

Hemispheric Report

Evaluation of Progress in Drug Control 2005-2006

MEM 2008

Multilateral Evaluation Mechanism

Organization of American States - OAS
Inter-American Drug Abuse Control Commission - CICAD





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**ORGANIZATION OF AMERICAN STATES (OAS)
Inter-American Drug Abuse Control Commission (CICAD)**

**Multilateral Evaluation Mechanism (MEM)
Governmental Expert Group (GEG)**

HEMISPHERIC REPORT

**EVALUATION OF PROGRESS IN DRUG CONTROL
FOURTH EVALUATION ROUND
MAY 2008**



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INTRODUCTION

The Multilateral Evaluation Mechanism (MEM) is an instrument designed to measure the progress of actions taken by the thirty-four member states of the Organization of American States (OAS) to combat the global drug problem and other related offenses.

The Inter-American Drug Abuse Control Commission (CICAD), an OAS specialized agency, implemented this Mechanism in 1998, pursuant to a mandate from the Second Summit of the Americas held in Santiago, Chile in April 1998. The Mechanism was recognized at the Third Summit of the Americas in Quebec City in April 2001.

The MEM is not only a diagnostic tool but has also become a vehicle for disseminating information to the public on progress achieved by individual and collective efforts of OAS member state governments in addressing the drug problem. It has served to stimulate action, catalyze hemispheric cooperation, promote dialogue among government authorities, and precisely channel assistance to areas requiring greater attention. It has become one of the primary achievements in implementing Hemispheric mandates to strengthen multilateral cooperation.

The evaluation reports are drafted by the Governmental Expert Group (GEG), a multi-disciplinary group composed of experts from the 34 OAS member states who have been designated by their country. Each functions independently from his/her government, and experts do not participate in the evaluation of their own countries. The GEG conducts its analysis using the information supplied by countries through their designated National Coordinating Entities (NCE) which are responsible for liaising with national organizations to gather data for completion of the indicators of the MEM Questionnaire.

The methodology used in the MEM process includes establishing dialogue with countries to analyze the information provided and to prepare national evaluative reports with conclusions and recommendations. Each country reviews and comments on the content of the evaluation, ensuring an open, participatory process. The MEM, therefore, allows member states to identify their strengths, weaknesses, progress, setbacks and shortcomings, and assists them in adjusting their policies and procedures in order to respond more effectively to the challenges posed by the international drug problem.

The Hemispheric Report that follows provides a comprehensive review of the Fourth Evaluation Round reports, covering the period 2005–2006. The primary source of information are the 34 MEM National Reports,¹ approved by the CICAD Commissioners at the forty-second regular session of CICAD in Colombia in late 2007. The Hemispheric Report addresses the collective progress of the CICAD member states in confronting the drug problem from a hemispheric perspective.

This report is divided into four chapters: Institutional Strengthening, Demand Reduction, Supply Reduction, and Control Measures, mirroring the structure of the Anti-Drug Strategy in the Hemisphere, which provides guidelines for integrated, coordinated and cooperative Hemispheric action to confront the drug problem. Each chapter is based on the Fourth Evaluation Round national reports, as well as contributions from the GEG. The content of the Hemispheric Report, drafted by the GEG, was approved at the forty-third regular session of CICAD, in May 2008.

¹ The National Reports can be accessed at <http://www.cicad.oas.org/MEM/ENG/Reports%20Index.asp>



I. INSTITUTIONAL STRENGTHENING

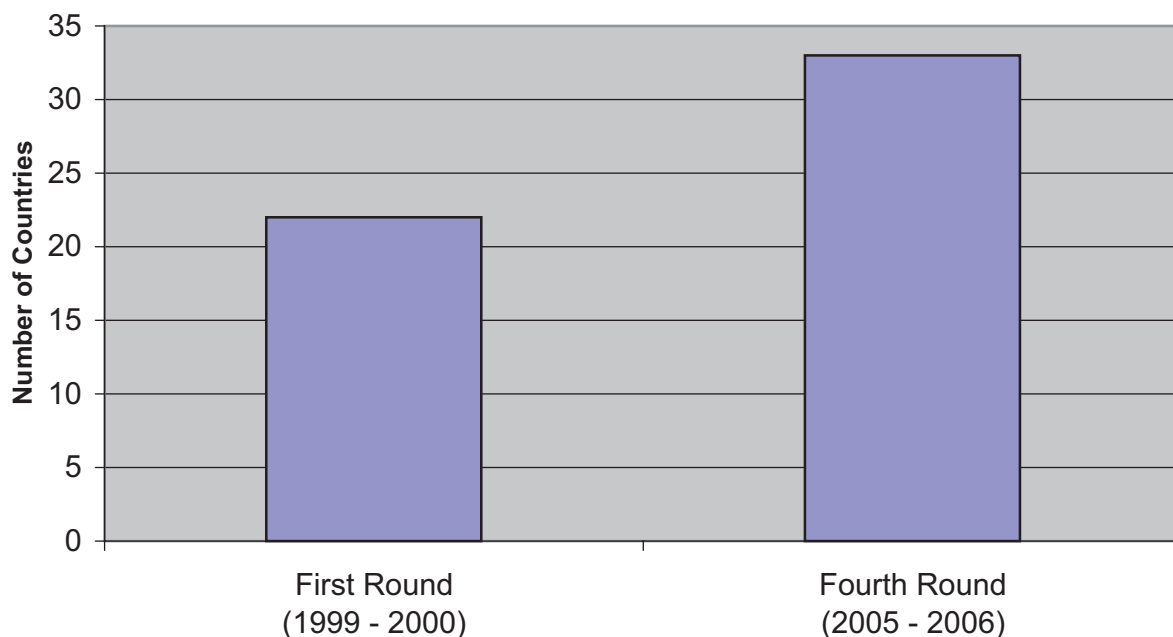
A. National Anti-Drug Plans and National Commissions

At the beginning of the MEM Fourth Evaluation Round, 2005–2006, 33 of the 34 member states reported the existence of a national plan or strategy, providing a framework for the activities of the national anti-drug system. However, by the end of the evaluation period, 10 of these plans had expired. The majority of the countries have reported that their plans cover actions in the areas of demand reduction, supply reduction, development programs related to the prevention or reduction of illicit crop cultivation, production, or drug trafficking, control measures, money laundering, and program evaluation.

Member states have agreed that the anti-drug efforts of each country should be guided by a national plan, which in turn should have a budget sufficient for its implementation. The plan should reflect the responsibilities and scope of action of the various public administration agencies responsible for addressing the various aspects of the drug problem. The existence of a national plan or strategy constitutes a solid foundation that allows each government to coordinate its respective anti-drug policies in an integrated and comprehensive manner.

The existence of national plans or strategies, whether current or in the process of being updated, clearly demonstrates progress in comparison with the situation at the beginning of the First Evaluation Round (1999–2000). Likewise, this indicates a decision by each country to adopt a roadmap guiding anti-drug activities and, in some cases, an effort to integrate the various institutions responsible for drafting the plans or strategies. However, the fact that a country has a national plan or strategy does not mean it is being carried out effectively. This Fourth Round has shown that many national anti-drug plans are executed only partially, or in a poorly balanced way.

Graph 1: Existence of National Anti-Drug Plans or Strategies during the First and Fourth Evaluation Rounds





While taking into consideration that one of the reasons for the partial functioning of the plans or strategies may be their various stages of development, another significant cause is the absence of an adequate budget for execution of all the components and programs included in the national plan or strategy. Nevertheless, countries have reported budgets based on a variety of funding sources: direct allocation in the state budget, budgetary items of government agencies, self-financing, contributions from civil society, and international cooperation. Whatever the source of funding, it is clear that in most cases those contributions are insufficient to bring about conditions under which the drug problem can be addressed properly.

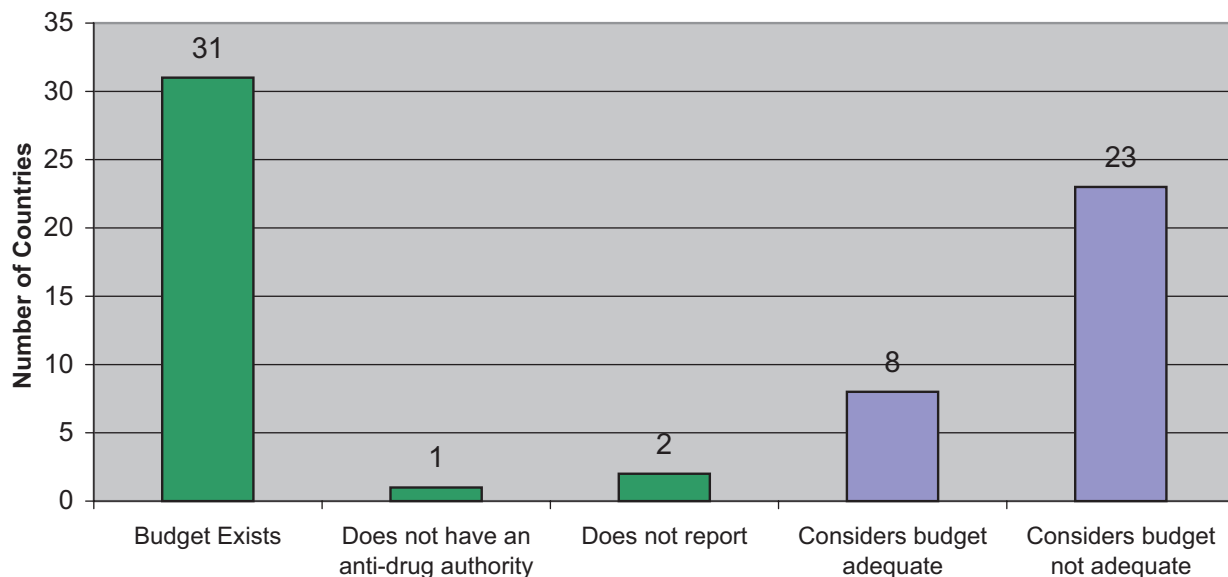
A number of countries reported that different sources of financing are combined in order to fund the national anti-drug plans. In this regard, during the Fourth Evaluation Round, the primary sources of financing for the national plans were: direct allocation from the government (18 countries), specific allocations from the budgets of other public agencies (17 countries), international cooperation (19 countries), civil society contributions (11 countries) and/or self-financing (9 countries).

As CICAD has noted in prior rounds, the anti-drug authorities should be placed at a high government level, as a governing and coordinating body with authority to guide national anti-drug policy and execute national anti-drug plans and/or strategies.

The consolidation of such a national anti-drug authority is another visible improvement the MEM has promoted in the structures of its member states. During this evaluation round, the existence of a national anti-drug authority to govern and coordinate anti-drug policies was confirmed in 33 of the 34 countries of the Hemisphere.

The budget assigned to the national anti-drug authority should permit its institutional administration, in accordance with the structure, functions, and powers established in the provisions under which it is legally constituted. However, various national commissions, despite having a legal basis, have limited human and material resources for the fulfillment of all their functions. As shown in the following graph, 31 countries report that they have a budget with which to carry out their functions, but in 23 of these the budget is deemed insufficient.

Graph 2: Existence of a Budget for National Anti-Drug Authorities





As previously indicated, each country should seek to endow its national anti-drug authority with the necessary technical and budgetary resources, according to the nature of its functions, to ensure the fulfillment of the goals and objectives established in the national plan or strategy. This body needs political support from the central government, political visibility, and the legal power to carry out its principal mission of coordinating the execution of the national anti-drug plan.

Another element for consideration in the development of the national plan or strategy is a structure that allows for the decentralization of anti-drug efforts. This type of decentralization makes appropriate regional and local diagnostic studies possible, expands the coverage of anti-drug programs and measures, fosters community participation, and facilitates focusing actions on the groups at highest risk, optimizing the use of resources.

The Fourth Evaluation Round has shown that 17 countries have decentralization policies in the implementation of their national plans or strategies, which indicates clear progress in comparison with previous rounds. However, the decentralization of anti-drug policies remains pending for some states of the hemisphere. The national anti-drug commissions should develop the technical capacity to promote and assess decentralization processes. Some countries of the hemisphere show substantive progress, providing useful knowledge and expertise for continued study in this field.

After four MEM evaluation rounds, it has become increasingly evident that addressing the drug problem requires a basic institutional structure that ensures a minimum level of effectiveness in lessening drug use and traffic and related crimes. Such an institutional structure is built upon a national anti-drug plan or strategy, a budget enabling the plan's execution, and a central body with the resources to coordinate the set of institutions responsible for implementing the strategy. The evaluation has shown that, in the majority of the countries, the development and implementation of these three elements has been delayed, with the lack of adequate financing one of the principal obstacles to be addressed in the near future.

While 15 countries have reported that they have a specific budget for the execution of the national plan or strategy, 31 report that they have a budget for the operations of their national coordinating body. In some countries, the budget for the plan's execution is part of the operational budget of the national coordinating body.

