the workshop by assessing the effectiveness and impact of the training. As such, the evaluations developed for this workshop will assess the following: quality, organization, and management of the sessions, in addition to the effectiveness of the facilitators and the change in knowledge of participants during the training.



A link to the evaluation questions will be shared prior to the start of the training and at its end.

Evaluation Forms



Daily Evaluation of the Training

Date: _____

Trainer : _____

The Daily Training Evaluation is designed to assess the effectiveness of the day’s session. It asks you to rate the quality of the training materials provided, the effectiveness of the facilitator in achieving the learning objectives, and the overall management of the day’s session.

To be completed at the end of each day of training by each participant:

Please indicate your level of agreement with these statements about today’s training session:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The learning objectives of the modules were clearly defined.					
2. The content covered was organized and easy to follow.					
3. The training materials distributed or recommended were useful and relevant to the topic.					
4. Facilitators were knowledgeable about the training topic.					
5. Facilitators were well-organized.					
6. Participation and interactions were encouraged during the session.					
7. The training objectives were met.					
8. The time allotted for the training was sufficient.					
One thing I learned today that I plan to use in my work is:					
What I liked best about today’s training is:					
I wish there had been more information about:					
Today’s training could have been better if:					
Other comments:					

Overall Training Evaluation

Date: _____

Trainer : _____

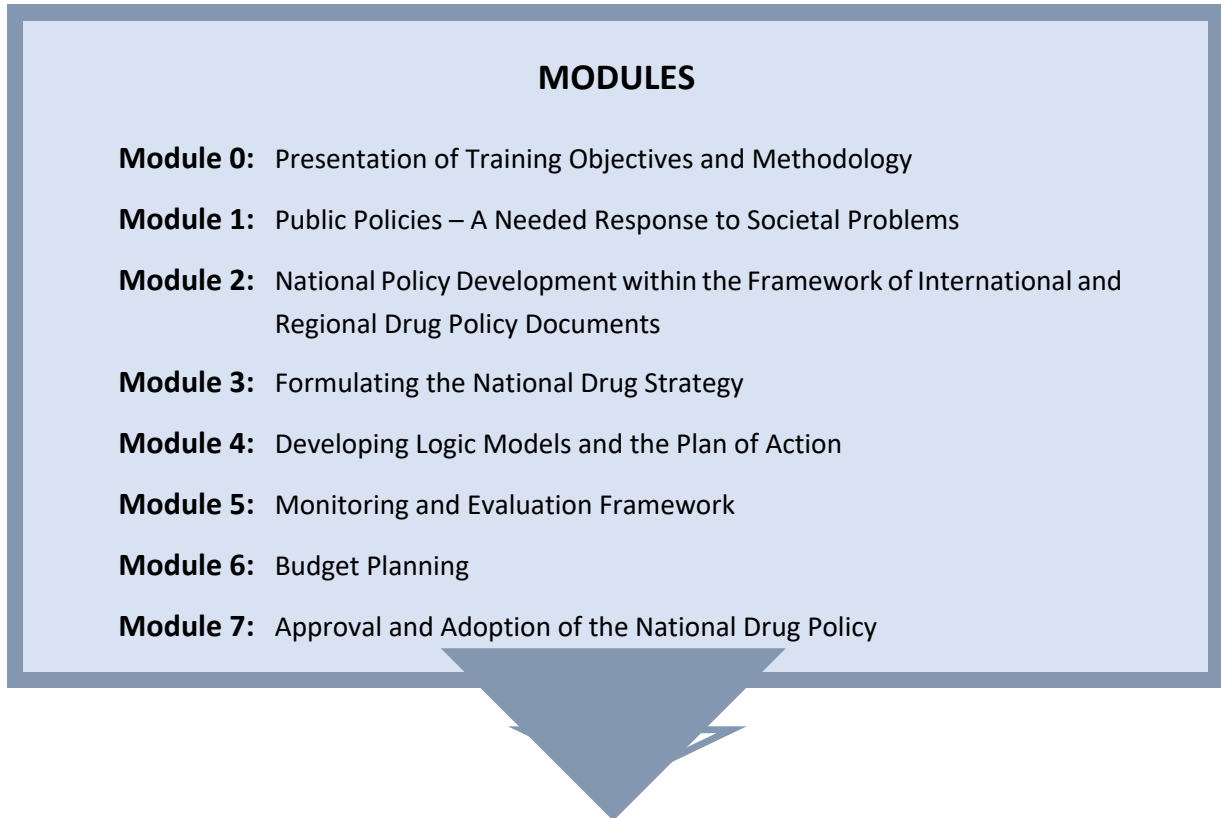
The goal of this evaluation is to help the organizers understand the strengths and weaknesses of the training. It takes into consideration the overall management of the workshop, the methodology used, the training material provided, and the quality of the content of the training modules.

TRAINING METHODOLOGY					
Please indicate your level of agreement with these statements about the training program as a whole:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The training was of high quality and well-organized.					
2. The training objectives were clearly stated.					
3. The objectives of the training were achieved.					
4. The training modules were presented in a logical order.					
5. The training activities/exercises allowed for practice in important concepts.					
6. The training provided balance among presentations, activities, participant questions, and discussions.					
7. The training topics were relevant to my work.					
8. I expect to use the information gained from this training.					
9. This training met my expectations.					
10. I would recommend this training to a colleague.					
11. Space utilized for the training was easy to use / comfortable					
TRAINING MATERIALS					
Please indicate your level of agreement with these statements about the training materials:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The visual aids (slides) were adequate and facilitated the learning process.					
2. The handbook was helpful and facilitated understanding of the topics.					
3. The overall quality of the information presented was good.					
4. Information and materials for the training were communicated in a timely manner.					

TRAINING MODULES					
Please indicate your level of agreement with these statements about the training modules:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Module 1: Public Policies – A Needed Response to Societal Problems is very complete.					
Module 2: National Policy Development within the Framework of International and Regional Drug Policy Documents is very complete.					
Module 3: Formulating the National Drug Strategy (Part I and II) is very complete.					
Module 4: Developing Logic Models and the Plan of Action is very complete.					
Module 5: Monitoring and Evaluation Framework is very complete.					
Module 6: Budget Planning is very complete.					
Module 7: Approval and Adoption of the National Drug Policy is very complete.					
Kindly elaborate on the following:					
What I liked best about this training was:					
The most useful module for me was:					
The least useful module for me was:					
I wish there had been more information on:					
The training could have been better if:					
I would be interested in having further training on the following topics:					
Other comments:					

Overview of the modules

The **UC-NDS** have **7 thematic modules** each addressing specific topics:



Module 1, “Public Policies – A Needed Response to Societal Problems” presents how public policies respond to address problems in society. It explains key characteristics and outcomes of the policy development process including consideration of the appropriate policy response, decision making, and stakeholder consultations, as well as evidence-based policymaking.

Module 2, “National Policy Development within the Framework of Regional and International Drug Policy Documents” provides the regional and international context around which national drug policies or strategies should be framed. It introduces the CICAD/OAS Hemispheric Drug Strategy and its corresponding Plan of Action, as well as other regional and international documents of the drug policy framework. It will also address human rights, gender, public health, and other key cross-cutting issues that must be considered in the formulation and implementation of drug policies.

Module 3, “Formulating the National Drug Policy” provides a comprehensive guide on how to draft the strategic elements that will underpin a national drug policy. It is split into two parts. The first part addresses the structure and overall components of a national strategy and how it starts with conducting an analysis of the country’s drug situation. It also includes the existing legal and regulatory landscape for the policy, the country’s institutional capacity, and overview of the key drug policy stakeholders. The second part addresses how to specifically define a strategic plan to address the existing situation, including developing mission and vision statements, goals, and objectives.

Module 4, “Developing Logic Models and the Plan of Action” explains how to build logic models to provide the basis for development of a plan of action to implement the strategic plan. It illustrates the process of, and key elements needed, when developing the Plan of Action such as the activities/action steps that are necessary to achieve each objective under the strategy, who will be the responsible party accountable for each of those activities/action steps, tying them back to the preliminary estimates of the resources/funding that they will require. It provides the basis for the subsequent preparation of the policy’s budget, measurement, and evaluation framework.

Module 5, “Monitoring and Evaluation Framework” discusses the importance and key elements of the monitoring and evaluation of a national drug policy. It specifically focuses on how to define the Monitoring and Evaluation (M&E) plan to ensure incorporation of the main purpose, scope, and objectives to assess the policy’s effectiveness. Additionally, it explains the difference between monitoring and evaluation activities and the different types of indicators that form the basis for each, in terms of tracking the progress of the policy implementation process, the policy outputs to meet each objective, and ultimately the overall policy outcomes. It highlights the relevance of M&E to evidence-based policy development and proposes possible sources of data to track relevant indicators and the policy’s performance.

Module 6, “Budget Planning” provides an overview of common costing methodologies that can be used to project the costs for each proposed activity/action step in the plan of action. It provides examples of assumptions that can guide how to develop simple estimates, distinguish between direct and indirect costs, and how to account for both. It also provides guidance on how to move from the cost of an activity to estimating the cost of an objective and ultimately a policy’s overall budget. It also presents a common framework for reporting on the overall process, and provides options for consideration of possible sources of funding to meet the policy’s needs.

Module 7, “Approval and Adoption of the National Drug Policy” presents some common steps of the approval process. Recognizing that each country has its own mechanism for approving policies, this module provides broad direction on taking a national drug policy through the government’s approval process. It recognizes some of the distinctions that are pertinent between presidential and parliamentary systems, while providing a template based on the steps that are most common. These include securing ministerial approval, as well as Cabinet, Legislative, or Presidential approval where applicable.

Module 0: Presentation of Training Objectives and Methodology

Module 0 Preparation Checklist

- Review the “Getting Started” section for general preparation information on page 18 of this manual.
- Review Module 0.
- Prepare for the opening ceremony (if applicable).

In addition to the materials listed in the “Getting Started Section,” assemble the following:

- Share the Participant Manual with each participant.
- Give a copy of the overall training schedule and Master Agenda to each participant.
- Print name tags for participants.

Module 0 Content and Duration

Activity	Time
Opening Ceremony	30 minutes
Module 0 - Training Introduction	
Presentation Training Overview	15 minutes
Introduction of Facilitators and Participants	25 minutes
Total Time:	70 minutes

Module 0 Goal Statement and Learning Objectives

Goal Statement:

- ✓ Introduce participants to the Universal Training Curriculum for National Drug Strategies (UC-NDS) in the Americas and its Training Program.

Learning Objectives:

- ✓ Provide an overview of the structure and content of the training.
- ✓ Present the overall training goals and objectives.
- ✓ Provide an opportunity for participants to introduce themselves and engage with the group.

Module 0 PowerPoint Slides and Narrative



Say

Dear participants, welcome to this training on National Drug Strategies. My name is _____ and I will be your tutor for this training.

We want this training to be a learning and collaborative process among all of us. The format is interactive and allows discussions and exercises to memorize the content and connect knowledge to practice.

Before getting started, I would like to address just a few housekeeping issues:

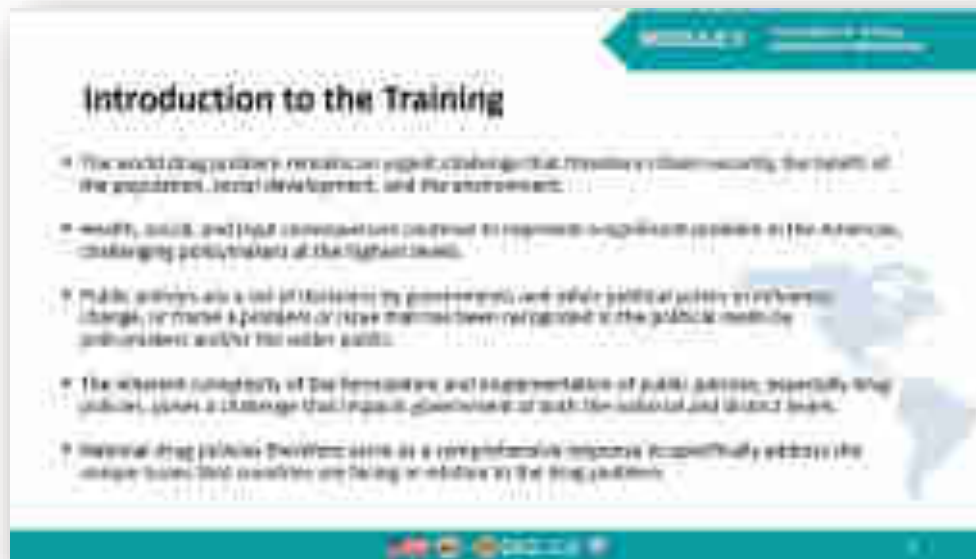
Training instructions: The trainer should review any important housekeeping items, such as where the restrooms are, where smoking is permitted, and where and when refreshment breaks will be taken.

Module 0 serves as an introduction to the training curriculum. It covers the general training goal and learning objectives, learning methodology, the dynamic of the classroom sessions, participant role, the training schedule, and the methodology of evaluation.

Say

We have a few guidelines to help make the process run as smoothly as possible:

- Punctuality
- Respect for others
- Respect your turn when asking questions
- Engage and build relationships with other participants
- Enjoy your learning process



It is important to start the training setting the context of the need for drug policy. Take your time to study the current context and look for relevant data to share. In this slide we provide generic bullets that can apply to any context.

For example:

- Provide prevalence and rates related to the drug problem.
- Advise on current actions being undertaken to address drug related problems
- Explain the goal of the country regarding this problem.
- Etc.

Customizing this slide is recommended.



We will continue by having a look at the general training goal and to whom it is addressed.

The tutor advises the participants that the general goal of this training is “*to empower professionals responsible for designing and implementing national drug policies by addressing the need for knowledge and skills on drafting each component of the national drug policy and facilitating the policymaking process from drafting to approval.*”



This training is addressed to public sector professionals with planning, decision-making and management responsibilities, as well as other officials from key institutions responsible for the implementation of drug policies at the national, provincial, or local level.

The training is also addressed to private sector organizations that support the implementation of a national drug strategy and its plan of action.

Training instructions: Based on the profile of the participants, the facilitator will highlight that there are professionals from the areas of demand reduction, supply reduction, research, international cooperation, etc. Also, it is important to mention that professionals from civil society, research centers, and academia can attend the training and in fact, it is important to include them when drafting a National Drug Policy.



Now, let me take you through the different modules of this training. The UC-NDS is divided into seven modules, covering the following topics:

Module 1, “Public Policies – A Needed Response to Societal Problems” presents how public policies respond to address problems in society. It explains key characteristics and outcomes of the policy development process including consideration of the appropriate policy response, decision making, and stakeholder consultations, as well as evidence-based policymaking.

Module 2, “National Policy Development within the Framework of Regional and International Drug Policy Documents” provides the regional and international context around which national drug policies or strategies should be framed. It introduces the CICAD/OAS Hemispheric Drug Strategy and its corresponding Plan of Action, as well as other regional and international documents of the drug policy framework. It will also address human rights, gender, public health, and other key cross-cutting issues that must be considered in the formulation and implementation of drug policies.

Module 3, “Formulating the National Drug Policy” provides a comprehensive guide on how to draft the strategic elements that will underpin a national drug policy. It is split into two parts. The first part addresses the structure and overall components of a national strategy and how it starts with conducting an analysis of the country’s drug situation. It also includes the existing legal and regulatory landscape for the policy; the country’s institutional capacity, and overview of the key drug policy stakeholders. The second part then addresses how to specifically define a strategic plan to address the existing situation, such as developing mission and vision statements, goals, and objectives.

Module 4, “Developing Logic Models and the Plan of Action” explains how to build logic models to provide the basis for development of a Plan of Action to implement the strategic plan, and illustrates the process of, and key elements needed, when developing the Plan of Action. These

include the activities/action steps that are necessary to achieve each objective under the strategy, who will be the responsible party accountable for each of those activities/action steps, and tying them back to the preliminary estimates of the resources/funding that they will require. It provides the basis for the subsequent preparation of the policy's budget, measurement, and evaluation framework.

Module 5, "Monitoring and Evaluation Framework" discusses the importance and key elements of the monitoring and evaluation of a national drug policy. It specifically focuses on, how to define the M&E plan to ensure incorporation of the main purpose, scope, and objectives to assess the policy's effectiveness. Additionally, it explains the difference between monitoring and evaluation activities and the different types of indicators that form the basis for each, in terms of tracking the progress of the policy implementation process, the policy outputs to meet each objective, and ultimately the overall policy outcomes. It highlights the relevance of M&E to evidence-based policy development and proposes possible sources of data to track relevant indicators and the policy's performance.

Module 6, "Budget Planning" provides an overview of common costing methodologies that can be used to project the costs for each proposed activity/action step in the plan of action. It provides examples of assumptions that can guide how to develop simple estimates, distinguish between direct and indirect costs, and how to account for both. It also provides guidance on how to move from the cost of an activity, to estimating the cost of an objective, and ultimately a policy's overall budget. It also presents a common framework for reporting on the overall process, and provides options for consideration of possible sources of funding to meet the policy's needs.

Module 7, "Approval and Adoption of the National Drug Policy" presents some common steps of the approval process. Recognizing that each country has its own mechanism for approving policies, this module provides broad direction on taking a national drug policy through the government's approval process. It recognizes some of the distinctions that are pertinent between republican and parliamentary systems, while providing a template based on the steps that are most common. These include securing ministerial approval, as well as Cabinet, Legislative, or Presidential approval where applicable.



Explain that the sequence of the modules follows the step-by-step process on how to develop a National Drug Policy.



In terms of learning, the training has five general learning objectives that we hope you all achieve.

By the end of the training, each participant will be able to:

- Learn processes, steps, and actions for building a comprehensive response for addressing the drug problem.
- Understand the policy writing process.
- Feel confident in their ability to draft a policy.
- Have the ability to create a draft of each of the sections.
- Feel confident in working towards policy approval.

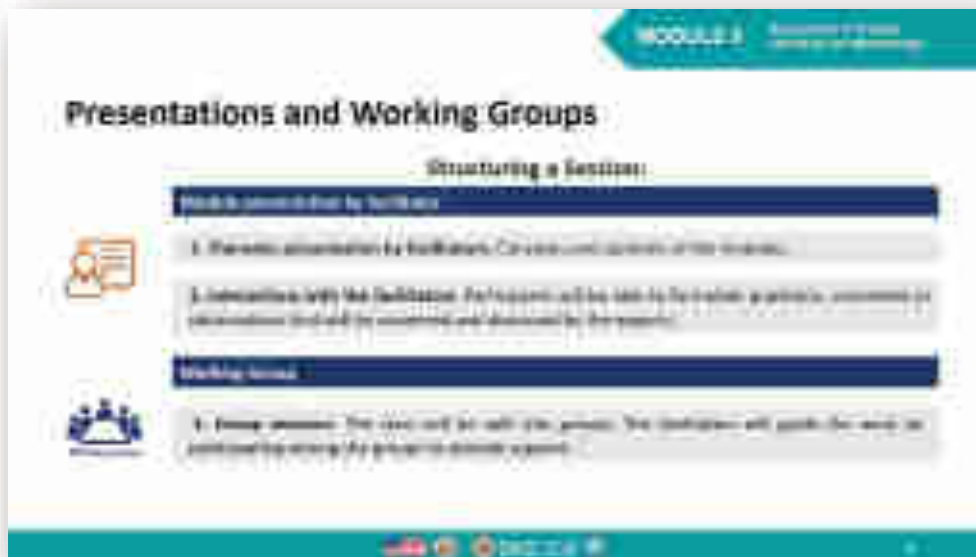
While these are the general learning objectives, there are specific learning objectives and goal statements assigned to each of the modules. They will be introduced in each module.



Say

As this slide relates to the training methodology, explain what the following Models mean:

- *Theoretical-practical:* This approach means that the overall course balances theoretical, practical and practitioner education and is linked, for instance, to real-world cases. The training has working group activities for drafting national drug policy documents.
- *Dynamic work:* It means to bring everyone together, discuss, and scale solutions as work evolves, and pivot quickly to achieve more.
- *Multidisciplinary model:* One of the more flexible and functional approaches to binding different professional backgrounds into a closer working alliance without forcing them to relinquish the autonomy of each discipline.



As such, each module is divided into three parts:

1. Thematic presentation by facilitators: The sessions will begin by explaining the concepts and contents of the modules. Facilitators who are experts in the field of research / drug policy development have been selected as part of the training team.

2. Interactions with the facilitators: At the end of the presentations, there is the opportunity for discussion and reflection to delve into the content taught. Participants will be able to formulate questions, comments or observations that will be answered by, and discussed with, the experts.

3. Working Groups: During the training, group sessions will be convened to help participants draft the policy document.

As such, you will be split into groups (by country) and the facilitators will guide the group work and provide support.

We therefore encourage you to take advantage of this time together!



Say

It is important to note that this training will be evaluated. Two types of evaluations will be conducted.

1. **During Training Evaluation** – Includes **Daily Evaluations** to provide feedback on the quality of the day's session and to assess the quality of delivery of each facilitator.
2. **Post Training Evaluation** – Includes an **Overall Training Evaluation** to assess the overall quality of the workshop as well as the knowledge acquired. The goal of this evaluation is to help the organizers understand the strengths and weaknesses of the training in order to improve its delivery in future workshops.

MODULE 1

This training will be held on 4 consecutive days:
 Dates: ____ to ____ Time: ____ to ____ PM (Free Zone meeting)

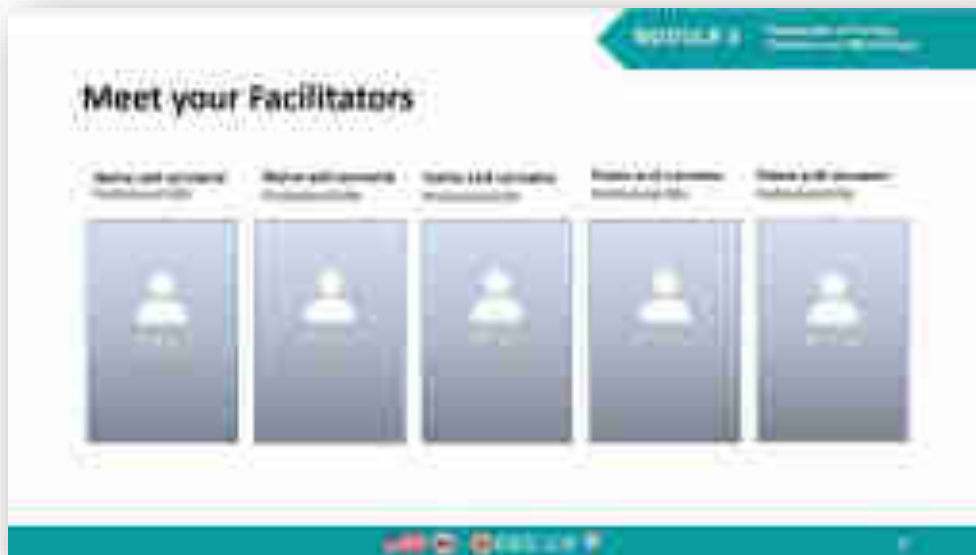
Module No.	Day	Time	Name of Facilitator
Module 1	____/____/____	____:____-____:____	Name of Facilitator
Module 2	____/____/____	____:____-____:____	Name of Facilitator
Module 3	____/____/____	____:____-____:____	Name of Facilitator
Module 4	____/____/____	____:____-____:____	Name of Facilitator
Module 5	____/____/____	____:____-____:____	Name of Facilitator
Module 6	____/____/____	____:____-____:____	Name of Facilitator
Module 7	____/____/____	____:____-____:____	Name of Facilitator

Training instructions: Insert the dates of the training and schedule for the coverage of each module, along with the names of the facilitators who will be covering each module.



Say The training will be held on four consecutive days from _____ to _____ and sessions will begin at (hour) and end at (hour).

The material for each of the seven (7) thematic modules will be covered according to the schedule.



Training instructions: Introduce all facilitators by name, professional titles, and a picture.

Provide participants with more background information on each facilitator once you name them or give the floor to the facilitators to introduce themselves.

Participant Role in the Classroom Session

OBJECTIVES:

- Introduce yourself and your team-country colleagues.
- Present the current situation of your National Drug Strategy.
- Listen to the trainer(s) and learn from their explanations.
- Ensure that you have all the documentation/materials provided to the training, so that they can be used as tools to help in the development/update of your National Drug Strategy.
- Participate in critical and analytical discussion in the discussion forums among participants and trainers.
- Seek clarification to address any doubts.
- Deliver assignments and feedback within the timeframes established.

Say

This slide provides guidance on the classroom session. The facilitator must ask participants to ([read the bullets](#)):

- Introduce themselves and their team-country colleagues.
- Present the current situation of their National Drug Strategy.
- Listen to the trainer(s) and learn from their explanations.
- Make sure that they have the complete documentation and materials provided for the Training, since they are the tools to help to move forward and contribute to the development/update of their National Drug Strategy.
- Participate in critical and analytical discussion in the forums among students and trainers.
- Seek clarification to address any doubts.
- Deliver assignments and feedback within the timeframes established.



This slide provides guidance on how the tutor will perform in the training. The facilitator must ask to ([read the bullets](#)):

- Welcome the participants and experts who will deliver and participate in each session.
- Ensure that all participants are present in the classroom and have all the materials for the course.
- Moderate the discussion forums on the corresponding topics.
- Encourage critical and analytical debate among participants and experts.
- Support participants in addressing problems that may arise.
- Outline the subjects to be covered in each session, collect assignments, and provide feedback.

**In case of a virtual training, include this slide to provide instructions.



Training instructions: Send out an email to participants a week prior to the training with the following instructions:

- Details of the virtual platform to be utilized during the training.
- Guidance on how to register for the training prior to its scheduled start date.
- Indication to use the same link to log in for the 4 days of the training.
- Housekeeping rules for the training.



Lastly, [explain](#) that at the end of this training, the Executive Secretariat of the Inter-American Drug Abuse Control Commission (ES-CICAD/OAS) will issue a certificate.

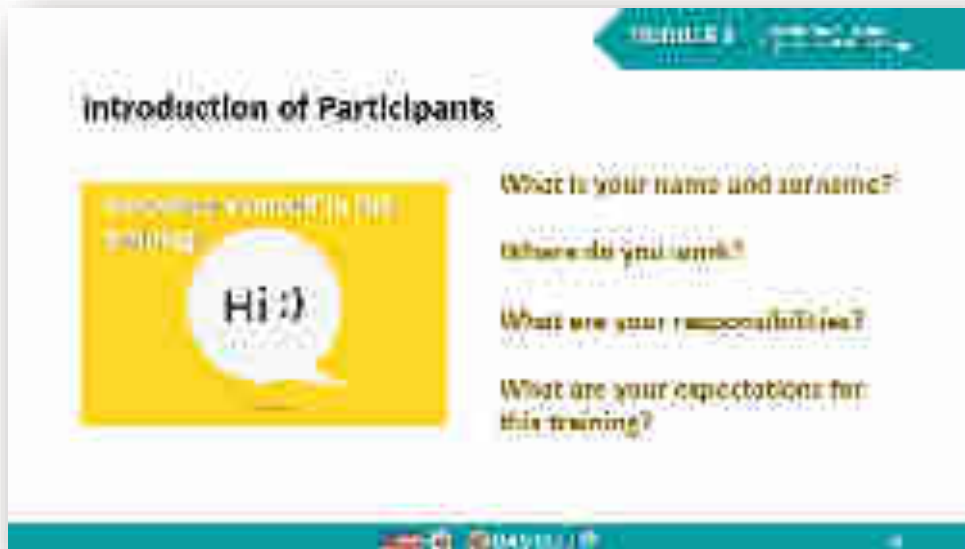
Also, inform the participants of the requirements to be satisfied for a certificate of completion from the training.

REQUIREMENTS:

- Participants must have attended a minimum of 14 hours.
- Participants must have actively participated in the sessions.
- Participants must have completed the activities and exercises assigned.



Please note that assistance and participation will be monitored during the sessions. We look forward to your learning experience and active engagement!




Before we start the training, please introduce yourself by responding to the following questions:

- What is your name and surname?
- Where do you work?
- What are your responsibilities?
- What are your expectations for this training?

Please ask participants to take less than two minutes to introduce themselves.

Training instructions: Remind the participants to keep their name tag on during the entire training.

 25-minute activity.

Module 1: Public Policies – A Needed Response to Societal Problems

Module 1 Preparation Checklist

- Review the “Getting Started” section for general preparation information on page 18 of this manual.
- Review Module 1.

Module 1 Content and Duration

Activity	Time
Goal statement and Learning Objectives	5 minutes
Definition, Relevance, and Characteristics of a Public Policy	8 minutes
Public Decision-Making and Public Policy Outcomes	15 minutes
Evidence Based Policy Making	20 minutes
Total Time:	48 minutes

Module 1 Goal Statement and Learning Objectives

Goal Statement:

- ✓ Define public policy and examine the contributing systems that are needed to ensure its effective development and implementation.

Learning Objectives:

- ✓ Learn about the public decision-making process and the expected policy outcomes from the process.
- ✓ Understand the importance of evidence-based policymaking for rigorous technical and methodological policy design.

Module 1 PowerPoint Slides and Narrative



The trainer greets the participants and introduces Module 1.



As we get started on this first Module, let us look at the goal statement which is “To define public policy and examine the contributing systems that are needed to ensure its effective development and implementation.”

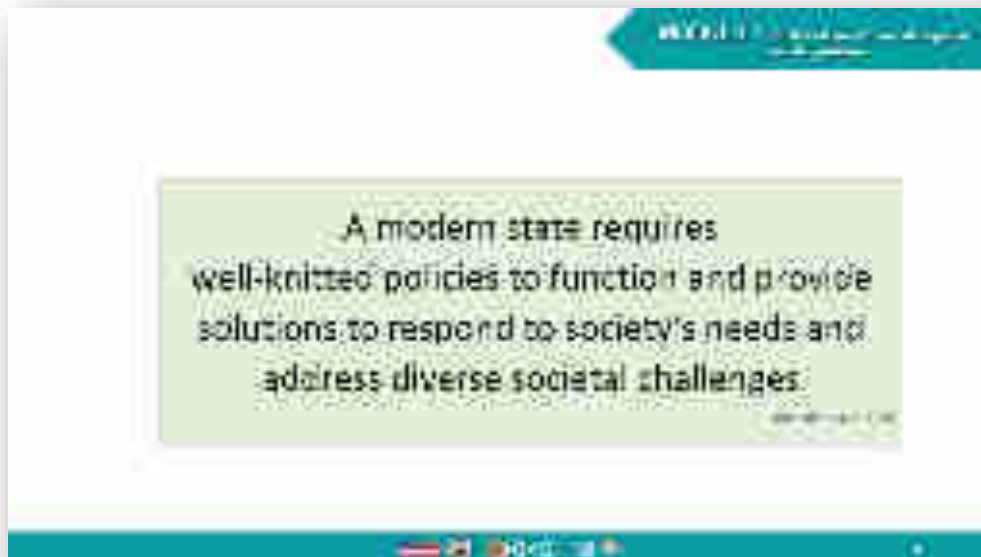


Say

Therefore, in support of the goal statement, our learning objectives are:

- ✓ Learn about the public decision-making process and the expected public policy outcomes from this process.
- ✓ Understand the importance of evidence-based policymaking for rigorous technical and methodological policy design.

Remember that through this content you are guiding your participants toward these two objectives.



Please share any thoughts you have on this quote - “A modern state requires well knitted policies to function.”

Note to the trainer; You could prompt the discussion by asking:

- What are some key words?
- Identify one policy in your country that meets this definition.



You will recognize that there are multiple definitions of public policy, however we are sharing these in an effort to begin to frame and focus our discussions ([read the definitions](#)):

- Public policy is an attempt by a government to address public issues by instituting laws, regulations, decisions, or actions pertinent to the problem at hand.
- Policies are general statements or understandings which guide or channel thinking and action in decision-making.
- Policies are a pattern of direction for the guidance of those who carry responsibilities for the management of the activities of the enterprises.



Read the definitions.

- Policy is a process as well as a product. It is used to refer to a process of decision-making and it is also the product of that process.
- A collection of well-planned and thoughtful decisions with the participation and legitimization of authorized representatives of the state, and in cooperation with civil society representatives and other actors to improve, transform, or solve a problematic public situation with the desire to take action that is useful for society.

Ask participants— You may want to ask your participants: What are some of the key phrases that stand out for you?

Prompt the discussion by highlighting:

- The policy is a product of a process.
- Well-planned, thoughtful decisions are those made with all stakeholders, legitimization, and cooperation. You will learn that these are central to the relevance of your policy.

MODULE 2

Definition and Relevance of a Public Policy

Definition: The development of a set of plans, public policy, to be a rule.

Subjects



Activities



Characteristics

- Public policy is a goal-oriented and result-oriented statement.
- Public policy is a general statement of governmental intentions/strategies.
- Public policy is a public policy, which is intended to benefit and affect a wide range of people.

→ Public policy is a statement of intent to be implemented in the future.



Policies are usually a set of plans agreed upon by the majority of participants involved in the policy development process.

It is a collective action for the fulfillment of the needs and aspirations of all people.

- Public policy is a goal-oriented and result-oriented statement.
- Its aim is the promotion of public interest.
- It is future oriented.

It is important to note that:

- Public policy is not decided by a single individual or institution.
- Public policymaking demands coordination among individuals, organizations, and institutions.
- Public policy must take into consideration the ways its implementation will affect the future.

Most importantly— It is the citizens who are supposed to benefit the most from a public policy. Therefore, every public policy MUST consider the interests of the public.



Say

This diagram can be defined as the building blocks for a policy.

Don't just call them out but as you go through, encourage participants to think about them in practical terms:

- Endorsed – The policy has the support of management and is politically viable – we cannot escape the political reality.
- Relevant – The policy is applicable to all stakeholders.
- Realistic – The policy makes sense, and its goals are achievable.
- Attainable – The policy can be successfully implemented.
- Adaptable/Dynamic – The policy can accommodate change during the monitoring process.
- Measurable – It has a Monitoring and Evaluation component.

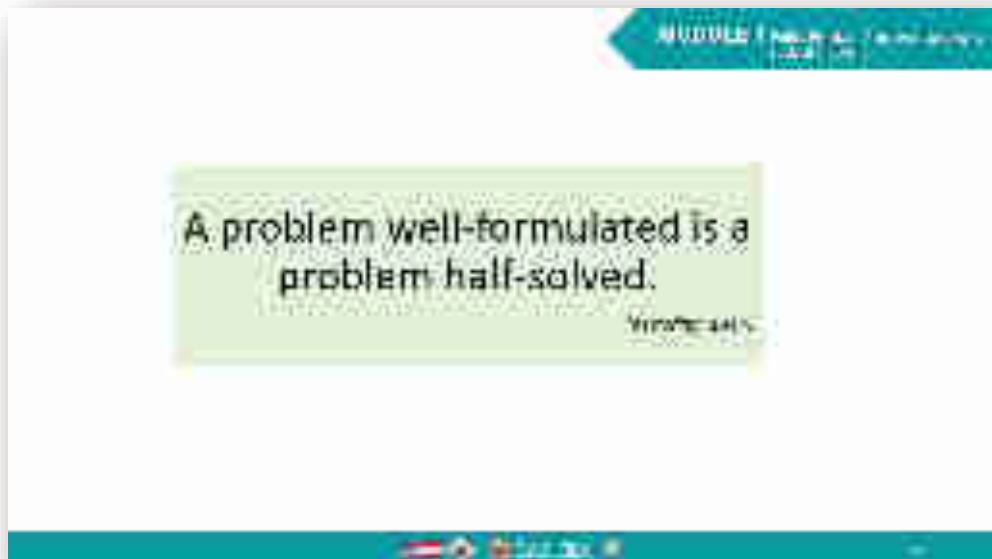


Public policies are usually crafted by technical officers in consultation with key stakeholders. The policy must be grounded in the existing legal framework to give it legitimacy.

It is already acknowledged that public policy is a product of a process. Let us now examine that process. The following key steps are identified:

1. Problem identification
2. Agenda Setting
3. Policy formulation
4. Engagement with stakeholders
5. Policy adoption
6. Policy implementation
7. Policy Evaluation

The process does NOT end with evaluation, as the outcome of the evaluation should be used to inform additional projects, changes in approach, and general ongoing development of the policy.



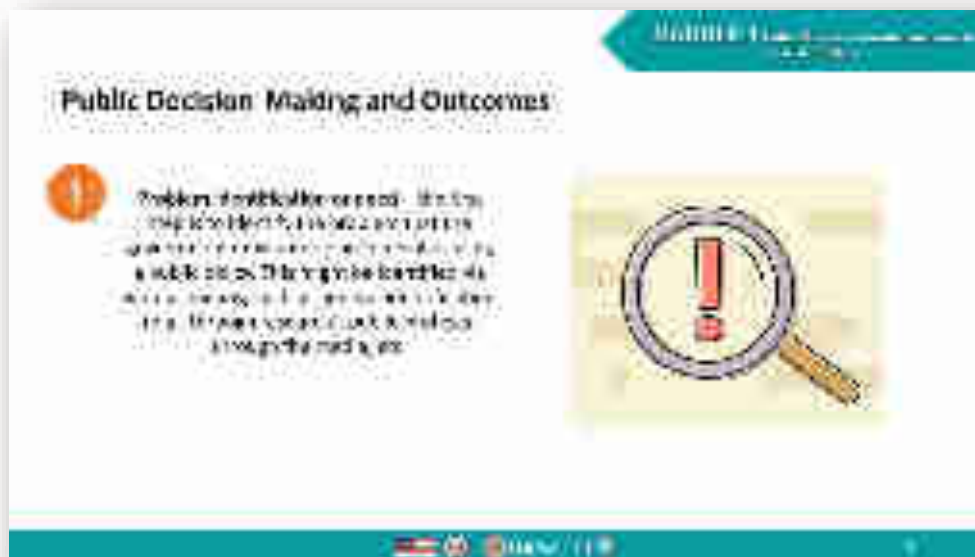
Ask participants— What should be done to ensure that the problem is well-formulated?

Someone should respond with the use of evidence.

Continue by making the point that evidence-based programs or practices are interventions that are based on an accumulation of scientific/empirical evidence agreed upon by subject-matter experts. Evidence should be used both to inform the policy and determine if it is effective.

Typically, evidence-based programs and practices have shown the greatest levels of effectiveness.

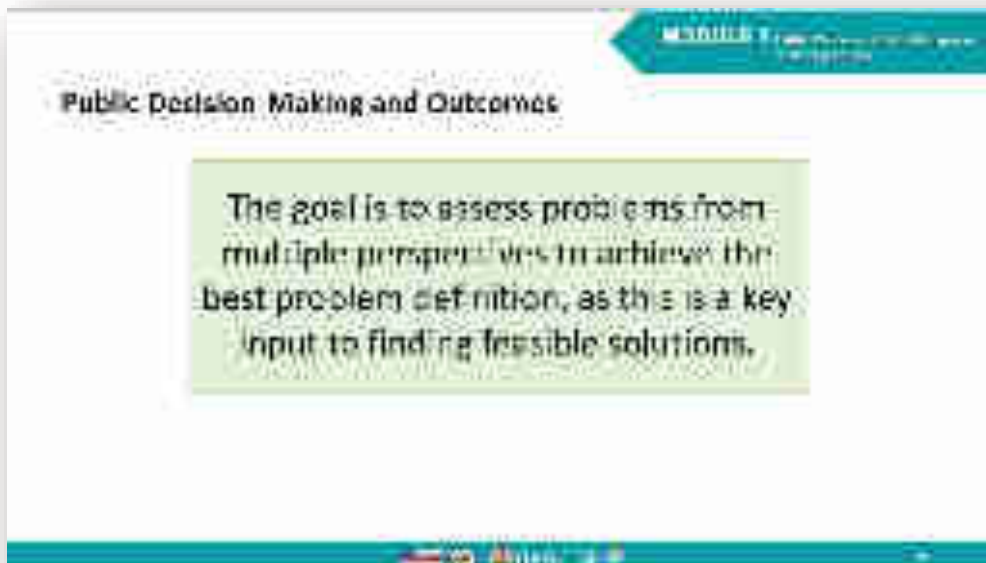
If evidence-based programs and practices are implemented as intended, they will lead to the desired results identified by the drafters of the policy.



As we go through the next few slides, we will discuss more fully the steps taken in the process of policy development. Feel free to look at the diagram in slide 9 to remind yourself of the sequential nature of the process.

Let us examine the first step in public decision making and public policies outcome:

Problem identification – The first step is to identify the problem in need of the intervention of a government public policy. This might be identified through various means, such as academic research, general identification, public protests, issues highlighted in both traditional and social media etc.



Remember- During problem identification, we must look at the problem from every possible angle to determine exactly how persons or various groups in society are affected by the problem. This will help in the assessment of any possible solutions to addressing it through the development of a public policy.

Training instructions: Here the trainer can take some time to ask the class to highlight some social problems that would require policy intervention in their countries.



3-minute activity.



Agenda Setting – When we speak of “agenda setting” let us not use the negative perception of what our “agenda” may be.

However, we want to note that having a clear agenda helps policymakers to decide on the problems to be addressed and determine the type of agenda to use. These include:

- Systematic agendas – Comprise of all issues that policymakers find worthy of attention.
- Institutional agendas – Analyze problems and their solutions within a time bound context.
- Discretionary agendas – Address problems that are chosen by legislators and haven’t been included in the former ones.
- Decision agendas – Contain the finalized list of issues to be moved to the next phase of the policymaking cycle.

Note that all or some of these approaches are important as progress is made in the development of the policy.



Let us look at stakeholder engagement.

Ask participants— What does this picture tell us?

1. Collaboration is important.
2. Building relationships is critical.

This step helps policy holders to get information that is relevant from a wide cross section of agencies that have either a direct or indirect link to, or role and interest in, drug-related issues. These stakeholders should include government, non-government, civil society (including persons with lived experience), the private sector, and any other identified group.

Ask participants to think about their situation and identify some of the stakeholders who should be involved in this process. Record their responses on a flip chart.



The next step in this process is:

Policy formulation– It involves the proposal of solutions to issues identified during the three previous stages.

The process of policy formulation involves policymakers discussing and suggesting some methods to correct the issues raised. Various methods and paths towards framing the most appropriate policy are considered for each issue, and finally, the most effective policy is chosen, based on some primary considerations:

- The policy must be an effective, reliable, evidence-based, and implementable way to solve issues.
- The policy must be politically feasible.
- Risks associated with implementation can be identified and mitigation strategies explored and documented.



Now that the policy has been formulated, it needs to be adopted. Therefore, the next logical step is:

Policy adoption – This is the process through which the finalized policy is adopted by government bodies for implementation. It must be adopted by relevant institutions of the government to be put into effect.

Adoption involves approval by an authority institution in the country. This approval can be: Ministerial, the Cabinet of Ministers, Parliament, Legislature, or Presidential.



The logical sequence of policy decision making, and outcomes must include the next step of policy implementation.

During **Policy Implementation**, the practical implementation of the theoretical proposal of the policy is undertaken. The successful implementation of a policy is dependent on:

- Whether it is communicated accurately from the creator of the policy to all stakeholders.
- Whether the policy is clear, concise, and easy to interpret by the stakeholders as this will aid implementation.
- Whether the resources to be used in implementation are integrated into the existing processes at the responsible agencies. This is important to ensure that they do not experience extensive disruption, duplication, competition, or conflict.
- Whether agencies have the opportunity and support to advocate for the resources needed for implementation.



Policy Oversight and Evaluation. As the policy is implemented, there is need for oversight of the process using monitoring and evaluation. Policies may be evaluated and analyzed critically at various stages of the implementation process. Research and extensive studies are also conducted to analyze its success. Policy analysts, politicians, and the media play significant roles in evaluating the policies that are implemented.

Upon evaluation, policies will either have met their objectives or not. When policy objectives are met, stakeholders and the public can clearly identify the benefits gained from the policy.

When policy objectives are not met, it may be due to a number of factors including but not limited to:

- Errors in identifying the problem.
- Faults in formulating the policy.
- Poor responses from key stakeholders.
- Inaccurate implementation of the policy.
- Political changes.
- Other external factors.



Ask participants— After monitoring and evaluation.... What next?

How do we use the evaluation?

There should be a feedback mechanism that allows for ongoing development of the policy. This will be further explored in Module 5 as we go deeper into Monitoring and Evaluation. We will have a better understanding of why periodic evaluations are needed at different points of the policy to allow for critical assessment and possible changes.



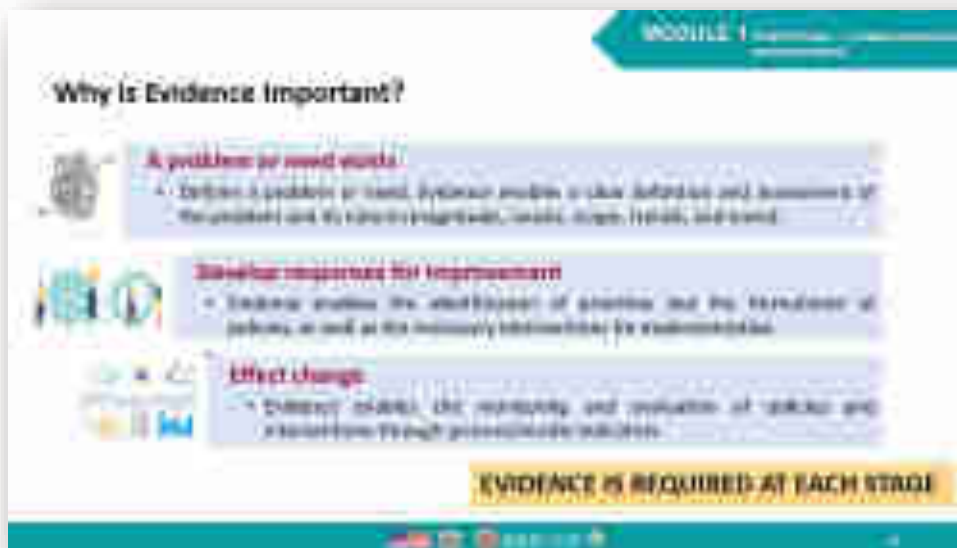
We have already established that evidence is important to the development of a policy. Let's go get deeper into this topic.

Training instructions: Ask the class to discuss their thoughts on the following:

- What is evidence?
- What factors should inform a situation assessment for drug policy?
- What are some practical considerations in considering an evidence base?



5-minute activity.



The gathering of evidence is important during each step of the policy development process.

Empirical evidence is needed to show that:

- **A problem exists:** An assessment must be carried out of the magnitude, causes, scope, existing or emerging trends, and other issues related to the problem.
- **Responses need to be developed:** Evidence is used to identify priorities and support the development of policies, decisions, and interventions.
- **Change needs to be undertaken:** Evidence is gathered using indicators to monitor and evaluate policies and interventions that have been developed.



The CICAD/OAS Hemispheric Drug Strategy (2020) is an example of an evidence-based approach to policy development. Supported by empirical data gathered by the Inter-American Observatory on Drugs, these statements are intended to guide development of comprehensive responses to the drug problem.

Further Information:

CICAD 2020 Hemispheric Drug Strategy:
http://www.cicad.oas.org/main/AboutCICAD/BasicDocuments/OAS_Hemispheric_Drug_Strategy_2020_ENG.pdf

CICAD 2020 Hemispheric Plan of Action on Drugs:
http://www.cicad.oas.org/main/AboutCICAD/BasicDocuments/Hemispheric_Plan_of_Action_on_Drugs_2021-2025_ENG.pdf



The role of evidence will be reviewed in greater detail in the following slides but let us begin by noting that using evidence-based research to inform state policy decisions is critical.

The importance of getting research evidence into policy and practice is widely acknowledged in literature which focuses on knowledge utilization and how policy and practice can be better informed by evidence. This helps create a seamless transition from research evidence to decisions and actions. However, integrating research findings into the policy-making process and communicating this to policymakers can be a challenge.

It is important to note that research helps those responsible to:

1. Analyze and understand problems and needs.
2. Understand the factors that contribute to the efficacy of drug interventions and programs in the areas of demand and supply.
3. Identify the need for funding and other resources to support policy decisions, program interventions, evaluation, and policy impact analysis.



Let's examine an "Evidence-Based approach."

Ask participants— Different participants to read from the slide.

As with many areas of drug policy, the drug problem is multifaceted and “what works” is rarely clear cut and often contested. For example, both the nature and patterns of use, and the responses to these, vary between countries and over time; the interventions must therefore be adaptable to the changing dynamics of the drug situation in any given location.

All policies include programs and interventions to bring about change, therefore realistic options, which are applicable based on the situation in the country, must be available in all thematic areas to support the policy.



For those tasked with researching and sharing evidence for use in policy and practice, there are three key tasks to consider:

1. The identification and sharing of important knowledge and key lessons,
2. The communication of research findings to policymakers, and
3. The building of a community which enables transdisciplinary evidence to be produced and used, to address gaps and help decision-makers transform society for the better.

When developing the policy, the use of evidence should be infused from the point of problem identification through to oversight and evaluation.



Say

In transforming evidence to decision-making, the aim is to connect researchers with policymakers to integrate research findings into the policy making process.

The goal is to ensure knowledge translation, knowledge transfer, knowledge exchange, research utilization, implementation, and dissemination.

The two broad issues in achieving these goals are:

- 1. Engaging the stakeholders, and
- 2. Using the evidence in the decision-making process.



Say

The challenges that hinder the utilization of research in policy making are:

- Addressing the capacity of policymakers to demand and incorporate research into the policy.
- Closing the communication gap between researchers, donors, and policymakers.
- Managing the political process to understand evidence, key lessons learned, effective programs and interventions, etc. that address the needs of the population.
- Mitigating the lack of willingness of some policymakers to use research.
- Recognizing that there may be limited research funding.
- Understanding and mitigating the resistance to change.



Despite the challenges previously mentioned, do not be deterred. There are strategies that increase the potential for getting research into policy and practice:

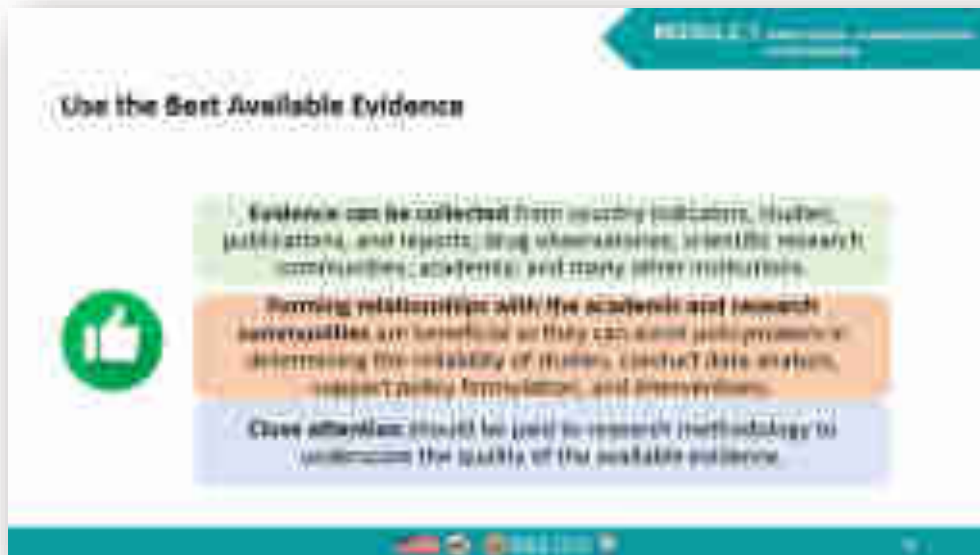
- Strategy 1: Stakeholders request evidence to support the use of certain strategies or to scale up interventions and programs.
- Strategy 2: Involving stakeholders in designing research objectives and maintaining their involvement throughout the research period.
- Strategy 3: Facilitating policymaker / researcher engagement in finding the most efficient ways of using research findings to influence policy and practice.
- Strategy 4: Facilitating active dissemination of research findings to relevant stakeholders and policymakers.

As the diagram shows, if we are able to do this effectively, we would have contributed to successful integration of research into policy.

See the following article for more insight into this challenge:

The challenge of bridging the gap between researchers and policymakers: experiences of a Health Policy Research Group in engaging policymakers to support evidence informed policy making.

<https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-016-0209-1>



Say

Using the best available evidence...

1. Evidence can be collected from studies, publications and reports, drug observatories, scientific research communities, academia, and many other institutions. Your country's drug observatory can help provide critical information.
2. Forming relationships with the academic and research communities is beneficial as they can assist policymakers in determining the fidelity of studies, help with conducting data analysis, support policy formulation, and interventions.



Say

The CICAD/OAS 2020 Hemispheric Drug Strategy highlights the importance of developing evidence-based drug policies and strategies.

“That member states establish and/or strengthen national drug observatories or similar technical offices to develop national drug information systems, promote scientific research, and generate, collect, organize, analyze and disseminate information that serves as a basis for the development and implementation of evidence-based drug policies and strategies that reflect dynamic realities.”



Emphasize that at this point all participants should have an appreciation for the importance of evidence-based policy making.

Ask participants— In your country, from where will that evidence come?

Let us take a look at mechanisms for gathering evidence.

How can National Drug Observatories help?

- Provide its national audience with the information they need:
 - For policymaking,
 - To organize drug related services, and
 - On drug-related issues of interest to the general public.

- Collect and/or produce the information needed to fulfill its countries reporting obligations to regional and international monitoring and drug-control programs.



Say

National Drug Observatories perform the following functions:

- Data collection and monitoring at the national level.
- Analysis and interpretation of the information collected.
- Reporting and communication of the results



National Drug Information Network (DIN).

A drug information network is defined as a group of people from relevant stakeholder agencies or organizations that contributes to the generation, collection, analysis, and dissemination of information on drugs for the purpose of monitoring trends, developing policy, and implementing appropriate programs and responses.



While data collection and analysis will be explained in Module 3, it is important to note the framework of a Drug Information Network:

- 1 It is housed within a national drug observatory.
- 1 It consists of several different agencies which are responsible for some level of intervention relating to drug use and its supply, who share information to the Observatory through the DIN. These agencies include but are not limited to:
 - Drug Use Prevention Agencies
 - Ministry of Health
 - Police
 - Treatment centers
 - Research Agencies
 - Forensics
 - NGOs
 - Customs
 - Universities
- 1 It is important to understanding the multifaceted issue of drugs.

Module 2: National Policy Development within the Framework of International and Regional Drug Policy Documents

Module 2 Preparation Checklist

- Review the “Getting Started Section” for general preparation information on page 18 of this manual.
- Preview Module 2.

Module 2 Content and Duration

Activity	Time
Goal Statement and Learning Objectives	5 minutes
CICAD/OAS Hemispheric Drug Strategy and its Plan of Action, and Regional and International Declarations and Mandates	20 minutes
Human Rights	15 minutes
Gender Perspective	15 minutes
Public Health	10 minutes
Other Cross-Cutting Elements	7 minutes
Total Time:	72 minutes

Module 2 Goal Statement and Learning Objectives

Goal Statement:

- ✓ Introduce and review the regional and international drug policy frameworks and agreements.

Learning Objectives:

- ✓ Better understand the role of CICAD/OAS, as well as the importance of its Hemispheric Drug Strategy and Plan of Action adopted by all OAS member states.
- ✓ Learn about key conventions, declarations, and mandates, as well as other international influences on drug policy.
- ✓ Learn key approaches and cross-cutting elements to consider when formulating the national policy.

Module 2 PowerPoint Slides and Narrative



Say

Dear Participants, welcome to Module 2.

This module provides the regional and international context around which national drug policies or strategies should be framed. It introduces participants to the CICAD/OAS Hemispheric Drug Strategy and its corresponding Plan of Action, as well as other regional and international documents of the drug policy framework. Additionally, the module addresses human rights, gender, public health, and other key cross-cutting issues that must be considered as core values in the formulation and implementation of drug policies.

Note to the trainer:

- Highlight the importance of "monitoring and/or compliance" with these regional and international documents to respond to the problems generated by drugs. Remember that the drug problem is national but also transnational. Therefore, the drug policies have to abide by very similar guidelines.
- Comment that human rights, gender, and public health are relevant core values for all interventions and programs included in policies.



Read the goal statement as it is: “Introduce and review the regional and international drug policy frameworks and agreements.” We will discuss the CICAD/OAS Hemispheric Drug Strategy and its Plan of Action, and the international and regional framework which includes relevant mandates and declarations.

Training instructions: You can engage the class by asking students about their knowledge of these regional and international instruments and how these documents are relevant to drafting their policy.



After completing this module, you will:

- ✓ Better understand the role of CICAD/OAS, as well as the importance of its Hemispheric Drug Strategy and Plan of Action adopted by all OAS member states.
- ✓ Learn about key conventions, declarations, and mandates, as well as other international influences on drug policy.
- ✓ Learn key approaches and cross-cutting elements to consider when formulating the national policy.

CICAD/OAS Hemispheric Drug Strategy and its Plan of Action

Say

Countries need to work together closely to respond to the problem of drugs. In the following slides, we will talk about the CICAD/OAS Hemispheric Drug Strategy and Plan of Action 2021-2025. Both documents are key for the region and guide countries to collectively address the problem using similar perspectives.



Explain that the Inter-American Drug Abuse Control Commission (known by its Spanish language acronym, CICAD) was created in 1986 as a specialized entity of the OAS, with autonomous authority to exercise its mandate.

Highlight that CICAD is the consultative and advisory body of the OAS on the issue of drugs. Moreover, CICAD is the Western Hemisphere's primary policy forum for dealing with the drug problem. In this forum, OAS member states discuss and find solutions to the drug problem.

The role of the Executive Secretariat of CICAD is to support member states to strengthen their drug policies and interventions/programs through some of the following efforts:

- Provide technical assistance.
- Deliver specialized training focused on the advancement of countries' capacity.
- Develop guides, manuals, reports, and protocols.
- Conduct research, evaluation, data collection, and analysis.
- Promote multilateral cooperation.

The Executive Secretariat of CICAD is located at the OAS headquarters in Washington, D.C. It has 25 professionals responsible for the execution of programs in five areas: Multilateral Evaluation Mechanism (MEM); Institutional Strengthening; Inter-American Observatory on Drugs (OID); Demand Reduction; and Supply Reduction.



Explain that the diagram above illustrates the organizational structure of the Executive Secretariat of CICAD.

Say As you can see, the Executive Secretariat of CICAD has five (5) units under two (2) main thematic areas:

Area 1: Drug Control Capacity Building and Technical Assistance:

- Institutional Strengthening Unit
- Demand Reduction Unit
- Supply Reduction Unit

Area 2: Evidence-Based Drug Policy Section: Information, Design, Implementation, Monitoring and Evaluation, and Data Collection and Analysis:

- Multilateral Evaluation Mechanism (MEM) Unit
- Inter-American Observatory on Drugs (OID) Unit

Each unit works cohesively to execute its mandate towards the fulfilment of the CICAD/OAS Hemispheric Drug Strategy and its Plan of Action.



Taken from the CICAD/OAS Hemispheric Drug Strategy and Plan of Action, ES-CICAD is mandated to:

- Establish and/or strengthen institutional capacity of the national drug authorities, placing them at a high political level and providing them with the necessary capabilities, resources, and competencies to coordinate the formulation, implementation, monitoring, and evaluation of national drug policies.
- Formulate, implement, evaluate, and update comprehensive national drug policies, strategies, and plans that promote balanced, multidisciplinary, and evidence-based approaches. At the same time, fully respecting human rights and fundamental freedoms under the principle of common and shared responsibility, consistent with the obligations of parties under international law, and taking into account aspects of gender, age, community, cultural context, and socially inclusive development.
- Design and coordinate national drug policies, strategies, and plans.

In this regard, it is the responsibility of ES-CICAD’s Institutional Strengthening Unit through its Drug Policies, Strategies and Plans of Action Program to focus on promoting the development and strengthening of institutional capacities of OAS member states in the formulation, implementation, monitoring, and evaluation of policies, strategies, and drug plans in the Americas region, both at the national and subnational levels.

This is achieved through:

- Technical assistance for the formulation, implementation, and evaluation of both national and subnational policies, strategies, and plans on drugs.
- Technical assistance for the national and subnational planning and diagnosis of drug policies, strategies, and plans at local levels.

- Development of mechanisms for the coordination, work, and effective collaboration between national and sub-national entities in the formulation, implementation, evaluation and updating of policies, strategies, and plans on drugs, while taking into account socio-cultural and demographic differences among other factors that are specific to each region.
- Generation of institutional capacity through the development and implementation of training curricula and training activities for professionals, national drug authorities, and other key actors in this area.
- Development of guidelines, manuals, and technical tools to support the design and implementation of drug policies, strategies, and plans that include a focus on gender, human rights, public health, and social inclusion.



Say

Drugs are a transnational problem that require a coordinated response. The drug problem remains a critical challenge that threatens individual and public security, global health, social development, and the environment. As such, countries must develop drug policies as a way of addressing its legal, health, and social consequences.

Countries are encouraged to draft drug policies aligned with the Hemispheric Agenda developed through the Inter-American Drug Abuse Control Commission (CICAD), and based on the principles of the CICAD/OAS Hemispheric Drug Strategy and its Hemispheric Plan of Action on Drugs.

In 2020, the OAS member states came together and established an updated Hemispheric Drug Strategy and Plan of Action. The **CICAD/OAS Hemispheric Drug Strategy (2020)** is one of the most important drug documents of this decade for OAS member states. First, it represents a political commitment by the countries to face the drug problem. Second, it defends the fundamental principles and rights of individuals and families affected by drugs. Finally, it establishes guidelines and directives – with full respect and consideration of human rights, gender, cultural context, and social inclusion – so that all OAS member states can undertake a comprehensive, coordinated, and common response to address this transnational threat.

This Strategy also supports all of the hemispheric and international commitments made by the member states in various declarations, resolutions, agreements, and other documents.

Its corresponding Plan of Action (2021-2025) defines a hemispheric framework for action that has priority objectives and actions for member states to take into account when formulating and implementing national drug policies, according to their own contexts and challenges.

The development of this strategy is well placed as it was drafted to incorporate the principles of the most recent hemispheric and international accords on drugs. Further, because it was developed during the height of the global COVID-19 pandemic, the emerging challenges, and changes in criminal activity in drug trafficking were taken into consideration while drafting this document.

Training instructions: After explaining the context in which the CICAD/OAS developed its Hemispheric Drug Strategy and Plan of action, ask the class to think about some of the situations in their country that may be impacting their drug problem and that should be considered during the drafting of their national drug strategy. They can have a brief 5-minute discussion about it in class.

Finally highlight that both documents:

- Support the commitments undertaken by member states of the Organization of American States (OAS) in the Declaration of Antigua, Guatemala.
- Incorporate the Outcomes from the Operational Recommendations of the Special Session of the United Nations General Assembly (UNGASS, 2016).
- Consider the Ministerial Declaration of the 2019 Commission on Narcotic Drugs (CND).
- Acknowledge the United Nations' 2030 Agenda for the Sustainable Development Goals, specifically the SDG Target 3.5| Substance abuse: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.

Say

All these declarations and outcome documents will be explained in the upcoming slides.



The CICAD/OAS Plan of Action on Drugs 2021-2025 has been developed for implementation over a period of five (5) years. Through this updated five-year Plan, member states reiterate their commitment to placing individuals at the core of drug policies and programs and furthering tangible progress in addressing the world drug problem. This will be undertaken within the framework of the three international drug control conventions and other relevant international instruments, in full respect of the principles of international law, the United Nations Charter, and the Universal Declaration of Human Rights.

Its content takes into account gender, age, community, and cultural context, as well as inputs from civil society, the private sector, and other stakeholders where appropriate. It addresses the new challenges encountered and positions taken by member states to adapt to new realities, including those emerging as a result of global crises. This naturally includes the coronavirus pandemic, which has spurred criminal activity and drug trafficking groups, while exacerbating a public health crisis.

Explain that OAS member states committed to addressing the issues through both supply and demand reduction measures under the following five pillars:

- 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 their causes and consequences
- Research, information, monitoring, and evaluation
- International cooperation

Say We are going to take a moment to discuss the objectives that each of the pillars seek to achieve. Though this is a lengthy list of objectives, it is important that the policy designers have insight into the hemispheric initiatives, concurrent with the drafting of their drug policy.



Under the Pillar of **Institutional Strengthening**, there are five (5) key objectives. The Institutional Strengthening Unit of ES/CICAD is charged with supporting member states in fulfilling these objectives.

Training instructions: Explain the objectives to give an overview of this pillar and discuss with the class.

** Indicate that this is not a linear process and like the continuum of substance use where individuals can move between stages, the objectives can be fulfilled in any order.



Under the Pillar of **Measures of Prevention, Treatment and Recovery Support**, there are five (5) key objectives. The Demand Reduction Unit of ES/CICAD is charged with supporting member states in fulfilling these objectives.

Training instructions: Explain the objectives to give an overview of this pillar and discuss with the class.

** Indicate that this is not a linear process and like the continuum of substance use where individuals can move between stages, the objectives can be fulfilled in any order.



Under the Pillar of **Measures to Control and Counter the Illicit Cultivation, Production, Trafficking and Distribution of Drugs, and to Address their Causes and Consequences**, there are ten (10) objectives. The Supply Reduction Unit of ES/CICAD

is charged with supporting member states in fulfilling these objectives.

Training instructions: Explain the objectives to give an overview of this pillar and discuss with the class.

** Indicate that this is not a linear process and that within the continuum of drug trafficking and its attendant crimes, these objectives can be fulfilled in any order.



Training instructions: Explain the objectives to give an overview of this pillar and discuss with the class.

** Indicate that this is not a linear process and that within the continuum of drug trafficking and its attendant crimes, these objectives can be fulfilled in any order.



Under the Pillar of **Research, Information, Monitoring and Evaluation** there are three (3) key objectives. The Inter-American Observatory on Drugs (OID) and the Multilateral Evaluation Mechanism (MEM) Units of ES/CICAD are charged with supporting member states in fulfilling these objectives.

Training instructions: Explain the objectives to give an overview of this pillar and discuss with the class.

** Indicate that these are not linear processes and that the objectives can be fulfilled in any order.



Say

Under the Pillar of International Cooperation there are 2 key objectives. The Executive Secretariat of CICAD oversees the execution of this pillar.

Training instructions: Explain the objectives to give an overview of this pillar and discuss with the class.

** Indicate that this is not a linear process and that the objectives can be fulfilled in any order.



In 2013, the **Declaration of Antigua, Guatemala**, “For a comprehensive policy against the world drug problem in the Americas” (2013) calls for a comprehensive approach based on scientific evidence and experience. It reiterates that policies to reduce drug demand should focus on the individual and their social, physical, and psychological well-being.

In summary, the Declaration of Antigua, Guatemala:

- Calls for a comprehensive approach based on scientific evidence and experience.
- Reiterates that policies to reduce drug demand should focus on the individual and their welfare.
- Encourages the consideration of new approaches towards addressing the world drug problem in the Americas based on scientific knowledge and evidence.
- Highlights the importance of fully implementing the three (3) international drug control conventions, and other international conventions against transnational organized crime.
- Acknowledges that drug abuse is a public health problem and there is the necessity to strengthen public health systems to address prevention, treatment, and rehabilitation.
- Reiterates that drug policies must have a crosscutting human rights perspective, honoring obligations under international and regional human rights conventions, and be designed with a gender perspective.
- Calls for states’ commitment to strengthen efforts to reduce the illicit supply of drugs and reduce the levels of violence associated with the world drug problem and its related crimes.
- Calls on member states to strengthen their domestic laws against money laundering and to strengthen international cooperation to prevent the proceeds from criminal activities from accessing international financial systems.

- Calls on member states to strengthen systems to prevent the diversion of chemical substances and precursors that can be used in the illicit manufacture of narcotic and psychotropic substances.
- Encourages member states to conduct research and share experiences on the impact of drug use on health, crime, the judicial system, and the prison population.
- Encourages member states to enact national policies on comprehensive and sustainable alternative development programs.

Further Information: Encourage the class to read the full Declaration here.

https://www.oas.org/en/media_center/press_release.asp?sCodigo=S-010



A year later, in 2014, the XLVI Extraordinary General Assembly of the Organization of American States (OAS) adopted by acclamation a resolution that underscores *"the importance of hemispheric and international cooperation to jointly tackling the world drug problem, by promoting and strengthening comprehensive policies and, where appropriate, the modernization and professionalization of government institutions."*

The resolution entitled **"Reflections and Guidelines to Formulate and Follow Up on Comprehensive Policies to Address the World Drug Problem in the Americas"** recognizes the importance of implementing the three United Nations conventions on drugs, which constitute the international system's drug control framework, as well as the need for states to consider *"regularly reviewing the drug policies adopted, ensuring that they are comprehensive and focused on the well-being of the individual, in order to address their national challenges and assess their impact and effectiveness."* The resolution also proposes developing responses to the new challenges posed by the world drug problem *"that prevent social costs or contribute to their reduction; and, when appropriate, reviewing traditional approaches and considering the development of new approaches, based on scientific evidence and knowledge."*

The interventions of the 22 member states of the General Assembly stressed the comprehensive nature of these policies, including *justice, human rights, public health, local and national community development, and citizen security.*

Additionally, it emphasized the need to *collect further information and scientific evidence* to improve public policies, programs, and treatment models. All member states have committed to implementing and respecting the provisions of the resolution project.