CICAD considers it important to have a budget that covers both the execution of the plan or national strategy as well as the operations of the national coordinating body. A balance of the budgetary allocations to the various components of its national plan is necessary to ensure that the drug problem is addressed in an integrated and balanced manner.

The lack of evaluation of national plans or strategies needs to be addressed. Although most countries reported having incorporated evaluation criteria into their anti-drug programs and activities, these criteria remain limited. Progress has not been made in assessing the efficacy and/or impact of the plans or national strategies. This represents a challenge for countries whose strategies are more highly developed and have gained strength over time.

B. International Conventions

As the hemispheric forum for the promotion of regional cooperation to combat the drug problem, CICAD works through the MEM to promote the development of a common legal framework to facilitate international cooperation on this issue through a binding framework for participating governments.



Using the international conventions as a reference point, CICAD seeks to strengthen the member states' capacity to effectively fight the drug problem, through the establishment of administrative measures and domestic laws based on uniformly developed principles.

Based on this premise, the MEM considers accession to and ratification of these nine international conventions, six of which are part of the United Nations' system and three of the Inter-American system, essential for evaluation of national efforts.

The following instruments form part of the United Nations' system:

- United Nations Single Convention on Narcotic Drugs (1961), modified by the Protocol of 1972;
- United Nations Convention on Psychotropic Substances (1971);
- United Nations Convention on the Law of the Sea (1982);
- United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988);
- United Nations Convention against Transnational Organized Crime (2000) including its three additional Protocols: the Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children; the Protocol against the Illicit Smuggling of Migrants by Land, Sea and Air; and the Protocol against the Illicit Manufacturing of and Trafficking in Firearms, their Parts and Components, and Ammunition;
- United Nations Convention against Corruption (2003).

The following table shows the status of ratification of these instruments in the Hemisphere.



Table 1: Ratification of the United Nations Conventions

	Single Convention on Narcotic Drugs, 1961	Convention on Psychotropic Substances, 1971	Convention on the Law of the Sea, 1982	Conv. against Trafficking in Narcotic Drugs and Psychotropic Substances, 1988	Convention against 'Trans. Organized Crime' (Palermo), 2000	Palermo Convention - Protocol to Prevent the Trafficking in Persons	Palermo Convention - Protocol against the Smuggling of Migrants	Palermo Convention - Protocol against the Illicit Manufacturing of Firearms	Convention against Corruption, 2003	
Antigua and Barbuda										
Argentina										
Bahamas										
Barbados										
Belize										
Bolivia										
Brazil										
Canada										
Chile										
Colombia										
Costa Rica										
Dominica										
Dominican Republic										
Ecuador										
El Salvador										
Grenada										
Guatemala										
Guyana										
Haiti										
Honduras										
Jamaica										
Mexico										
Nicaragua										
Panama										
Paraguay										
Peru										
St Kitts and Nevis										
St Lucia										
St Vincent and the Grenadines										
Suriname										
Trinidad and Tobago										
United States										
Uruguay										
Venezuela										
Total countries	34	33	27	34	26	24	19	11	17	



Ratified instrument
Signed instrument, in process of ratification
Signed, but not ratified instrument
Unsigned instrument

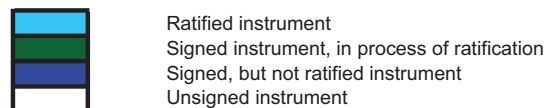


The following instruments are part of the Organization of American States’ system:

- Inter-American Convention on Mutual Assistance in Criminal Matters (1992);
- Inter-American Convention against Corruption (1996); and
- Inter-American Convention against the Illicit Manufacturing of and Trafficking in Firearms, Ammunition, Explosives and Other Related Materials, CIFTA (1997).

Table 2: Ratification of Inter-American Conventions

	Firearms (CIFTA), 1997	Corruption, 1996	Mutual Assistance in Criminal Matters, 1992	
Antigua and Barbuda				Antigua and Barbuda
Argentina				Argentina
Bahamas				Bahamas
Barbados				Barbados
Belize				Belize
Bolivia				Bolivia
Brazil				Brazil
Canada				Canada
Chile				Chile
Colombia				Colombia
Costa Rica				Costa Rica
Dominica				Dominica
Dominican Republic				Dominican Republic
Ecuador				Ecuador
El Salvador				El Salvador
Grenada				Grenada
Guatemala				Guatemala
Guyana				Guyana
Haiti				Haiti
Honduras				Honduras
Jamaica				Jamaica
Mexico				Mexico
Nicaragua				Nicaragua
Panama				Panama
Paraguay				Paraguay
Peru				Peru
St Kitts and Nevis				St Kitts and Nevis
St Lucia				St Lucia
St Vincent and the Grenadines				St Vincent and the Grenadines
Suriname				Suriname
Trinidad and Tobago				Trinidad and Tobago
United States				United States
Uruguay				Uruguay
Venezuela				Venezuela
Total Countries	27	33	22	



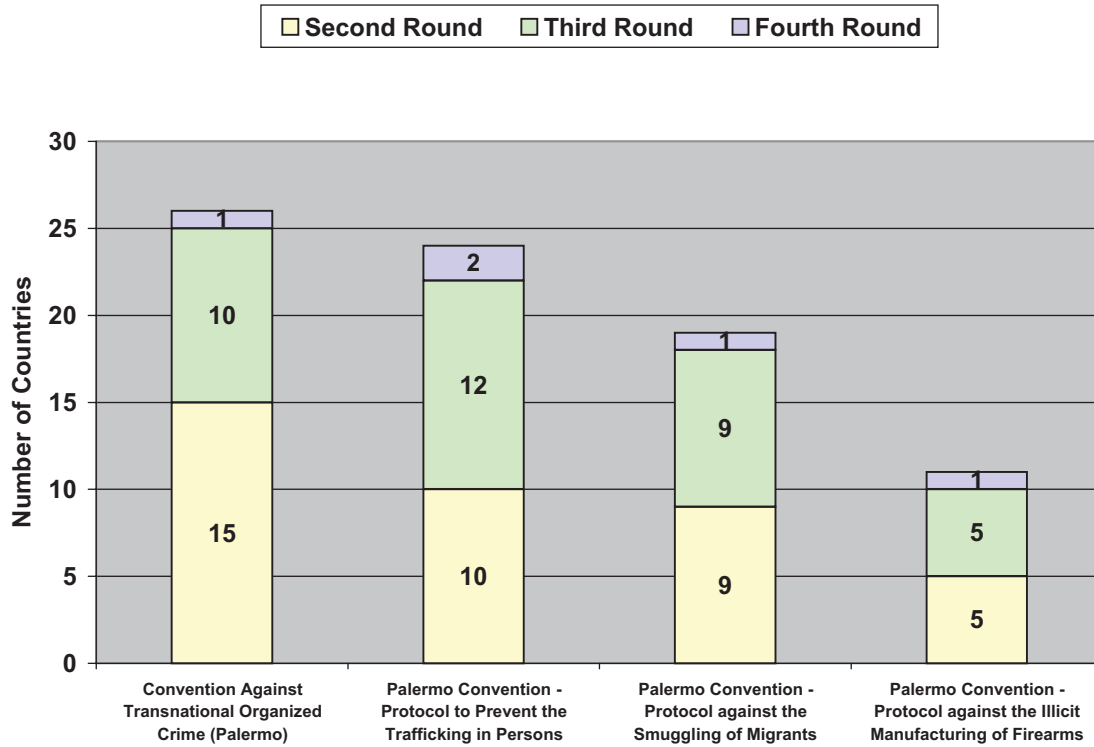
Progress can be noted throughout the hemisphere in the process of ratification and accession of the aforementioned international instruments. Four member states are party to all of the instruments, five are party to the six United Nations Conventions and their Protocols, and 18 have adopted the three Inter-American Conventions. Moreover, a significant number of countries have initiated the relevant ratification processes.

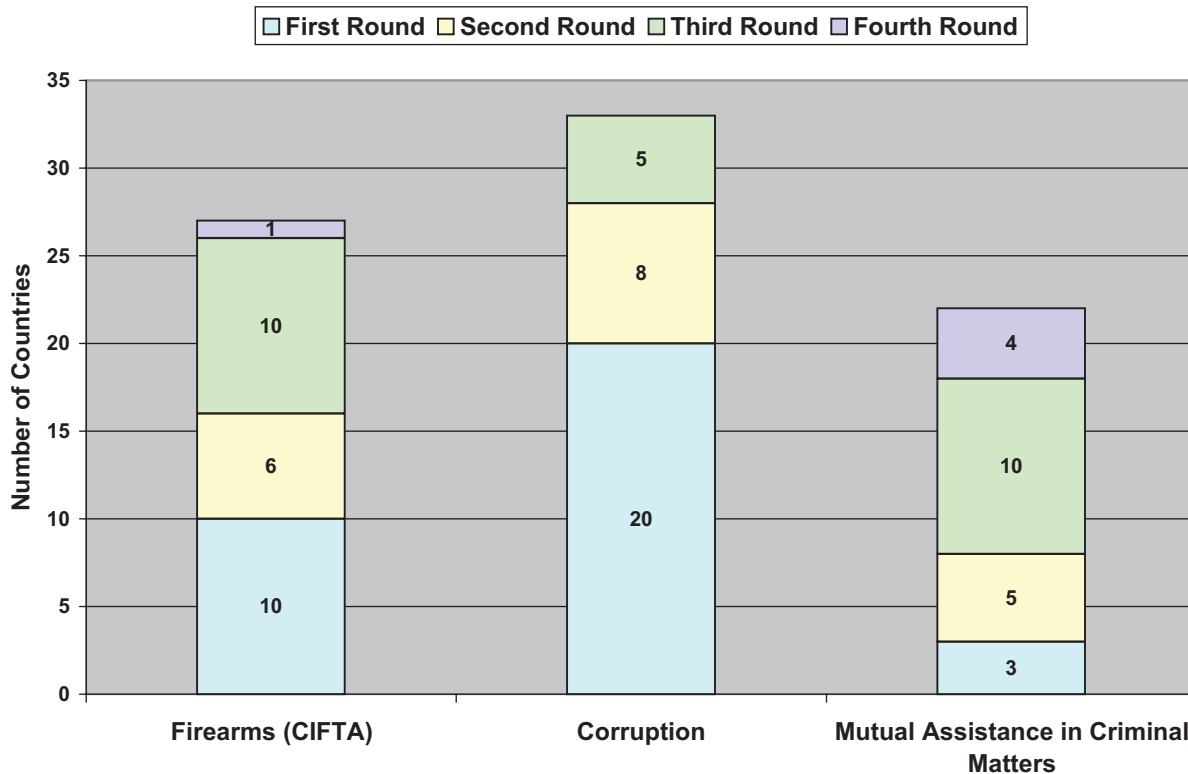
The MEM’s effectiveness in promoting the ratification of the international instruments related to the global drug problem has been demonstrated throughout the four evaluation rounds. CICAD recognizes those states that have made progress in the development of common hemispheric



standards, and reiterates the need for all States to ratify or accede to these Conventions. In this regard, the ratifications, by round, of these conventions can be seen in the following two graphs.

Graph 3: Ratification of the United Nations Convention against Transnational Organized Crime and its Protocols



Graph 4: Ratification of Inter-American Conventions


With regard to the three United Nations Conventions addressing drugs, the Single Convention on Narcotic Drugs, the Convention on Psychotropic Substances, and the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances are in force virtually throughout the hemisphere, since only one of these Conventions has not been ratified by a member state. This demonstrates the firm commitment of member states to heed the recommendations assigned to them by CICAD, through the MEM, and undertake the institutionalization and implementation of measures to confront this issue effectively.

The evolution and complexity of international organized crime, which benefits from the dynamics of economic and trade globalization and technological development, poses new challenges to states. The effective fight against all forms of organized crime requires clear norms that facilitate the strengthening of all international cooperation mechanisms. In this context, the Convention against Transnational Organized Crime (Palermo, 2000) has been ratified by 26 member states and is only pending adoption in 8 countries. This reflects important progress since the Third Evaluation Round, as only 60% of member states were party to this Convention in the 2003–2004 period.

In order to standardize and expedite requests for international legal assistance, the Inter-American Convention on Mutual Assistance in Criminal Matters, which has been signed by 28 and ratified by 22 of the 34 member states, facilitates the exchange of information, particularly in extradition procedures for crimes related to illicit trafficking in drugs and firearms, and money laundering.



Moreover, all 34 member states have signed the Inter-American Convention against the Illicit Manufacturing of and Trafficking in Firearms, Ammunition, Explosives and other Related Materials (CIFTA). A total of 27 States have already ratified this instrument and three more are currently in the domestic ratification process. Therefore, given the link between arms trafficking and other offenses of transnational organized crime, CICAD has reiterated the importance of implementing the necessary measures to proceed with the ratification of this Inter-American Convention.