Elements debated and approved were:

- The importance of hemispheric and international cooperation.

- The importance of effective implementation of the three United Nations Drug Conventions.
- Regularly reviewing the drug policies adopted, ensuring that they are comprehensive and focused on the well-being of the individual.
- Reviewing traditional approaches and considering the development of new approaches, based on scientific evidence and knowledge.
- Promoting equilibrium among citizen security measures, public health, human rights, and mending of the social fabric, in order to achieve individual and community well-being.
- Promoting and strengthening comprehensive development programs with social integration.
- Developing comprehensive policies to deal with the world drug problem. Measures, programs, and actions that address the needs of the victims of violence and crime.
- Investing in the specific needs of at-risk groups, including children, adolescents, and youth, both in and out of school.
- Requesting the Committee on Hemispheric Security to conduct an examination of the structural causes, triggers, and the multiple factors that contribute to violence and crime, such as the global world drug problem, so it can be taken into account for the drafting of the CICAD/OAS Hemispheric Plan of Action on Drugs 2016-2020.

Further Information: Encourage the class to read the full Resolution here.

https://www.oas.org/en/media_center/press_release.asp?sCodigo=E-387/14



It should be further noted that there are **other international documents** that play a vital role in the development of drug policies that have been undertaken by the United Nations and been ratified by countries around the world.

Say International documents, along with regional documents such as those mentioned in the earlier sections, symbolize the global commitment to addressing the world drug problem by unifying the call for action.

Moving on from the regional framework, the United Nations has issued three (3) drug control conventions that provide fundamental ideals that all initiatives follow closely.

- Single Convention on Narcotic Drugs of 1961
- Convention on Psychotropic Substances of 1971
- Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

These documents form part of the guiding principles for the OAS/CICAD Hemispheric Drug Strategy and the Declaration of Antigua, Guatemala.

- 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 possession 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.
 - The preamble of the 1961 Convention highlights the preoccupation of the signatories for the health of humankind, including both access to medicines and the harms to health from the use of psychoactive substances.

- The **Convention on Psychotropic Substances of 1971**, in response to the diversification of drugs of use and misuse, introduced controls over the licit use of more than a hundred- largely synthetic- psychotropic drugs, like amphetamines, LSD, ecstasy, valium, etc., again divided over four schedules. An important purpose of the first two treaties is to codify internationally 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.
 - The World Health Organization (WHO) is responsible for the medical and scientific assessment of all psychoactive substances and to advise the Commission on Narcotic Drugs (CND) on their classification into one of the schedules of the 1961 or 1971 treaties.
 - The CND is the global policymaking body.
- In response to the increasing problem of drug use, misuse, and trafficking during the 1970s and 1980s, **the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988** provides for comprehensive measures against drug trafficking. These include provisions against money laundering and the diversion of precursor chemicals, and agreements on mutual legal assistance.

Mention

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 thirteen members, three elected from a list of candidates nominated by the WHO and ten from a list nominated by governments.

Further Information:

- 1961: The Single Convention on Narcotic Drugs, amended in 1972:
https://www.unodc.org/pdf/convention_1961_en.pdf
- 1971: The Convention on Psychotropic Substances:
https://www.unodc.org/pdf/convention_1971_en.pdf
- 1988: The Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances: https://www.unodc.org/pdf/convention_1988_en.pdf



Explain that in 2016, the United Nations convened the **United Nations General Assembly Special Session (UNGASS)** on the World Drug Problem in New York City, to have member states work toward a “joint commitment to effectively addressing and countering the world drug problem.” This session resulted in an **Outcome Document** that was widely accepted as the way forward in addressing the world drug problem and included promoting collaboration between the criminal justice and public health sectors, among other relevant commitments.

The UNGASS 2016 Outcome Document updated the mandates of the UN Conventions in line with the scientific understanding of drug dependence and how to respond to the drug issue.

Operational Recommendations:

- 1) Demand reduction and related measures, including prevention and treatment, as well as other health-related issues.
- 2) Ensure the availability of, and access to, controlled substances exclusively for medical and scientific purposes, while preventing their diversion.
- 3) Supply reduction and related measures; effective law enforcement; responses to drug-related crime; countering money-laundering and promoting judicial cooperation.
- 4) Cross-cutting issues: drugs and human rights, youth, children, women, and communities.
- 5) 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.
- 6) Strengthening international cooperation based on the principle of common and shared responsibility.
- 7) Alternative development; regional, interregional, and international cooperation on development-oriented balanced drug control policy; addressing socioeconomic issues.

Further Information on the UN General Assembly Special Session (UNGASS 2016)
Operational Recommendations Document:

<https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf>



The United Nations has also published its **2030 Agenda for the Sustainable Development Goals**. The Sustainable Development Goals (SDGs), also known as the Global Goals, were adopted by the United Nations in 2015 as a universal call to action to end poverty, protect the planet, and ensure that by 2030 all people enjoy peace and prosperity.

The 17 SDGs are integrated—they recognize that action in one area will affect outcomes in others, and that development must balance social, economic, and environmental sustainability.

Countries have committed to prioritizing progress for those who are furthest behind. The SDGs are designed to end poverty, hunger, AIDS, and discrimination against women and girls.

Say The UN has identified the strengthening of prevention and treatment of substance abuse, including narcotic drug abuse and the harmful use of alcohol as a priority. Inside **Goal 3 “Good Health and Wellbeing,”** the **SDG Target 3.5 addresses the world drug problem-** *“Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol”*.

Additionally, the Strategy acknowledges the United Nations’ 2030 Agenda on Sustainable Development and notes that the efforts made by member states towards achieving the Sustainable Development Goals (SDG) and effectively addressing the world drug problem are complementary and mutually reinforcing.

Further Information: on 2030 Agenda for the Sustainable Development Goals:
<https://sdgs.un.org/goals>



Say

Moving on from existing international and regional frameworks, let us address important approaches that must be included in drug policies. These approaches are human rights, gender, public health, and other cross cutting elements. All of these perspectives are deeply related as they prioritize the wellbeing and respect of the individual. When analyzed, each of these approaches gives policy writers the opportunity to draft more comprehensive and inclusive drug policies.

Human Rights

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 non-discrimination toward individuals and communities in all areas, including drug control, criminal justice, health, and social care.

Training instructions: Use this transition to ask the class to discuss why it is important to incorporate the fundamental principles of human rights into drug policies.

[Optional]- Watch this video (2.17 minutes) with the class and then discuss the importance of developing drug policies with consideration for human rights and the complexities of the drug problem.

<https://www.youtube.com/watch?v=TDf11op9M3w&t=4s>



Say

According to the Universal Declaration of Human Rights and other international conventions and declarations, "States must preserve the *human dignity, equality, and non-discrimination* of individuals and communities in all areas of politics; drug control, criminal justice, and health and social care."

- **Human dignity.** Every person deserves respect for who they are, not just for what they can do. Human dignity cannot be earned or 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 non-discrimination.** 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.

Responses to the consequences associated with illicit drug use and trade have always had human rights implications. Human rights are intertwined with a series of drug policy measures.

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

Further Information: United Nations. (1948). Universal Declaration of Human Rights. New York: Author.

<https://www.un.org/en/about-us/universal-declaration-of-human-rights>



The International Guidelines on Human Rights and Drug Policy provide a comprehensive set of international legal standards for placing human dignity and sustainable development at the center of member state responses to illicit drug economies. The guidelines cover a diverse set of substantive issues ranging from development to criminal justice, to public health. The guidelines were developed by a coalition of UN member states, WHO, UNAIDS, UNDP and leading human rights and drug policy experts.

The Guidelines highlight the measures states should undertake or refrain from undertaking, in order to comply with their human rights obligations, while taking into account their concurrent obligations under the international drug control conventions: the 1961 Single Convention on Narcotic Drugs (as amended); the 1971 Convention on Psychotropic Substances; and the 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. Critically, they do not invent new rights. They apply existing human rights law to the legal and policy context of drug control in order to maximize human rights protections, including in the interpretation and implementation of the drug control conventions.

Thirteen (13) standards are presented to support states in preserving and guaranteeing human rights in all processes and interventions:

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 healthcare goods, services, and facilities are available on a non-discriminatory basis in sufficient quantity; are 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, 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, ensure that efforts to prevent or eradicate illicit drug crop cultivation does 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 offences. 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.
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 offences 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 offences.
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.

Further Information: United Nations. (2019). International Guidelines on Human Rights and Drug Policy. New York: Author.

<https://www.undp.org/publications/international-guidelines-human-rights-and-drug-policy>



Say

Explain that there is a clear inequality in the way that the drug problem is treated for men, women, and others. In general, men have been favored in the design of interventions in public policy. Policies should respond to the drug problem in an equitable manner regarding gender, sex, and sexuality in terms of addressing each group's specific needs equitably.

There are many socio-demographic factors that can influence a person's substance use patterns, including their initiation into substance use and their progression to other substances. These factors must be understood in order to develop policy interventions that are gender aware.



Patterns of drug use, sales, and trafficking are closely linked to 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.

The evidence on this matter identifies two key factors for consideration: (i) sex, biological differences, and (ii) gender, differences based on the cultural definition of men’s, women’s and LGBTIQ+ persons’ role in society. Sex and gender significantly affect the health of men, women, and LGBTIQ+ persons, and their relationship with drugs. Specifically, there are significant differences in their patterns of drug use, risk perception, drug-related activities, how they manage addiction, and associated health problems and treatment.

The problems presented by women who use psychoactive substances are more serious when compared to men. Some psychoactive substances have a greater physical impact on women. Moreover, it is difficult for women to access specific care since they have greater family responsibilities while having less social and family support. Even treatment can pose a risk of losing custody of their children, while they 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. Gender also influences the way responses are implemented and services provided.

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. Drug policies need to provide for gender differences, and guarantee interventions that promote gender equality and equity to address the drug problem.

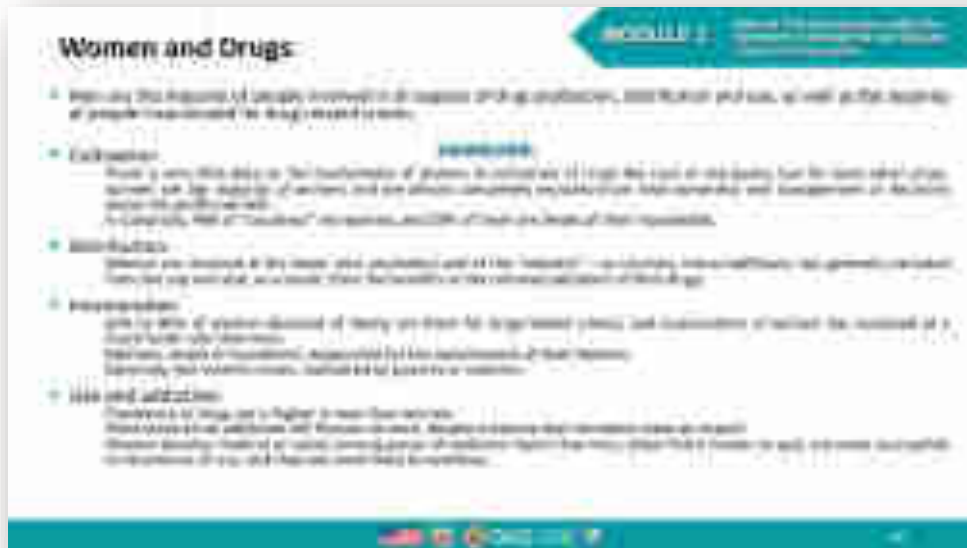


Read the definitions and comment on them.

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 does not only refer to women.*

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 do 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 which is considered equivalent in terms of rights, benefits, obligations, and opportunities.



Explain: It is important to consider the unique challenges that women face which leads them to becoming involved in drug use or participating in various levels of the drug trade.

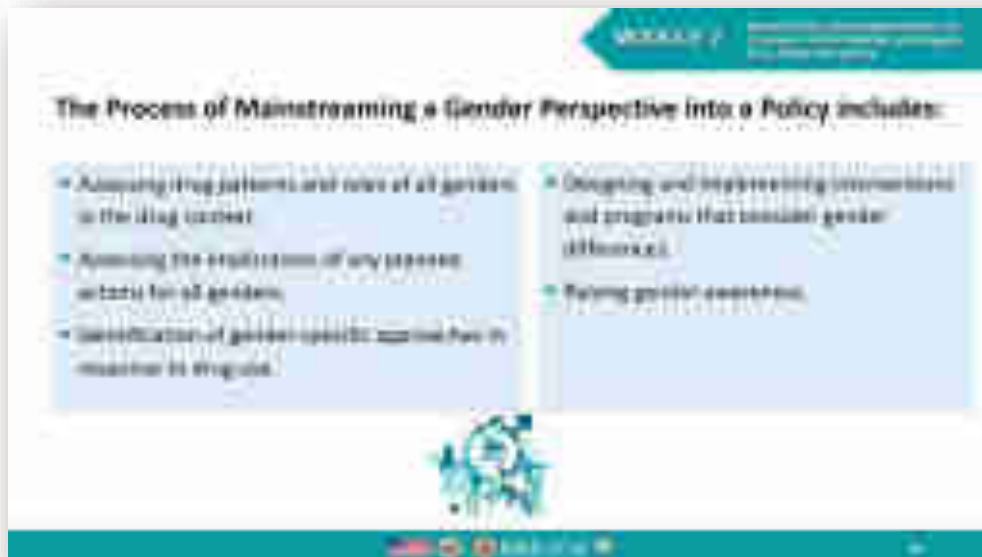
Little is known of women’s role in the cultivation of illicit crops, or their positions within drug cartels, however, women are most commonly seen at the lower end of the drug industry as couriers. As a result, more than 60% of women who are incarcerated are there for drug-related crimes. Further, while there is more addiction data focusing on men and addiction, but more recently more women are seeking support for drug addiction. All of these dynamics must be taken into consideration when developing drug policies.



A strategy for making people’s concerns and experiences an integral dimension of the design, application, monitoring, and evaluation of policies and programs in all political, economic, and societal spheres so that persons of all genders,

- i. Diagnostic analysis of the specific problems to be addressed within the prevailing conditions for the exercise of human rights and from the dimension of gender inequalities.
- ii. The “theory of change” that guides the definition of the expected results in order to eliminate gender disparities and ensure the exercise of rights.
- iii. The identification of effective strategies and indicators of rights for monitoring and evaluation.

The decision to include these approaches in the culture and organizational structure and all endeavors of the organization/institution/ministry, etc.

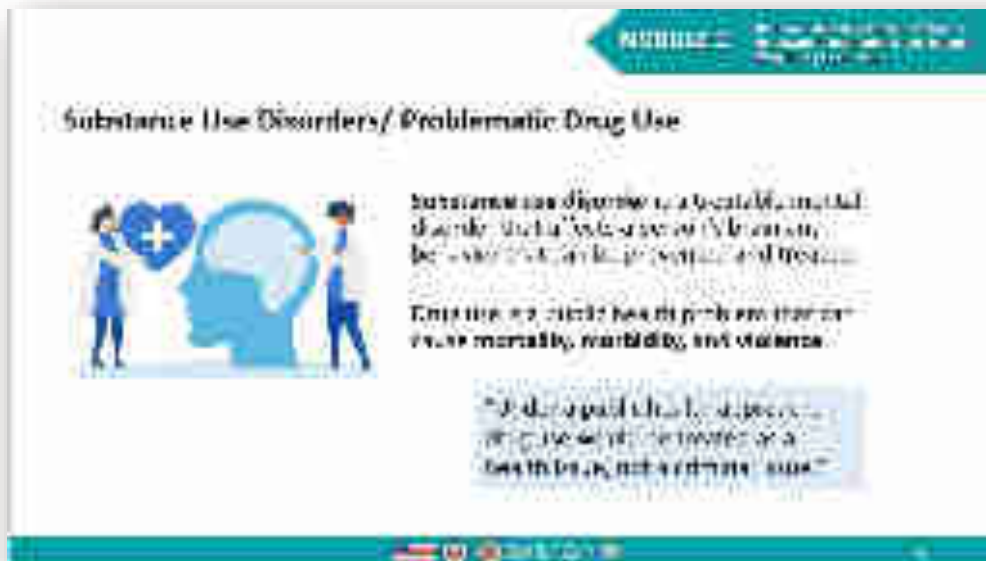


The process of mainstreaming a gender perspective into a policy includes:

- **Assessing all genders drug patterns and their roles in the drug context**, as well as their need for and access to services. Information collection and analysis is particularly effective in identifying specific needs and other gender-based issues related to the drug problem.
- **Assessing the implications of any planned action for all genders.** This approach seeks to ensure that women and men benefit equally by integrating their experiences and concerns into the design, implementation, 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**, 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 (supply and demand reduction).



We will now discuss the Public Health approach in developing drug policies.



Substance use disorder (SUD) is a treatable mental disorder that affects a person's brain and behavior, leading to their inability to control their use of substances such as legal or illegal drugs, alcohol, or medications. Symptoms can be moderate to severe, with addiction being the most severe form of SUD.

It can also be defined as a **chronic brain disease** and a **social problem** that can be prevented and treated. It is expressed in the form of compulsive behavior, but this behavior is strongly related to changes in the brain occurring over time, with repeated use and misuse of drugs.

SUDs, particularly when untreated, **increase morbidity and mortality** risks for individuals, can trigger substantial suffering, and lead to impairment in personal, family, social, educational, occupational, or other important areas of functioning.

Excessive substance uses and SUDs contribute directly to cancers, liver disease, respiratory diseases, infectious diseases (e.g., HIV, HCV), and prenatal exposure can be associated with infant health (e.g., fetal alcohol syndrome). These feature among the leading contributors to Disability Adjusted Life Years (DALYs) worldwide. SUDs are also associated with other common health conditions, such as cardiometabolic disease, depression, and chronic pain, which are also leading contributors to DALYs. These medical conditions may not result as a direct consequence of excessive substance use/SUDs; rather, their co-occurrence may arise from a common genetic basis.

An unacceptable number of drug users die prematurely. Fatal overdose and infection with human immunodeficiency virus (HIV) and other blood-borne viruses transmitted through shared needles and syringes are the most common cause of death. Also, car accidents and death related to violence are also associated with substance use.

“Under a public health approach, drug use would be treated as a health issue not a criminal issue.”



Say

What exactly is a public health approach in relation to problem drug use? The **public health approach** to drug policy aims to understand and address the broad individual, environmental, and societal factors that influence substance misuse/disorders and its consequences, to improve the health, safety, and well-being of the entire population. This approach also coordinates efforts across diverse stakeholders to prevent and reduce drug use.

Substance use disorders or problematic drug use impacts, and is impacted by, the physical, psychological, and social wellbeing of any given community. A drug policy with a public health perspective implements actions and interventions to **prevent** drug use and **treat and rehabilitate drug addiction**. It also engages those who commit criminal offences regarding drugs in evidence-based treatment programs during and following, or instead of, incarceration to prevent relapse and recidivism.

“Public health is deeply connected to the drug problem.”



Explain that drug policies with a public health approach provide integrated, balanced responses to health problems related to drug use through a set of actions and interventions. This is done by:

1. Defining the problem through the systematic collection of data on the scope, characteristics, and consequences of substance use, and identify factors that increase or decrease the risk of substance use and its consequences, which may be modified through interventions. Collecting and analyzing data in a systemic way so that the problem can be understood and defined.
2. Developing and implementing strategies and interventions for effective health promotion and protection, drug prevention, treatment, harm reduction, and social integration in the health system, as well as the criminal justice system; and monitoring and evaluating the impact of these interventions.
3. Ensuring that all sectors of the population have access to adequate and efficient care, including health promotion and disease prevention.



Human rights, gender, and public health are the primary perspectives on which a national policy should focus as cross cutting issues, but there are other relevant factors that should be considered when drafting the policy. It is important to know at which populations the interventions in the drug policy are aimed.

- **Age.** There are specific needs and challenges for different age groups. Evidence has shown that drug use typically begins at an early age, and thus preventive measures aimed at younger age groups are very important. Prevention needs to start at a very young age as the vulnerability to initiating and/or transitioning to disorders starts to develop around the age of 9. That is why prevention interventions targeting young children have been shown to be effective in addressing substance and drug use disorders later in adolescents.
- **Community and Cultural Perspectives.** The policy should keep in mind the diverse cultural contexts of the various community populations when designing actions, interventions, and activities. Policy designers should be prepared to adapt when needed after implementing the policy and activities to better address the unique needs of each community. These factors are not the only relevant factors, and each country needs to look at important cross-cutting perspectives that should be addressed in the development of their own national policies.

Training instructions: Tell participants there are other important elements or aspects to consider in the policy. These other elements or aspects are called in public policy “core values.” Core values are the principles and priorities that inform an organization's actions.

Ask participants: What other elements and aspects should the drug policy consider? (5-minute discussion).

Module 3: Formulating the National Drug Strategy - Part I

Module 3 - Part I Preparation Checklist

- Review the “Getting Started Section” for general preparation information on page 18 of this manual.
- Preview Module 3 - Part I.

Module 3 - Part I Content and Duration

Activity	Time
Goal Statement and Learning Objectives	5 minutes
What is a National Drug Policy?	15 minutes
Institutional Framework and Capacity	15 minutes
Analysis of a Country’s Existing Drug Situation	20 minutes
Legal and Regulatory Framework	10 minutes
Drug Control Conventions and Mandates	10 minutes
Political and Social Landscape and Alignment of Policies	15 minutes
Total Time:	90 minutes

Module 3 - Part I Goal Statement and Learning Objectives

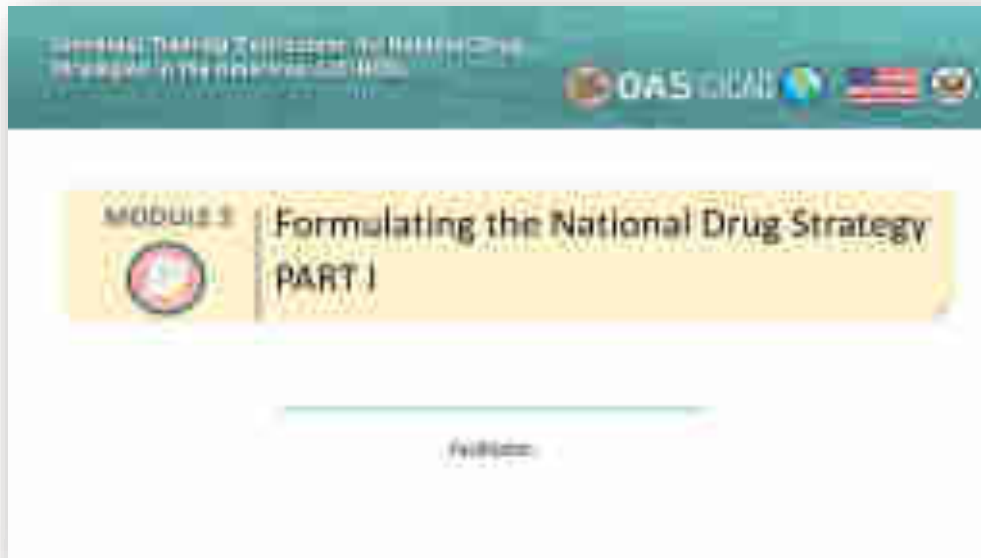
Goal Statement:

- ✓ Explain the process for formulating the strategic planning of a National Drug Policy.

Learning Objectives:

- ✓ Learn the structure and components of a national drug policy.
- ✓ Learn how to build and coordinate the national drug policy with all stakeholders involved.
- ✓ Learn how to define the country’s drug situation.
- ✓ Learn the importance of and how to define the drug policy’s legal and regulatory landscape.

Module 3 - Part I PowerPoint Slides and Narrative



Say

Welcome to Module 3-Part I.

The development of a National Drug Policy is a process, and through this module we will take you through that process.



The goal for this module is to “explain the process of formulating the strategic planning component of a National Drug Policy.”



Say In this module, you will:

- ✓ Learn the structure and components of a national drug policy.
- ✓ Learn how to build and coordinate the national drug policy with all stakeholders involved.
- ✓ Learn how to define the country's drug situation.
- ✓ Learn the importance of, and how to define, the drug policy's legal and regulatory landscape.



Ask participants— What is a National Drug Policy? Let's see if participants can define it. Give feedback on their definitions.



Political commitment: Stimulates national discussions by bringing together interests groups to create a sense of collective ownership of a policy that benefits the whole country. Approval of the policy represents the endorsement of the political directorate and is an indicator of political commitment.

Technical instrument: A policy is a dynamic and unifying instrument that establishes a strategic plan and identifies and articulates actions, interventions, and programs that address various aspects of the drug problem. It is altered and adapted based on the changing situation of the drug problem and the needs of the population.

Common Structural Elements in National Drug Policies

A DRUG POLICY is a set of coordinated objectives and strategies that guide the actions of government and the private sector in addressing the drug problem. A drug policy will include the strategy, the plan of action, a budget and monitoring and evaluation framework.



All policies are designed to provide structure and establish systems to address a specific issue. This is also true of drug control. As the process for development of this policy is addressed, some suggested structural elements should include:

- The National Drug Policy
- A Strategy
- Plan of Action
- Budget, and
- Monitoring and Evaluation Framework

As this and subsequent modules are discussed, all of these areas will be addressed and the key issues to be included will be explored.



Say

However, before exploring these key technical issues, there are three fundamental components that need to be central to its development. A National Drug Policy must be:

- **Balanced** – Relevant and responsive to all areas of drug control ensuring that each area is reflected.
- **Comprehensive** – Inclusive of the priorities of all the various stakeholders.
- **Coherent** – Provides appropriate responses to all issues and ensures complementarity with other national policies.

These three factors will ensure that the approach to the policy is undertaken in a manner that allows all issues to be treated with equal importance.



Say

In formulating the policy, these building blocks are a guide to capturing the key areas to be covered.

Introduction and Situation Assessment – Provides an overview of the current efforts and challenges and includes an analysis of the institutional capacity of the country.

Drug Strategy – Includes human rights, gender, and public health approaches; strategic planning and general purpose, and logic models for the five thematic pillars areas of Drug Control.

Plan of Action – Addresses the scope of activities and programs in the 5 pillars defined in the strategy.

Budget Planning – Allows for the estimation of costs associated with all projects and programs.

The M&E Framework – Establishes the purpose and scope of the framework, monitors the performance of activities, and evaluates attainment or status of the objectives and goals.

Approval – Provides legitimacy to the document, to ensure national acceptance and implementation.



Say

The policy making process is defined in logical sequence as follows:

- **Key Stakeholders** – Stakeholder engagement and its complimentary activities.
- **Situation Assessment** – Country’s drug situation supported by empirical data.
- **Strategy** – Development of logic models.
- **Plan of Action** – Details the activities, programs, and interventions.
- **Monitoring and Evaluation** – Monitoring provides ongoing oversight while evaluation will be on various areas of goal-attainment.
- **Funding and Approval** – Allocation of budgetary resources for the policy and its approval.
- **Implementation and Policy Delivery** – Examines all activities related to implementation.
- **Ex-Post Evaluation** – Provides information on how to use the results of the evaluation and creates a feedback loop to improve future activities.



It is the country's capacity to plan and coordinate the overall drug effort.

- Capacity to define and provide services like drug treatment and prevention.
- Capacity to address drug crime and availability.
- Capacity to coordinate efforts with stakeholders.

Module 1

Institutional Framework and Capacity

Institutional Framework analysis: What is its ability to respond to the drug problem?

Assesses existing institutional capacity to address the drug problem.

This includes the central government's capacity to:

- Coordinate and lead/assist the overall drug effort, with drug control data and information systems in place.
- Address multi-sector issues related to the provision of education, health care and regulation on the design of drug use.
- Address the availability of drug control associated (policy) law enforcement.
- Regulate delivery of OTCs and OTC supply when compliance issues arise.

Say

This is a key area to support not just development of the policy but also its eventual implementation. As the process is started, it is important to understand the organizations and administrative systems which make up the institutional structure for drug control, and their capacity to coordinate the efforts that will be needed to develop the policy and ensure that information is available for all the key areas of drug control including, demand reduction, supply reduction and control measures, international cooperation, data collection, monitoring, and evaluation.



Examining the institutional arrangements necessitates the engagement of all stakeholders in drug control.

Ask participants— Which agencies will be relevant for inclusion in your country?



Say

From your contributions, there is a clear understanding of who your stakeholders are.

Stakeholders are groups that have an interest in solving a particular problem. In this case, they meet in response to the drug problem. It is of paramount importance that stakeholders represent all members of the community who can not only benefit from the outcome of a successful national drug policy, but can also be agents of change. For example, representatives of budget office’s responsible for financing programs and operations).

This figure shows the parties that are typically part of the stakeholder group.

The goal of the stakeholder map is to identify the level of interest of all parties that have a "stake" in the outcome of an intervention or program. This information allows the construction of a national drug policy that includes the different needs and demands of the interested parties.

The stakeholder map should be developed during the initial phase of discussion on the national drug policy and revised throughout the life cycle of the policy to reflect the evolution of interventions or programs.



Say

A steering committee represents a corporate governance body for this policy and should be composed of representatives of key stakeholders.

The committee oversees the development of a drug policy, and this starts with development of the situation assessment, which, in turn, leads to a drug strategy.

It also monitors the success of drug policy and drug policy outcomes through the development of management policies, action plans and approaches. In addition, this committee acts as an advisory body to provide guidance on overcoming different problems and obstacles during policy implementation.

Having a steering committee increases the chances of success of a drug policy by closely aligning drug policy objectives with the organizational objectives of all stakeholders (governmental, nongovernmental, and the public).

MODULE 11

Institutional Framework and Capacity

The Composition of a Steering Committee:



Recommended Members:

- Governmental Agencies
- Local Government Organizations
- Stakeholder Agencies

Recommended Functions:

- Review and approve the project plan and budget
- Monitor and report on progress
- Provide technical support



The recommended members of the Steering Committee should comprise senior representatives of the key stakeholder agencies, to facilitate seamless decision making.

Additionally, the Chair of the Committee could be the representative from the agency that would lead development of the policy and take it forward for approval.

Ask participants— Why is the selection of an appropriate chair an important consideration?



Say

Committee members will be appointed by each interested party. The recommended size of a steering committee is seven to ten representatives. With more than ten members, committee deliberations are likely to become bogged down and less productive. It is imperative that the chairperson or leader of the steering committee be appointed with authority to:

- Establish clear standards and objectives for the work of the committee.
- Lead the process of assessing the situation.
- Define the role of each member of the steering committee, always promoting debate and seeking consensus and agreement.
- Organize and prepare meetings with all committee members.

The Steering Committee must meet at least four times a year, and the chair could schedule special meetings when there are important issues to discuss, such as results, problems, budget, or rescheduling.

Additionally, thematic subcommittees could be established to maintain sustained focus on specific issues. The Steering Committee could also invite other stakeholders and interested parties to deliver presentations on key areas for decision making.

Analysis of a Country's Existing Drug Situation

The situation assessment is a tool for formulating the drug policy and its supporting strategy. When the community of stakeholders comes together in response to the drug problem, one of their first tasks is to conduct this “situation” or “needs” assessment.

MOUET 2

Drug Situation in the Country



Four objectives of a situational assessment

1. To assess the extent and scope of the drug problem – define it as clearly as possible.
2. To assess the extent and effectiveness, if possible, of the current policy.
3. To analyze the above findings through a SWOT (strengths, weaknesses, opportunities, and threat) analysis.
4. To provide direction for the formulation of the new objectives, goals, and performance targets of the strategy.

Say

The situation assessment has four primary objectives:

1. To assess the extent and scope of the drug problem – define it as clearly as possible.
2. To assess the extent and effectiveness, if possible, of the current policy.
3. To analyze the above findings through a SWOT (strengths, weaknesses, opportunities, and threat) analysis.
4. To provide direction for the formulation of the new objectives, goals, and performance targets of the strategy.



Let's start with the drug situation in the country. To undertake a comprehensive assessment there must be information in key areas to accurately capture the existing circumstances.

Ask participants— Review the diagram and identify any areas which may need to be expanded.

The diagram incorporates:

- Demand reduction – Drug consumption and its consequences as well as services offered to persons who use drugs.
- Supply reduction – Availability, production, and trafficking of drugs, as well as arrests and seizures.
- Current efforts and challenges – What interventions have been attempted and what are the challenges.



Examining specific components in the area of demand reduction, the assessment seeks greater details on the issue of drug consumption and its consequences.

The questions are designed to guide the collection of information.

Ask participants— Would you suggest any additional questions in this area?



Continuing in the area of demand reduction, the current situation with regard to prevention, treatment, and rehabilitation services must be examined.

Ask participants— Are there any additional questions which should be added?



Exploration of issues related to supply reduction and control measures are naturally included in the document. Therefore, information needs to be gathered from law enforcement and border control staff as those agencies are involved in matters related to this area, as well as money laundering and other attendant crimes. In all areas, it is important to note whether there are new trends.



Let's talk about information sources and methods!



The importance of empirical data cannot be overstated. The availability of extensive data will support the information provided in the various sections of the situational assessment and be useful in the analysis of other areas of drug control.

Ask participants— Does your country have a National Drug Observatory (NDO) or a National Drug Information Network (NDIN)? This exercise will help you to understand how it could be fully utilized to support the work that needs to be undertaken.

If your country does not have one, you will need to access some of this information directly from the responsible stakeholders. However, it also provides you with an opportunity to work with the CICAD-OID to put these systems in place.

The relationship with academic institutions could also be helpful in gathering some of the data outlined in this section.



Say

Available data in this area includes seizures and confiscations in the following areas:

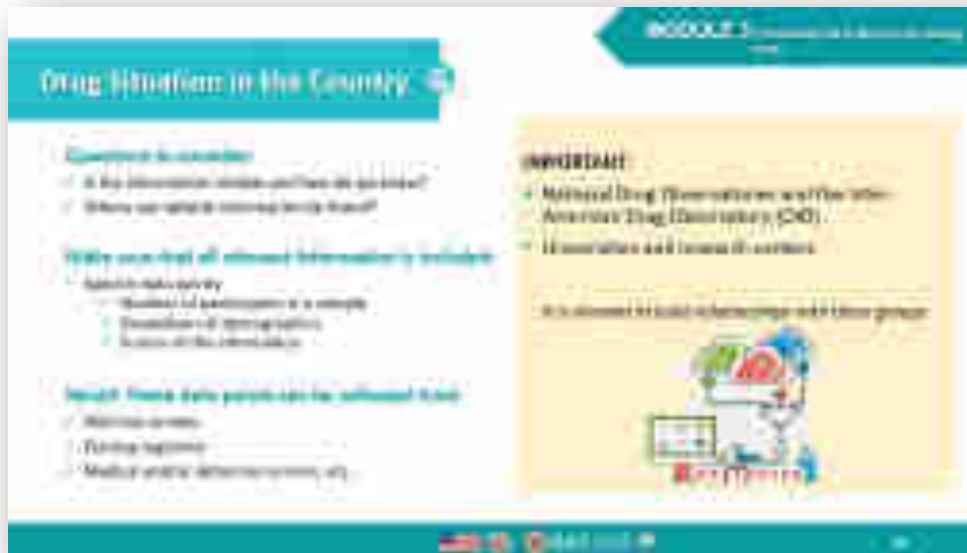
- Drugs
- Precursors
- Pharmaceuticals

There should also be data on areas under cultivation.



Say

Continuing in the area of supply reduction and control, data on eradication and arrests, as well as types of drug-related crimes, including money laundering.



The availability and quality of the data will be directly impacted by the source of data and its availability.

The establishment of a strong, well-structured National Drug Observatory (NDO) and National Drug Information Network (NDIN) will be beneficial to this process.

Drug Situation in the Country

MOH, L.D. 2011

Analyzing certain indicators

Need to know what data is available and what data is not available (e.g. monitoring the availability of the supply chain)

Indicator 1: ...	Indicator 2: ...
Indicator 3: ...	Indicator 4: ...
Indicator 5: ...	Indicator 6: ...
Indicator 7: ...	Indicator 8: ...
Indicator 9: ...	Indicator 10: ...

MOH, L.D. 2011



Say

Ensuring collection of the appropriate data for drug control requires collection of specific information. The area of data collection can be aided by the existence of indicators which have the combined value of informing what needs to be collected to allow for meaningful

analysis.

Often, these indicators can be sourced to guide the collection and interpretation of the data. The slide includes some indicators for demand reduction.

Drug Situation in the Country

Analysing certain indicators

There is evidence that shows the link between a range of crimes and both drug use and trafficking, as part of the overall supply reduction area. It is therefore important to have information that provides insight into what is happening in this area. These indicators are helpful to focus the information gathering as well as its analysis.

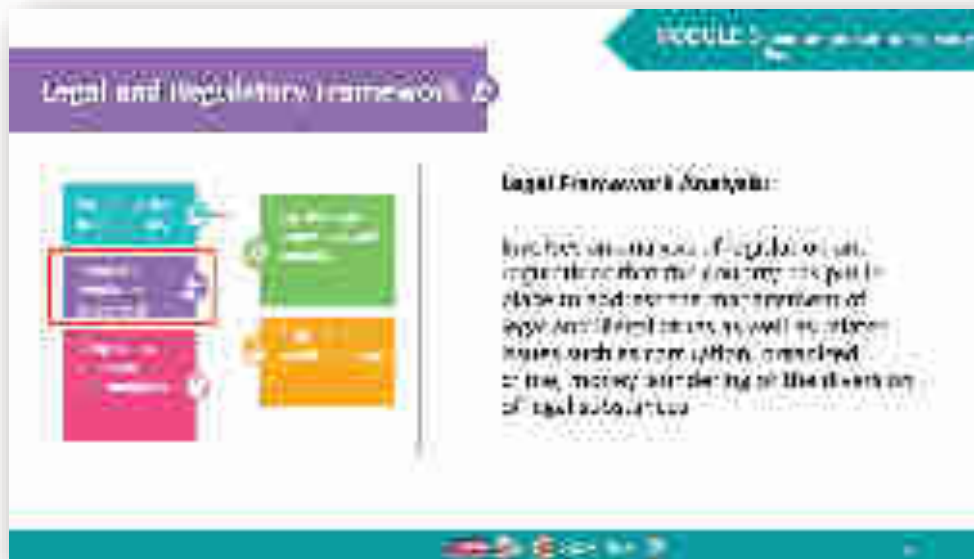
Indicator	Description
1. The number of drug-related deaths	The number of deaths caused by drug use or trafficking.
2. The number of drug-related hospital admissions	The number of hospital admissions caused by drug use or trafficking.
3. The number of drug-related arrests	The number of arrests caused by drug use or trafficking.
4. The number of drug-related seizures	The number of seizures caused by drug use or trafficking.
5. The number of drug-related convictions	The number of convictions caused by drug use or trafficking.
6. The number of drug-related fines	The number of fines caused by drug use or trafficking.
7. The number of drug-related community orders	The number of community orders caused by drug use or trafficking.
8. The number of drug-related prison sentences	The number of prison sentences caused by drug use or trafficking.
9. The number of drug-related life sentences	The number of life sentences caused by drug use or trafficking.
10. The number of drug-related deaths in custody	The number of deaths in custody caused by drug use or trafficking.



There is evidence that shows the link between a range of crimes and both drug use and trafficking, as part of the overall supply reduction area. It is therefore important to have information that provides insight into what is happening in this area. These indicators are helpful to focus the information gathering as well as its analysis.



The analysis of the legal framework entails a comprehensive review of the legislation the country has to address illegal drugs and related issues such as corruption, organized crime, and money laundering. It further entails a review of regulations on the importation, manufacture, and sale of legal substances such as alcohol, tobacco, and prescription drugs, precursor chemicals used in the production of other illicit drugs, as well as the legal penalties for illicit drug possession for personal use.



A comprehensive assessment of this area must be included in the situational assessment, with information provided on all national legislation, administrative regulations, and any other documents which have legal implications for this area.

In undertaking this exercise there is the potential for gaps to be identified, and by extension, establishment of the need for development of additional legislation or other arrangements to address the issue.

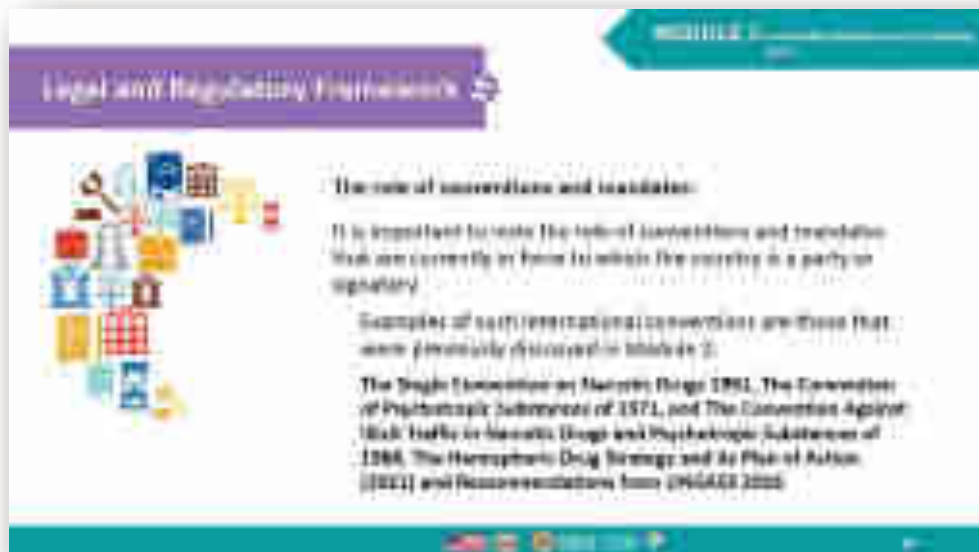
A comprehensive list of all the existing legal documents could be attached as an annex to the report.



A comprehensive assessment of this area must be included in the situational assessment, with information provided on all national legislation, administrative regulations, and any other documents which have legal implications for this area.

In undertaking this exercise there is the potential for gaps to be identified, establishing the need to develop additional legislation or other arrangements to address the issue.

A comprehensive list of all the existing legal documents could be attached as an annex to the report.



Say

It is worth noting the role played by drug control agreements and mandates currently in force to which a country is a party or signatory.

Some examples of these international agreements are:

- The Single Convention on Narcotic Drugs of 1961,
- The Convention on Psychotropic Substances of 1971, and
- The Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

This was shared in Module 2. It is imperative to understand the country's status on these matters and what steps have been taken to comply with the various agreements, as there are legal implications in this area.



Lastly, it bears noting the role played by drug control conventions and mandates currently in force to which a country is a party or signatory. Examples of such international conventions are: the Single Convention on Narcotics Drugs of 1961; the Convention on Psychotropic Substances of 1971; and the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

2003, EU

Five Central Components of the EU

What is a Signatory to an International Agreement?

- The **signatory** refers to a state that offers political support of the treaty and offers to coordinate its operations with the treaty. It is not bound as a signatory committed to the existing international law and the content of the treaty but will not take any action behind the treaty.
- It is not a party to the treaty and is not bound by the treaty's obligations.
- It is not a party to the treaty and is not bound by the treaty's obligations.
- It is not a party to the treaty and is not bound by the treaty's obligations.
- It is not a party to the treaty and is not bound by the treaty's obligations.

Say

The following terms, *Signatory* and *Party* are critical to understanding your country's status on these regional and international instruments. The term "signatory" is used to note the action taken by a country which has submitted its signature to the responsible body with oversight for the treaty, to indicate its political support. However, it is not legally bound by any of the obligations of the document.

The signature is also an indication that the state will act in good faith and will not oppose the purpose of the treaty.



Say The Term “Party” refers to a state that gives its explicit consent to be bound by the treaty. This is done by submission of an instrument of **ratification, acceptance, approval, or accession**. The state submits this instrument to the appropriate authoritative body for that treaty, and once all the formal requirements are fulfilled, the instrument is accepted, and the state officially becomes a party to the treaty. This means that the state, as a “party” is **legally bound** by the provisions within the treaty and accepts all the treaty’s obligations, subject to legitimate reservations, understandings, and declarations (RUDs).

A comprehensive list of all drug control treaties, conventions, and agreements, (regional and international) should be compiled and the country’s status could then be recorded. Having this information would allow for the relevant bodies to undertake the advocacy needed to have the country take action to have the processes, either started or completed, based on the priorities expressed.

This list could also be added as an annex to the policy document.



The situation assessment should also consider the political and social environment of the country in relation to the drug phenomenon. Identifying how the drug phenomenon is viewed in the political arena is important. Other considerations in this vein are whether the political and social climates are 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.



When carrying out the Situation Assessment, each country must consider different elements, such as the drug situation, its own institutional framework, as well as the existing political and social landscape.

This area has major implications for understanding the existing environment in the country and helps to ensure that the recommendations in the policy are realistic and attainable.

These two areas can be considered by asking the following questions:

- What is needed, and what is possible?
- What are the drug-related priorities identified by the political directorate?
 - Decriminalization of marijuana
 - Introduction of alternatives to incarceration for persons with substance use disorders.
 - Conversely, a stronger law enforcement approach to people who use drugs.
- What are the social challenges in the country?
 - Increased drug use by school age children
 - Expansion of social services for families impacted by drug use
 - Strong stigmatization of persons with substance use disorders



These issues continue to build and provide increased clarity on this important area. However, the findings should not be viewed either as a deterrent or with complacency, but as an opportunity for advocacy supported by empirical data.

If the answers to the questions indicate that there is an environment which seems hostile to innovative ideas for addressing drug-related issues, it should be taken as an opportunity to advocate and provide information supported by best practices in countries with similar situations, where a different approach has benefited society.

On the other hand, if the environment is progressive and open to new thinking and approaches, this should be leveraged to ensure consolidation of services and continued advocacy for increased technology to advance the work to be undertaken.



Say

The national drug policy is deeply connected with other national policies on a variety of issues which include, but are not limited to:

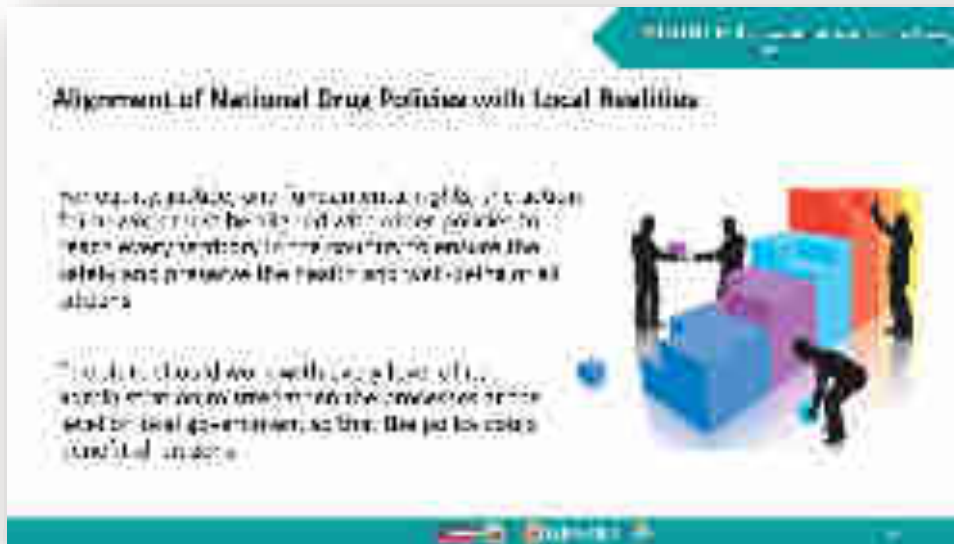
Public Health: Promoting the physical, social, and psychological health and wellbeing of all citizens through prevention and treatment of substance use.

Education: Early prevention programs in schools can help to address the issue of early drug use with a focus on the diverse levels of vulnerability of different populations.

Social: Efforts to promote the social inclusion of all groups of people to mitigate the challenges faced by vulnerable populations and persons that use substances.

Gender and Children: Diversifying approaches to public policy by focusing on women and the LGBTIQ+ community as well as an increased focus on children based on fact-based research.

Others: Areas such as international relations, sustainable development, sport, and culture.



The complexity inherent in the formulation and implementation of public policies, involves all levels of government. It is important that this action framework reaches and benefits the entire country to guarantee the safety and preserve the health of all citizens. For this to occur, it is necessary to work at all levels of the administration through close coordination between the national government and the different agencies at local government institutions.

The importance of having alliances at the local level to achieve broad coverage of national policies recognizes the unique role of coordinating prevention and assistance services and resources in this area, which is the closest political entity and services to citizens.

MODULE 1

Local relevance of National Drug Policies



Learning Objectives

Local relevance = "Bringing national policies to communities"

There must be a good fit between the strategy it would implement and:

- (i) The economic and social of the people (or population), and
- (ii) A set of effective interventions to tackle the drug problem.

Define good fit: measures and strategies add from the planning and implementation of the national policy to the national drug policy that of local government authorities.

Say

Many national drug policies do not have specific strategies or programs aimed at promoting and developing actions at the local level. However, stakeholders can be critical in helping local government understand the policy and promote relevant interventions, in accordance with local needs and realities. The involvement of local governments in the development and implementation of the national drug policy can facilitate its implementation and improve its coverage.



Say

Local governments bodies, and their representatives at the political, administrative and community levels, are key partners in the prevention and treatment of the consequences of this phenomenon. The proximity to communities allows the development and application of appropriate and effective responses, in accordance with local reality and needs.

Local governments are important strategic allies to the extent that they can facilitate the launch of policies in the day-to-day lives of citizens. The National Drug Agencies, Secretariats, Boards or Commissions can leverage their relationships with these agencies to promote the national drug policy.

MUNICIPAL FRAMEWORK. It is presented as an ideal scenario for intervention in this field, due to the following elements:

- **City Councils:** As the administrative entity closest to the citizen, they have a fundamental role in helping with interventions against drug use and misuse.
- **Offer of Services and Resources:** Efforts and resources must be rationalized to avoid duplication of efforts. Early detection of needs and problems allows for faster and more efficient responses, and efforts should be made to ensure that the needed resources are available.
- **Competences:** It is within this competence framework that the need arises to create Municipal Plans on Drugs or give local government the freedom to interpret and implement the national actions in alignment with their local realities.
- **Monitoring and Evaluation:** Utilize monitoring and evaluation systems that exist at the local level, and enhance them by setting up a feedback mechanism to the Steering Committee.

Module 3: Formulating the National Drug Strategy - Part II

“Strategic Planning”

Module 3 - Part II Preparation Checklist

- Review the “Getting Started Section” for general preparation information on page 18 of this manual.
- Preview Module 3 - part II.

Module 3 - Part II Content and Duration

Activity	Time
Goal Statement and Learning Objectives	5 minutes
Formulation of a National Drug Strategy	15 minutes
Strategic Planning Framework (Vision, Mission, Goals, and Objectives)	30 minutes
• Group Activity	25 minutes
Identify Performance Targets for a Drug Policy	20 minutes
• Group Activity	60 minutes
Total Time:	155 minutes

Module 3 - Part II Goal Statement and Learning Objectives

Goal Statement:

- ✓ Explain the process of formulating the strategic planning of a National Drug Policy.

Learning Objectives:

- ✓ Understand and define the strategic vision, mission, core values, goals, and objectives of a national drug policy and how they build upon one another.
- ✓ Develop performance targets.

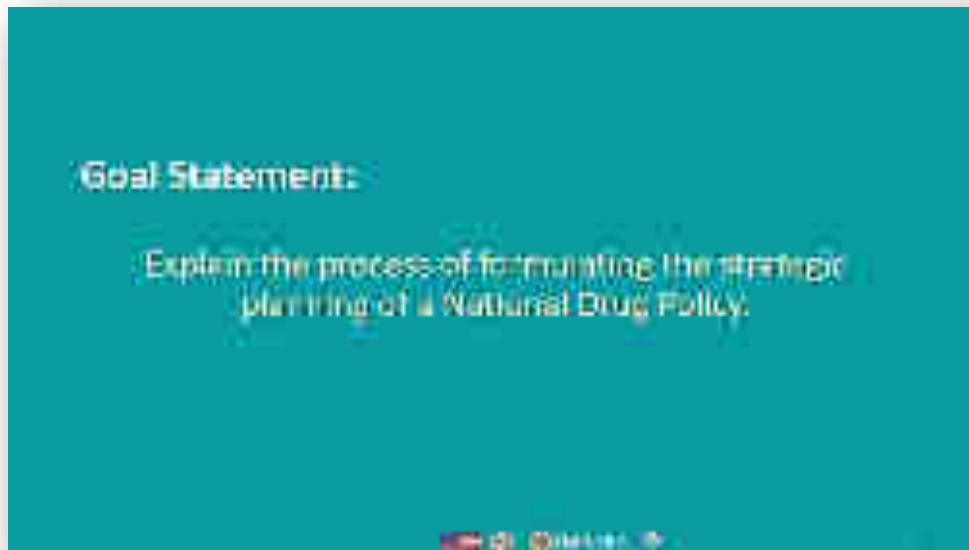
Module 3 - Part II PowerPoint Slides and Narrative



Say

As mentioned previously, developing a national drug policy begins with an assembled group of stakeholders who conduct a situation assessment to scope out the nature and extent of a country's existing and, where applicable, emerging drug problem. Based on the needs reflected in the situation assessment, stakeholders set priorities to structure a strategy and an action plan that address these problems.

Having explained the importance of knowing the drug situation in the country, the legal and regulatory framework, the political and social landscape, and the institutional framework and capacity (stakeholders), it is now time to define strategic planning. All of these elements are needed to define a successful strategy.



Read the goal statement as it is: “Explain the process of formulating the strategic planning of a National Drug Policy,” and then, define strategic planning.

Say Strategic planning 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 its practicality when implemented.



Read the learning objectives as they are:

- ✓ Understand and define the strategic vision, mission, core values, goals, and objectives of a national drug policy and how they build upon one another.
- ✓ Be able to develop performance targets, also called expected results, which are desired, measurable results against which actual performance can be compared.

Say

After completing this session, you will be able to define the strategic vision, mission, core values, goals, and objectives, as well as performance targets.



Say

As mentioned earlier, 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. The process is a blend of future-oriented thinking, objective analysis, and subjective evaluation of goals and priorities to chart a path forward. In that regard,

Read the definition: “A 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, and the goals and objectives desired, as well as expected results and performance targets.

- It is a disciplined effort to take fundamental decisions and actions that shape and guide the **“what,” “why,” and “how.”**
- The findings or results of the **Situation Assessment/Needs Assessment** are used to inform the development of the strategy, since the assessment identifies the problems and issues the strategy must address.
- It informs the selection of **evidence-based programs and interventions** that research shows can lead to desired outcomes, each linked to the strategy’s performance targets for each goal.

Evidence-based programs generally have one or more rigorous outcome evaluation that demonstrate effectiveness by measuring the relationship between the program and its intended outcome(s).



Say

Formulating a strategy requires a well-thought-out structure to efficiently get it off the ground and move it forward. The four-component framework presented herein is a tool that provides the logical approach needed to organize this undertaking. Its use allows for a systematic, strategic course to be set in laying out a drug policy and its strategy.

The framework consists of four essential interrelated components that create a closed system in which policy shapes strategy. This, in turn, identifies resource or budget requirements to implement said strategy. It is all supported by an evaluation component that is a mechanism providing evidence-based feedback to monitor the policy's process and success.

Explain the figure: 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 not only benefit from the outcome of a successful national drug policy, but may also be change agents (e.g., government budget office representatives responsible for funding programs and operations).

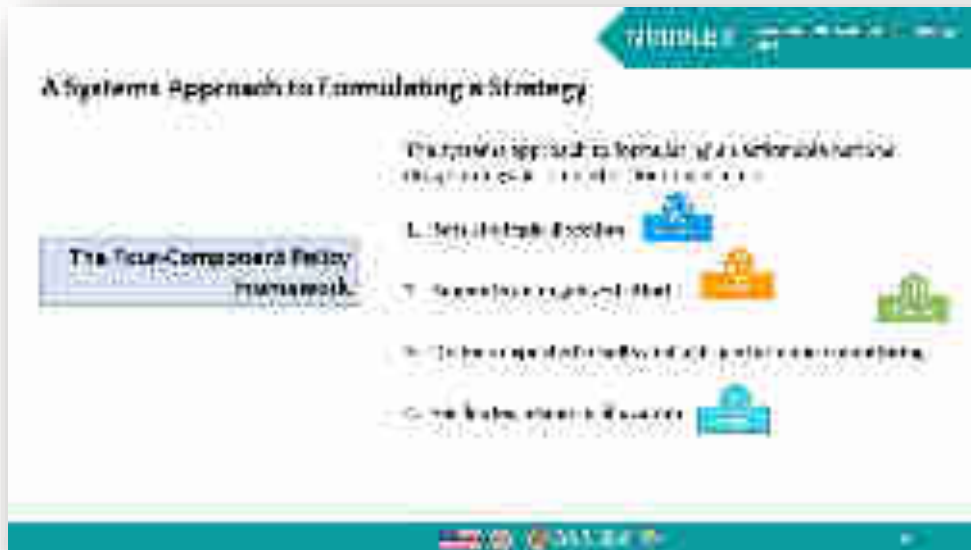
1. **Stakeholders:** Responsible for identifying the needs and priority areas of the strategy based on the outcomes of the needs assessment.
2. **Strategy:** The mechanism that allows for the actioning of the goal and objectives identified by the stakeholders.
3. **Evaluation:** The mechanism that provides feedback on the performance of goals and objectives.
4. **Budget:** The allocation of resources towards the achievement of the set performance targets.

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 action plan, referred to herein as the national drug strategy. 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.

Countries generally do a good job conducting situation assessments to develop their national drug policy and their supporting drug strategy, but fail to link these to the next step in the process: identifying the existing and new resources necessary to fund the interventions and programs involved in the implementation of the strategy. This usually entails, first and foremost, government resources, but it can also include non-governmental resources. Actions called for to achieve a strategy's desired results require resources—i.e., a **Budget**. Without a proper budget, a drug strategy is a dead letter that merely describes a drug policy based on a situation assessment, but cannot be implemented to change the drug situation. As shown in the figure, the budget falls under the strategy because, logically, resource requirements are determined after the strategy is drawn up.

In the context envisioned under this framework, 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.

There is one more component to the framework depicted in the figure: **evaluation**. The evaluation is the general feedback mechanism that informs the community of stakeholders of their progress in achieving strategic goals and objectives. Based on performance measurement, it includes an examination of the overall strategy and action plan's ability to accomplish its stated measurable goals and objectives. Evaluation can include "performance evaluation," which tests the ability of the strategy to achieve specific results (usually expressed as "performance targets") identified by the community of 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 action plan is contributing to the achievement of relevant performance targets.



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

Read and explain the bullets:

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 the 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 by taking into account the needs, concerns, and preferences of internal and external stakeholders.



Explain the pyramid: The **strategic planning framework** presented in this pyramid furthers stakeholders' efforts to successfully develop a country's drug strategy. The framework, depicted in the form of a pyramid, has nine layers. At the apex of the pyramid, we have stakeholders' very broad expectation of what the strategy is to achieve based on the drug policy. At the base we have performance evaluation which is the feedback mechanism to inform policy and program managers about the strategy's success in achieving its desired results.

- The **vision** and **mission statements** are short, one-line statements that encapsulate the purpose of the strategy.
- **Core values** underline the organization's culture and drive the vision, mission, goals, and objectives. The mission, vision, and core values of the national drug strategy are deeply connected.
- **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.
- **Objectives** are more detailed statements that indicate how a goal will be achieved. There can be several objectives to achieve one goal.
- **Performance targets** are desired, measurable (i.e., there is data) 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. And **performance measures** are the indicators to measure the targets.
- **Evidence-based programs/interventions** should lead to the desired results agreed upon by stakeholders. In other words, to achieve objectives and goals.
- **Budget** to determine funding needs related to the successful implementation of said strategy.
- **Monitoring and Evaluation** to assess the efficacy of the overall national drug strategy as well as the effectiveness of each individual program that conform to a strategy's corresponding action plan.



Say

The mission, vision, and core values of the national drug strategy are deeply connected.

The brevity of language to define a country's vision and mission, as well as goals and objectives is important. In this regard, and in accordance with strategic planning best practice, the language should be:

- Direct and concise.
- Spare with use of prepositions, adjectives, and adverbs.
- Bold and outside one's comfort zone.
- Memorable and compelling.

Say

If you can't remember your vision or mission statements, then assume no one else will either.

Module 2: Organizational Strategy

Defining the Vision Statement

VISION STATEMENT	DEFINITION
 <ul style="list-style-type: none"> — Broad and general — Inspires and motivates — Current and future — People: <ul style="list-style-type: none"> — Top management — All employees 	<ul style="list-style-type: none"> — A declaration of intent — End state that guides decisions — A picture of the future that is desirable

Say The **Vision** gives a general, idealized goal. Defines a desired “end-state” that a country seeks to achieve. It may be expressed as an inspirational, albeit 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 everyone in the community of stakeholders can easily recall. The rule of thumb is that if we cannot remember the vision statement, we do not have one. This rule likewise applies to the mission, goals, and objectives.

MODULE 3

Defining the Mission Statement

MISSION STATEMENTS	VISION
 <ul style="list-style-type: none"> Short, direct and concise. Defines how your organization will work to achieve its vision. Provides a sense of purpose. Must be easy to remember. 	<ul style="list-style-type: none"> Reduce drug use and its damaging consequences. Reduce crime and societal contributions. Keep country safe from the threat posed by alcohol and other drugs of use and misuse.

Say

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. Everyone participating in the community of stakeholders must be able to easily recite the mission statement.

Instructions to trainer: Take some time to have the class develop some vision and mission statements for their organization’s drug strategy.



Core Values are the “ethical foundation/ideas” of the National Drug Policy, or in other words, the guiding principles which the organization and policy will uphold as they pursue their goal.

These are some examples of potential core values, but a country can include more.

- 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 wellbeing.
- Protection of vulnerable groups: Focuses on a commitment to providing support and protection to vulnerable groups such as youth, homeless, etc.
- Collaboration: Engages federal, provincial, territorial, and municipal governments, communities, stakeholders, and people with lived and living experience. There is also a need for local collaboration, both public and private, with schools, families, religious groups, healthcare 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.
- Complementarity: It is recognized that for the implementation of the local policy on drugs a political-technical bond of mutual support and shared values is necessary.
- 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.
- Internal and external intersection on policies: The local policy on drugs proposes the participation of the municipal government, as well as civil society, private institutions, academia, and scientific societies. All of them are considered key agents.
- Intercultural perspective: The local policy on drugs takes into account the diverse cultural contexts of the various populations for the design of actions, interventions, and activities, in order to meet their needs.

Instructions to Trainer: Ask four participants to identify core values.



Once you have set your vision, mission, and core values, the next step is to formulate the goals and objectives.

Define goals: Essentially, the **goals** define the major directives in support of the mission and explain how the mission will be broadly implemented. In other words, define the drug strategy’s overall focus in accomplishing the mission.

Goals generally reflect the major areas of a national drug policy. According to the new CICAD/OAS Plan of Action 2021-2025 these major areas are the five pillars:

It is recommended to establish an overall goal for each thematic area of the **CICAD/OAS Hemispheric Plan of Action (2020-2025)**:

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

It is recommended that the number of goals be limited. The best practice dictates having just one goal for each major area of the strategy. Indeed, 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. Strategies that have, for example, 12 goals are generally confusing, have considerable overlap, and are extremely difficult to remember. Our experience suggests that effective strategies have fewer goals.

[Read the examples of goals.](#)


Formulating the Goals:

When writing Goals, start with a verb, i.e.:

- "Improve the health and physical, mental, social, and spiritual wellbeing of the citizens"
- "Increase access to treatment to serve the needs of all citizens with substance use disorders"

Remember: Goals can be drafted with objectives, such as:

- Increase access to treatment
- Increase the number of people who seek treatment
- Increase the number of people who are in treatment
- Increase the number of people who are in recovery
- Increase the number of people who are in long-term recovery




How to draft goals? Starting with a verb works well. By way of example, imagine a country wishes to increase wellbeing and health outcome of the population, the goal could be drafted as *"Improve the health and physical, mental, social, and spiritual wellbeing of the citizens."*

Another example, a country wishes to expand access to treatment to meet all types of treatment demand. The goal could be drafted as *"Increase access to treatment to serve the needs of all citizens with substance use 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.

Use verbs such as: increase, decrease, improve, reduce, prevent, and interrupt.



Remember, it is advisable to keep the goals broad and manageable.



Now, we turn to drawing up objectives for the strategy.

Objectives define the lines of action to achieve the goals that are intended within a determined period of time. Also, they explain what a strategy intends to do to achieve its goals as it informs the actions, programs, and activities.

Each goal can have as many supporting objectives as needed.

Objectives must be formulated in accordance with the CICAD/OAS Hemispheric Plan of Action on Drugs (2021-2025), which has priority objectives and actions organized under five pillars. Countries, according to their own contexts and challenges, may take these into account when formulating objectives.

Five pillars:

- 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 their causes and consequences.
- Research, information, monitoring, and evaluation.
- International cooperation.

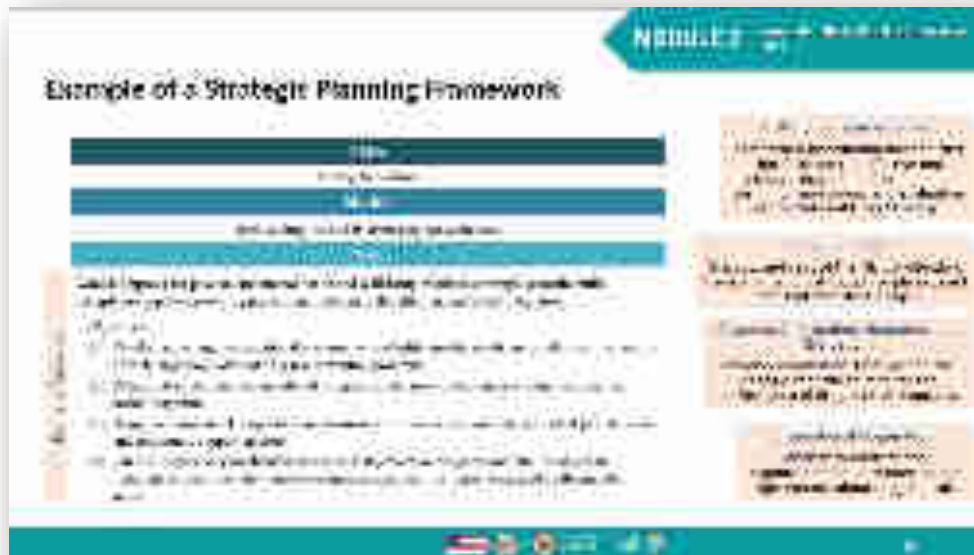
For example, if a goal is to increase access to treatment, one objective might be *to introduce a treatment voucher program whereby problem drug users have the resources to pay for treatment services*. A second objective might be *to provide treatment support services* (e.g., transportation, childcare, 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.

When writing objectives, start with a verb, i.e.:

- Establish and/or update evidence-based programs in the areas of early intervention, treatment, and social integration.
- Develop or strengthen situational assessments to identify specific needs, risks, and protective factors of each target population of drug use prevention programs.
- Define and implement coordinated actions between national and regional entities to dismantle organized criminal groups involved in drug trafficking and related crimes.
- Improve domestic capabilities to detect and analyze new psychoactive substances by making resources and tools available for those responsible for this area.



Please look at this example of strategy. It shows a strategic planning framework that covers from the vision statement to the objectives. The completed framework template is presented merely by way of example, as each country may fill in the template with its pertinent data when formulating its specific strategy. Notice that as we move from the top of the template to the bottom, each layer supports the previous one by explaining how the strategy will work.

The **vision** statement 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 answer in this example is defined by goals. As example, see **Goal 1 “Improve the physical and mental health and well-being of citizens through systemic multi-disciplinary approaches to drug prevention, treatment, rehabilitation, and social integration”** (Demand reduction goal). Several specific **objectives** have been established in order to reach Goal 1. Read them.

[Read examples for other areas in yellow.](#)



Training instructions: Let's do some group work. Remember that groups were defined at the beginning of the training.

Each group has to come up with one goal per area and three objectives per goal. They will have 20 minutes to do this activity. After that, each group will read them aloud.

The trainer will discuss them as needed.