Through the MEM, CICAD will continue to promote and develop a harmonized and common legal framework to strengthen mechanisms for cooperation and assistance in the struggle against the drug problem and to enhance compliance with international commitments on this issue on the part of the countries of the hemisphere.

C. National Information Systems

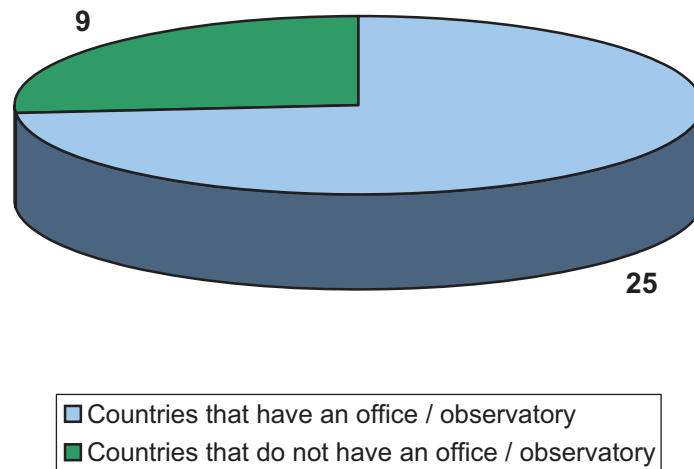
The establishment of national drug observatories is premised on the need to develop national information and investigation systems to facilitate the compilation, systemization, analysis and distribution of information for ensuring a comprehensive approach to developing drug policies and to serve as a basis for decision-making. CICAD considers it essential to understand the magnitude, trends, and forms of expression of the drug problem in order to deal with it effectively. In this regard, each country must have an accurate national assessment of all aspects of the drug phenomenon and related crimes so as to develop the appropriate policies and strategies to meet its needs, as well as parameters to evaluate their effectiveness.

National drug observatories provide timely, valid, comparable and reliable information on different aspects of the drug phenomenon and constitute a standardized information system. The national observatories contribute to the development of a knowledge base concerning the drug phenomenon in the country. They must, therefore, serve as a permanent mechanism for consultation and inputs to scientific research and periodically issue national statistics that support policy-making related to the issue. In particular, decision-making officials, those who support or participate in programs, projects and actions in the areas of prevention, treatment, rehabilitation and control, and those who study and/or evaluate any of the components of the subject, comprise a specialized public that should benefit from the products of an information system on the drug phenomenon.

As a result of the policies implemented by the countries, progress has been made in the implementation of national information systems through the establishment of national drug observatories; the standardization of methods for statistical compilation and analysis concerning drug demand and supply; and the integration and administration of the information produced by the institutions involved in carrying out national anti-drug policies.

The Fourth Evaluation Round has shown that 25 countries in the hemisphere have a drug observatory or similar specialized office that organizes and compiles information related to the drug phenomenon. Nonetheless, difficulties persist in the collection and management of information in the areas of supply and demand. These difficulties are attributed to limited human, financial and technological resources as well as problems in inter-institutional coordination.

Graph 5: Countries with an Observatory or Specialized Office to Collect Data on Drugs, 2006



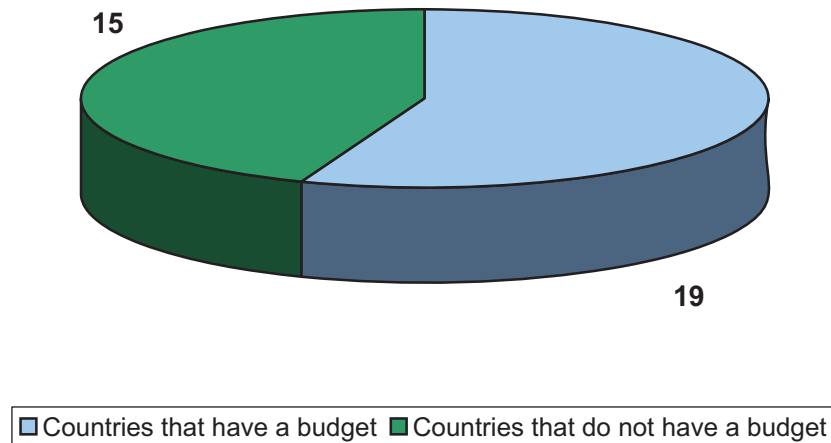
CICAD has established that the priorities associated with constructing efficient national information systems include, among others, conducting studies on drug use in the general population; conducting studies on drug use among students; and maintaining permanent records of patients in treatment centers. In that regard, it is noteworthy that 14 of the 34 states in the hemisphere conducted studies on drug use in the general population during the years 2004–2006. Additionally, 25 states conducted studies on drug use among students during the years 2004–2006. It is important to note that 15 states keep registers of patients in treatment centers.

Currently, nine countries have undertaken studies on the economic and social costs of the drug phenomenon using a standard methodology. The cost studies provide information on the magnitude of the drug problem in each country. The methodology includes four conceptual areas: health costs, crime-related costs, lost productivity, and other costs, taking into account both direct costs (public expenditures) as well as indirect costs of the drug problem.

Different levels of development between the countries are noted in the collection of data related to supply reduction. The collection of data related to production and control of trafficking and the formulation of new indicators on this topic are challenges for the national observatories.

One of the concerns of the MEM is to determine each country's capacity to inform the relevant policy makers and the general public about the drug problem, which refers to the means and resources available to do so. Of the 34 member states, 19 have specific budgets for information dissemination, and 24 operate help lines to provide telephone guidance to the public on the drug issue.

Graph 6: Number of Countries that Have a Specific Budget for the Dissemination of Drug-Related Information, 2006



Limitations persist in the area of research and knowledge on the drug phenomenon. Countries should ensure that studies of the general population and the student population are conducted regularly in order to track the trends revealed by the principal drug consumption indicators and work to improve the information systems in the area of supply reduction. Despite the progress achieved, the consolidation and strengthening of the national drug observatories continues to be a work in progress in various countries in the hemisphere.



II. DEMAND REDUCTION

A. Prevention

The demand for drugs must be confronted with strategies and interventions targeting both the general population and specific groups at risk for drug use. The need to prevent and reduce drug use entails the development of a series of prevention programs that form an integrated system and are designed for different types of target populations. These programs should be systematic over time, and supported by a program of activities with written or audiovisual materials that facilitate and encourage preventive action. At the same time, the system for implementing the programs should provide information that makes it possible to measure the magnitude (coverage), scope (e.g., national or state), and quality of the interventions. All of this is essential information for the subsequent evaluation of the output and results of these interventions.

Although countries have consistently strengthened the importance of a preventive approach within their national strategies and policies, the budgets allocated to demand reduction, in most cases, are insufficient to develop activities for that purpose. Funding for development of drug use prevention activities is a necessary investment in building integral, comprehensive strategies to deal with the drug problem. Therefore, countries should make an effort to ensure that annual budgets include resources to develop such prevention activities, and not rely solely on international cooperation for this purpose.

Despite the shortcomings noted, in some countries there has been significant progress in the implementation of standardized preventive programs on a national scale, that are designed on the basis of hemispheric guidelines and which have adequate budgets. Furthermore, in several cases, the results of these programs have been evaluated. This has led to horizontal cooperation among countries in designing programs and in transferring technical skills and advisory services. The challenge is in continuing these programs, with sufficient political support to ensure their financing, as well as the training of the human resources needed to develop them fully.

There has been noteworthy progress in the Hemisphere in the area of school prevention. In most cases, the activities developed are in line with the principles of CICAD's Hemispheric Guidelines on School Prevention. This has the desired effect of bringing together the educational community, parents, and even local authorities, in an approach of shared responsibility for preventive efforts.

Nevertheless, there are still differences in the coverage and scope of school programs. In some countries, for instance, virtually the entire target population is covered, whereas in others, the scope is limited to certain secondary schools or educational institutions in a certain location. In other cases, it has been impossible to determine either the number of participants or the coverage of these programs, due to the absence of centralized data on the development of these programs.

Some countries are still experiencing difficulties in adequately distinguishing between drug use prevention programs and isolated activities or projects in this area. It is important to focus on addressing this problem, which will require pursuing efforts for the high-level training of human resources to design and formulate prevention programs. These programs should be scientifically validated and have specific objectives adapted to the target population, in order to facilitate subsequent evaluation.

With regard to evaluation of the results of prevention programs, seven of the ten South American countries report that they have undertaken research in this field. In Central America, four of the six countries report that they have evaluated a few of their programs. In the Caribbean, two countries have evaluated some of their prevention programs. In addition, the three North American countries



indicated having conducted evaluations to measure the effectiveness and impact of some of their prevention programs.

In the area of specialized training and short refresher or continuing education courses, only one of the 34 member states reported that it did not offer training related to demand reduction during the 2004–2006 period. Thus, school prevention programs have made it possible for a greater number of teachers and other school officials to receive training in life skills, reduction of risk factors, and promotion of protective factors.

The identification of new at-risk groups as well as the increase in the consumption of synthetic drugs and other drugs sold over the Internet require new preventive responses. However, the absence of prevention policies addressing these phenomena is apparent.

The availability of drugs, and their perception as such by children, adolescents, and other vulnerable populations, should be considered in designing and implementing preventive activities, since the ease of access and the availability of drugs are important risk factors.

In general, preventive activities are only aimed at populations in capital and other populous cities, ignoring the development of prevention programs in smaller communities. Economic and human resources should be secured for the necessary coordination between national and local entities, and for attending to smaller community (primarily rural) populations.

As already stated, not all drug activities or actions constitute a prevention program. Some countries organize single events, such as conferences, meetings, and colloquiums, but these activities are not part of integrated prevention strategies. In order to have an effective, result-oriented prevention program, the coverage and objectives of the intervention must first be determined according to the target population in question. Moreover, a minimum implementation time must be established in order to capture reliable data, especially when preventive action policies are oriented toward implementation of programs targeting highly vulnerable population groups.

During the evaluation period, the priorities of countries in this hemisphere were focused on strengthening implementation of school prevention programs, developing preventive capacity in schools, universities, and institutes, evaluating some programs, and designing programs targeting other specific population groups, which has seen the least progress. However, it is worth noting that through horizontal cooperation, progress is gradually becoming apparent in this area.

The Hemisphere has two main tasks in the area of drug use prevention: to expand coverage of programs in schools; and to develop programs targeting vulnerable populations that are sustainable over time. Designing and implementing programs to address specific population segments, such as families, youth, the work force, and communities, continue to present challenges. Specific activities should be developed for individuals in conflict with the justice system, such as prison system inmates or juvenile offenders. Training of technical personnel is a key part of such an effort. The need to expand programs to include other specific population groups should be based on diagnoses adapted to the reality of the drug phenomenon in each country.

B. Treatment

During the Fourth Evaluation Round, countries focused their efforts on application of minimum standards of care in treatment centers, accrediting these centers, and developing patient registers at treatment centers. Developing separate treatment services for women, adolescents, and juvenile offenders continues to present challenges.



In general, countries have made progress in establishing compulsory minimum standards of care for drug abuse treatment. The evaluation indicates that nearly two-thirds of countries (62%) have established guidelines or regulations on standards of care for drug abuse treatment. These guidelines and regulations have national coverage, including some countries with specific provisions applied locally. Countries have made progress in adopting legislation or executive orders to support these guidelines or rules. Only a few countries have indicated that these guidelines or rules, which are implemented under the supervision of the national agency in charge of the program, are voluntary.

There was no change in the number of countries that enforce minimum drug abuse treatment standards, in comparison with previous evaluation rounds. There is no evidence to show that countries that have developed minimum treatment standards and that supervise and accredit institutions on the basis of these standards have advanced to implementation of a national treatment system. The CICAD Executive Secretariat continues to provide assistance in this area, to ensure that care is based on the patient's needs, rather than forcing the patient to adapt to the treatment modality offered by the service provider.

Over two-thirds of countries have a national register of treatment programs and services. However, in comparison with the Third Evaluation Round, there has been no progress regarding this issue. In most countries, the Health Ministry is the main entity responsible for keeping these records, or shares this responsibility with other authorities or national commissions.

Half of the countries have instruments to accredit treatment programs and services and have a mechanism to evaluate the quality of the services offered. These instruments are, in most cases, in the hands of the country's national anti-drug authority. This authority also oversees adherence to the minimum standards of care.

The evaluation shows that countries have taken steps to implement an integrated permanent training system for treatment professionals. Training programs and short courses on care for drug dependents are offered to professionals and the staff of care centers, among others. In some countries, training is offered for personnel working with the general public or with prisoners. Most of these training programs are organized at the national level, in combination with regional and internal activities. Some countries report that private institutions are also offering training.

In some cases, there are not enough professionals to meet the existing demand for treatment. In these countries, effort should be made to combine private institutional training with training offered by the public treatment sector.