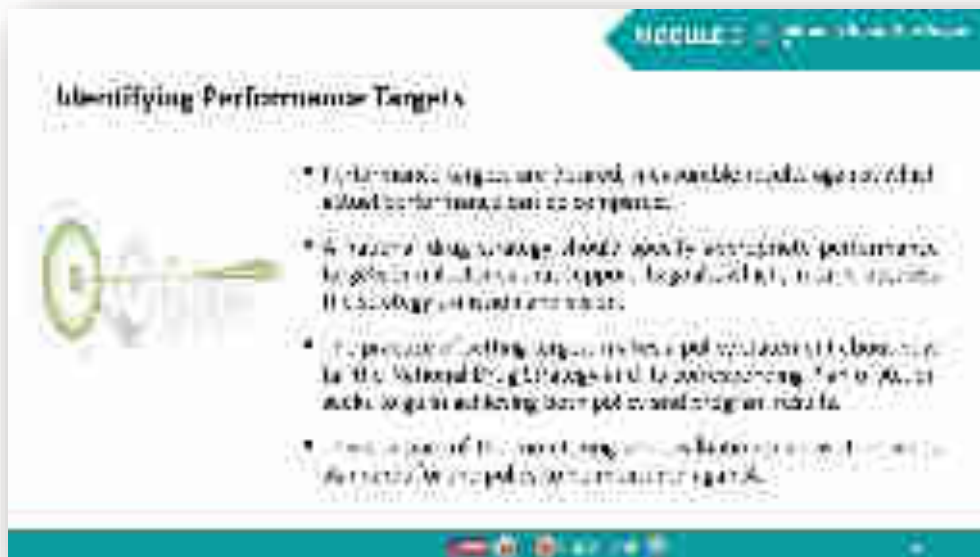
25-minute activity.



Say

Now that we have a grasp of the strategic planning framework and development of the vision, mission, goals, and objectives, we will now move on to discussing how to identify performance targets for the drug policy.

How does a country know that the goals that have been set out have been achieved? The answer to this is provided through the use of performance targets.



How does a country know that the goals it has set have been achieved? The answer to this is provided through the use of performance targets.

Read the bullets and comment on them:

- Performance targets are desired, measurable results (i.e., they are data driven) against which actual performance can be compared.
- A National Drug Strategy should specify appropriate performance targets or milestones that support its goals, which, in turn, buttress the strategy's mission and vision.
- The practice of setting targets makes a policy statement about how far the National Drug Strategy and its corresponding Plan of Action seek to go in achieving both policy and program results.
- This is a part of the monitoring and evaluation plan as it provides standards for the policy to be measured against.



The process of **developing a performance target** begins with a benchmark the stakeholder community defines when it meets 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 the treatment system capacity to be able to treat 20% of the drug-using population 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 pursue 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.

Training instructions: Facilitate a discussion with the class on the practical application of research findings, or the use of administrative data to support the setting of performance targets. This is important as it demonstrates how effective a strategy can be when its development is evidence-based.

For example: A review of national drug treatment data may show that over the previous three years, the demand for treatment has increased and that the existing three treatment facilities do not have the capacity to accommodate the treatment population. Further, it may show that there is a lack of treatment facilities in specific areas of the country, and a noted increase in persons coming from those areas for treatment.

In developing the performance target, they would need to take these factors into consideration. A target may be:

To increase the number of public drug treatment facilities by 7 over a five-year period and to establish at least 2 facilities in rural areas.

This target is measurable, time specific, and is based on evidence. Therefore, the need for it is justifiable.



After developing the performance targets, it is essential to develop the **Performance Measures**, which are data, variables, and events used to track the progress towards the targets. These performance measures are used to inform the stakeholders about progress towards achieving the policy. They take on many forms: inputs/outputs, outcomes, impact measures, as well as milestone measures—a defining event stakeholders consider critical to the national drug strategy—such as developing a national drug use prevalence survey.

The performance measures support the continued monitoring of the implementation of the drug strategy and support the evaluation process throughout.

It bears noting that stakeholders charged with identifying performance measures do so only after targets are established. In other words, the availability of data should not be the determinant of targets. Setting targets is a policy/program (versus data) driven process. Therefore, devising measures for targets follows once the latter have been identified. In some cases, these measures may not yet exist (e.g., a drug use survey), but will subsequently need to be developed. This issue should be addressed by the community of stakeholders responsible for identifying or proposing resources to support the national drug strategy. These include interventions, programs, and other activities related to performance measurement, such as developing data systems to support performance target measurement.



In our next discussion, we will learn how Logic Models can be useful tools for structuring a program evaluation as they usually define the theory of change, or the causal linkages that are expected to occur within a program, that can inform the analyst or researcher of expected program results and the process that leads to the results.

Group Activity

Using the format, use the goals you created for Mission 1 and create your own performance target table.

Goal	Measure (How?)	Target (When?)	Who/How/When?	Support/ROI

Training instructions: Engage the class in this activity.

Provide these instructions to the participants:

- 1) Use the following table to draft the performance target of the goals of the strategy.
- 2) Explain each column on the table.
- 3) Have each group work and then read their responses aloud. Discuss them as needed.



60-minute activity.

Module 4: Developing Logic Models and the Plan of Action

Module 4 Preparation Checklist

- Review the “Getting Started Section” for general preparation information on page 18 of this manual.
- Preview Module 4.

Module 4 Content and Duration

Activity	Time
Goal Statement and Learning Objectives	5 minutes
Logic Models	60 minutes
• Group Activity	60 minutes
Plan of Action	60 minutes
• Group Activity	60 minutes
Total Time:	245 minutes

Module 4 Goal Statement and Learning Objectives

Goal Statement:

- ✓ Explain the process and key elements for developing Logic Models and the Plan of Action of a National Drug Policy.

Learning Objectives:

- ✓ Understand the relationship between strategic planning (Logic Models) and the Plan of Action.
- ✓ Learn to develop Logic Models.
- ✓ Understand the purpose and components of a Plan of Action.
- ✓ Learn the key elements for drafting the Plan of Action: activities, responsible party, required resources, and progress at benchmark.
- ✓ Be able to formulate a Plan of Action.

Module 4 PowerPoint Slides and Narrative



Say

Welcome to Module 4!

Once the strategy or strategic planning is done, the next step is to define a road map with specific actions and resources needed to implement it. In that sense, in this module, we will work together toward defining logic models and the plan of action.



Read the goal statement as it is “Explain the process and key elements for developing Logic Models and the Plan of Action of a National Drug Policy.”

Say Planning or charting a course for a specific policy implies developing **Logic Models**. Generally, a logic model is considered a step-by-step guide that describes the theory behind why a policy should work when implemented as designed. In other words, logic models should be understood as simple “road maps” which give direction in the form of actionable steps or processes used to achieve specified results.

The **Plan of Action** refers to the planning and implementation stage of the national drug strategy. It sets out all of the interventions, programs, and activities, as well as responsible parties and resources that are logically required to reach each objective of the strategy.



Read the learning objectives as they are:

- ✓ Understand the relationship between strategic planning (Logic Models) and the Plan of Action.
- ✓ Learn to develop Logic Models.
- ✓ Understand the purpose and components of a Plan of Action.
- ✓ Learn the key elements for drafting the Plan of Action: activities, responsible party, required resources, and progress at benchmark.
- ✓ Be able to formulate a Plan of Action.



Upon completion of this module, you will be able to define logic models and plans of action.



Let's begin by explaining Logic Models and their relationship to the implementation of the strategy.



Explain: Logic models have existed in one form or another for many years.

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.

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.

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.

Say The logic model is a depiction of a program showing what a program will do, how it gets it done, and what it is to accomplish.

Read: Developing logic models begins with three simple questions:

- 1) What are we seeking to achieve?
- 2) Why do we want to achieve this?
- 3) How do we want to achieve this?

Say Who should develop a logic model?

A logic model should be developed by policymakers in close collaboration with program staff and any government or NGO counterparts who are designing the program and have clear knowledge and understanding of the policy goals and objectives.



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

Explain the figure: The figure in the slide shows a very 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 reverse the usual order by first stating the desired outcome and then working backwards to the inputs. By so doing, we can reflect on what needs to be done, rather than 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 determine what is the best way—i.e., based on available evidence—to relieve a headache. Here the solution requires that the individual take medicine. Getting medicine therefore is the input.



There are **five steps in developing a logic model:**

1. Think about the goal that you are trying to achieve (Outcome).
2. Describe the intervention or step actions (Activity).
3. Outline the pathway for change that will connect the intervention with the goal (Input).
4. As you go through the preconditions, identify the assumptions (how and why) that connect the different levels of the theory (Theory of Change).
5. Think about challenges and barriers that may hinder the logic model’s success (External Factors).

As with the simple illustration on the slide, the problem was defined (a headache), the goal or outcome was defined (feel better), now the task is to develop a strategy that will lead to the desired outcome and eliminate the problem. This, in a nutshell, is what a logic model does.



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 intervention.** They graphically represent the relationships between a program’s activities and its intended effects, state the assumptions that underlie the expectations of why a program will work, and frame the context in which the program operates.

The general approach applied to develop a logic model is to define the basic elements of a solution, starting with 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?

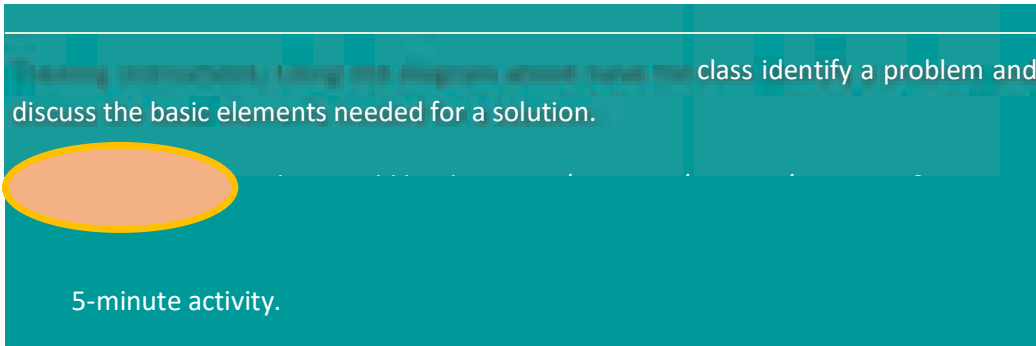
The diagram depicts a more detailed rendering of a logic model. To the left, we have the core of the logic model, defined as the **problem**, inputs, goals, and objectives; in the middle, the products resulting from the core—in this case, the **activities** undertaken to accomplish the results.

To use the logic model most effectively to plan appropriate activities or actions, the following questions should be addressed:

1. Which actions or activities have the greatest demonstrated impact?
2. Is there sufficient evidence that these actions or activities are powerful enough to markedly affect change?
3. What is the feasibility of the proposed actions and activities, i.e., Are they culturally feasible given the values and 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?

ly, to the right, we have the results, which obviously are a solution for the problem set. The process of solving the problem—i.e., achieving results—the program’s deliverables, processes, and outcomes must be assessed via performance measures.



During instruction, using the program above, have the class identify a problem and discuss the basic elements needed for a solution.

5-minute activity.



Logic models can be read from left to right, or from right to left. The left to right option shows that the inputs are needed to address a problem, the processes that occur in using the inputs, and the outcomes that are expected. We find that starting with the inputs may potentially focus attention on the status quo. To engage in re-invention and out-of-the-box thinking, reversing the logic model is helpful, thereby focusing our attention on the end result to be achieved. By starting with the desired end state or target, we can consider the question “What needs to be done?” or “What is being done?”

Steps for developing logic models:

1.) **Take a goal and one of its objectives:** Remember that each objective has its own logic model that will try to solve the problem.

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

Objective is to increase border security by detecting illegal drugs from entering the United States.

↓ *What do you have and what do you need?*

2.) **Write inputs:** These constitute the following types of items: *staff; funding; volunteer staff; materials; equipment; special technology or software; partners; policies, or regulations.*

Inputs could be “canine dogs trained to detect illegal drugs; detection equipment; staff; training; etc.”

↓ *What is taking place? Or What kinds of activities are needed?*

3) Write activities/action steps: These are the *direct* results of the action of inputs.

One **Activity or Action Step** associated with the input could be “dogs are put to work at ports of entry to sniff cargo, people entering the country and so forth.”

↓ *What are the tangible results of our activities?*

4) Write outputs: Outputs are the immediate result 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 detection of illegal drugs.

Output of the activity could be defined as “quantity of illegal drugs detected by dogs.”

↓ *What changes are we expecting in the short-term?*
What are the next set of changes we expect?
What changes do we expect to see over time?

5) Write outcomes:

Short-term → Something that is learned or experienced quickly.

Medium-term → Action taken.

Long-term → Conditions change in wider conditions.

Examples of outcomes could be:

Short-term: Greater number of seized drugs.

Medium-term: Traffickers arrested, or fewer drugs entered the nation.

Long-term: Fewer drugs on the street, more difficult to access illegal drugs.

Briefly explain the second example of Logic Model on demand reduction. (Tell participants that the next slides will provide examples).

- Your logic model should be written in a way that could be clearly understood by someone who has no knowledge of your program.
- The theory of change helps in the construction of the logic model as will be illustrated in this and the following slides.

MODULE 1

Logic Model Terminology

Inputs	Activities	Outputs	Short-Term Outcomes	Medium-Term Outcomes	Long-Term Outcomes
<ul style="list-style-type: none"> Trainer Equipment Facility Materials Time Costs 	<ul style="list-style-type: none"> Meetings Trainings Programs Campaigns 	<ul style="list-style-type: none"> Number of participants Number of sessions Number of materials distributed Number of hours spent Number of costs incurred 	<ul style="list-style-type: none"> Increased awareness Increased knowledge Increased skills Increased attitudes Increased opinions Increased motivation Increased intent 	<ul style="list-style-type: none"> Reduced drug use Increased community safety Increased employment Increased health Increased social, economic, civic, or environmental conditions 	<ul style="list-style-type: none"> Reduced drug use Increased community safety Increased employment Increased health Increased social, economic, civic, or environmental conditions

Read the questions and link them to the terminology: What do you have and what do you need?

INPUTS– This refers to a trainer, the necessary equipment, a facility to treat problematic drug consumption, etc.

ACTIVITIES– This refers to meetings, trainings, programs, campaigns, ... [...]

Regarding the **OUTCOMES**, short-term outcomes refer to “learning something” such as changes in awareness, knowledge, skills, attitudes, opinions, motivation, or intent.

Medium-term outcomes are about “actions taken,” such as changes in behavior or decision-making. Long-term outcomes are “acquired conditions,” such as 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 our example, we seized drugs. 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.



Read the advantages and comment on them:

- Easy to use – simple format, logical, and sequential.
- Builds a common understanding of goals, processes, and expectations for resources – lets you easily share ideas, identify assumptions, build your team, and communicate.
- Helps you design your action/service and improve and identify issues that are critical to achieve results and to identify what is no longer relevant to your goal.
- Can explain the relevance of an action/service in the organization or facility.
- Measures and evaluates the important bits, so it supports data collection.

Read the limitations and comment on them:

- **Represent intention:** Logic models represent intention, not necessarily reality – in other words, it shows the connection between your planned work and what you hope to achieve. Logic models are commonly developed during program planning, though they can be changed as a program evolves.
- **Expected to be evidence-based:** Logic models contribute to evidence-based practice. A logic model helps lay out the shared understandings of what resources are available, what activities and changes will occur, what these activities and changes will produce, and what the intended long-term impacts of the initiative will be.
- **Focus on expected outcomes:** Logic models connect your work to your expected outcomes. Outcomes are required to demonstrate a program's success. A logic model focuses on the expected outcomes, rather than the unintended or unexpected. It doesn't address the questions: "Are we doing the right thing?" "Should we implement his program?"

*Based on a static point in time –must be revised as program evolves.

- **Express causal attribution:** Many factors influence process and outcomes. These become more difficult to measure and assign attribution or causality as the time horizon becomes longer.
- **Don't address:** Are we doing the right thing? It is answered by the situation assessment. If one was done, chances are good that you are doing the right thing. But if you didn't, and the selection of a program is a knee-jerk reaction to a perceived problem (that is assessed incorrectly), then chances are you will be not doing the right thing.



Theory of Change is essentially a comprehensive description and illustration of how and why a desired change is expected to happen in a particular context.

Read and explain the content:

A Theory of Change is what links program components together. It is the chain of evidence, generally research-based, which explains 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 allow for clearly defining the actual activities and work products, as well as measurable outcomes to be achieved. 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.

It is focused on mapping out what has been described as the “missing middle” between what a program or change initiative does (its activities or interventions) and how these lead to desired goals being achieved.

It does this by first identifying the desired long-term goals and then works back from these to identify all the conditions (outcomes) that must be in place, and how these related to one another causally, for the goals to occur. These are all mapped out in an outcome’s framework.



Explain: It is important to utilize sound evidence to guide the proposed change theory.

Having a good understanding of the problem and setting an attainable goal is the foundation for developing the change model.

Consider the following factors when developing a theory of change:

- **Changes:** What needs to occur to move from the problem that currently exists to 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 to link existing conditions to desired changes.
- **Source/Evidence:** Any source or evidence that supports these theories. This could include examination 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/intervention team to summarize why the particular changes described and predicted are expected to take place, based on available evidence and 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 intervention/program, to be credible and persuasive, should have the following characteristics:

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

Example of Scaling 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	Impact
Trainer Equipment Facility or space Knowledge base Training curriculum	Conduct training session Provide instruction Engage stakeholders Use logic models Evaluate training	Stakeholders Trained Knowledge Applied Logic models Used	Stakeholders Develop Balanced National Drug Strategy	Improved Stakeholder Ability To Develop A Balanced National Drug Strategy

To wrap up on logic models, we provide an example that may inform and serve as a guide in shaping your logic model. Given that the goal of this module is to provide practical training in developing logic models, the logic model example that you see in the slide is designed to reinforce the subject.

To draw up this logic model, our first consideration is the goal. In this example, we define the **goal** as *“improving 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.”*

The table in the slide presents a logic model that explains the expectations and process of a technical training session on developing logic models. We begin building the model from left to right, but there are advantages to doing so from right to left, which we review below.

Developing the logic model starts with **inputs**. Recall the useful tip of asking “So, what now?” to facilitate this process.

As noted, in this example the objective is to conduct training on logic models to improve stakeholders’ ability to formulate a balanced national drug strategy. The inputs identified are:

- 1) a trainer
- 2) equipment, such as projectors, computers, etc.
- 3) a facility or space
- 4) a knowledge base to ensure that the training is evidence-based
- 5) a training curriculum

At this point we can ask, “So, what now?” This kicks off the **activities** phase. The activities in this case include:

- 1) Hire experienced trainers

- 2) Locate the proper space to conduct the training, and
- 3) Selection of policymakers and other professionals responsible for the drug strategy who will participate in the training.

With these activities accomplished, what comes next? What do these activities produce? They produce **outputs**. In this example, the outputs are:

- 1) 3-days training involving interactive instruction, group exercises, and question and answer exchanges about logic models.
- 2) Group of participants and trainers selected.
- 3) Meeting room at the HQ office.

So, what else do these activities lead to? First, they lead to early or **short-term outcomes**. In this example, these outcomes include: participants have increased understanding of logic models and greater confidence and ability in using them. Additionally, this understanding of the models is shared amongst them.

So, what results from these short-term outcomes? The **medium-term outcome** is that participants can and will develop meaningful logic models to support the goals used in the national drug strategy. Meanwhile the **long-term outcome** results in development of a balanced, comprehensive national drug policy, as well as utilization of performance metrics to track the plan's progress.

As mentioned previously, we may want to build the model from right to left. The problem or goal is the same, i.e., help stakeholders build a balanced, comprehensive national drug policy. Our objective to achieve this is to train stakeholders in the use of logic models. When building the logic model in this reverse manner—**right to left—a useful tip is that instead of asking, “So, what now?” we ask, “How do we accomplish this?”**

We begin the process with this question in mind. The problem statement gives us our long-term outcome: stakeholders who can and will use logic models to build a balanced, comprehensive national drug strategy.

- How do we accomplish this? —We need stakeholders who are trained in and fully understand how to develop logic models.
- How does this happen? —Stakeholders are given the knowledge about how logic models work.
- How does that happen? —As provided for in the output section, a 3-day training is conducted as described above.
- How is this output achieved? Thanks to the activities of organizing and implementing the training opportunity, which stem from the inputs.

Example of a Logic Model

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

Objective: Provide treatment services to offenders who have a diagnosed substance use disorder while incarcerated.

Inputs	Activities	Outputs	Outcomes
<ul style="list-style-type: none"> Staff Programs Facilities Resources Partners 	<ul style="list-style-type: none"> Provide treatment services Conduct assessments Monitor progress Evaluate outcomes 	<ul style="list-style-type: none"> Number of offenders receiving treatment Number of offenders completing treatment Number of offenders with a diagnosed substance use disorder Number of offenders with a substance use disorder who are in a residential facility 	<ul style="list-style-type: none"> Reduction in substance dependence among offenders who are in a residential facility Reduction in substance use disorder among offenders who are in a residential facility Reduction in substance use disorder among offenders who are in a residential facility



We have a different example of a logic model. This example states the goal, which is to *reduce substance dependence among offenders who are in a residential facility*, in addition to one of the objectives defined in furtherance of this goal (recall that a goal may have more than one objective). In order to achieve our particular objective of providing all offenders who have a diagnosed substance use disorder with treatment services while incarcerated, we have a list of required inputs, planned activities, outputs obtained, as well as the desired or expected outcomes.

Explain the table from inputs to outcomes.

Explain the data section. This section refers to information or data that must be collected to measure progress.

Read and explain the theory of change.

External factors that may hinder the logic model’s success can be made explicit in the framework. There is a place provided in the template to identify data sources, but these boxes at the bottom can also be used to list external factors, underlying assumptions, and what is referred to as the theory of change, a topic we will discuss below. Although these boxes are helpful, they are optional, however, as the model works well even without this information.



Training instructions: The objective of this activity is to practice the development of logic models. Remember that groups were defined at the beginning of the training.

Indications to the groups:

- 1) Take the goals and their corresponding objectives formulated in previous activities.
- 2) Use the template of logic models. Include the goal and objective.
- 3) Draft logic models with this template.



45-minute activity.

After that, each group will read them. The trainer will discuss them as needed.



After we learned the functionality of a logic model, we are going to talk about plans of action.

Training instructions: Before proceeding with the content of the lesson, you can engage the class to find out what they know about an action plan for a drug strategy and how one is developed.



5-minute activity.

Plans of action are essential for implementing national drug strategies. They describe the policy activities or programs that are logically required to achieve results, as defined by the performance targets. In other words, the plan of action is about implementing strategic objectives for each goal.



Logic models flow easily and directly into the creation of plans of action. It describes the activities that are logically required and are defined by the logic models.

Logic models are important tools for building evidence-based approaches for every objective supporting a goal and do an excellent job of defining inputs and evidence-based processes. However, they fall short with respect to assigning responsibility to a stakeholder (governmental and non-governmental entities and other organizations) to accomplish specific tasks. This is where action plans, which list in detail all the tasks required to reach an objective, come into the picture. Upon completion of a logic model, the action plan becomes the means for assigning responsibility to a person or entity that will be held accountable for achieving the tasks contained therein.

Confusion frequently arises about the difference between a logic model and an action plan. In order to distinguish logic models from action plans, an analogy is helpful. Imagine that we are general contractors whose objective is to build a house. Our construction plan is essentially the logic model that shows everything required to build the house. This plan is considered evidence-based, in as much as it complies with housing industry and building guidelines and regulations. However, the construction plan—i.e., the logic model/framework—is insufficient to complete our task. Our job therefore as general contractors is to identify and hire individuals that specialize in various tasks required to build the house: the individual from the concrete company who 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 our action plan.

Read the bullets:

What does a plan of action do? It-:

- Identifies all possible actions that link to objectives.
- Enables analysis of benefits and costs of alternative or competing actions.

- Gives a step-by-step roadmap of actions to take.
- Assigns responsibility to various actors for actions to be taken.
- Identifies resources (supports the budget element).



Training instructions: Let's do this exercise:

- 1) Tell participants to take a pen and a piece of paper or open a Word page on their computer.
- 2) Draw the following table on a blackboard:

Objective	Existing programs/ interventions	In need of improvement	New programs/ interventions

- 3) Ask participants to take their objectives.
- 4) Read the questions and link them to the table that you drafted.
 - What existing programs or interventions are critical to achieving the objective?
 - Are there existing programs that can be improved to be more effective?
 - Are there new stakeholders that could be valuable or new roles to take?
 - What new actions should be taken to achieve the performance targets?
- 5) Ask participants to take 15 minutes to fill it out.
- 6) After 10 minutes, open the floor for comments and discussions.



15-minute exercise.



Remember: A logic model is a systematic and visual way to present and share your understanding of the relationships among the resources you have to operate your program, the activities you plan to do, and the changes or results you hope to achieve.

A logic model is developed for each issue (problem) that must be addressed and outlines what resources are needed to address the issue (input), the activities that must take place and goes down the line to identify the desired outputs of the intervention along with its desired outcomes and eventual impact (change).

Explain the table as a reminder before switching to plans of action:

- How do you want to do it? inputs, activities, outputs.
- What do you want to do? short, medium, long-terms outcomes.

Training instructions: Allow the class to discuss their understanding of what a logic model is before proceeding.



5-minute activity.

Remember: Plans of action should be based on logic models.



Its structure flows from the left of the template to the right, similar to that of a logic model. Familiarity with the logic modeling process facilitates understanding of action planning.

Now that we have established what a plan of action is, let's discuss its specific components. The basic components are the activities, responsible parties, resources needed, the progress indicated at the benchmark, the completion date, and evidence of improvement.

- When brainstorming activities, we should ask ourselves, “What are the activities needed to implement the activity?”
- When brainstorming the responsible parties, we should ask ourselves, “Who is responsible for carrying out each activity? Who has oversight authority?”
- When thinking about the resources needed, we should ask, “What resources will you need both internally and externally to complete each activity?”
- To develop the progress indicated at the benchmarks it is important to think about, “How do you know that you have made progress for each action step? Listing milestones, activity measures, and other metrics for each step.”
- The completion date is straightforward, “When do you expect to complete each step of the activity?”
- Finally, to brainstorm the evidence of improvement we should consider the result of completing each action step – “What result will be associated with the completion of the plan of action?”

Explain the table: The first element of the plan of action (column on the left) is simply a row number used to distinguish specific steps required to turn an element of the logic model into a means to achieve the plan.

The second column, **“Activities/Action Steps,”** lists each individual 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 of these be recorded separately so that it can be properly assigned and does not get lost in the logic model implementation process.

The third column, **“Responsible Party,”** is of the most importance because it designates the individual in charge of a particular step. The best option is 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 on the template, we turn next to the column labeled **“Resources Needed (internal and external).”** For each step identified to the left, those responsible for developing the action plan should give some thought to identifying the resources needed to complete each activity. As noted, resources can be internal—the source of which is likely to be 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 incorporated into existing internal and external resources. (Cost estimation will be discussed further, and a detailed example will be provided).

Lastly, the 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 completion of the activity.

The image shows a screenshot of a presentation slide titled "Timeframe Activities". The slide features a dark blue header with the title and a teal arrow pointing right. Below the header, there is a table with a grid structure. The table has several rows and columns, with some cells highlighted in light blue. The table appears to be a grid for tracking activities over time, with columns likely representing years and rows representing different activities or categories. The table is partially obscured by a teal bar at the bottom of the slide.



This table helps to check the fulfilment of the activities by establishing a timeframe. It gives you a full picture of all ongoing activities through the 5 years of the policy.

Explain the columns.



Say

We are going to examine each element a little more closely. In the **Activities/Action Steps column**, you should list each activity that must occur for a successful plan including all programs, projects, meetings, training courses, publications, services, etc. in a logical order of implementation.

What activities/action steps are needed to implement the established objectives?

List each activity that must occur for a successful plan.

When developing the plan of action, one of the first things to be assessed is **What programs or interventions already exist that can be utilized to achieve the set targets.** You will also have to assess if these existing programs need to be adapted in any way in order to be more effective. After this exercise, you can determine if there are any new actions that can be taken in order to achieve your targets.

Say

In the logic models section, we did an exercise to identify existing programs, programs that need improvement, and new interventions.

Read the figure on the right and talk about the different kinds of activities: program, project training, meeting, report, etc.

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.

Module 4

Examples of Activities/Action steps:

- Develop and manage Community of Interest (CoI) with stakeholders (e.g., NGOs, etc.)
 - Develop and deliver professional training
 - Conduct the coordination meetings;
- Develop and implement procedures, protocols, and SOPs for various interventions;
- Conduct surveys, research, school-based or drug treatment C, and coordinate and if necessary recruit
 - Faculty, supervisors, MUU, etc.

Read the examples of activities/actions steps and provide feedback on them.

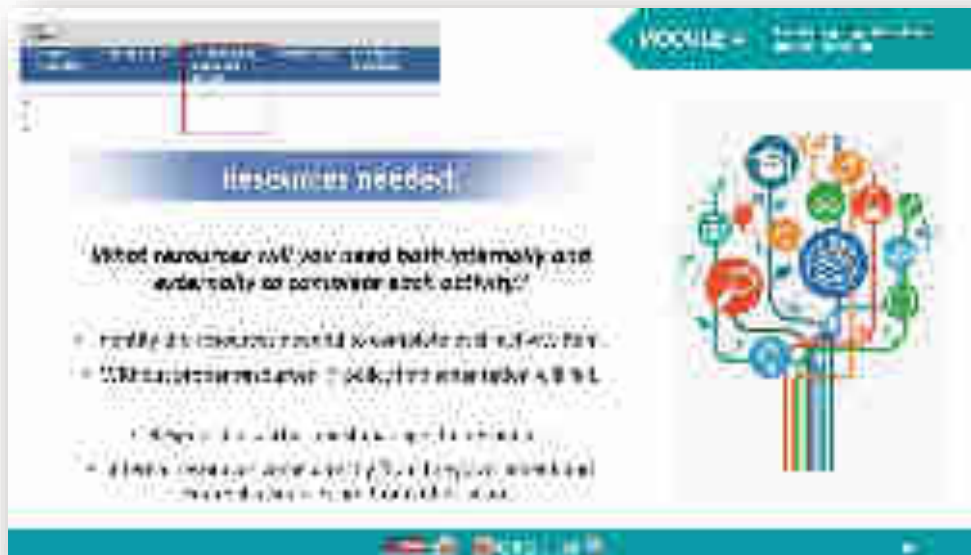


The third column, “**Responsible Party,**” is vital, as it designates the party who will be in charge of a particular step. Be mindful that only one party should be listed; having more than one does away with any responsibility for the step’s completion.

Who is responsible for carrying out each activity?

Who has oversight authority?

- Identify individuals and institutions that will be responsible for the execution of each of the activities.
- Balance tasks and responsibilities



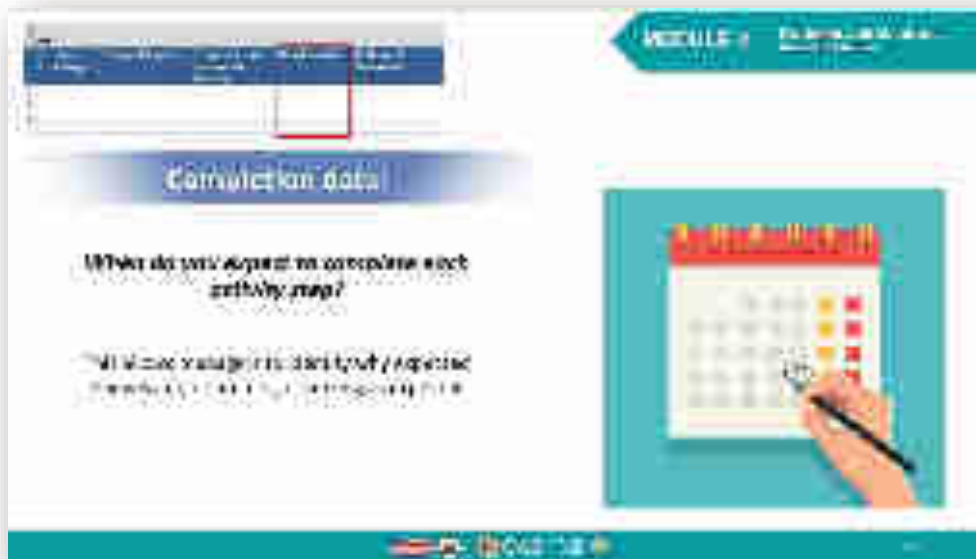
The next column is labeled, “**Resources Needed (internal and external).**” For each step identified to the left, those responsible for developing the action plan should identify resources needed to complete the step. Resources may be internal or external. In the former case, the source of these resources will likely be the government; in the latter case, it will likely be a foundation or an interest group that is a stakeholder.

What resources will you need both internally and externally to complete each activity?

- Identify the resources needed to complete each activity item.
- Without proper resources → policy implementation will fail.
 - Responsible parties must manage the resources.
- Internal resources come directly from the government and external resources are from other actors.

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 an action plan.

That said, a word of caution: do not let budget (available financial resources) drive the action plan. Individuals with budget expertise will be quick to remind action planners that resources are limited, which could result in an action plan that supports dropping an approved objective. 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. Indeed, if resources are not fully provided, the action planners, who are accountable for reporting on the success of the strategic plan, have this important piece of information should the strategy fail to achieve its performance objectives. Underfunding a task likely means it will not be completed as expected.



Say

The following column, “**Completion Date,**” is self-explanatory. This column 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.

When do you expect to complete each activity step?

- This allows managers to identify why anticipated changes are, or are not, occurring as expected.



Say

Finally, we have the last column, **“Evidence of Improvement,”** which provides information on the expected result of a step in an action plan that is underway. 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.”* In order to obtain this information, one approach would be to conduct a pre-and post-test of youth’s knowledge about the dangers of drug use. This is a simple indicator to show that the step produced the expected results.

***What result will be associated with the completion of the activity?
(i.e., the result of completing each action step)?***

- Use the indicators that you established and measure them against the actual results of the activity.




Now that we have a good understanding of the components and reasoning behind the plan of action, we are going to look at examples.

MODULE 4 *Drug treatment and rehabilitation*

EXAMPLE 1

Plan of action for increasing the coverage of drug treatment and rehabilitation



State to ensure that all the services and programs of the health system are coordinated and integrated to provide a comprehensive and integrated approach to drug treatment and rehabilitation.

Member States of the United Nations should ensure that all the services and programs of the health system are coordinated and integrated to provide a comprehensive and integrated approach to drug treatment and rehabilitation.

UNODC

Read the title and explain the goal and objective.

This table provides an example of an action plan for increasing the coverage of drug treatment and rehabilitation. In this example, a country is facing a low average rate of people receiving drug treatment and high rates of drug use relapses. The country has decided to increase accessibility/coverage as well as the effectiveness of drug treatment and rehabilitation, including services for people with comorbidities. Thus, assuming this objective, **What activities/action steps are required, based on the logic model, to accomplish this objective?**

Our action plan has seven activities (or 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. Each step is self-explanatory, but we will review the first step to ensure understanding of the example.