Countries should avail themselves of horizontal cooperation to improve treatment and rehabilitation, and to expand the training capacity throughout the region. As stated in the previous round, these types of initiatives give countries an opportunity to employ better-trained personnel to address the problem from a clinical and empirical standpoint.

Regarding the supply of treatment services, a variety of out-patient services and public and private residential facilities are available. Coverage is usually at a national level, and there are a number of regional and community initiatives as well. There are private centers in all countries, and most of these focus on specific groups.

Treatment centers in the Hemisphere provide the following services:

- a. Detoxification (47% of countries have public centers, and 9% have private centers)
- b. Early detection (53%)



- c. Self-help groups (53%)
- d. Case referrals (47%)
- e. Rehabilitation (47%)
- f. Training for patients (38%)
- g. Short intervention programs (21%)
- h. Social reinsertion (18%)

Some countries have not developed early detection and case referral networks which would enable a rapid response to persons with drug problems. This shows that high priority needs to be given to institutional strengthening in this area. There was no increase in the number of countries with drug treatment centers from the Third Evaluation Round. However, there was an increase and improvement in the availability and expansion of services within the countries that reported having such services.

Over half of the countries have treatment centers or programs targeting the following populations:

- a. Women (56% of countries)
- b. Prisoners (56%)
- c. Juvenile offenders (50%)

The evaluation shows that treatment services are available, including specialized services to target key segments of the population, especially women and adolescents. However, despite the fact that 50% of the countries have treatment programs for juvenile offenders, the limited number of these programs gives cause for concern.

In the Fourth Evaluation Round, shortcomings in measuring the quality of treatment programs and services are evident. In the Hemisphere, one-third of the countries have conducted studies to evaluate the different programs and modalities for early intervention, rehabilitation, and social reinsertion. This indicates a slight improvement (two additional countries) over the previous evaluation round.

In general, the countries reported an increase in the number of patients receiving treatment or the number of treatment episodes from 2004 to 2006.



Table 3: Availability of Key Components of a National Treatment System in the Hemisphere

Indicator	South America (10 countries)	Central America (6 countries)	North America (3 countries)	Caribbean (15 countries)	Total (34 countries)
Has (compulsory) guidelines or regulations governing drug abuse treatment	10	5	3	3	21
No guidelines or regulations	—	1	—	11	12
Has a national register of available treatment programs and services	9	4	3	7	23
No register	1	2	0	7	10
Has a mechanism to evaluate the quality of services provided	8	3	3	3	17
No quality evaluation	2	3	0	11	16
Has instruments to accredit treatment programs and services	9	3	3	2	17
No accreditation	1	3	0	12	16
Offers specific treatment programs targeting:					
Women	8	4	3	4	19
Adolescents	8	3	3	4	18
Prisoners	6	2	3	8	19
Juvenile offenders	6	4	3	4	17

Recognizing the progress made regarding drug treatment in establishing minimum standards of care in 21 countries in the region, it should be noted that only 17 of them have instruments to accredit treatment programs and services, in addition to a mechanism to evaluate the quality of services provided. Therefore, of the 34 member states, only half have the minimum requirements for developing treatment programs that meet the necessary minimum standards, which indicates the future challenges in this area on the hemispheric agenda.

C. Statistics on Consumption

As indicated in previous rounds, the implementation of a national anti-drug strategy requires a thorough diagnosis of the nation’s drug use, as well as a permanent database of such information to serve as the foundation for decision-making in that area and to allow its evaluation. Therefore, the existence of a national drug observatory capable of compiling, collecting, organizing, analyzing and distributing statistics and information, facilitating an estimate of the magnitude of drug use and associated factors, as well as identifying drug use and abuse trends, is essential for the development of an effective strategy.



A significant development during this evaluation period, related to the establishment of drug observatories, is the execution of studies that measure the magnitude of drug use and related factors with standard methodologies. In that regard, of the studies identified as priorities in the Hemisphere, 23 countries have carried out studies of drug use among students and 11 countries have conducted studies of drug use in the general population.

Those countries that have undertaken studies, whether of the general or school populations, have information regarding prevalence, incidence, age of first use, and drug use risk perception, as well as information connected with drug supply, such as perception of the ease of access and the availability of drugs. This constitutes substantive progress in comparison with previous rounds.

In the general population, the prevalence of marijuana use in the previous year ranged from 0.13% in the country with the lowest prevalence rate to 14.10% in the country with the highest prevalence. Prevalence of cocaine use ranged from 0.12% in the country with the lowest rate to 2.6% in the country with the highest rate.

With regard to legal drugs, the prevalence of alcohol consumption in the previous year ranged from 18.61% in the country with the lowest rate to 79.30% in the country with the highest rate. Tobacco use varied, from 13% in the country with the lowest prevalence to 46.80% in the country with the highest prevalence.

In the school population, marijuana use within the last year ranged from 1.04% in the country with the lowest prevalence rate to 26.60% in the country with the highest rate. Cocaine use fluctuated between 0.20% in the country with the lowest prevalence and 3.50% in the country with the highest.

With respect to legal drug use in the school population, alcohol consumption in the last year ranged from 22.12% in the country with the lowest prevalence rate to 77.30% in the country with the highest prevalence. Tobacco use ranged from 4% in the country with the lowest prevalence to 53.50% in the country with the highest prevalence.

Based on this information, it is evident that alcohol is the most used drug among school students in the Hemisphere. There is a minimal difference between alcohol consumption rates for males and females. Alcohol use in a social context is part of a risky trend in the behaviors of youth in the Hemisphere.

These studies also indicate the use of synthetic drugs and pharmaceuticals among youth, although with low prevalence rates. Particular attention should be paid to drug use in the University setting, which was found to be one of the groups with the highest levels of consumption according to the information provided by the countries that have specifically conducted studies of these populations. This situation requires further research to enable the development of appropriate prevention policies specific to substance use trends in these University populations.

With respect to the age of first use of licit and illicit drugs, studies of the general population reveal that alcohol consumption began between 12 and 18 years of age in the countries with the youngest and highest ages of first use, respectively; between 12 and 17 years of age for tobacco use; 13 and 18 years of age for marijuana use; and 13 and 21 years of age for cocaine use.

Multi-drug use (licit and illicit) is a constant in the Hemisphere. This manner of strengthening the effects of drugs has become a challenge for the treatment systems. The risks of this form of consumption are not always well known. Mixing drugs can multiply their effects, posing severe health risks. This subject poses a challenge for the undertaking of new studies in the Hemisphere.



Another noteworthy development with respect to previous rounds, is the existence of studies that permit an estimate of the number of drug-related deaths—that is, deaths directly caused by or attributed to (licit or illicit) drug use or abuse. During the evaluation period, 12 countries indicated having related studies and information. However, it is essential to make progress in the standardization of procedures to estimate more precisely deaths associated with drug use, so that more countries will have this important information in the future.

On the other hand, very few countries have information regarding estimates of the use of drugs by recently detained persons prior to their arrest. In addition, little statistical information is available in connection with traffic accidents related to licit or illicit drug use.

Progress has been significant since previous evaluation rounds in the area of capacity-building, enabling studies to be carried out among the general and student populations and other sectors, despite the limitations reported in collecting statistics on consumption. The main challenge in this area is maintaining the continuity of these studies so as to enable comparison with prior years, and thereby identify drug use trends and related behaviors. This is the primary means for evaluating, over time, the behaviors of the drug phenomenon, and adapting policies and strategies on a valid scientific basis.

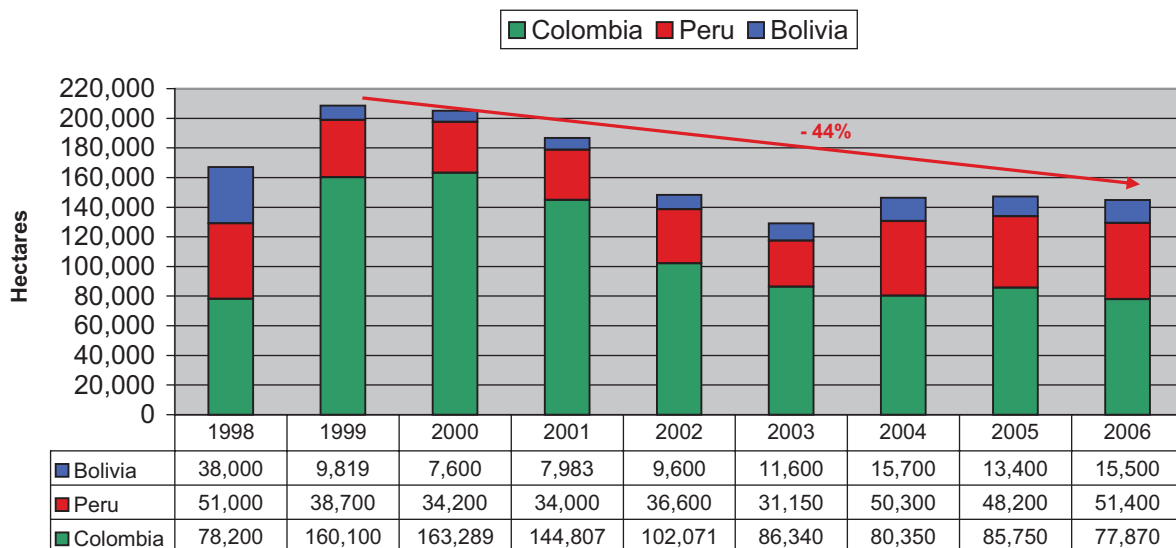
III. SUPPLY REDUCTION

A. Drug Production

There has been a downward trend in the area of coca and poppy crops in the Americas, due mainly to intensive forced eradication operations. The total area of cannabis crops is not known, but a majority of the states reported seizures of this drug. With regard to the cultivation of crops for the production of illicit drugs, some countries reported that farmers are using agricultural practices² aimed at maximizing the productivity of coca leaf per hectare, and utilizing sophisticated techniques for extraction of the alkaloid.

In the period from 1998 to 2006, there was a downward trend in the area of coca crops in the Andean zone. The area decreased by approximately 63,850 hectares, a decrease of 44% from the highest value, 208,619 hectares reported in 1999, to the lowest value, 144,770 hectares in 2006³ (See graph 7).

Graph 7: Total Area of Coca Crops in the Hemisphere*



* Totals for Bolivia do not include the 12,000 hectares of coca crops allowed by the country

In Colombia, the extension of registered coca crops increased significantly between 1998 and 1999. From that year to 2006, there is a consistently downward trend⁴. Consequently, the areas of coca production decreased by 52%. Peru's cultivated area remains unchanged; in both 1998 and 2006 the country reported a total area of 51,000 hectares of coca crops. Bolivia recorded a

² Use of fertilizer and pesticides, improvements in processing of coca leaf, among others.

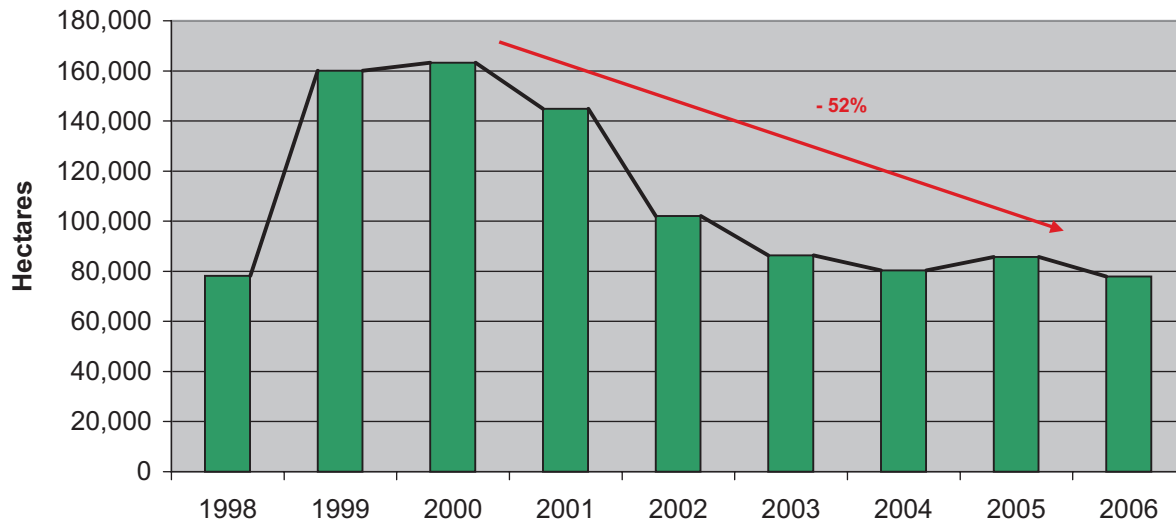
³ In this period, the progress reported is that Colombia as of 1999, Peru as of 2001, and Bolivia as of 2004 have satellite monitoring systems to detect coca crops. However, comparisons with earlier years must take into account the possibility of the use of different methodologies.

⁴ Before 1998, the methodology used was different from the Colombian Government's own methodology, which was adopted in 1999.

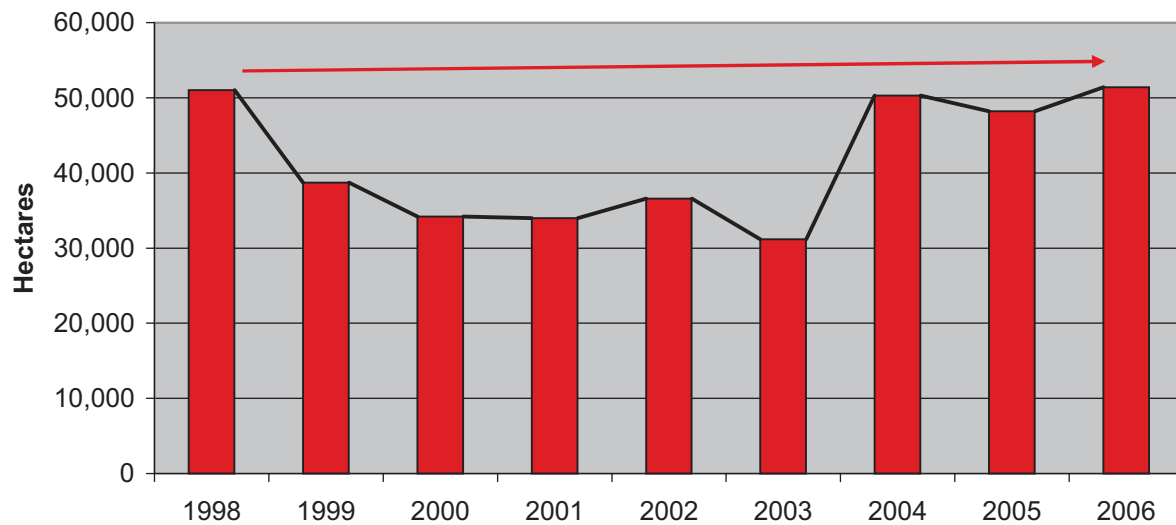


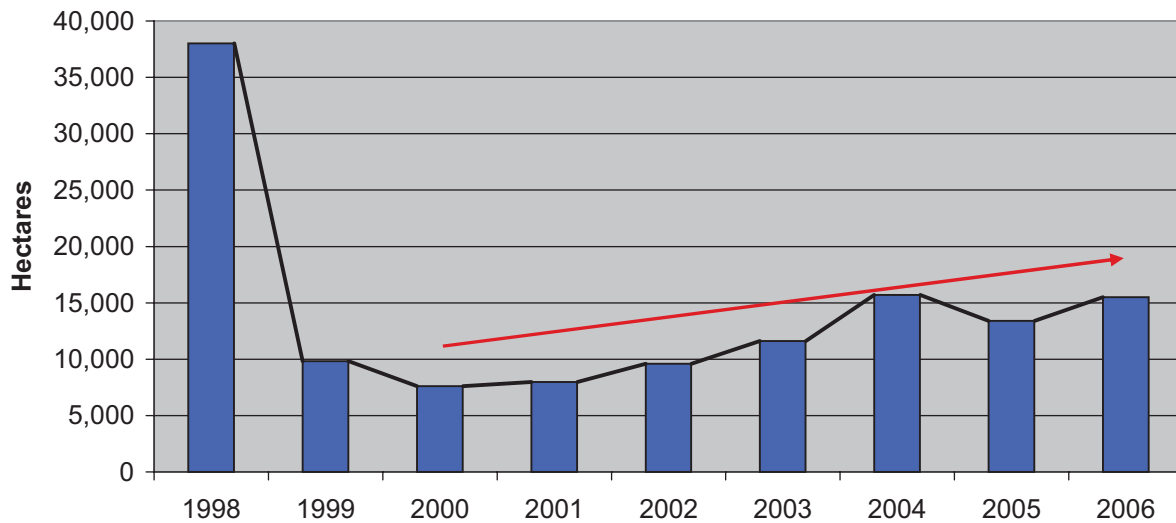
slightly upward trend, which stabilized in the early years, but increased at the end of the period (See graphs 8, 9, and 10).

Graph 8: Area of Coca Crops in Colombia



Graph 9: Area of Coca Crops in Peru



Graph 10: Area of coca crops in Bolivia*


* Totals for Bolivia do not include the 12,000 hectares of coca crops allowed by the country

In the period 1998 to 2006, the average total area of coca crops for the three countries was 164,800 hectares. This represents a reduction of nearly 20% from the average area of coca during the years 1989 to 1997.

Available data indicate the total area of coca crops in Bolivia, Colombia, and Peru was 144,770 hectares in 2006, a slight drop of 2% from 2005. Although Colombia reduced cultivation by approximately 8,000 hectares, Peru and Bolivia reported increases of 3,200 and 2,100 hectares, respectively.

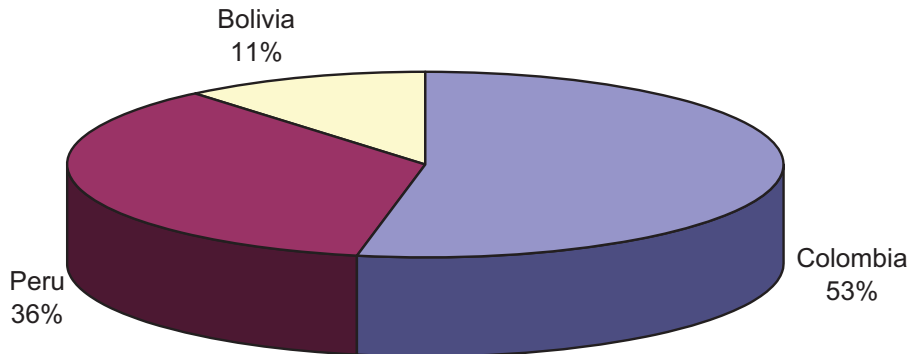
Colombia continues to have the largest area of coca crops, with 53% of the total. Cultivation decreased by 9% from 86,000 hectares in 2005 to 78,000 in 2006. Overall, despite variations reported in recent years, coca cultivation has remained relatively stable since 2003.

Peru accounts for 36% of the area of coca crops. Cultivation increased by 7% from 48,200 hectares in 2005 to 51,400 in 2006. Despite this increase, coca cultivation remained well below data reported in the mid-1990s.

Bolivia's share of the total area under cultivation was 11%. The area increased by 16%, from 13,400 hectares in 2005 to 15,500 in 2006. Estimates of the areas of illicit coca leaf crops are the result of the reported total, and do not include the 12,000 hectares permitted by Bolivia's Law 1008⁵.

⁵ Within the framework of CICAD's 42nd regular session, November 27–30 2007, the country stated: "As part of its new Strategy, Bolivia no longer uses the term "illicit cultivation" with respect to coca cultivation. In the previous Strategy, 12,000 hectares of legal cultivation were permitted to meet internal demand for traditional consumption (nutritional, medicinal, cultural and ritual). The new Strategy includes the "family plot" (approximately 1.600m²) as legitimate cultivation. Quantities exceeding this amount are termed "surplus coca leaf".

Graph 11: Breakdown of Coca Crops, 2006*



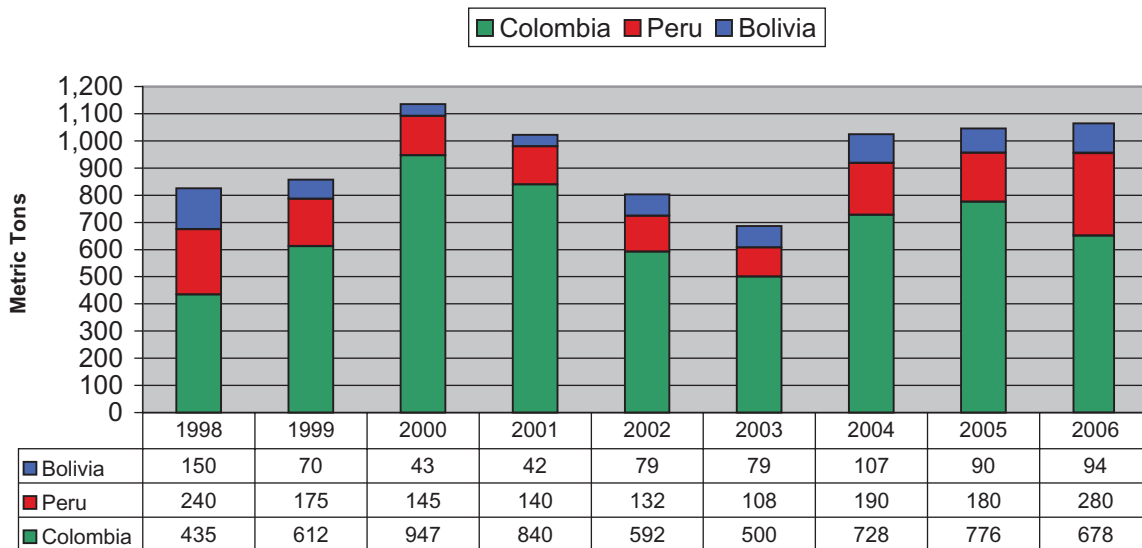
* Does not include 12,000 hectares of coca crops allowed by Bolivia.

There is no data on large-scale coca cultivation outside the three main producing countries. According to the national reports, coca cultivation in Ecuador and Venezuela is marginal.

The main reason for the reduction in coca crops is forced eradication (aerial and manual). Regarding the reduction of coca crops, Colombia obtained significant results. According to reports of local authorities, eradication in 2006 was carried out on 214,000 hectares, of which 172,000 were by aerial spraying and 42,000 by manual eradication. Bolivia reduced 5,100 hectares through a consensus-based rationalization, while in Peru, through the CORAH special project, approximately 12,700 hectares were eradicated.

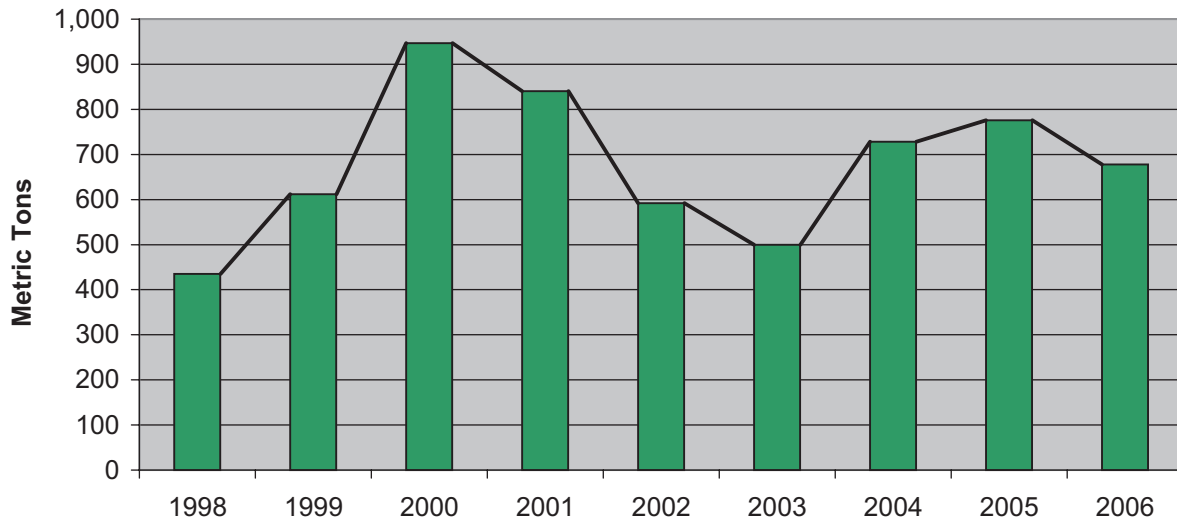
However, the reduction noted in the area of coca crops in the hemisphere has had little impact on the production of cocaine. According to studies in the three countries, this is because the productivity of coca leaf per unit of area detected is superior than that registered in previous years. Farming practices using fertilizer and pesticides, among other methods, have directly affected the coca leaf yield. According to the data reported, the potential production of cocaine is above 1,000 annual tons between 2004 and 2006.