One of the inputs in the logic model are drug treatment centers and services (public and private). They will eventually be identified and located, which is an output stated in the logic model. In the action plan, one step is to map all drug centers and services per zone, territory, or state. Under the program assumptions for this example, the decision is to assign responsibility for providing updated information to staff from these drug centers. The next column of the action plan identifies the person responsible for accomplishing this task. In this case, the Demand Reduction Unit from the National Drug Council heads up the effort.

The next matter is resource identification (column four). In our example, the demand reduction unit has staff members that will coordinate with staff from drug treatment centers and services. We can therefore account for this human resource. The next item on the action plan is to identify when the process is to be completed (column five). In this case, it is in two months (October 2024). Noting the date or the deadline, as the case may be, is important to ensure accountability for the step being undertaken and completed. Finally, recalling the importance of action plan step one,

the plan includes a column describing the result arising from its completion "Status of Drug Treatment Network updated."

Continue explaining the rest of the rows.

Plan of action for increasing the coverage of drug treatment and rehabilitation

MEASURE 1 **2015-2016**

Activity	Responsible	Key Deliverables	Timeline	Notes
1. Review current practice regarding drug treatment and rehabilitation services	Health and Social Care	Review current practice regarding drug treatment and rehabilitation services	2015-2016	Review current practice regarding drug treatment and rehabilitation services
2. Review current practice regarding drug treatment and rehabilitation services	Health and Social Care	Review current practice regarding drug treatment and rehabilitation services	2015-2016	Review current practice regarding drug treatment and rehabilitation services
3. Review current practice regarding drug treatment and rehabilitation services	Health and Social Care	Review current practice regarding drug treatment and rehabilitation services	2015-2016	Review current practice regarding drug treatment and rehabilitation services

Continue explaining the rest of the rows.

MODULE 4

EXAMPLE

Plan of action for a law enforcement resource grant program (to a locality)



The image shows a person in a dark uniform, likely a police officer, interacting with a piece of equipment, possibly a vehicle or a piece of machinery. The person is leaning over the equipment, and their hands are visible, suggesting they are adjusting or operating it. The background is slightly blurred, focusing attention on the person and the equipment.

1. Identify the community's needs and priorities.

2. Conduct a needs assessment to determine the specific needs of the community.

3. Develop a plan of action that addresses the identified needs and priorities.

4. Implement the plan of action and monitor progress.

5. Evaluate the program's effectiveness and make adjustments as needed.

Read the title and explain the goal and objective.

Plan of action for a law enforcement resource grant program (in a locality)

MOBILE 7.1

Activity	Responsible Party	Timeline	Resources	Notes
1. Conduct a needs assessment to identify the most critical areas for law enforcement resources.	Local Law Enforcement	3-6 months	Community input, local data	Identify areas with high crime rates and low resources.
2. Develop a grant proposal and submit it to the funding agency.	Local Law Enforcement	3-6 months	Grant writing expertise	Ensure the proposal clearly outlines the needs and the impact of the grant.
3. Secure funding from the grant.	Funding Agency	6-9 months	Grant funds	Monitor the grant process and ensure all requirements are met.
4. Purchase equipment (bicycles, body cameras, acoustic gunshot devices, and safe injection kits).	Procurement Department	6-9 months	Grant funds	Ensure the equipment is of high quality and meets the needs of the community.
5. Distribute the equipment to the law enforcement agencies.	Local Law Enforcement	6-9 months	Equipment	Provide training on the use of the equipment.
6. Monitor the use of the equipment and evaluate the impact on the community.	Local Law Enforcement	Ongoing	Community feedback	Adjust the program as needed to ensure it is effective.

Explain the table.

In this example, as first activity or action step is to purchase equipment: bicycles, body cameras, acoustic gunshot devices, and safe injection kits. Who is responsible for purchasing equipment? The Procurement Department. Who is drafting the plan of action to identify the resources? They will come from a grant, state, or local funds. The purchases have to be completed in less than a year (6-9 months) and they would be used every day.

Continue explaining the rest of the rows.

Plan of action for a law enforcement recruitment program (to a table)

MOA 2013

Area	Current Situation	Proposed Action	Expected Outcome
Recruitment	Low number of applicants	Expand recruitment to include more diverse groups	Increased number of applicants
Retention	High turnover rate	Implement mentorship program and improve training	Reduced turnover rate
Community Relations	Lack of community support	Engage in community outreach and public relations	Improved community support

Continue explaining the rest of the rows.

The slide features a chalkboard graphic on the left with the word 'Activity' written on it. The main content is on an orange background. At the top right, there is a teal navigation bar with the word 'HOME' and some icons. Below the title, there is a paragraph of text. At the bottom, there is a 'Plan of Action' table with five columns: 'Activity', 'Time/Date/Place', 'Duration/Period', 'Goal/Target/Goal', and 'Output/Action/Outcome'. The table has several empty rows for data entry.

Group Activity

Using the logic models developed in the previous activity, each group will create a corresponding plan of action using the template. Afterwards, we will come together and discuss.

Activity	Time/Date/Place	Duration/Period	Goal/Target/Goal	Output/Action/Outcome

Training instructions: The objective of this activity is to practice the development of a plan of action. Remember that groups were defined at the beginning of the training.

Instructions to the groups:

- 1) Take the activities/action steps from the logic models.
- 2) Use the Plan of Action template. Include the goal, objective, and activities/action steps.
- 3) Draft the plan with this template.



1 hour activity.

After that, each group will present their plan. The trainer will discuss them as needed.

Module 5: Monitoring and Evaluation Framework

Module 5 Preparation Checklist

- Review the “Getting Started Section” for general preparation information on page 18 of this manual.
- Preview Module 5.

Module 5 Content and Duration

Activity	Time
Goal statement and Learning Objectives	5 minutes
Macro-view of Monitoring and Evaluation	3 minutes
Monitoring versus Evaluation	25 minutes
Monitoring and Evaluation Process	40 minutes
• Group Activity	20 minutes
• Group Activity	20 minutes
Interpreting and Disseminating Results from Monitoring and Evaluation	15 minutes
Total Time:	128 minutes

Module 5 Goal Statement and Learning Objectives

Goal Statement:

- ✓ Explain the importance and the key elements of the monitoring and evaluation framework of a National Drug Policy.

Learning Objectives:

- ✓ Understand the differences and related components of monitoring and evaluation.
- ✓ Understand the objectives and steps of the monitoring and evaluation process.
- ✓ Learn how to develop performance indicators.
- ✓ Learn how to create a monitoring and evaluation framework for activities, objectives, and goals.

Module 5 PowerPoint Slides and Narrative



Say

Monitoring and Evaluation (M&E) is an integral part of policy making.

It will signal to policy and decision makers whether the action steps undertaken as part of the Plan of Action are working to achieve the policy objectives set out under the strategic plans.

Without an M&E framework, it will be difficult for any institution to assess the effectiveness of the Plan of Action and the National Drug Policy in addressing the drug problem.

This module will walk us through the general intent of M&E, the distinction between measuring and evaluation activities and how it can be conducted. It will also highlight how indicators can be used to take a picture of the existing problem, establish baselines, and provide a sense of progress towards achieving objectives.



Read the goal statement as it is “Explain the importance and the key elements of monitoring and evaluation for national drug policies, strategies, and drug plans to enable successful implementation and oversight of its corresponding framework.”

Say This module does not aim to cover or explain all the complexities inherent in planning and conducting an effective M&E framework.

It does, however, address some of the key elements of M&E that could enable effective oversight and assessment of the national drug policy’s effectiveness.



Read the learning objectives as they are:

- ✓ Understand the differences and related components of monitoring and evaluation.
- ✓ Understand the objectives and steps of the monitoring and evaluation process.
- ✓ Learn how to develop performance indicators.
- ✓ Learn how to create a monitoring and evaluation framework for activities, objectives, and goals.

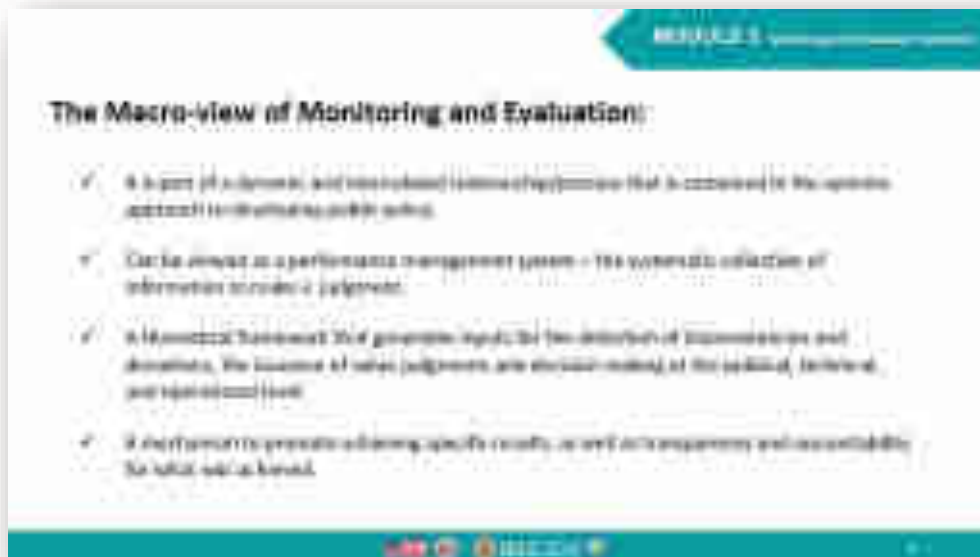
The key take aways from this module should be:

Understanding the **broad M&E process**, the key players behind establishing an M&E framework, as well as the differences between Monitoring (M) and Evaluation (E).

The module will also introduce the use of **indicators** as a key input to the planning and implementation of a M&E exercise and how different types of indicators can tell us different parts of the policy planning and implementation story.

Indicators that highlight specific elements relevant to drug use and drug control will also be presented.

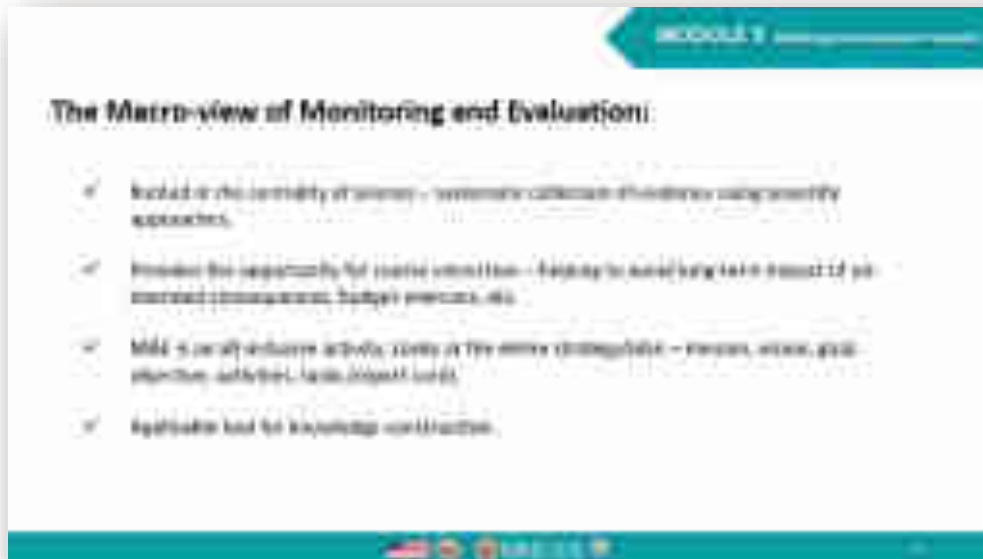
Ultimately, the module seeks to provide an understanding of how M&E links to the overall policy and implementation process for a national drug policy and its role in enhancing the policy's effectiveness and success.



Monitoring and evaluation play critical roles in effective and efficient policy and program management, facilitating inputs on the overall policy implementation process and generating data that can ALSO facilitate promoting ownership and accountability by policy and decision makers.

In some ways, it can often be viewed as a performance management tool that can help highlight inconsistencies or deviations from the intended progress of an implementation plan, the course of action, or the intended results from an intervention.

It could also signal the need for course correction. This is one of the key contributions of M&E to policy making. It is a mechanism to provide oversight and highlight the need to make adjustments that will contribute to best meeting the policy or intervention’s intended objectives.



What all this means is that M&E, through the use of data and analytical tools, provides the basis for evidence-based policy making.

In this regard, data analysis could contribute to addressing and adjusting the implementation process to mitigate potential risks of time or cost overruns from adversely impacting specific sets of stakeholders.

It also can provide evidence that the resource investments allocated to a national drug policy have achieved, or are achieving, the intended results.

It's important to emphasize that M&E can be applied and is relevant both at a macro or strategic policy level, at a micro or action step level, as well as in between.



Now, we will turn to breaking down “M” from “E” and what distinguishes monitoring activities from evaluation.

Why is Monitoring and Evaluation Important? What are the roles of M&E?

Monitoring and Evaluation play a critical role in good program management and accountability. While M&E can be conducted internally, evaluations should generally be conducted by an unbiased, outside-the-organization to maintain the integrity of the methodology and results.

Monitoring and Evaluation can be used to assess the impact of government policies, programs, and interventions.

Read: Monitoring and evaluation play an important role in good program management and accountability and provide the data necessary to assess ongoing progress and results.

Say M&E can also be part of a feedback cycle for policymakers, that enables them to adjust objectives and action steps as part of a cycle of continuous learning to facilitate better addressing a country's drug problem.

M&E activities can be conducted both internally by an organization, ministry, agency, or department or externally. Regardless, it is important that M&E processes are led in an independent and unbiased way to enable adequate results and underpin the integrity of the data generated to reflect the status of the implementation process and the policy in achieving its objectives.



Let us take a look specifically at the **Monitoring process**.

Read: Monitoring refers to the continuous scrutiny or routine data collection of various factors over a regular period.

It utilizes the indicator data to focus on what is happening and to provide insight as to the progress of an intervention.

It may generate indicator data. For example, on ongoing expenditure, employee on-boarding, office space set-up, etc.

Unlike a full evaluation, monitoring is not intended to necessarily signal whether an objective has been accomplished but more so to oversimplify it, that is to determine the progress of activities being implemented towards achieving those objectives.

Hence the bubble “Think not about the final exam... but an end of term exam.”



Monitoring typically refers to collecting routine processes related to assessing and reporting back to policymakers during regular periods.

Policymakers then use this as evidence to determine whether the ongoing implementation process is moving as intended or whether there is a need to make changes.



Say

Adequately running a monitoring process will require that the appropriate resources are allocated.

This goes beyond allocation of the necessary budget and staffing. There should also be an effective infrastructure to gather and analyze data and disseminate timely and reliable reports that provide a picture of “How are things going?”

One important point is that even though monitoring and auditing might share similar approaches to collecting and analyzing data, they are not equivalent.

While the main purpose of monitoring is to generate data and provide feedback for improvement, an audit typically can have different objectives, including determining viability, value for money, as well as compliance with regulatory requirements, among other markers.



Having discussed monitoring, let us now turn our attention to **evaluation**.

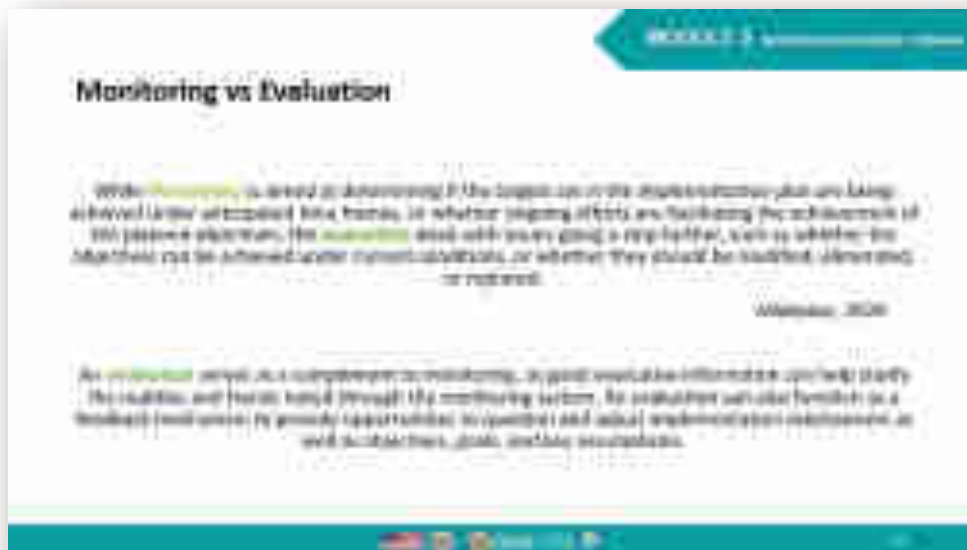
As the bubble implies, whereas monitoring can be thought of as an “end of term” exam, evaluation would refer to “a final exam.”

An evaluation is in simple terms, a systematic and objective assessment of an ongoing or completed project, program, or policy.

The aim is, through use of targeted indicators, to determine the effectiveness, impact, and sustainability of a policy or intervention.

It serves as a complement to monitoring as good evaluative information can clarify the realities and trends noted through the monitoring system.

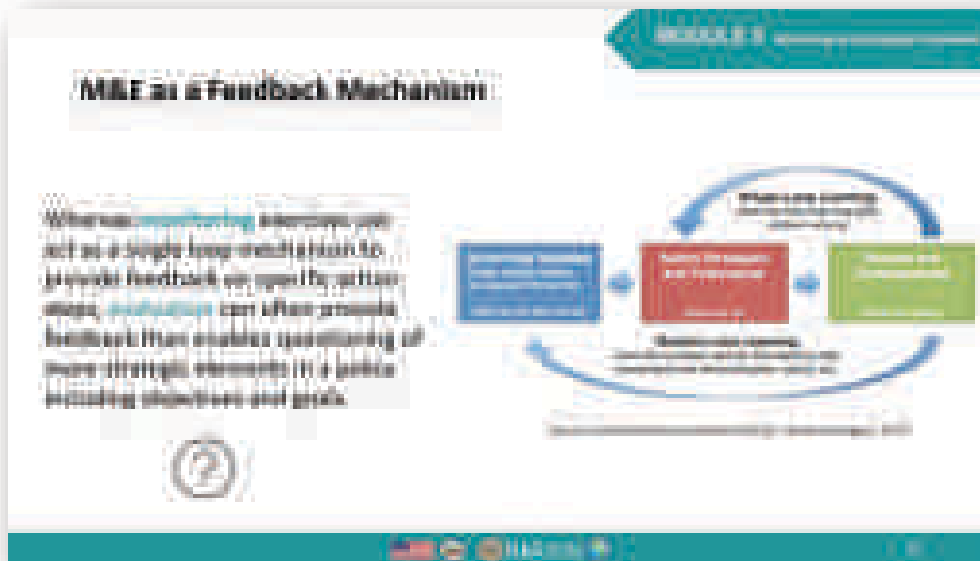
The scope of an evaluation is key to determining its effectiveness in generating evidence about a policy’s or intervention’s effectiveness. This can range from higher level policy or strategy evaluations to intervention or action step specific reviews that would look at programmatic performance.



To clarify and emphasize the distinction, monitoring activities tend to look at progress towards meeting preliminary or ongoing targets on the way to consolidating implementation.

An evaluation takes monitoring a step further, to determine whether specific objectives have been met as intended. As such, it serves as a complement to monitoring activities and provides evidence towards the effectiveness of an intervention or the policy in achieving intended objectives.

Despite this distinction it is worth noting that they both rely on accurate and reliable data to generate evidence effectively and feed it back to policymakers to judge whether the policy is addressing the drug problem as intended.



Another important aspect shared between Monitoring and Evaluation is that both, as discussed earlier, can provide a feedback mechanism for interventions and policy. Therefore, they could both be leveraged to improve implementation efforts and meeting the overall policy objectives.

Explain the figure.

However, whereas feedback from monitoring activities may offer “**single-loop learning**” or providing feedback on procedures and action steps, an evaluation can offer “**double-loop learning**” or feedback that enables policymakers to question broader elements in the policy, including goals and underlying values.

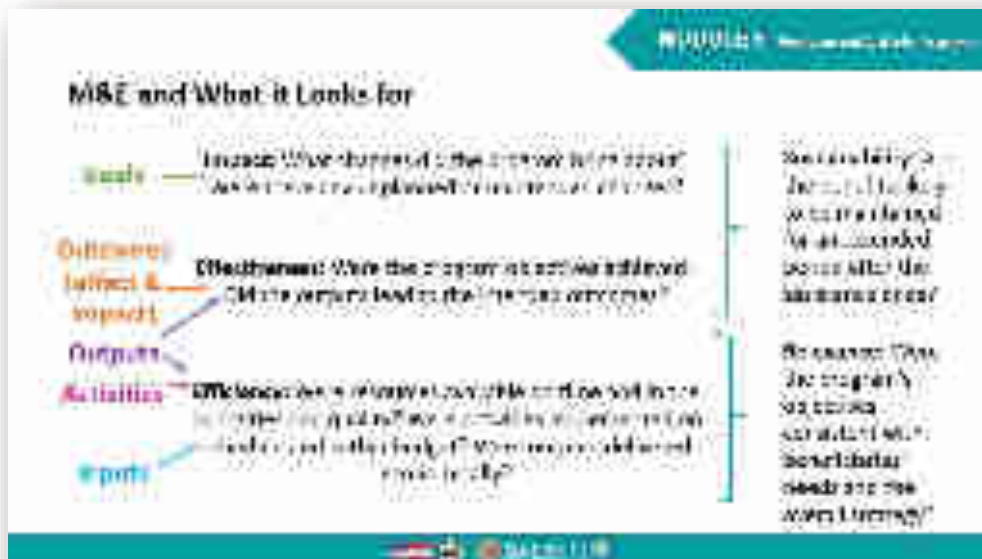


Read the sentence and explain it.

Evaluators can typically work on both monitoring as well as evaluation activities, jointly or in parallel.

They will typically determine the type of indicators that will best address the need to provide feedback depending on the current action required. This may be to assess a process, or the ability to generate certain outputs which will eventually effect change in the policy outcome indicators and show whether these are changing as intended when the objectives and action steps were designed under the plan of action.

In the next slide, we will look more closely at what these different types of indicators try to show.



Evaluators will utilize indicators to primarily highlight (1) the Impact, (2) the Effectiveness and (3) the Efficiency of a policy or intervention.

Assessing **impact** refers to providing an overall sense of whether the intervention or policy generated the changes or **outcomes** that were anticipated, and as such, whether they achieved its main goals. (e.g., Is a community free of deaths from drug overdose?)

Assessing **effectiveness** refers to whether programmatic objectives or outputs were achieved which contributed to an intended outcome (e.g., Do all municipalities have at least one accessible treatment center?).

Assessing **efficiency** is more closely tied to the processes or activities under which the outputs were produced. It typically involves looking at whether all necessary resources were available and used as intended, including their timing and budget (e.g., Was the department overseeing a municipal grant to build treatment centers fully staffed?).

By gathering indicators to address these questions, over time evaluators may be asked to support answering whether any changes highlighted are relevant to key stakeholder and whether they are **sustainable**.

ARTICLE 3

Monitoring vs Evaluation Summary

Monitoring	Evaluation
<ul style="list-style-type: none"> Clarifies intended goals and objectives. Links activities and resources to objectives. Translates objectives into performance indicators and sets performance targets. Regularly collects data on these indicators and compares actual results with targets. Reports progress to management and alerts them to problems. 	<ul style="list-style-type: none"> Analyzes why intended results were or were not achieved. Identifies specific causal contribution of activities to results. Evaluates the implementation process. Collects unintended results. Provides lessons, validated intervention recommendations, or activities, and offers recommendations for improvement.

Monitoring Evaluation

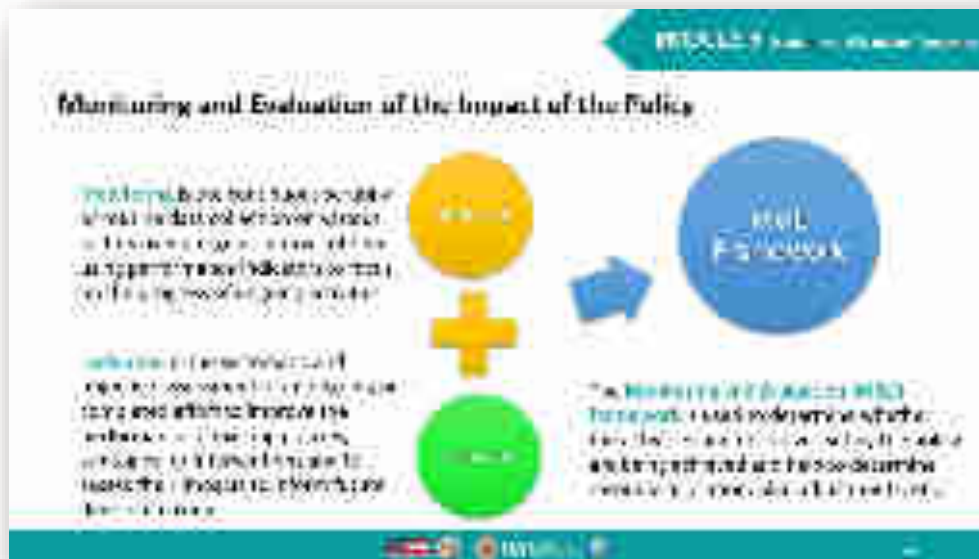


This table tries to capture a brief summary of what has been covered in terms of what both monitoring and evaluation could achieve.

Monitoring routinely collects data and reports progress to policymakers, while highlighting potential problems with action steps or activities that may be affecting performance targets. These, in turn, are tied to objectives.

Evaluation provides an analysis of whether the intended outcomes were achieved following an implementation process and designates a causal element to the results. It also offers lessons learned that can be used toward improving future interventions or policy iterations and recommendations.

One important point to keep in mind is that seeking to establish a causal relationship could be statistically challenging at times. However, evidence generated from measurement and evaluation activities is a step toward addressing this challenge and attempting to establish that link.



When put together, the monitoring and evaluation components of a policy provide us with the Monitoring and Evaluation Framework.

This coordinated framework is what ultimately determines whether the implementation is moving, or has moved, according to plan and ultimately whether the policy objectives were achieved.



Now that we have discussed the concepts of monitoring and evaluation and their function, let us turn our attention to addressing more closely **how the M&E framework is incorporated as part of the different steps of the logic model** (discussed in Module 4), which opens the pathway to the plan of action for implementing the policy.

To do this, let us first recall the basic elements of the logic model from the diagram. Starting with the policy’s goals and objectives, we determine the necessary inputs to undertake the specific activities in the action steps that will generate outputs, that, when consolidated will ideally result in the outcomes we anticipate. In integrating M&E, the time frame is key.

With this in mind, we can say that goals and objectives are tied to outcomes and have a longer-term time frame which will generally be assessed through outcome indicators as part of an evaluation.

The adequacy of inputs can be assessed both in the short term, through process indicators as part of monitoring, as well as over long-term output evaluations.

The implementation of activities can similarly be addressed through output indicators as part of either monitoring or evaluation. These outputs can then be assessed by indicators that highlight whether the activities are producing the intended short-to-medium term products, and finally these outcomes are linked to the objectives and encompass the longer-term impact of the activities.



From its integration into the whole logic model, we can see that M&E can serve many purposes. These include primarily (not exhaustively):

- Supporting the implementation of interventions through accurate, evidence-based reporting that informs policymakers of progress and performance.
- Contributing to organizational learning and knowledge sharing by providing stakeholder feedback and reflecting upon and sharing experiences and lessons learned.
- Upholding accountability and compliance by demonstrating whether an intervention is undertaken according to established standards and requirements.

M&E is key to the continuous improvement of policy making and all the relevant interventions.



Understanding that M&E plays a role throughout the policymaking process makes it necessary to always understand the scope of the M&E activity we are considering, depending on what purpose the data is intended to generate.

We alluded to this when discussing the use of indicators but generally, M&E will be conducted for three basic purposes:

- **Needs assessment (ex-ante):** Which groups or communities need in relation to a specific issue. (e.g., What kind of treatment interventions are necessary?)
- **Process monitoring and evaluation:** How is the project operating, whether it is going as planned, and what problems have emerged during implementation. (e.g., Has all the budget allocation for launching an awareness program been spent?)
- **Outcome evaluation (ex-post):** The extent to which a policy or intervention has achieved the outcomes determined at the outset. (e.g., Are underage deaths from overdose reduced?)



Say

This slide further details the intent behind the three basic objectives:

- Objective Achievement:
 - Have the objectives been met?
 - If not, what changes need to be made to our activities or plan?
- Implementation Assessment:
 - Are the activities implemented within the resource and timeframes planned?
 - Are there any obstacles to the implementation?
- Outcome Evaluation:
 - Are the outputs generated affecting the outcomes we expect?
 - What are the lessons learned for subsequent policy planning?



Having reviewed M&E conceptually, let us examine the general steps for conducting these activities as part of establishing an M&E framework.



Say

So, what are the main steps of M&E activities:

1. The most important is to start by defining the purpose and scope of the **M&E framework**. Specifically, what we plan to track and assess.
2. **The specific M&E Processes** have to be defined. Including monitoring of the performance of activities and/or the evaluation of the objectives and goals.
3. **Identify Evaluators and Funding** for M&E.
4. Set up **Indicators** in light of resources and availability of data and analytical capabilities.
5. **Analyze the M&E data**. It is important to report all results, including both intended and unintended outcomes.

One important point to highlight: Although specific funding estimates can only be established once the scope of the various activities is fully defined, it is helpful, as part of the set-up of the framework, to establish preliminary estimates of the needs. This will contribute to ensuring that adequate resources are reserved from the outset of the policy for M&E.

Module 2.2

Types of M&E activities

Results Assessment	<p>Measures effects and impacts. Assessing progress with evaluation is a measure of the policy strategy of interventions to target results to intended results (e.g., arrests, seizures, prosecutions) and whether there may be unintended effects that may affect their resolution (e.g., police resources in diversion of them for lack a reduction in drug use and drug-related arrests).</p>
Process Assessment	<p>Measures the use of inputs and resources and the progress of activities. It tracks the activity of outputs. It also measures the efficiency of activity in terms of time and resources. It tracks monitoring tools progress and compliance with existing established commitments, that leading to actual outcomes (e.g., FBI or funding program monitoring for a new policy).</p>
Compliance Assessment	<p>Measures compliance with regulations, government requirements, government regulations, and other conditions (e.g., government activity assessment).</p>



This slide, and the ones that follow, are intended to further define the various types of M&E activities through the different scopes they can take.

Some examples are provided in terms of different assessments of:

Results e.g., Is drug use falling?

Processes e.g., Are treatment centers fully staffed?

Compliance e.g., Were border agents hired following a competitive process?

These assessments can be made to determine ongoing progress of activities or action steps of the policy.

Select M&E Assessments	
Context Assessment	Tracks the setting under which the policy, strategy, or intervention operates, especially as it affects identified risks and assumptions and any associated interventions. This includes the legal, as well as the social, political, economic, legal, and policy context that affect the intervention.
Beneficiary Assessment	Tracks beneficiary perceptions of the policy, strategy or intervention. It includes beneficiary satisfaction or complaints, including their perceptions, strengths, access to resources, and their overall experience of change. Other related indicators include feedback.
Financial Assessment	Assesses the costs by input and activity with pre-defined expenditure categories. It assesses frequency or compliance with established and project boundaries and takes into the highest the implementation phases of the policy, strategy or intervention.
Organizational Assessment	Tracks accountability, institutional development, and capacity building (or maintaining and strengthening institutions).



Some additional classifications of M&E activities that can be useful in enhancing the policy development and implementation process include:

Context Assessment: Tracks the broader framework under which the policy has to operate, including political, economic, social, etc.

Beneficiary Assessment: Tracks whether the policy outputs or outcomes are in line with stakeholder expectations. (e.g., Is a community experiencing reduced levels of drug related arrests?)

Financial Assessment: Tracks expenditure and whether these have been undertaken in line with the planned schedule and estimates, as well as whether reports are produced according to established regulatory requirements. It can also be done in line with other assessments to determine the extent to which an expenditure is facilitating the intended results of an intervention (e.g., value for money).

Organizational Assessment: Tracks the ability of an organization to implement and sustain the results of an intervention or policy through adequate staffing or resource allocations, as well as appropriate capacity building mechanisms.



When looking specifically at determining progress or performance at the activity or action step level, some good practices that should be kept in mind for M&E are:

Scope - M&E scope should be defined to focus on a specific set of processes or activities and with a specific set of stakeholders in mind.

Activities - M&E activities should look for changes in trends or patterns in data or behaviors that suggest and may question the assumptions under which an activity was planned.

Functions - M&E functions should gather data systematically and in a timely manner to enable effective feedback to policymakers.

Engagement - M&E should seek to engage broadly and transparently with all the relevant stakeholders responsible for undertaking the activity in question.

About the Evaluator and the Monitoring and Evaluation Process



Good evaluation must consider not only the progress of the results but also their attribution or whether the results are related to the intervention.

The issue of **causal attribution**, which refers to causal relationships, may or may not be determined by evaluators' efforts. An evaluation might reveal an anticipated change, yet the change could be attributed to variables unrelated to the intervention. Evaluators might assume that the intervention did not directly cause the observed change but rather resulted from external factors not initially considered.

Say

Next, we will briefly address the concept of **causal attribution**. This is important because at its simplest, M&E is an exercise to assess the incidence or impact of one, or a series of, actions on other actions.

It is understood that changes in behavior such as reduced drug consumption by youth, or a rise in the number of open money laundering investigations, are caused not by one but a combination of correlated events. As such, it can be hard to attribute responsibility for an impact to one specific action. **Correlation is not Causation.**

Hence, a crucial responsibility for evaluators is to recognize the mentioned factors and, to the best of their ability, employ **data** to compellingly demonstrate how specific variables or action items influence others, thereby altering the intended direction of policy. In other words, assigning a **reasonable** sense of casual attribution.



In designing an M&E framework, it is also relevant to consider, time and resources permitting, experimental design. This may be particularly relevant in a case of significant departure from existing norms or behaviors.

Typically, experimental design will require evaluators to work with research partners such as academic institutions to isolate populations and apply a set of actions to one group, while comparing it to a similar control group and then to document any divergence in their behavior.

The rationale being that experimental design may present a closer view on the degree of cause and effect between actions.