Graph 12: Potential Cocaine Production in the Hemisphere

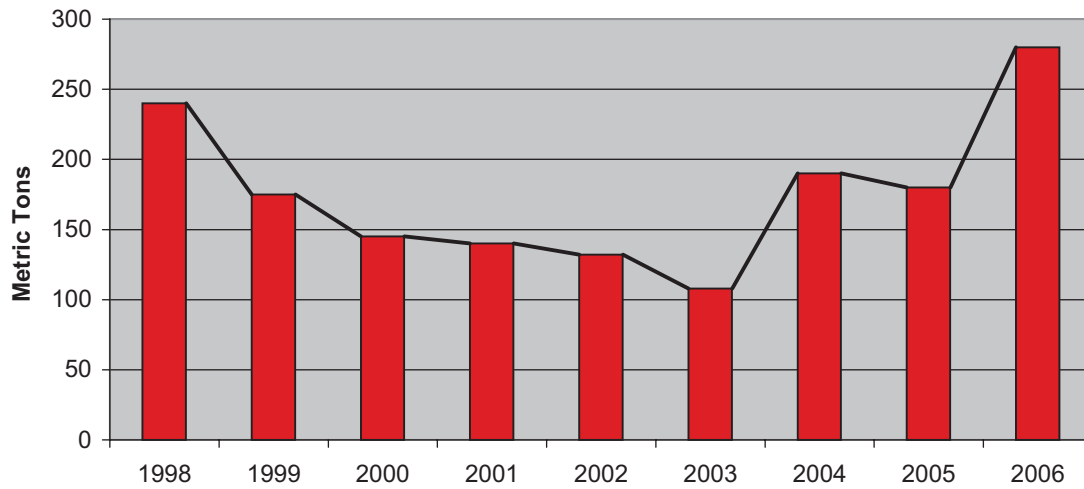




Graph 13: Potential Cocaine Production in Colombia

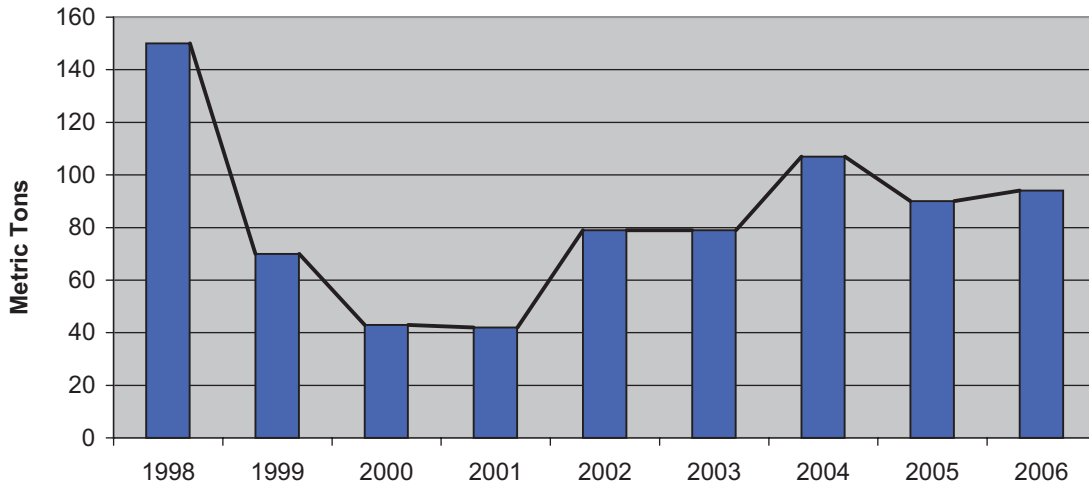


Graph 14: Potential Cocaine Production in Peru





Graph 15: Potential Cocaine Production in Bolivia



Marijuana cultivation is found in nearly every country of the hemisphere, while poppy crops are concentrated in six countries (Colombia, Ecuador, Peru, Venezuela, Guatemala and Mexico), but there are no consolidated estimates at the hemispheric level of the total cultivated area and potential production during the evaluation period.

Country reports show a downward trend in both the area of poppies planted and potential heroin production. Table 4 presents country data reported on the area of poppy crops and potential heroin production.

Table 4: Area of Poppy Crops and Potential Heroin Production

South America	Area of Poppy Crops and Potential Heroin Production		
	2004	2005	2006
Colombia (Detection)	3,950 Has (Poppy) 5 Metric Tons (Heroin)	1,950 Has (Poppy) 2.5 Metric Tons (Heroin)	1,023 Has (Poppy) 1.3 Metric Tons (Heroin)
Ecuador (Detection)	0	0.05 Has (Poppy) 120.32 Kg. (Heroin)	0
Peru (Eradication)	98 Has (Poppy) No reported potential	95.50 Has (Poppy) No reported potential	88 Has (Poppy) No reported potential
Venezuela (Eradication)	87 Has (Poppy) No reported potential	154 Has (Poppy) No reported potential	Not reported
Central America			
Guatemala (Eradication)	Not reported	281 Has (Poppy) No reported potential	720 Has (Poppy) No reported potential
North America			
Mexico (Detection)	22,202 Has (Poppy) 22 Metric Tons (Heroin)	28,957 Has (Poppy) 29 Metric Tons (Heroin)	19,147 Has (Poppy) 19 Metric Tons (Heroin)



It is noteworthy that countries with a tradition of illicit crops have taken great strides to implement monitoring systems with the help of the United Nations Illicit Crop Monitoring Program. Depending on the situation, topography, and costs, in some cases satellite imaging with on-ground verification is used. In other cases aerial photography is used, and for crops such as poppy and marijuana, only on-ground verification is used because of the high cost of satellite technology.

Although there are no precise estimates of annual production of synthetic drugs in the hemisphere, data is available on production in three countries: Canada, the United States, and Mexico. The information provided shows that amphetamines, methamphetamines, phencyclidines (PCP) and ecstasy (MDMA) are produced in the hemisphere.

Between 2004 and 2006, one of the main accomplishments of the operational authorities in charge of law enforcement in the member states was the destruction of facilities for the production of illicit drugs, both synthetic and organic. The total number of drug-producing laboratories destroyed was 37,324, of which 19,729 produced synthetic drugs and 17,595 organic drugs.

Data supplied by the countries indicates the destruction of laboratories for methamphetamines, cocaine paste and base, cocaine hydrochloride, and ecstasy. The following table shows the number of laboratories destroyed from 2004 to 2006, broken down by region.

Table 5: Number of Illicit Drug Laboratories Dismantled in the Hemisphere, 2004–2006

Type of laboratory	North America	Central America	Caribbean	South America	Total
Synthetic drugs					
Methamphetamine	19,523	—	1	—	19,524
Ecstasy	92	—	2	—	94
Methcatinone	56	—	—	—	56
Gamma-Hydroxybutyric acid (GHB)	22	—	—	—	22
Amphetamine	7	—	—	—	7
Mixed processing (Heroin – Cocaine – Methamphetamine)	2	—	—	—	2
Lysergic Acid (LSD)	1	—	—	—	1
Subtotal	19,703		3		19,706
Organic Drugs					
Cocaine paste and base	—	—	—	16,972	16,972
Cocaine hydrochloride	—	2	—	604	606
Hashish	16	—	—	—	16
Heroin	2	—	—	21	23
Morphine	—	—	—	1	1
Subtotal	18	2		17,598	17,618
Total	19,721	2	3	17,598	37,324



B. Alternative Development⁶

The Fourth Evaluation Round of the MEM has shown that in addition to the Andean countries (Bolivia, Colombia, Ecuador, and Peru), Mexico and three Caribbean states (Barbados, Grenada, and Saint Vincent and the Grenadines) have also carried out activities to improve the economic opportunities and living conditions of residents of areas where illicit crop cultivation for drug production exists or could potentially exist, and to reduce the likelihood that persons become involved in other illicit activities related to the production of or illicit trafficking in drugs.

As in previous years, the largest alternative development projects were carried out in the four Andean countries with assistance from international cooperation, investing a total of more than \$500 million between 2004 and 2006. The purpose of these projects is to increase the productivity, profitability, competitiveness, income, and employment of the rural population by means of projects for the development of agricultural, forestry, and agribusiness production, infrastructure improvement, marketing services, rural credit, and corporate partnership follow-up, and other activities not directly related to farming such as eco-tourism as well as support for the establishment of handicraft microenterprises.

Table 6: Alternative Development Investments, 2004–2006 (Millions of US\$)

Country	2004	2005	2006	Total
Bolivia	52.12	63.70	49.80	165.62
Colombia	84.00	84.15	87.69	255.84
Ecuador	12.83	12.93	10.21	35.97
Peru	29.47	28.67	23.74	81.88
Total	178.42	189.45	171.44	539.31

There is no information on the total invested in Mexico and the Caribbean countries, which promoted agricultural development programs, and other non-agricultural alternatives such as tourism, fisheries, and training of entrepreneurs.

Although investments have been made for the execution of alternative development projects, problems continue related to infrastructure, equipment, training, education, and marketing.

⁶ Alternative development is defined as “a process to prevent and eliminate the illicit cultivation of plants containing narcotic drugs and psychotropic substances through specifically designed rural development measures in the context of sustained national economic growth and sustainable development efforts in countries taking action against drugs, recognizing the particular socio-cultural characteristics of the target communities and groups, within the framework of a comprehensive and permanent solution to the problem of illicit drugs.” (Official definition of alternative development recognized and approved by the XX Special Session of the United Nations General Assembly in 1998).

“Taking into account the efforts made in the Hemisphere in the struggle against drug trafficking, we reiterate our support to ensure that alternative development projects contribute to economic growth, promote the creation of decent work, and support the sustainable economic viability of communities and families in those countries affected by the presence of illicit crops.” (Final Declaration of the Fourth Summit of the Americas in Mar del Plata, Argentina, 2005).



Peru is experimenting with a new alternative development model in an attempt to reduce the possibility of replanting illicit crops in areas where there has been forced eradication. This approach, which links alternative development with eradication activities, involves the channeling of resources from both cooperative agencies and the government in order to carry out projects that ensure a continuous income stream for families whose crops were eradicated.

While Colombia⁷ and Peru have project monitoring and evaluation mechanisms, these mechanisms have not been implemented in other countries. Systems for measuring the cost/benefit of resources invested, as well as the impact of alternative development efforts over time are lacking.

Furthermore, although alternative development policy coordination has received an important boost from the establishment of the Andean Committee for Alternative Development (CADA), the delay in its administrative structuring has postponed the establishment of comparable guidelines for each of the national alternative development plans, and the strengthening of relations among the Andean countries in this area.

CICAD's forty-second regular session reiterated the importance of alternative development, particularly in connection with the sustainable reduction of illicit crops. In this context, CICAD has taken steps to integrate its activities to combat illicit crops in the alternative development programs and projects of the member states and international development organizations and agencies. In addition, the Commission approved the establishment of a Group of Experts on Alternative Development that will be a tool to help the countries draft and execute public policies to manage alternative development as part of the comprehensive fight against the production, use, and trafficking of illicit drugs.

C. Pharmaceutical Products

One of the basic objectives of international treaties on drugs is to limit the production, manufacture, export, import, distribution, trade, and use of controlled substances to lawful purposes (this being their use for medical and scientific purposes), and prevent their diversion and abuse. It is precisely in this context that national control systems must prevent their diversion from legitimate internal distribution channels and prevent the abuse of pharmaceutical preparations containing narcotics or psychotropic substances.

The Anti-Drug Strategy in the Hemisphere encompasses these concepts, and within this framework, the countries recognize that their actions should be aimed at "all categories of psychoactive drugs, that is, drugs of natural origin, synthetic drugs, as well as psychoactive pharmaceuticals, the latter of which become illicit when diverted from their proper purposes."

In this Fourth Evaluation Round, 26 countries have national laws imposing controls on all pharmaceutical products containing substances listed in the international conventions. However, the regulatory framework alone is insufficient; its full application at the operational level requires supplementary mechanisms.

In this Fourth Round, weaknesses in the control of such products have been found with regard to administrative structures, human and financial resources, the lack of periodic inspections of the

⁷ Colombia has a "Follow-up and Evaluation System" that regularly collects data on variations and trends in key variables for development in affected regions.



establishments and professionals involved, measurement of the efficacy of controls applied, implementation of information systems that would allow cross-controls throughout the marketing chain, and the lack of records of administrative, civil, and penal sanctions imposed.

The problems resulting from the diversion of pharmaceutical products vary in the countries of the hemisphere. As the following table shows, problems associated with opium-derived painkillers, such as hydrocodone, oxycodone, and morphine, pose serious challenges for authorities in the United States of America and Canada, considering the marked increase in doses confiscated.

Table 7: Seizures of Oxycodone, Hydrocodone, and Morphine in the United States and Canada

	2002–2003	2004	2005	2006	Total (2004–2006)
Oxycodone					
US	94,268	18,228	21,551	59,818	1,602,633 doses
Canada	—	16,717	16,223	1,470,096	
Hydrocodone					
US	98,502	155,007	201,203	954,981	1,314,596 doses
Canada	—	829	1,217	1,359	
Morphine					
Canada	10,029	11,648	12,409	4,881	28,938 doses

Also significant are the thousands of doses of benzodiazepines seized during 2004–2006 in North America (Canada, the United States of America, and Mexico), totaling 502,413 doses of diazepam and 151,994,066 doses of alprazolam.

The Hemispheric Report of the Third Round (2003–2004) noted that, in response to international controls imposed on raw materials, clandestine methamphetamine labs have attempted to obtain large amounts of pharmaceutical preparations containing ephedrine or pseudoephedrine, diverted from lawful national and international trade. In this Fourth Round, this trend was found to have continued, which is reflected in the large seizures recorded during 2004–2006 in Mexico (32,064,924 tablets of pseudoephedrine) and Panama (99,126 tablets of pseudoephedrine).

In order to address the serious situation in Mexico, national authorities have implemented an integrated strategy in a concerted effort between the public and private sectors to prevent the supply of these substances to the illegal market. In response, the problem of diversion of pharmaceutical preparations containing pseudoephedrine shifts to other countries in the area, where drug traffickers find opportunities to obtain them through weaknesses in control and inspection systems.

In Central and South America, few seizures of pharmaceutical products that include tranquilizers such as benzodiazepines are reported, even though in some of these countries the use of tranquilizers and sedatives without medical prescriptions has reached levels of concern, even higher than those for cocaine and opium derivatives. This trend may be the result of law enforcement authorities' inexperience in detecting tranquilizers and, in general, specially controlled medications, given that drug control authorities are focused primarily on cocaine, heroin, marijuana, and their derivatives.

A topic that has garnered special attention is the problem of illegal Internet sales of pharmaceutical preparations containing internationally controlled substances and the abuse of postal and messenger



services for such contraband. Some countries have reported evidence of diversions using this trafficking method. However, the scarcity of information and the complexity of this mode of trafficking have prevented authorities from assessing its dimensions. Therefore, in this Fourth Round, 29 countries have received a recommendation on research and training in controlling Internet traffic in pharmaceutical products and other drugs.

The ever-changing realities of drug supply control require an ongoing training system to adapt government responses to the challenges that arise. The availability of training varies by region, as follows.

Table 8: Availability of Training in Preventing the Diversion of Pharmaceutical Products

	Offers training	Meets demand	Does not meet demand	Does not offer training	No information
South America	7	5	2	3	—
Central America	2	—	2	3	1
North America	3	3	—	—	—
Caribbean	9	4	5	5	1

In this context, the CICAD Group of Experts on Pharmaceutical Products has continued to support the countries of the region in jointly examining problems arising in this area and proposing up-to-date, harmonized inspection measures. Specifically, a reference guide has been issued in connection with the “Training Program in the Investigation of Pharmaceutical Product Diversion,”⁸ supplementing the prior proposals of the “Model Reference Guide for Health Professionals on the Prevention and Detection of the Abuse of Narcotics and Controlled Substances and their Diversion to Illicit Channels,” and the “Model Guide for Industry on Pharmaceutical Product Control.”

Regarding law enforcement, most countries have administrative and penal sanctions in force, but in practice these sanctions are not applied in most countries, or the corresponding information is unavailable. This Fourth Round has found moderate progress in the application of sanctions: 12 countries applied administrative sanctions; and in only four countries were penal sanctions applied.

⁸ Final Report of the Group of Experts on Pharmaceutical Products (CICAD/doc.1635/07), forty-second regular session of CICAD, November 27–30, 2007, Santa Marta, Colombia.



Table 9: Countries that Have Applied Sanctions for the Diversion of Pharmaceutical Products, 2004–2006

South America	Has applied	Has not applied	Did not provide relevant information	Does not have laws to prevent diversion
Argentina			A, P	
Bolivia			A, C, P	
Brazil		A, P		
Chile		A, C, P		
Colombia	A		P	
Ecuador	A			
Paraguay	A	P		
Peru	A		C, P	
Uruguay	A		C, P	
Venezuela	A		C, P	
Central America				
Costa Rica	P, A			
El Salvador	A		C	
Guatemala	A		C, P	
Honduras		A, C, P		
Nicaragua		A, P		
Panama	A	P	C	
North America				
Canada			A, P	
United States	A, C, P			
Mexico			A, P	
Caribbean				
Antigua and Barbuda			A, C	
Bahamas		A, P		
Barbados			No information	
Belize	P			
Dominica				X
Grenada		A, C, P		
Guyana			A, P	
Haiti		A, P		
Jamaica	A, P		C	
Dominican Republic			A, C, P	
Saint Kitts and Nevis		P		
Saint Lucia			C, P	
Saint Vincent and the Grenadines		A, P		
Suriname		A, C, P		
Trinidad and Tobago		A, P		

A = Administrative Sanctions C = Civil Sanctions P = Penal Sanctions



Although problems generated by the diversion and abuse of pharmaceutical products have not reached similar levels in all countries of the hemisphere, the cases detected and the new forms of diversion have generated concern and require priority attention from the national administrations.

D. Controlled Chemical Substances

International regulations on the control of chemicals classified as precursors or essential chemicals are found in the 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, which has been ratified by all of the countries of the Hemisphere since the Third Evaluation Round. At present, 25 countries have national laws on this subject and nine countries have not yet passed this type of legislation.

Only 15 countries of the hemisphere currently participate in the pre-export notification system, considered the most effective way to quickly verify the legitimacy of various transactions. Since 2006 this system has been complemented by the International Narcotics Control Board (INCB) Pre-Export Notification System (PEN Online), which allows for instant verification of the legality of various transactions.

Table 10: Countries that Requested Pre-Export Notifications Pursuant to Article 12(10)(a) of the 1988 Convention

Notifying country	Substances to which pre-export notification requests apply
Antigua and Barbuda	All substances in Tables I and II
Argentina	All substances in Table I
Bolivia	Acetic anhydride, potassium permanganate, acetone, hydrochloric acid, sulfuric acid, ethyl ether, and all substances in Table II
Brazil	All substances in Tables I and II
Canada	All substances in Tables I and II
Colombia	All substances in Tables I and II
Costa Rica	All substances in Tables I and II
Ecuador	All substances in Tables I and II
United States	Acetic anhydride, ephedrine and pseudoephedrine
Haiti	All substances in Tables I and II
Mexico	All substances in Tables I and II
Paraguay	All substances in Tables I and II
Peru	Lysergic acid, acetic anhydride, ephedrine, ergometrine, ergotamine, norephedrine, potassium permanganate, pseudoephedrine, acetone, hydrochloric acid, sulfuric acid, ethyl acetate, methyl ethyl ketone, toluene, and all substances in Table II
Dominican Republic	All substances in Table II
Venezuela	All substances in Tables I and II

The control of chemicals is particularly important in the fight against drug trafficking because most cocaine is manufactured in South American countries, requiring drug trafficking organizations to funnel large quantities of diverted chemicals into those countries, either through licit domestic marketing channels or from exporting countries outside the region. In the case of potassium



permanganate, nine South American countries, two North American countries, and one Central American country reported seizures during years 2004–2006.

Table 11: Seizures of Potassium Permanganate, 2004–2006

South America	2004	2005	2006	Total
Argentina	—	20 kg.	1.50 kg.	21.50 kg.
Bolivia	106.16 kg.	231.68 kg.	103.87 kg.	441.71 kg.
Brazil	—	36 lt.	12 lt. 25 kg.	48 lt. 25 kg.
Chile	100 kg.	—	—	100 kg
Colombia	53,875 lt. 170,319.72 kg.	19,337 lt. 140,675.49 kg.	43,096 lt. 97,923.03 kg.	116,308 lt.
Ecuador	—	—	300 kg.	300 kg.
Paraguay	—	—	50 kg.	50 kg.
Peru	100 kg.	66.54 kg.	1,337 kg.	1,503.54 kg.
Venezuela	10,000 kg.	—	1,997 kg.	11,997 kg.
Total	53,875 lt. 180,625.88 kg.	19,373 lt. 140,993.71 kg.	43,108 lt. 141,031.03 kg.	116,356 lt. 462,650.62 kg.
Central America				
Panama	—	—	350 kg.	350 kg.
Total	0	0	350 kg.	350 kg.
North America				
United States	59 kg.	93 kg.	143 kg.	295 kg.
Mexico	—	40,000 kg.	—	40,000 kg
Total	59 kg.	40,093 kg.	143 kg.	40,295 kg.
Caribbean				
Total	0	0	0	0

Despite reports that increasing quantities are being seized, there is no information available to determine the origin of the potassium permanganate seized. For this reason, the INCB has asked the governments of the region to launch investigations to trace these seizures whenever possible, and to step up monitoring of potassium permanganate distribution within their countries. The INCB has also offered to assist the governments with these activities.

Another chemical found in the region that is used in the illicit manufacture of both cocaine and heroin is acetone. Millions of liters of this substance have been seized in the countries of South, Central, and North America.


Table 12: Seizures of Acetone, 2004–2006

South America	2004	2005	2006	Total
Argentina	2,071.05 lt.	1,827.45 lt.	664.10 lt.	4,562.60 lt.
Bolivia	3,608.41 lt.	2,361.62 lt.	2,183.01 lt.	8,153.04 lt.
Brazil	287.80 lt.	2,689.80 lt.	493.90 lt.	3,471.50 lt.
Chile	—	3,042 lt.	—	3,042 lt.
Colombia	1,222,411 lt.	1,218,467 lt.	1,468,095 lt.	3,908,973 lt.
Ecuador	7,032 lt.	—	10,720 lt.	17,752 lt.
Paraguay	—	—	200 lt.	200 lt.
Peru	13,086.98 kg.	20,398.30 kg.	4,868.72 kg.	38,354 kg.
Venezuela	—	520 lt.	3,200 lt.	3,720 lt.
Total	1,235,410.26 lt. 13,086.98 kg.	1,228,907.87 lt. 20,398.30 kg.	1,485,556.01 lt. 4,868.72 kg.	3,949,874.14 lt. 38,354 kg.
Central America				
El Salvador	1,041 lt. 70,000 kg.	—	6,096.48 kg.	1,041 lt. 76,096.48 kg.
Total	1,041 lt. 70,000 kg.	0	6,096.48 kg.	1,041 lt. 76,096.48 kg.
North America				
Canada	7.56 lt.	—	120 lt.	127.56 lt.
United States	1,953,047 lt.	44,326 lt.	9,530 lt.	2,006,903 lt.
Mexico	934.60 lt.	538.30 lt.	526.60 lt.	1,999.50 lt.
Total	1,953,989.16 lt.	44,864.30 lt.	10,176.60 lt.	2,009,030.06 lt.
Caribbean				
Total	0	0	0	0

Regarding the manufacture of synthetic drugs such as methamphetamine, hundreds of clandestine laboratories have been detected in North America that use chemicals such as ephedrine and pseudoephedrine, either in their raw material state or as ingredients in pharmaceuticals. For this reason it is recommended that all countries apply the same control measures to these preparations as applied to the substances included in the 1988 Convention tables.

In response to Resolution 49/3 of the United Nations' Commission on Narcotic Drugs, "Strengthening Systems for the Control of Precursor Chemicals Used in the Manufacture of Synthetic Drugs," the following countries of the region have submitted their annual legitimate requirements for ephedrine, pseudoephedrine, 3,4-methylenedioxyphenyl-2 propanone, 1-phenyl-2-propanone, and their preparations: Argentina, Brazil, Canada, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Haiti, Nicaragua, Panama, Peru, and the United States.



Five countries reported seizures of pseudoephedrine as a raw material (Kg) and in pill form as follows:

Table 13: Seizures of Pseudoephedrine, 2004–2006

	Unit of measure	2004	2005	2006	TOTAL
Central America					
Guatemala	Kg	—	16.83	0.69	17.52
Panama	Tablets	12,606.43	—	86,520	99,126.43
Total	Kg Tablets	— 12,606.43	16.83 —	0.69 86,520	17.52 99,126.43
North America					
Canada	Kg	—	0.05	—	0.05
United States	Kg	174,423	82	289	174,794
Mexico	Kg Tablets	257 19,601,678	526 9,209,872	59 3,253,374	842 32,064,924
Total	Kg Tablets	174,680 19,601,678	608.05 9,209,872	348 3,253,374	175,636.05 32,064,924
TOTAL	Kg Tablets	174,680 19,614,284.43	624.78 9,209,872	348.69 3,339,894	175,653.47 32,164,050.43

It is noteworthy that although the majority of countries have laws applying some type of sanction for the diversion of chemical substances and report seizures of large quantities of chemicals, only six countries reported that penal sanctions were applied, while 13 countries applied administrative sanctions.