Although it may provide a more accurate picture of the relationship between variables, experimental design tends to be more time-consuming and costly, which will have implications for consideration of its use.

Monitoring and Evaluation Process

Another option is the comparison of outcome data. This can help evaluators establish meaningful program benchmarks by comparing data across jurisdictions, between one state and the region, and/or over time (using time-series analysis).

Comparison data is also useful for measuring indicators anticipating new or expanding interventions.

For example, noting a lack of change in key indicators over time before implementing an intervention may help demonstrate the need for greater investment in evidence-based, well-funded, and more comprehensive interventions.



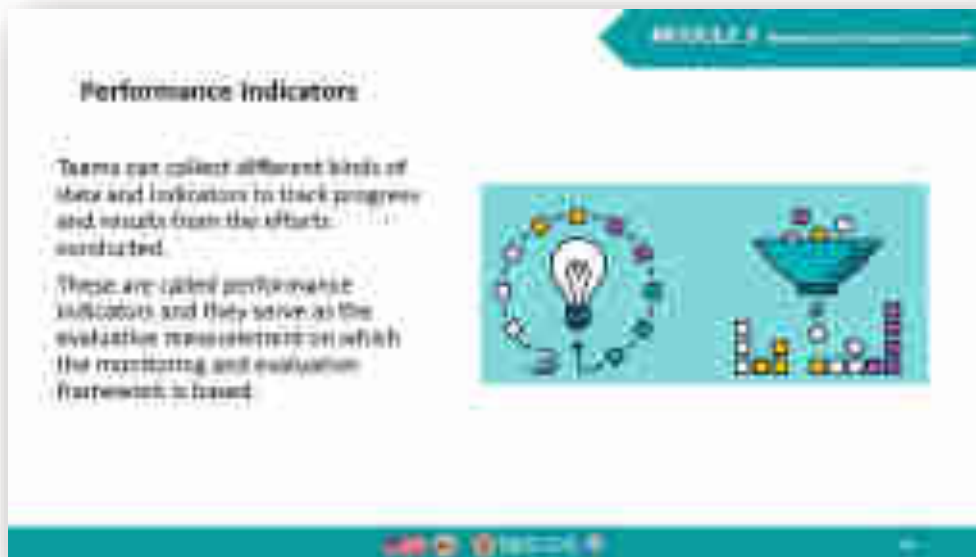
Say

Another mechanism to discern impact through M&E can be through the use of a benchmark or comparable data.

This refers to the process of comparing results across similar programs or interventions, while taking context into consideration, to determine whether progress made is in line with expectations.

These comparisons can either be between jurisdictions, (e.g., border seizures in country X vs. Country Y) or over time against a pre-determined baseline period, (e.g., year over year change in driving under the influence arrests).

Comparison to historical or peer benchmarks can also help to inform targets for anticipated intervention or policy results.



Having broached the topic of benchmarks and baselines inevitably leads us to the topic of **indicators**, which are both a key input and outcome of a policy's M&E framework.

Indicators provide **the signal** that evaluators will analyze and disseminate to policy and decision makers to determine performance and the need for relevant changes.

They can provide a measure of **performance against expectations**.

Indicators can be categorized in different ways depending on the policy objectives. They are primarily split among progress, output, and outcome indicators.

Indicator Analysis and Dissemination

Objective	Indicator	Data Source	Frequency	Stakeholder
Provide treatment services to all offenders with substance use disorder (SUD).	% of enrolled participants with an individual plan	Administrators of the correction center	Monthly	Administrators of the correction center
Reduce drug related deaths	% of incarcerated persons with SUDs	Correctional facility records	Quarterly	Correctional facility records
Reduce drug related deaths	% of incarcerated persons with SUDs	Correctional facility records	Quarterly	Correctional facility records
Reduce drug related deaths	% of incarcerated persons with SUDs	Correctional facility records	Quarterly	Correctional facility records

→ The table provides an example of how indicators can be developed as part of the indicator proposal considered for the various action strategies of the ERM framework. The constraints will look at specific indicators that provide the data relevant to their engagement with the policy.



This slide provides a possible template that can be used to present a set of indicators for potential dissemination.

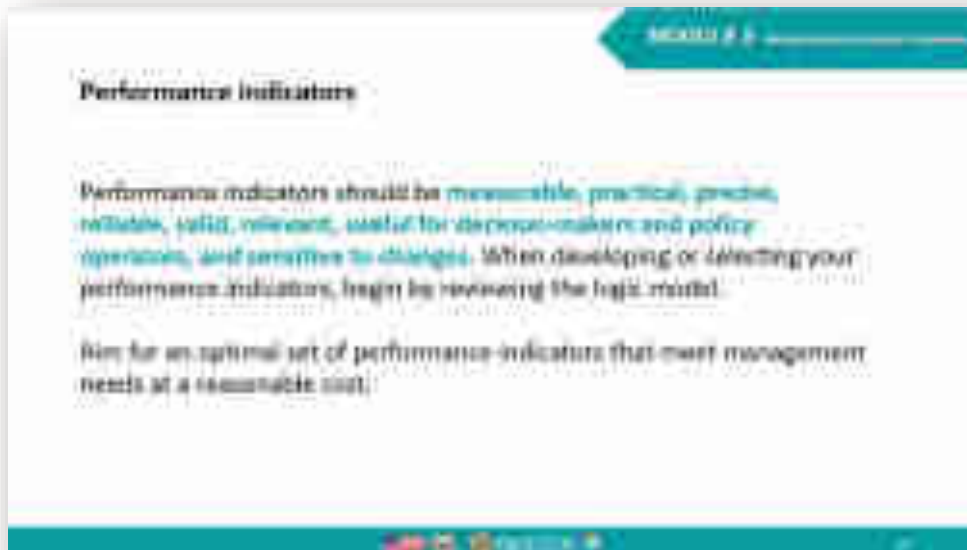
The table starts with the objectives. In this instance, these are tied to providing treatment services to all offenders with substance use disorder (SUD). This objective may be part of a broader demand reduction goal such as “reducing drug related deaths” for instance.

In order to meet this objective, the indicators will seek to answer the question - How effective are treatment programs for incarcerated persons with SUDs?

Four indicators are then proposed to help answer this question, each including a baseline, the data source, how the data will be gathered and/or processed, as well as the rationale. Finally, for each indicator, the key stakeholder who is either responsible for the action item or interested in the result, is identified. In other words, who is our audience?

For example, for the % of enrolled participants with an individual plan, monthly baseline and tracking is foreseen with the administrators of the correction center being the key stakeholder from an intervention or program standpoint.

One element has not been included-*What type of indicator would these reflect?* – **Seek feedback from participants** (All reflect an output).



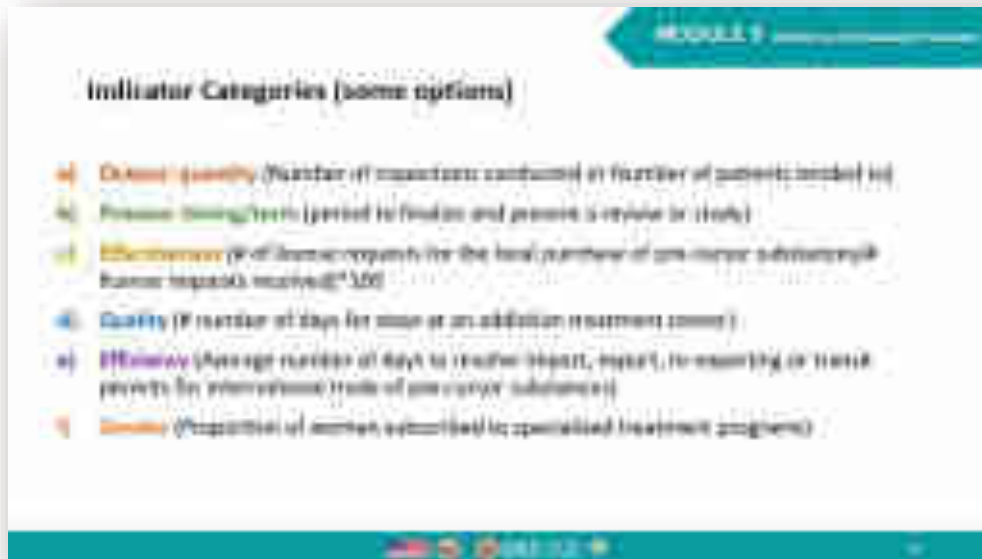
Please keep in mind what indicators can be used and whether they intend to assess the performance or progress of a process, an output, an outcome or otherwise.

They key is that they need to be:

- (a) measurable, (b) practical, (c) precise, (d) relevant to decision makers, (e) reliable, and (f) sensitive to changes.

In disseminating indicators to stakeholders, evaluators must communicate the need to enhance the level of trust in understanding a policy or intervention and its attributable results.

Evaluators must also keep in mind the cost of accessing, processing, and disseminating indicator data, to ensure it is not detrimental to the overall implementation process.



Some other possible categories of indicators that can be considered by evaluators may include:

- a. Output: Quantity (e.g., # of inspections).
- b. Process: Timing (e.g., wait time for a first therapy appointment).
- c. Effectiveness: (e.g., % of addiction patients failing to complete rehabilitation programs).
- d. Quality: (e.g., % of successful convictions for drug possession charges).
- e. Efficiency: (e.g., average number of days to issue customs permit).
- f. Gender: (e.g., % of women completing a treatment program following admission).

ANNEX 2.3

Potential Indicators for Consideration

Demand Reduction	Law Enforcement	Capacity Building	Coordination
<ul style="list-style-type: none"> # of health care professionals # of students enrolled with drug prevention programs implemented in high schools/colleges/universities # of of persons with a drug treatment facility # of persons that drop out of the treatment program # of drug treatment centers # of drug consumption by individuals in the treatment program # of drug related deaths 	<ul style="list-style-type: none"> # of law enforcement officers that work for government only # of drug related deaths/drugs # of persons arrested and incarcerated # of cases provided for crime control by drug (drug trafficking) # of drug related crimes per year # of # of arrests for drug related crimes 	<ul style="list-style-type: none"> # of trainings developed # of trainings carried out/implemented per year # of professionals attending budget (per year) # and type of modalities used (e.g. seminars, courses, online, etc.) # of # of professionals trained # of # of regional hospitals and health centers 	<ul style="list-style-type: none"> # of coordination meetings held with interest groups # of reports sent to the judicial system # of # of coordination meetings held per year Legal Aides



Some additional examples of indicators that can be considered to determine the progress towards implementation, or performance of a national drug policy categorized around some of the pillars of the OAS/CICAD Hemispheric Drug Strategy and its Plan of Action are:

- (a) Demand reduction (e.g., # of healthcare professionals).
- (b) Law enforcement (e.g., # of drug related crimes over a year).
- (c) Capacity building (e.g., % of employees attending at least one training a year).
- (d) Coordination (e.g., # of coordination meetings with interest groups).



Training instructions: Now that we have seen a number of indicators, let us go through the attached list of indicators (circulate list) and classify them as best you can, as either process, outcome, or output level indicators.

Split participants into groups of 3 to undertake the exercise over 10 minutes.

We will then take 10 minutes to go through the list together.



20- minute activity.

Module 3

Examples of Indicators with Enhanced Complexity

Change in the rate of first drug use	Change in the level of non-prescription drug consumption as a rate of drug to alcohol and tobacco use
Change in the percentage of people who are rehabilitated and reintegrated into the labor market	Change in the rate of people who are rehabilitated and reintegrated into the labor market
Change in the rate of people who are rehabilitated and reintegrated into the labor market	Change in the rate of people who are rehabilitated and reintegrated into the labor market
Change in the rate of people who are rehabilitated and reintegrated into the labor market	Change in the rate of people who are rehabilitated and reintegrated into the labor market
Change in the rate of people who are rehabilitated and reintegrated into the labor market	Change in the rate of people who are rehabilitated and reintegrated into the labor market
Change in the rate of people who are rehabilitated and reintegrated into the labor market	Change in the rate of people who are rehabilitated and reintegrated into the labor market
Change in the rate of people who are rehabilitated and reintegrated into the labor market	Change in the rate of people who are rehabilitated and reintegrated into the labor market
Change in the rate of people who are rehabilitated and reintegrated into the labor market	Change in the rate of people who are rehabilitated and reintegrated into the labor market
Change in the rate of people who are rehabilitated and reintegrated into the labor market	Change in the rate of people who are rehabilitated and reintegrated into the labor market
Change in the rate of people who are rehabilitated and reintegrated into the labor market	Change in the rate of people who are rehabilitated and reintegrated into the labor market

Demand Reduction



Now, we would like to present some additional examples of indicators, both on the demand and supply reduction side which are a bit more complex but may provide a clearer outline of a country's drug problem and the evolution of the drug policy to address same.

On the **demand reduction side**, some examples include:

- Change in the rate of people rehabilitated AND reintegrated into the labor market; or
- Change in the age of first drug use.

MODULE 2

Examples of Indicators with Enhanced Complexity

Change in the number of violent crimes reported	Change in the number of violent crimes reported
Change in the number of violent crimes reported	Change in the number of violent crimes reported
Change in the number of violent crimes reported	Change in the number of violent crimes reported
Change in the number of violent crimes reported	Change in the number of violent crimes reported
Change in the number of violent crimes reported	Change in the number of violent crimes reported
Change in the number of violent crimes reported	Change in the number of violent crimes reported
Change in the number of violent crimes reported	Change in the number of violent crimes reported
Change in the number of violent crimes reported	Change in the number of violent crimes reported
Change in the number of violent crimes reported	Change in the number of violent crimes reported
Change in the number of violent crimes reported	Change in the number of violent crimes reported



On the **supply reduction side** some examples include:

- Citizen security perception index; or
- Change in the proportion of drug related crimes.



Training instructions: As part of the next exercise, we examine in a little more depth how to think about these indicators. We will also discuss how to set up a structure for how information can be gathered, analyzed, and presented, and to reflect the progress or performance of a specific objective.

We will take 30 minutes to use the template in the participant manual (refer to page reference in the manual or jump to next slide as necessary).

We then ask that you work in groups and identify five (5) indicators, one for each of the five pillars under the CICAD/OAS Hemispheric Drug Strategy:

- 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 their causes and consequences.
- Research, information, monitoring, and evaluation.
- International Cooperation.

Say: Take your goals and objectives defined in previous activities.

We will take 10 to 15 minutes to review some of the examples of indicators and how they have been proposed by the different teams.



30-minute activity.

How do I monitor or evaluate what's planned?

Monitoring/Evaluation Performance Matrix, Period 1998-2000

Matrix can be adapted for multi-year planning

Say This template is a proposed example for consideration by participants (and policymakers) as a way of planning out which indicators will be useful in assessing a policy, objective, or intervention.

The scope of this exercise is to look at specific action steps of activities that are part of an objective.

For each action step associated with an objective within each of the five pillars, we request the presentation of ONE indicator. Subsequent elements should include:

- (a) A baseline,
- (b) An annual target,
- (c) We will leave progress blank for now though this is intended to show the path towards reaching the target,
- (d) An approximate budget to undertake the activity,
- (e) The amount of budget executed or spent – Note that this can also serve as a proxy for the progress towards implementation of the activity,
- (f) The data source for the indicator,
- (g) Observations as to how the data for the indicator will be gathered,
- (h) Who will be accountable for reporting against this indicator?

For this exercise we will focus on annual targets, keeping in mind this template could also serve for multi-year progress and results tracking.

Module 3

Evaluation of the GOALS

Step	Goal	Measurement/Indicator	Measurement/Indicator	Measurement/Indicator	Measurement/Indicator
Step 1: Assessment					
Step 2: Objectives					
Step 3: Strategies					
Step 4: Implementation and Evaluation					
Step 5: Monitoring and Evaluation					

Remember the indicators for specific objectives listed in earlier steps. There are also indicators for the broader strategic goals.



Now that we have learned how to use a template to plan out and think about indicators for specific action steps and objectives, it is important to remember that indicators can also be used to assess broader or more strategic goals or policy outcomes.

The template on this slide shows an example of how the earlier table could be adapted to look at more strategic elements. Examples of indicators for policy goal outcomes could be:

For **demand reduction**: Change in reported drug use for the population 15 years and older.

For **supply reduction**: Change in the percentage of open police investigations and arrests related to drugs.

Interpreting and Disseminating Results from Monitoring and Evaluation

Say

Now that we have looked at the concept, the steps, and the indicator tools to set up and analyze data as part of an M&E framework, we move to how evaluators can plan to disseminate the results from M&E to ensure their effective use by policymakers.



This final M&E step will help managers and policy planners to determine the successes and limitations of the policy or intervention, after it has been implemented.

This process allows the Steering Committee and ministerial representatives to understand and present information on the progress of the policy to the cabinet, parliament, or legislative body.

Using the previously established progress or performance indicators, the Steering Committee can create progress reports that indicate the status and outcomes of the policy for a specific time frame. Depending on the scope of the M&E activity, a final report can also be drafted.

These reports can then help the Steering Committee and the policy designers and implementers (key stakeholders) to determine:

- Which sections of the policy or interventions may need to be adapted,
- Which sections have been most successful, and
- Where improvements can be made.

The reports can also be used as a feedback tool for ongoing improvement of the policy implementation process, the policy itself, and the interventions it incorporates.

MONITORING & EVALUATION

Monitoring and Evaluation: An analytical effort

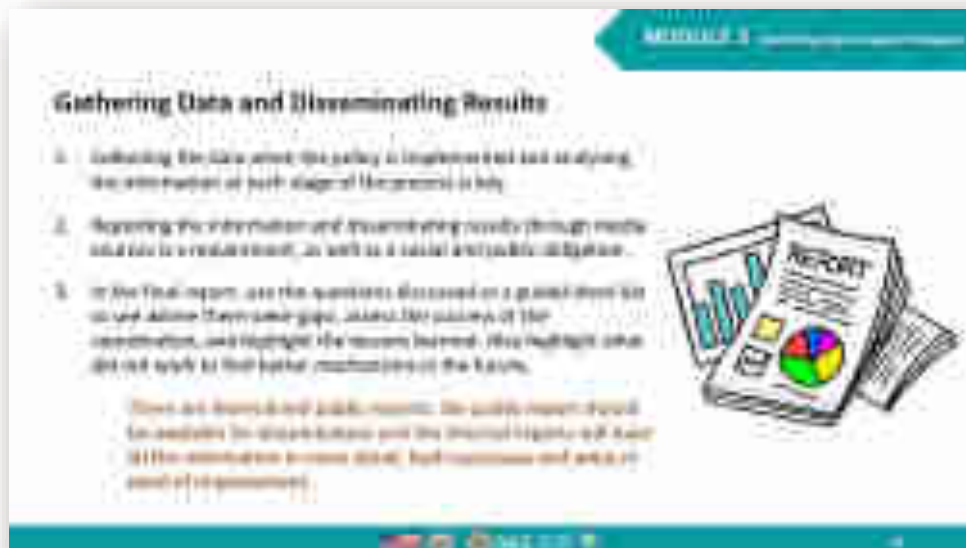
After conducting the initial monitoring and evaluation, an analysis of monitoring and evaluation data can help stakeholders gain valuable insight into ongoing progress and predict future results that could impact implementation.

Intentionally incorporating regular reviews of progress provides a space for decision makers, implementing and operating partners, and other stakeholders to assess and reflect on the implementation and results of the policy, strategy or intervention.



When producing monitoring or partial evaluation data, or even after completing a final evaluation that can be used as feedback for subsequent policy updates or iterations, it is key that periodic M&E data is produced and disseminated throughout the process to enable preliminary or intermittent assessments that can enhance the quality of decision making.

M&E at its essence is intended as an ongoing analytical effort.



Finally, dissemination of M&E results needs to take into consideration the needs of the policymakers in question, and the intended purpose.

For instance, **expenditure progress reports** may be required within relatively short time frames and with some degree of regularity for internal review and decision-making purposes. As such, the corresponding indicators would need to be readily available and updated. Weekly score cards to Steering Committee representatives could be a useful tool for disseminating this information.

On the other hand, **output results**, such as the number of patients served on average by addiction centers, may be required less frequently and it may be sufficient for this to be included as part of quarterly or annual reports. Policymakers may or may not choose to disseminate this information, depending on broader strategic goals.

A final assessment of the policy’s overall results and its incidence on the original set of strategic goals and objectives will likely be better suited to a final formal publication, disseminated through more formal digital and traditional media platforms. These would typically only be required every number of years depending on the scope of the policy’s time frame.

In disseminating results, an M&E framework should be closely tied to the broader policy’s communication objectives and follow all required institutional processes for external publication. It is crucial when preparing dissemination to consider expectations and potential reactions from key stakeholders, policymakers, and the general public.



These last slides highlight some examples of themes and the rationale, on which policymakers may choose to report following M&E activities.

For example:

On ways to improve performance – To gain insight and better adapt ongoing implementation activities, or

On the need to build awareness relevant to the drug policy – To enhance outreach and better inform target populations of possible supports that may be available.

Module 3

What to Report on? Some Useful Ideas

On processes and systems	Assess and report on staff capacity and expertise through efficiency, documenting staff knowledge about the project, resources, past and current activities, and any restrictions.
On education, training and awareness	With increased information and knowledge about the policy, changes, interventions or general implementation and activities early and subject to user requests.
On knowledge, experience and expertise	Of professional knowledge between the various team members and other general stakeholders.
On communication and engagement	With stakeholders, employees and the community by maintaining regular contact.
On outcomes & impact	Against strategic goals and objectives by using strong, strategic interventions performed as data on past or regular trends of impact based on the strategic goals and objectives.

The Steering Committee may choose to disseminate data on implementation progress reports to promote accountability and provide an incentive for key policymakers to prioritize drug policy interventions.

Data may also be used to facilitate information sharing and cooperation between key stakeholders which can enhance future activities and the approval process for an updated policy.

Module 6: Budget Planning

Module 6 Preparation Checklist

- Review the “Getting Started Section” for general preparation information on page 18 of this manual.
- Preview Module 6.

Module 6 Content and Duration

Activity	Time
Goal statement and Learning Objectives	5 minutes
Cost Estimation of Programs and Interventions	40 minutes
Identification of Sources and Amounts of Funding	15 minutes
Match Available Resources with Cost of Activities	8 minutes
• Group Activity	45 minutes
Total Time:	113 minutes

Module 6 Goal Statement and Learning Objectives

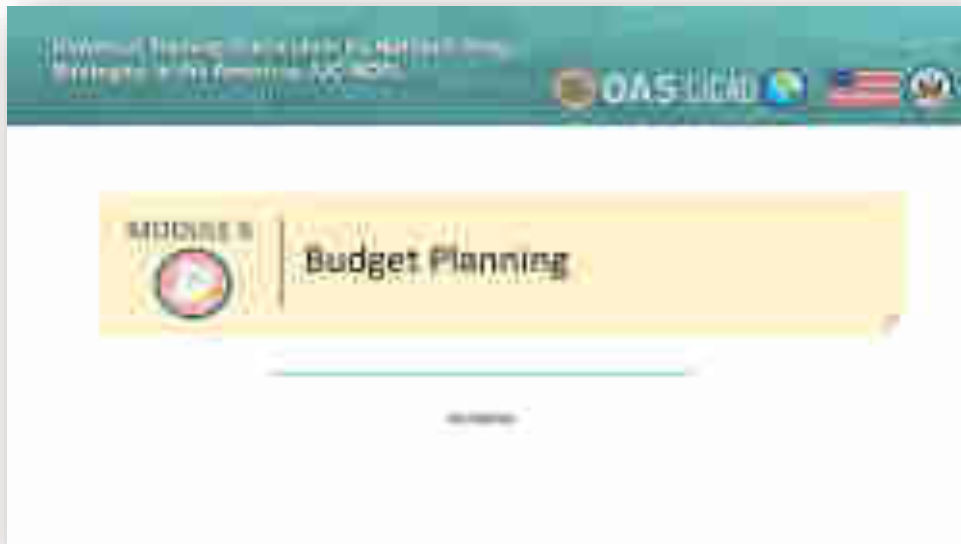
Goal Statement:

- ✓ Explain the core areas related to planning the budget, including appropriate costing mechanisms and identifying the key components and agencies necessary to develop the budget.

Learning Objectives:

- ✓ Learn how to estimate the cost of activities planned in the Plan of Action and how to aggregate them to reach an overall policy budget.
- ✓ Learn how to aggregate the costs of the various activities into the different components of the strategy.
- ✓ Learn about the different possible sources of funding, such as public budgets, private initiatives, and mixed partnerships, and how these complement the activities.
- ✓ Be able to develop, estimate, and present a budget plan.

Module 6 PowerPoint Slides and Narrative



Say

This module covers an integral component of the policy planning process. Regardless of which strategic objectives and action steps policymakers propose as part of a national drug policy, these and the policy will be difficult to implement unless adequate budgetary resources are assigned.

This module will walk policymakers through the relevance of accurate cost projections to the policy's success by explaining some of the most common cost estimation approaches, along with examples of how these individual costs can be aggregated into a policy budget that can be presented to competent authorities.

The module ends by identifying some of the various sources of funding for a drug policy and how each of these resources can best be leveraged.



Our primary goal is to “explain the importance of budgetary planning and some of the most common approaches to estimate the overall costs of a policy through a bottom-up approach and how to translate these into an overall budget.”



Read the learning objectives as they are:

- ✓ Learn how to estimate the cost of activities planned in the Plan of Action and how to aggregate them to reach an overall policy budget.
- ✓ Learn how to aggregate the costs of the various activities into the different components of the strategy.
- ✓ Learn about the different possible sources of funding, such as public budgets, private initiatives, and mixed partnerships, and how these complement the activities.
- ✓ Be able to develop, estimate, and present a budget plan.



The first step is moving from the action plan to the cost estimate.

Estimating the Cost of Activities and Interventions

In the Plan of Action, the policy writer should identify the necessary internal and external resources for each action step, as well as the responsible stakeholders in charge of managing and sustaining these resources.

For the plan to be an effective, efficient, and economic intervention, it should estimate the cost and appropriate methodology for each of these resources, as well as the relative cost of each action plan step. It will be key to distinguish between new costs and costs that may already be incurred as part of existing interventions.




Say

Once the individual action steps for each objective are established under the plan of action, policymakers will need to determine how to estimate the financial resources that will be required to implement each step.

Costs can be estimated over a year or across multiple years and may include costs for interventions already taking place or for entirely new activities.

Unit 11

Estimating the Cost of Activities and Interventions



- Before the actual policy planning process, budgeting meetings should be organized. Such meetings will facilitate a well-planned and properly allocated final policy program.
- Each meeting should have a specific focus – procurement process – budgeting for monitoring and evaluation, institutional strengthening, demand generation, capacity building, etc.
- Once the meetings are concluded and completed, the actual budget planning will begin.
- Each of these areas will be responsible for developing and validating the cost estimates for each of the action steps for which they have responsibility under the plan of action.



As a first step to the budgeting process, each stakeholder responsible for an action item will need to hold budget meetings with the unit’s internal decision-makers to discuss the step’s implementation. This is the best way to estimate the resources that will be required for intended implementation.

Each stakeholder responsible for an action step will need to meet and prepare an individual estimate. The stakeholder overseeing implementation of the objective under which the action step will be undertaken will be responsible for aggregating them into the budget for each of the five individual policy pillars.

Module 3

Risks to Cost Estimation Mechanisms



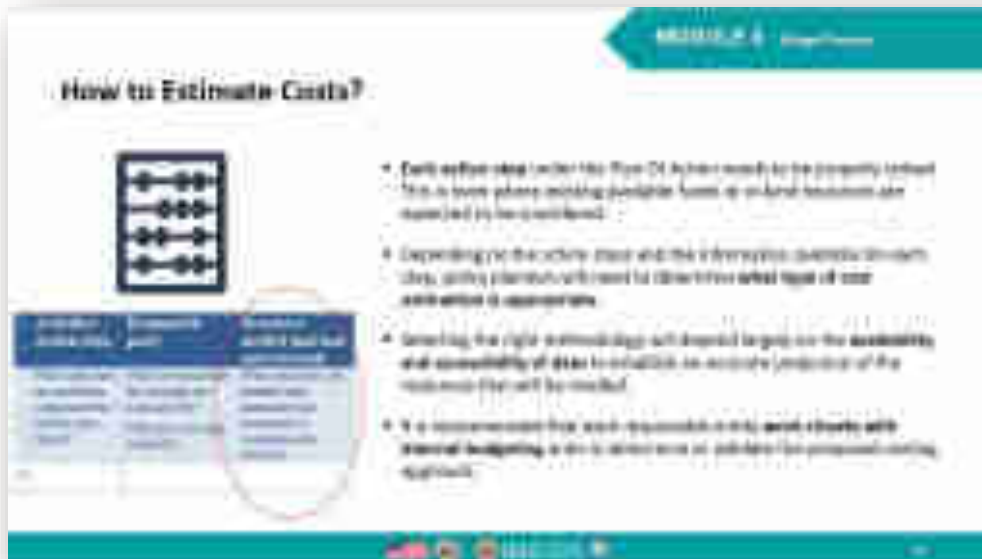
- Accurate cost estimates are integral to the success of the health plan.
- Plans become vulnerable under any of the following conditions:
 - Lack of proper controls to the computer systems' ability to implement the Plan of Action.
 - Changes made with no defined and measurable accountability as possible leading to cost estimates "falling the bottom of" cost cutting and threat to health systems.
 - The use of arbitrary estimates that do not use any type of appropriate or high quality cost data.
 - Avoid estimates that do not take the future or assumptions that are best case estimates for the health plan. (e.g., a 5-year limit for a 5-year policy) and cost estimates should only fall to the average of the estimate.

Read the bullets.

When discussing with budget teams, policymakers will need to keep in mind the costing methodology that will be used to develop the estimate. This will depend largely on the type of cost or expenditure data to which the policy planners have access. We will be looking at these shortly.

To the extent possible, cost estimates should be tied to the use of a specific good or service. It should be driven by a bottom-up approach that lets the projected use drive the anticipated cost.

Avoid cost estimates based on best case scenarios or estimates that look too far into the future (e.g., a 5-year limit for a 5-year policy). The further into the future you try to estimate, or estimates that are overly optimistic, may be unrealistic and bring the ability to implement the plan into question.



Ask participants— How do we begin estimating?

1. First, together with the leadership of the unit, examine the data that is available (e.g., historical, peer, statistical models).
2. Each action step from the plan will require an estimate. This estimate will need to be distributed across the lifetime of the intervention or the policy.
3. Specify which elements will be direct expenditures and which will be funding contributions.
4. Based on these preliminary elements and in coordination with the unit's leadership, choose an estimation methodology to begin calculating the costs of the resources that are needed.

Refer to Module 4.

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

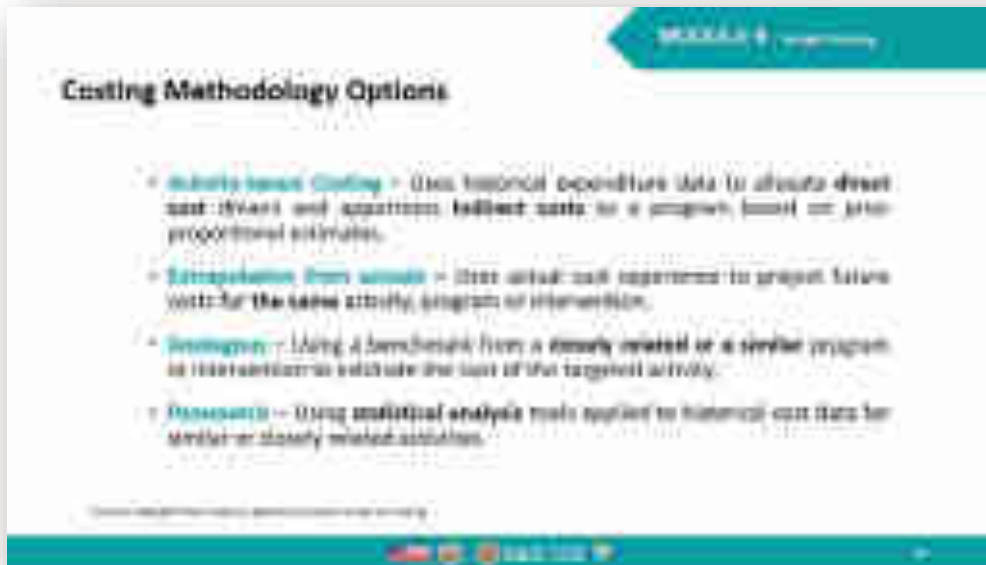
Activity	Cost Type	Cost Estimate
1. Determine needs of villages	Direct	$100K \times 10 \text{ villages} = \$1M$
2. Develop and...	Indirect	\$0
3. Use of Available treatment programs	Indirect	\$0
4. Screen safe storage sites	Direct	$100K \times 100 = \$10M$
5. Subsequent site...	Direct	$100K \times 100 = \$10M$

The **first step in determining costs is to scan the action plan** to identify which can be categorized as either direct or indirect costs, or what will be the cost drivers for the estimate.

As a reminder, indirect costs are those costs that are absorbed by the organization and are not directly attributable to a specific activity. In other words, these are existing resources provided, that must be paid for, regardless of the organization’s activities or operations to serve any number of stakeholders who may not directly participate in the execution of the planned action step, activity, or objective.



This table provides an example of the anticipated costs tied to the action step of setting up a safe injection site program. It lists five underlying activities for the program and some cost assumption estimates categorizing them as direct or indirect.



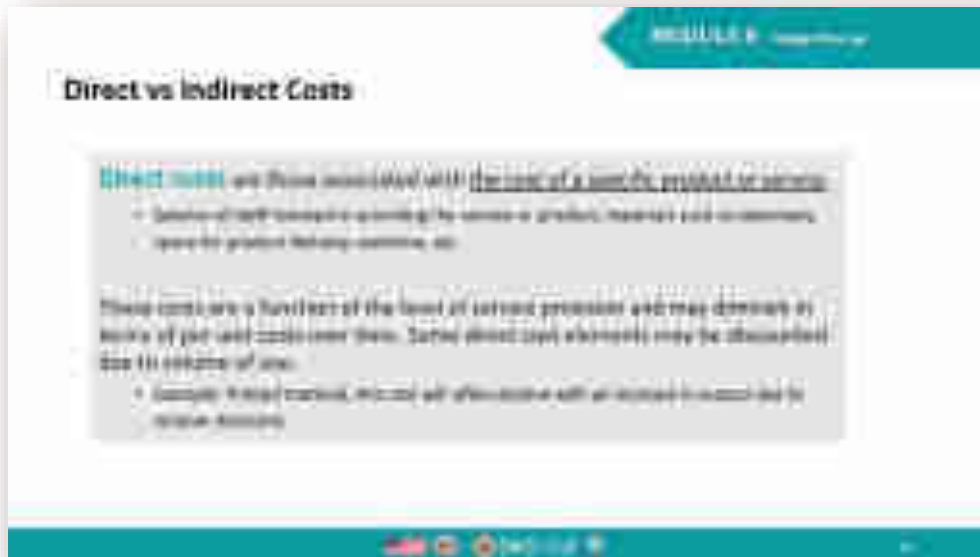
As mentioned from the outset, selecting the right costing methodology will be key to establishing an accurate estimate.

There is no one-size-fits-all rule. Choosing the best methodology will depend in large measure on how well planners and controllers know and understand the intervention proposed under the action step and what data is available.

Although there are many ways that policymakers can estimate costs, some of the key areas include (mention that examples will follow subsequently):

1. **Activity-based Costing (ABC)** – Splitting historical cost estimates between Direct and Indirect costs and using cost drivers to facilitate estimates.
2. **Extrapolation** – Using current actual costs as an estimator of future costs.
3. **Analogous Costing** – Using the cost of a comparable activity as a benchmark for the cost of an intervention.
4. **Parametric Costing** – Using statistical analysis tools of historical expenditure data for a comparable activity.

The cost estimation process should be rigorous but not unduly burdensome and take into consideration the relevance of the activity in the Plan of Action.



Explain that there are 2 kinds of costs:

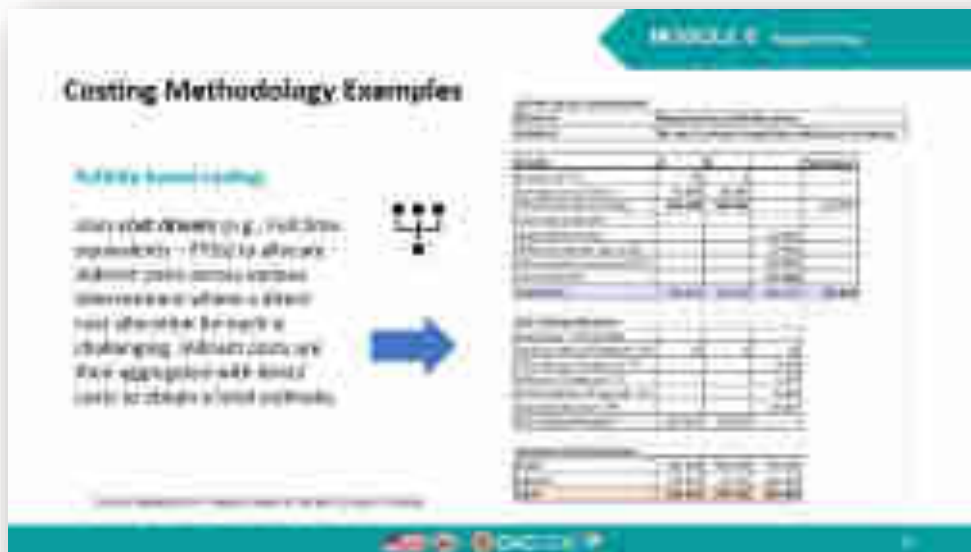
Direct Costs are those associated with the cost of a specific product or service. They are variable in nature and include items such as salaries of staff involved in providing the service or product, materials such as stationery, space for product delivery, overtime, etc.

These costs are a function of the level of service provision and will likely diminish in terms of per unit cost 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.



Explain that **Indirect Costs** occur regardless of the number of programs or services provided. They usually include costs such as those associated with human resources (HR) departments that involve managing payroll and other aspects related to the workplace, for those employees assigned to the implementation of the action plan. In addition, they may include the cost associated with the physical plant, (i.e., buildings and equipment), or software licenses, that are associated with all the work done by employees.

Apportioning these costs neatly across specific assignments or tasks is not feasible. Generally, however, these costs can be represented by business or program providers as an indirect cost rate, such as 25 %, 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. These proportions tend to be based on historical expenditure estimates.



Activity-based Costing refers to the cost allocation methodology whereby direct costs such as non-administrative salaries are assigned to a specific activity and where a cost driver (e.g., the number of employees or the square footage of an office space) is used as a proxy to apportion indirect costs. This could include shared administrative responsibilities or equipment, which may not be able to be neatly designated to each individual action item considered under a policy.

Explain the tables: In this example, Activity A and B both have their own designated salary bill for their respective Full Time Equivalents (FTEs), while sharing \$235,000 in common administrative staff costs (e.g., HR), software licenses, and rental.

Rather than splitting these costs evenly between the two activities, ABC has derived an estimate whereby the cost is distributed per FTE, using the number of FTEs as a cost driver to split these indirect costs between the two activities.

This results in an indirect costs allocation of \$156.7K and \$78.3K for A and B respectively as opposed to an allocation of \$117.5K under each intervention.

Costing Methodology Examples:

Extrapolation: Costs are estimated based on an assumption that past or similar activity will continue. Costs are projected based on historical data.

Analogous: Costs are estimated based on a comparison to a similar activity or project. Costs are projected based on the costs of a similar activity or project.

Parametric: Costs are estimated based on a statistical model. Costs are projected based on the results of a statistical model.

These illustrations also offer a simple conceptual example of extrapolation under the first box where previous historical patterns are used to derive estimates: In this case, this reflects an increase in direct costs of \$20,000 per year with indirect costs remaining constant.

Analogous Costs, as illustrated, use a comparable benchmark as a proxy for the costs of the intervention under consideration.

A parametric approach considers using statistical tools like regression analysis (beyond the scope of this training) to determine reasonable averages to develop an estimate of the resources and costs needed.

For example, a model suggests a therapist could see 3 patients per day and undertake 1 hour of administrative work. With estimates indicating an average inflow of 5 patients to a treatment facility per day, it suggests at least 2 therapists will be required at the center every day, which can then be multiplied by an hourly wage to determine costs.

Module 5

Direct and Indirect Cost Estimate for Objective: Increasing Accessibility and Effectiveness of Drug Treatment and Rehabilitation

Activity	Quantity	Unit Cost	Total Cost	Category
1. Conduct a needs assessment	1	\$100,000	\$100,000	Direct
2. Develop a strategic plan	1	\$100,000	\$100,000	Direct
3. Implement the strategic plan	1	\$100,000	\$100,000	Direct
4. Monitor and evaluate the program	1	\$100,000	\$100,000	Direct
5. Report on the program's performance	1	\$100,000	\$100,000	Direct
6. Disseminate findings and best practices	1	\$100,000	\$100,000	Direct
7. Sustain the program	1	\$100,000	\$100,000	Direct
8. Indirect software costs			\$100,000	Indirect
Total			\$700,000	

[Explain](#) that this table shows more broadly a summary of the cost estimates for seven action steps (5-7 are showcased in the next slide.) These are the action steps that fall under a **Demand Reduction Objective to Increase Accessibility and Effectiveness of Drug Treatment and Rehabilitation**. The template starts by listing the number of each of the action steps contemplated under the objective. Each of these steps is described and provided with a cost estimate based on streamlined assumptions. Each of the costs is also categorized as direct or indirect.

The focus when preparing this template should be the assumptions that build the estimate. If further space is necessary for each estimate this can be undertaken in a separate worksheet. The key in this step is to show the basic “build up” of costs and whether these are direct costs or not. The estimates are presented annually.

For example: It is assumed that for the step of mapping drug treatment centers across the country a full team of 10 staffers will be required. Existing government benchmarks show the average staffing salary for a program to be \$40,000. This is used as an estimator, combined with the number of staff as the main cost driver.

Note: Indirect software costs are assumed to be so for illustrative purposes only, assuming that they are shared with a different activity under a pre-determined allocation methodology.

Direct and Indirect Cost Estimate for Objective:
 Examining Accessibility and Effectiveness of (Yug) Transfers and Rehabilitation

Activity	Cost Driver	Cost Estimate
Travel	Number of Trips	USD 1,500
Accommodation	Number of Nights	USD 1,200
Meals	Number of Meals	USD 1,000
Transportation	Number of Miles	USD 800
Communication	Number of Hours	USD 600
Equipment	Number of Units	USD 400
Personnel	Number of FTEs	USD 2,000
Materials	Number of Units	USD 300
Other	Number of Units	USD 200



A similar process is used for each of the action steps, with each of them having their own set of costing assumptions depending on the foreseen intervention. As a reminder, the classification of costs as direct or indirect will depend on whether they can be directly attributed to a cost driver for that specific intervention, or whether they are costs for activities that will be necessary for implementing the action step, yet not directly driven by or tied to its implementation.

As an example, a software license required under Action Step 5 may be necessary for its implementation, but as a license, it may be that it is also used for the implementation of other steps, such as Step 2. As such, depending on the level of use of each (e.g., time, number of computers installed etc.) a split is devised to allocate and split the cost accordingly between steps (USD 1,500 VS. USD 1,200). This split and the mechanism for allocation will depend entirely on the assumptions used.

FIGURE 2 Summary

**Direct and Indirect Cost Estimate for Objective:
Increasing Accessibility and Effectiveness of Drug Treatment and Rehabilitation**

One-year intervention assumption

Category	Direct	Indirect
Salaries	2% increase in personnel's salary	5% increase in staff's salary
Staff administration fee	5% increase in fee for administrative salary	5% administration fee for 1.00
One-time capital purchase	Not used to repurchase	N/A
Equipment/software licensing agreement	5% purchase of similar item	N/A
Printing/Consumables of (office) supplies	Not used to purchase with similar items	N/A

Say

As mentioned earlier, the assumptions and estimates under each action step in the template are built annually. This is only part of the process. Many interventions under a national drug policy will have a scope beyond a year. As such, assumptions need to be made in developing a budget of how the annual estimates under the prior template will translate in the subsequent years during which the intervention or action step is envisioned.

This slide shows the assumptions to bring the yearly estimate to a three-year or multi-year estimate, which is the projected time for the scope of the objective.

These assumptions will generally incorporate elements tied to salary or inflation expectations, capital equipment re-purchasing or amortization, hiring of consultants, as well as administrative costs that may accrue based on annual staffing estimates.

Our example includes an annual salary increase estimate of 2%, a 5% increase for administrative costs tied to programs, but no additional costs to repurchase capital equipment.

Module 1

**Three Year Cost Estimate for Objective:
Improving Accessibility and Efficiency of Drug Treatment and Rehabilitation**

Category	Year 1	Year 2	Year 3	Total
Personnel	1,200,000	1,260,000	1,320,000	3,780,000
Materials	150,000	150,000	150,000	450,000
Travel	50,000	50,000	50,000	150,000
Printing	20,000	20,000	20,000	60,000
Telephone	10,000	10,000	10,000	30,000
Utilities	10,000	10,000	10,000	30,000
Repairs and Maintenance	10,000	10,000	10,000	30,000
Professional Fees	10,000	10,000	10,000	30,000
Other	10,000	10,000	10,000	30,000
Total	1,510,000	1,610,000	1,710,000	4,830,000

Total Estimated Cost for Objective: \$2,500,000

Once all the estimates and assumptions are documented and outlined, and the multi-year impact has been presented, it is time to aggregate overall costs for each of the action steps into the required budget to implement the objective, and in turn each pillar of the strategy.

Say This table is a summary aggregating all the costs over a period of three years, which is the scope of the objective for the seven action steps that are required for its implementation. All annual and multi-year assumptions are taken into consideration.

You will note that the annual increase for salary estimates. For instance, the ongoing 5% administrative fees as well as the one-time capital purchases.

The overall budget requirement for the objective is estimated at close to \$2.5 million.



When preparing a cost estimate for a specific activity, policy planners should recall some key considerations:

Read the key considerations:

1. Secure support and buy-in for the estimate from the leadership or budget unit.
2. Prior to undertaking an estimate, determine what type of data is available to support the activity. Select the appropriate costing methodology.
3. Estimates should be flexible and facilitate revisions as the intervention is implemented and more data regarding usage and actual expenditure becomes available.
4. All data sources and assumptions used to develop an estimate should be adequately documented and accessible to respond to potential questions from policy decision makers.

MODULE 4

Budget for Activities and Action Steps

Objective #

Activity	Resource	Type of Resource	Year					Total	Source of Funds	Responsible Party
			1	2	3	4	5			

Say

This is just an example of a template that can be used to conduct the estimate for all the action steps under a specific objective.

Typically, an estimate should be presented for all activities throughout the period and scope of the overall policy (e.g., 5 years).

Each activity may require a different number of resources. Policymakers should account for as many as are needed. In identifying resources, it should also be determined whether these will be direct cash expenditures or whether they will be in-kind contributions from existing resources being re-directed to undertake the proposed action step.

The estimate should include the anticipated source of that funding, even if confirmation of this source may be pending, as well as the responsible stakeholder or entity accountable for managing this resource.

Once all activities are costed, they will be aggregated into an estimate for the broader objective.

Module 6

Estimating Costs under Cash vs. Accrual Basis Requirements

Item	Year 1	Year 2	Total
Salaries	50,000	50,000	100,000
Benefits	10,000	10,000	20,000
Materials	10,000	10,000	20,000
Travel	10,000	10,000	20,000
Supplies	10,000	10,000	20,000
Utilities	10,000	10,000	20,000
Depreciation	10,000	10,000	20,000
Other	10,000	10,000	20,000
Total	110,000	110,000	220,000

Accrual Basis: 110,000 (Y1) + 110,000 (Y2) = 220,000
 Cash Basis: 110,000 (Y1) + 110,000 (Y2) = 220,000



When conducting multi-year expenditure estimates, policymakers should keep in mind whether their government has accrual basis vs. cash basis accounting requirements.

The former accounts for costs as the services are used or provided, the latter accounts for them as they are paid (example: A consultant is hired for two years and the parties agree on an immediate payment of \$100,000. Accrual accounting divides that expenditure of \$100,000 between the two fiscal years in which the work is performed. Whereas cash-based accounting records that amount in a single year (Y1) at the time of payment).

The type of accounting estimation methodology used will depend on each jurisdiction’s regulations. This discussion should be undertaken with the unit’s leadership to ensure the appropriate mechanisms are followed from the outset.

MODULE 1

Total Cost for Objective and Goal

Y	Objective	Priority Level	Objective	Total Cost					Total Cost	Priority
				A	B	C	D	E		
1										
2										
3										
4										
5										
TOTAL										

Say

Once the costs of all activities are accounted for and aggregated into the estimated cost for a specific objective, the costs for the different objectives can then be aggregated into the costs of a goal.

This is an example of a template that could be used to present this estimate. It is based on the previous more detailed template used for each of the action steps that were aggregated into an objectives budget.



As we saw in the earlier examples, all action steps or interventions that are envisioned under each objective will need to be individually costed.

Each action step forms the building blocks for the objective’s budget, for each objective, under each pillar in the national drug strategy.


It is incumbent on each entity developing an estimate, to be accountable for that estimate. At the same time, it is incumbent on the lead ministry or agency responsible for steering and coordinating the development and approval of the strategy to be accountable for the aggregation into the overall policy budget.

As such, the lead entity needs to be empowered by the government’s central leadership to question, seek clarification, and where pertinent, challenge estimates developed for each individual objective and action step prepared by the responsible stakeholders.

It is the responsibility of the lead entity to be accountable to the government for the overall resources requested as part of a national drug policy or strategy. As such it needs to be empowered to fulfil that role.

MODULE 6

Presenting a Budget Estimate for a National Drug Policy



- This budget estimate is prepared in line with national reporting requirements.
- Typical requirements may include separating costs into:
 - operating costs (incurred within a year)
 - capital costs (expenditures pertaining to capital that will accrue over a number of years)
 - transfer payments made to external national government partners to undertake specific action steps from the action plan.



Each country will have its own set of rules regarding how the budget for a revised policy proposal, either an entirely new policy budget, or an updated one, should be presented.

Here again, it is imperative that policy planners work closely with the leadership of their units to ensure budget estimates are presented in the format required by finance authorities.

This is just an illustration of one example of how an overall policy budget could be presented.

Typically, it includes a breakdown of costs over a number of years, split between operating costs (incurred within a year), capital costs (expenditures pertaining to capital that will accrue over a number of years), and transfer payments made to external national government partners to undertake specific action steps from the action plan.



Say

Beyond estimating what the resource requirements will be for undertaking the plan of action, it is equally important that the source of those resources is identified and secured, to ensure effective implementation of the policy.



Typically for a national drug policy the main source of funding will be the annual national budget.

This is a document typically approved by parliament or the congress of the national assembly annually.

A national drug policy budget is part of the government's overall budget presented as part of a package to a legislative body to promote well-being.

Funding a policy through the national budget tends to provide certainty and consistency while it also provides credibility to the government's commitment to its objectives.

Legislative bodies are also entitled to seek clarification on government spending plans, including a national drug policy. Policymakers should be prepared to answer any pertinent questions that may arise.



Governments can also work in partnership with other entities, including in the private sector, to facilitate delivery of some of the policy's objectives.

Financing partnerships with the private sector are generally explored when there are specific objectives or action items where the private sector may have an expertise that the authorities are able to leverage (e.g., research, outreach).

An example could be securing a partnership with an alcoholic beverage firm to take in and fund national university graduates undertaking research on how to best prevent recidivism in recovering teenage addicts.

Prior to working in partnership with the private sector, the lead entity in government must determine the extent to which financing from private sources will support implementation of the targeted issue.

In order to facilitate effective implementation, the expectations of both parties need to be clearly outlined, and the terms of payment and engagement must be transparent.

Section 6 Overview

Mixed Partnerships

Mixed partnerships, otherwise known as **public-private partnerships (PPPs)**, involve the participation of private actors helping the government to fund initiatives and activities described in the national policy.

Mixed partnerships allow experts and those involved in the issue from the private sector to aid implementation of policy efforts.



The diagram consists of a blue rectangular background. On the left, there is a yellow arrow pointing to the right with the word 'PRIVATE' written inside it. On the right, there is a pink arrow pointing to the left with the word 'PUBLIC' written inside it. The two arrows are positioned so that they appear to be meeting or interacting in the center.

Mixed partnerships take place when there is a specific need by the government, beyond financing, to secure the expertise and resources of a private partner to undertake a specific action step.

Say An example could be working in partnership with a private therapy center to manage certain operations of a recovery service clinic in a therapeutic area where government may not have the capacity required to provide those services.

Similar to financing arrangements, governments need to ensure that the terms of the partnership are transparent, are clearly outlined, and that there is mutual interest by the private service provider to contribute to the government's objective.



Each country will have its own set of rules and requirements for engagement in mixed partnerships with private partners.

The format of the financing arrangements that are selected needs to be consistent with these rules.

It is incumbent on policy planners to work closely with the leadership and procurement units to ensure that the terms are consistent with national requirements.

Partnership mechanisms can vary widely within and between different jurisdictions. Despite the fact that an in-depth look at the various types of public-private arrangements is beyond the scope of this training, this is an area where policymakers are advised to conduct research and explore these possibilities within their respective legal frameworks.

Match Available Resources with Cost of Activities

Say

Finally, but no less important, let's talk about the resources that are available and needed, and how to match them with planned interventions, programs, and activities. Remember that without resources the policy cannot be implemented.



To close the module, policymakers need to be mindful that budget experts and stakeholder partners should be engaged as part of the strategic planning discussions from the outset.

It is important to note however, that the budget limitations do not drive the strategic planning agenda.


A strategic plan needs to be properly costed, regardless of what budget limitations may exist as it moves toward seeking approval and implementation.

MODULE 6

Negotiate with potential Decision Makers and other relevant Partners

Each cost proposal needs to be justified:
Why is this item/program important? What purpose does it serve? How will it contribute to resolving the drug problem and its associated consequences?

Budget planners who were part of the development process should be able to answer all questions and justify the allocations to their services.



Say

Always be ready to respond to any questions and challenges on estimates.

A policy planner should be accountable to the expenditure proposals presented as part of the overall strategy.

This will be particularly relevant for the entity leading the overall policy approval process.



Training instructions: Ask participants to take the activities/action steps drafted previously by objectives and include them in the second column of this table.

Explain each column of this table.

Let the groups work on identifying resources and estimate their cost.



45-minute activity.

Module 7: Approval and Adoption of the National Drug Policy (Strategy and Plan of Action)

Module 7 Preparation Checklist

- Review the “Getting Started Section” for general preparation information on page 18 of this manual.
- Preview Module 7.

Module 7 Content and Duration

Activity	Time
Goal Statement and Learning Objectives	5 minutes
Policy Approval Process	12 minutes
Dissemination and adoption by Stakeholders	8 minutes
Advocacy and Follow-up Coordination Plan	5 minutes
Use of Media	5 minutes
Total Time:	35 minutes

Module 7 Goal Statement and Learning Objectives

Goal Statement:

- ✓ Detail the steps necessary to seek approval and acceptance of the policy by all key stakeholders.

Learning Objectives:

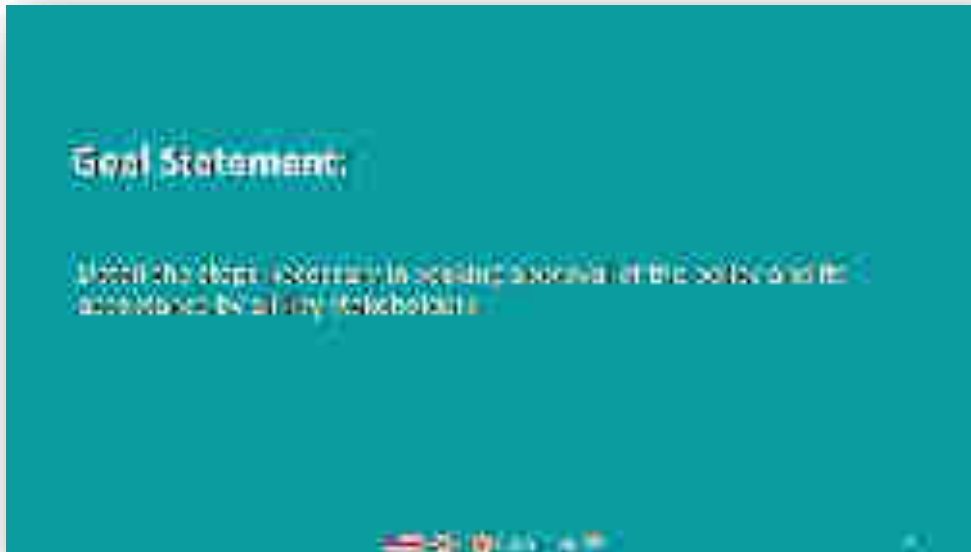
- ✓ Understand the process involved in approval of public policy.
- ✓ Understand the advocacy process for acceptance of the policy by all key stakeholders.

Module 7 PowerPoint Slides and Narrative



Say

This is the last module of this training and the last step of the policy design process.



[Read](#) the goal statement as it is “Detail the steps necessary to seek approval of the policy and its acceptance by all key stakeholders.”

Now that we have completed all the main steps in development of the drug policy, we need to ensure that the document has legitimacy.



[Read](#) the learning objectives here are:

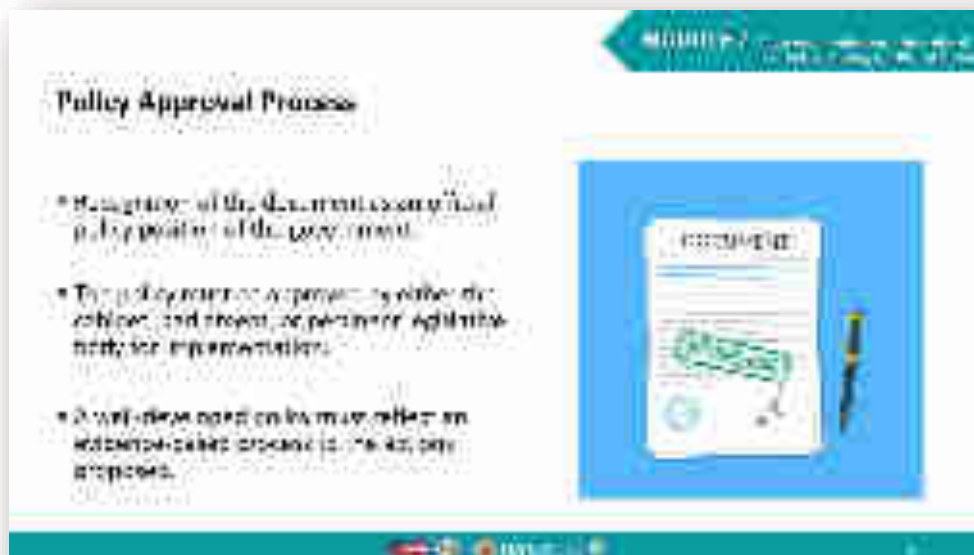
- ✓ Understand the process involved in approval of public policy.
- ✓ Understand the advocacy process for acceptance of the policy by all key stakeholders.



While we understand that this will differ by country, we will try to detail some fundamental steps that should be considered as you undertake this process.



Ask participants— Why is policy approval necessary?



Considerable work has been undertaken in the development of a policy document. Stakeholders have been engaged and we can safely say that in some quarter's expectations have been raised, especially if there are people who have been part of either a positive experience or one that has not yielded delivery of the goals established.

Approval by the relevant authority is needed to give the policy legitimacy with everyone. Therefore, in each of your countries, there must be a clear understanding of the approval process. This should actually be established early in the development of the policy.



Each step detailed is critical toward the finalization of the approval process. While they are broad and generalized, it will be up to you to apply them to your national reality.

[Read each step.](#)



Remember This step is critical to secure final “buy in” and support from all stakeholders who contributed to the content of the plan. Stakeholder engagement has been stressed throughout this process.

The drafting of a Memorandum of Understanding (MOU) may be necessary to establish a formal mechanism for cooperation – But remember NOTHING supersedes a positive, mutually respectful relationship.

Ask participants— Which agency is best placed to take the policy forward? – Set egos aside and look at functional relationships and levels of authority.

Ensure that the responsible Minister has been kept apprised of developments and is fully briefed. They can also secure support from cabinet colleagues.

Ask participants— Is the foreword by one or more official important?

Identify which officials will have a foreword to the document. Remember that drug control is multifaceted and if the highest officials responsible for the main areas of Supply and Demand could write the foreword, it demonstrates commitment and support.



This step allows the content of the document to be reviewed before it is submitted to the legislative authority. Provides the responsible agency with the opportunity to make adjustments so that the document can proceed without undue delays.

Read the arrows.

STRESS – A strong Executive Summary is CRITICAL, as most ministers/members of the executive will only read this.

Module 22 *Supporting the development of professional practice*

Duty Approval Process

STEP 1

Present the document to the Forum, make, or modify, with responsibility for approving the DPA




- If the document is approved, the DPA is approved and the DPA is approved
- If the document is not approved, the DPA is not approved and the DPA is not approved
- If the document is not approved, the DPA is not approved and the DPA is not approved
- If the document is not approved, the DPA is not approved and the DPA is not approved
- If the document is not approved, the DPA is not approved and the DPA is not approved

This is the ideal, and it may not happen in your situation.

Read the bullets.

Training instructions: You could share your experience and invite participants to also share theirs.


7-minute activity.



If the opportunity is presented, be guided by these points.

STRESS - These are busy people and if you are granted 20 minutes try to deliver in 10-15 minutes.

- Be concise, simple, and clear – They do not need fancy presentations.
- Maintain a logical sequence so that it can be easily followed.
- Present by thematic area so that their areas of responsibility can be easily identified, and they understand the interconnectivity of the document.
- Emphasize stakeholder support – Highlight the consultation process and the MoU's.
- Speak about the availability of resources as well as needed resources – Highlight budget implications, but remember budget is NOT the only resource needed or available.

Policy Approval Process

STEP 4

Influencer with the relevant body are consulted on the status of the policy and work

- Offer a briefing and present the policy. It is important to discuss in advance the status of approval
 - Be prepared to provide additional information and be prepared to answer questions.
- Engage with government officials and civil society in the government




- Undertake follow-up with the responsible agency/minister.
- Be prepared to provide additional information.
- Keep stakeholders updated on the process.



Say

This helps to lay it out in simple steps and remind you of what is needed.

[Read the bullets of the summary and comment on them.](#)



Finally... approval is granted – What's next?

The document needs to be "live." That means dissemination and adoption by stakeholders for implementation.



It is important to have the International Standard Book Number (ISBN), as it is a unique identifier for the publication and allows for international registration of the document. The document can also be searched by this number. It provides an added layer of legitimacy.

A decision should be taken on publication of hard copies as this could be costly.

Distribute soft and hard copies as appropriate to stakeholders, libraries (public and private), and to other community resources to facilitate easy public access.

WORLD BANK

Policy Adoption and Support from all Stakeholders

Successful implementation of the policy requires that all stakeholders are fully aligned to the organization's goals of all stakeholders (government, private sector, civil society, etc.)

Stakeholder engagement has been consistent from inception.

This ensures that the goals of the policy reflect the mandate, organizational goals, and priorities of stakeholders, who will undertake implementation.



Reinforces and supports the importance of ongoing engagement to build support.

Mention the stakeholders in the figure. Traditional Media is added.

STAGE 1

Policy Adoption and Support from all Stakeholders

How to ensure that the policy is supported by all stakeholders

- All stakeholders should be supportive of the policy (i.e. have been involved from the beginning) and all of the stakeholders should know the policy
 - Remind all stakeholders to share the policy with their staff so that everyone is aware of the goals identified
 - Seek opportunities to share the goals of the policy via traditional media as well as on social media
- Address the policy on the media of the organization as well as on social media

Stakeholder support, while it may be considered a “given” should still be encouraged and sought.

- Remind them to share the policy with their staff so that everyone is aware of the goals identified. They should also be encouraged to share on their websites and other social media.
- Seek opportunities to share the goals of the policy via traditional media as well as on social media.

Policy Adoption and Support from all Stakeholders



Key stakeholders were part of the steering committee that drafted the strategy and plan of action. Now, these groups monitor their individual lines of policy.

The key stakeholders are responsible for setting goals, comparing and evaluation of the policy and how to best manage, sign or create joint commitment to the implementation.

Again, reinforcing the role of the stakeholders.



The Steering Committee should identify agencies and individuals who could undertake advocacy in the media and communities and deliver presentations to stakeholder agencies.

Follow-up Coordination Plan

Engagement with key stakeholders will continue. The Steering Committee must remain committed to implementation of the Policy.

WORLD LEADERS IN SUSTAINABLE DEVELOPMENT

UNEP

Stakeholder engagement does not end. It is ongoing throughout the life of the policy.

2010-11

Use of the media



Following approval – media should be used cautiously and wisely.

Guidance on the use of the media

- We do not like to see any – and we do not want to see any – use of the media that is not in the best interests of the public.
- All media should use the information that is available to them in a fair and balanced way.
- All media should use the information that is available to them in a way that is not likely to cause any harm.

© 2010-11

Traditional media and social media should be used cautiously. Media can sometimes be a “double-edged sword” as they can sometimes communicate information in a manner that is not always conducive to promoting a positive image of a situation.

Notwithstanding, they can be used cautiously to share the goals of the policy.



Similarly, they can be used to share the achievements and if appropriate the changes to the objectives, while communicating the scientific approach taken to decide on changes that are undertaken.

PART V - APPENDICES

Checklist/guidelines: policymaking progress (steps)

STEPS	List of Elements
Key Actors	<ul style="list-style-type: none"> <input type="checkbox"/> Map of actors (national and subnational government/ civil society) <input type="checkbox"/> Coordination meetings <input type="checkbox"/> Steering committee
Situation Assessment	<ul style="list-style-type: none"> <input type="checkbox"/> Ex-ante evaluation <input type="checkbox"/> Methodology proposal <input type="checkbox"/> Data collection and analysis <input type="checkbox"/> Publication of the studies
Strategy	<ul style="list-style-type: none"> <input type="checkbox"/> Ex-ante evaluation <input type="checkbox"/> Methodology proposal <input type="checkbox"/> Data collection and analysis <input type="checkbox"/> Publication of the studies
Plan of Action	<ul style="list-style-type: none"> <input type="checkbox"/> Planning of interventions, programs, and activities <input type="checkbox"/> Responsibilities <input type="checkbox"/> Resources and budgeting
Monitoring and Evaluation	<ul style="list-style-type: none"> <input type="checkbox"/> Indicators for the goals, objectives, and activities <input type="checkbox"/> Final report
Funding and Approval	<ul style="list-style-type: none"> <input type="checkbox"/> Consultation with budgeting experts <input type="checkbox"/> Meetings with key officials responsible for approval
Implementation and Policy Delivery	<ul style="list-style-type: none"> <input type="checkbox"/> Timeline <input type="checkbox"/> Resources <input type="checkbox"/> Activities, interventions, and programs implemented <input type="checkbox"/> Coordination
Ex-post Evaluation	<ul style="list-style-type: none"> <input type="checkbox"/> Impact <input type="checkbox"/> Outcomes <input type="checkbox"/> Dissemination

Glossary

Action plans: a detailed description of activities, interventions, and programs planned to achieve the goals and objectives formulated in the drug strategy.

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

Assumptions: hypotheses about factors or risks which 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 made.

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

Culture: 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 (funds, expertise, time, etc.) are transformed into results.

Evaluation: the systematic and objective assessment of an on-going or completed policy, project, or program with respect to its design, implementation, and results. The aim is to determine the relevance and fulfillment of its objectives, development efficiency, effectiveness, 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 crosscutting in nature.

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

Indicator: a specific, observable, and measurable characteristic, quantitative or qualitative, that provides a simple and reliable means to measure achievement, reflect the changes connected to an intervention, or help assess the performance of a development actor.

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

Internal vs. external customers: internal customers are any group or person whose work depends upon other work units or persons inside the same organization; external customers are any 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 impact) and their causal relationship, as well as indicators and the assumptions or risks that may influence success and failure. A logic model facilitates planning, execution, and evaluation of a development intervention.

Measures: define how progress is assessed.

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

Monitoring: an ongoing task that uses systematic collection of data about specified indicators. It provides management 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: describe how to achieve a goal of a policy, program, or intervention.

Outcomes: what the result will look like.

Outputs: the products, capital goods, and services which result from a development intervention. They may also include changes resulting from the intervention which 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 stated goals or plans.

Performance indicator: a variable that allows verification of changes in the development intervention or shows results relative to what was planned.

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

Results: the output, outcome, or impact (be they intended or unintended, positive, or negative) of a development intervention.

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

Strategic planning: organizational management activity that is used to set priorities, define a strategy or direction, and make decisions on allocating its 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 it will know if it is successful.

Target group: the specific individuals or organizations for the benefit of whom the development intervention is undertaken.

Targets: used to identify our performance expectations.

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



OASICAD