Table 14: Sanctions Applied for the Diversion of Controlled Chemical Substances 2004–2006

South America	Has applied	Has not applied	Did not provide relevant information	Does not have laws to prevent diversion
Argentina	A	P		
Bolivia	A		C, P	
Brazil			A, C, P	
Chile	P	A		
Colombia	A, P			
Ecuador	A		P	
Paraguay	A, C, P			
Peru	A		P	
Uruguay		A, C, P		
Venezuela			A, P	
Central America				
Costa Rica	A	P		
El Salvador	A		P	
Guatemala	A	C, P		
Honduras		A, C, P		
Nicaragua		A, P		
Panama	A, P			
North America				
Canada			A, P	
United States	A, C, P			
Mexico	A		P	
Caribbean				
Antigua and Barbuda			No information	
Bahamas		A, P		
Barbados			No information	
Belize				X
Dominica				X
Grenada		P		
Guyana		P		
Haiti		A, P		
Jamaica	A	C, P		
Dominican Republic			A, C, P	
Saint Kitts and Nevis			P	
Saint Lucia	P			
Saint Vincent and the Grenadines		A, C, P		
Suriname				X
Trinidad and Tobago		P		

A = Administrative Sanctions C = Civil Sanctions P = Penal Sanctions



With regard to training, only 19 countries reported that they provide training to prevent the diversion of chemicals. Of these, nine are in South America, four are in Central America, two are in North America, and four are in the Caribbean. However, eight of these countries indicated that the training they provide does not meet national demand.

During the current evaluation round, weaknesses still persist in the control of chemical substances in the hemisphere, which facilitate the availability of these substances for the clandestine manufacture of large quantities of both organic and synthetic drugs. These weaknesses are found in the administrative structures, in investigations and interdictions, and in law enforcement.

The countries themselves have identified the need to strengthen and expand training in order to be more effective in preventing diversion and fighting chemicals trafficking.

In this context, CICAD acknowledges the valuable contributions made by the Group of Experts on Chemical Substances, which has been working in recent years to support the countries as they search for answers to the problems detected. Specifically, this group has submitted model guidelines to CICAD for its consideration and approval on the following issues:

- *“Guide for the Control of Chemical Substances in Free Trade Zones”*
Describes the system and procedures a country should establish in free trade zones that handle shipments of chemicals in order to prevent the smuggling of controlled substances.
- *“Guide for Administrative Control of Chemical Substances by the Private Sector”*
Under the “Control the Diversion of Precursor Chemicals in the Andean Region” (PRECAN) project, an initiative sponsored by the United Nations, the chemical industry is given an Internet-based alert mechanism, designed to prevent companies from being used by drug traffickers trying to obtain controlled substances for the illicit manufacture of drugs in the region.
- *“Guide for the Establishment of a National Program for the Control of Synthetic Drugs”*
Describes the system and procedures a country should establish to handle the growing problem of production, distribution, and use of synthetic drugs such as methamphetamine, ecstasy, and others made from chemicals.

This CICAD Group of Experts is currently working on a proposed Plan of Action that defines the Hemisphere’s needs for training in the control of chemical substances and includes a general training program on the control of chemical substances in the areas of technical interdiction, operational and administrative control, and judicial investigations. It also includes a project entitled, “Guide for the Inspection, Handling, and Transshipment of Chemical Substances in Port Facilities.”



IV. CONTROL MEASURES

A. Illicit Drug Trafficking

In recent years, the growing awareness of the situation of illicit drug trafficking has facilitated information sharing among countries in the hemisphere, through international cooperation, on illicit drug trafficking methods. This, in turn, has enabled law enforcement authorities to be better prepared to address the problem. However, much work remains to be done on the linkage between drug production, trafficking, and consumption, which will entail further strengthening of political will and additional resources.

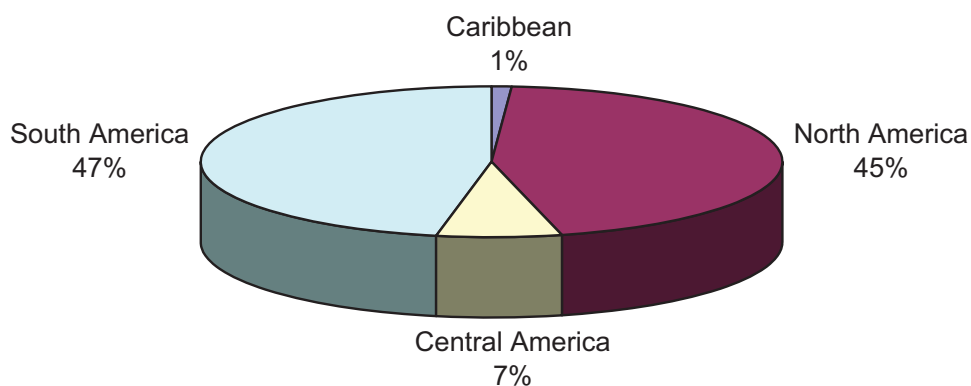
Cocaine seizures in the Americas increased in volume between 1998 and 2005. This trend was reversed in 2006. From 1998 to 2003, the average amount of cocaine seized annually was approximately 300 metric tons, which increased significantly in 2004, to 600 tons. The highest figure ever recorded was in 2005 when 850 tons were seized by law enforcement bodies.

Between 2004 and 2005, seizures of cocaine increased by 35%. The largest quantity of cocaine was seized in 2005. According to information reported by the countries, this was, in part, the result of greater cooperation, improved links between law enforcement agencies both nationally and internationally, and an efficient exchange of intelligence data, which facilitated effective operations in the drug-producing and drug-trafficking areas, among other factors.

Findings since the 1999–2000 Hemispheric Report until the present day show that cocaine has been seized in all member countries, which suggests that cocaine trafficking affects all States. During the Fourth Evaluation Round, 91% of all member states reported seizing cocaine. Therefore, it is important for operational law enforcement bodies to maintain and strengthen cocaine interdiction efforts in order to reduce the effective supply of this drug.

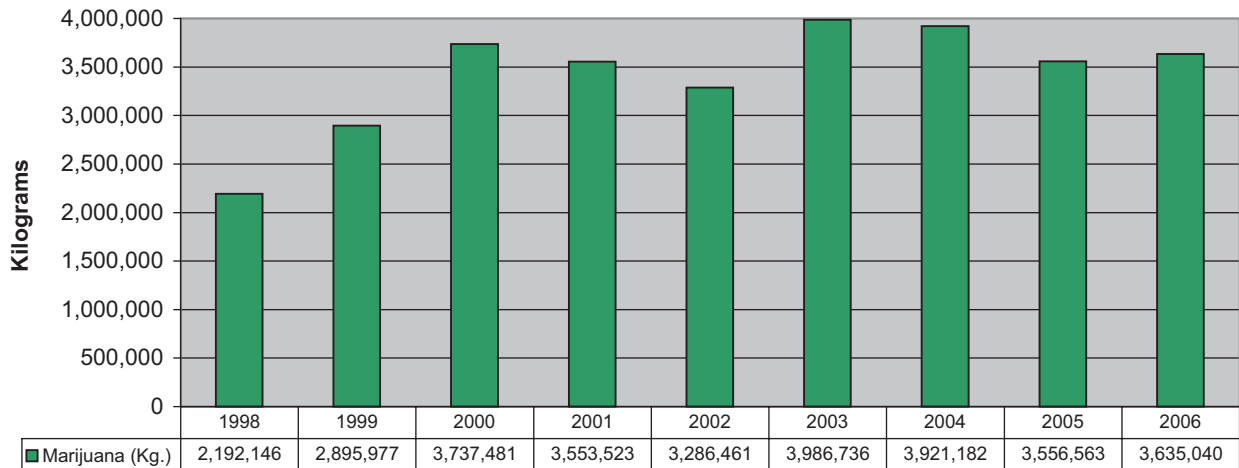
Each region's percentage share of the hemisphere's cocaine seizures in 2006 is shown in graph 16.

Graph 16: Regional Breakdown of Cocaine Seizures in 2006



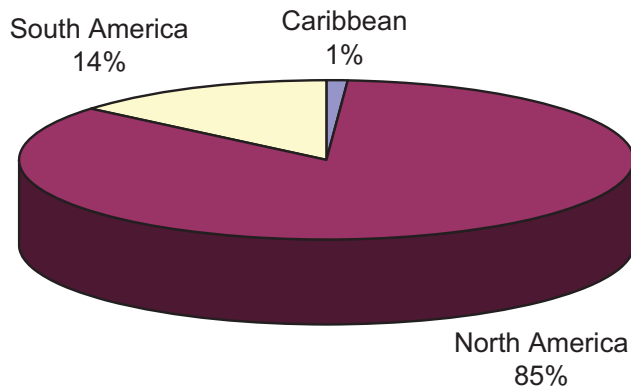
In addition, seizures of marijuana in the hemisphere also increased between 1998 and 2006. Average annual seizures of marijuana totaled 3,420 tons in this period. In 2000, 2001, and from 2003 onwards, annual seizures exceeded 3,500 tons; in 2003 and 2004 seizures totaled almost 4,000 tons; and in 2005 and 2006 seizures dropped to the same levels as 2000 and 2001 (See graph 17).

Graph 17: Marijuana Seizures in the Hemisphere⁹



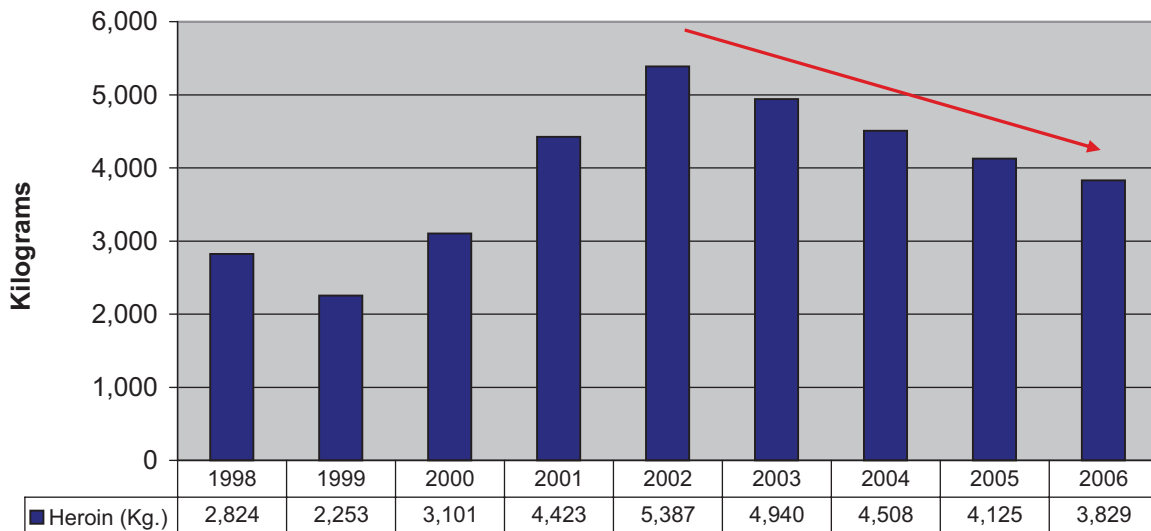
North America accounts for the majority of marijuana seizures, with 85% of the total. South America accounts for 14% of the total. (See graph 18).

Graph 18: Regional Breakdown of Marijuana Seizures in 2006



Authorities in 14 countries also reported seizing heroin and opiate derivatives. A downward trend in heroin seizures exists, due in part to the reduction of poppy cultivation in the hemisphere, among other factors.

⁹ Data refers to the quantities of seized illicit drugs, as reported by the 34 member states. Joint or combined operations as well as the adherence to international agreements, among other factors, may result in duplication of totals.

Graph 19: Heroin Seizures in the Hemisphere¹⁰


The figures for seizures of ecstasy, amphetamines, and methamphetamines show more countries are now carrying out seizures of amphetamine-type stimulants. During 2005, approximately six million doses and 80,000 kilos of ecstasy were seized, while in 2006 the figures were approximately 10 million doses and 8,000 kilos.

According to the Hemispheric Study of Maritime Drug Trafficking, “narcotraffickers are making widespread use of member states’ shipping and ports for transporting illicit drugs and related contraband.”¹¹

Furthermore, the main obstacle encountered in the hemisphere is the lack of consistent information on illicit drug trafficking. CICAD considers it essential to urge states to use methodologies for validating data on illicit drug trafficking, as well as including more variables in their databases in order to improve the quality of the information, standardize their data collection methods, and improve data analysis, among others.

With regard to extradition to other states for illicit drug trafficking, 23 countries reported permitting extradition, eight countries do not allow extradition under national laws, and three countries failed to respond.

B. Firearms, Ammunition, Explosives and Other Related Materials

Although the majority of member states have enacted legislation criminalizing the illicit production and trafficking in firearms and ammunition, most of which complies with the requirements of the Inter-American Convention against the Illicit Manufacturing of and Trafficking in Firearms, Ammunition,

¹⁰ Data refers to the quantities of seized illicit drugs, as reported by the 34 member states. Joint or combined operations as well as the adherence to international agreements, among other factors, may result in duplication of totals.

¹¹ Hemispheric Study of Maritime Narcotrafficking, CICAD Group of Experts on Maritime Narcotrafficking.

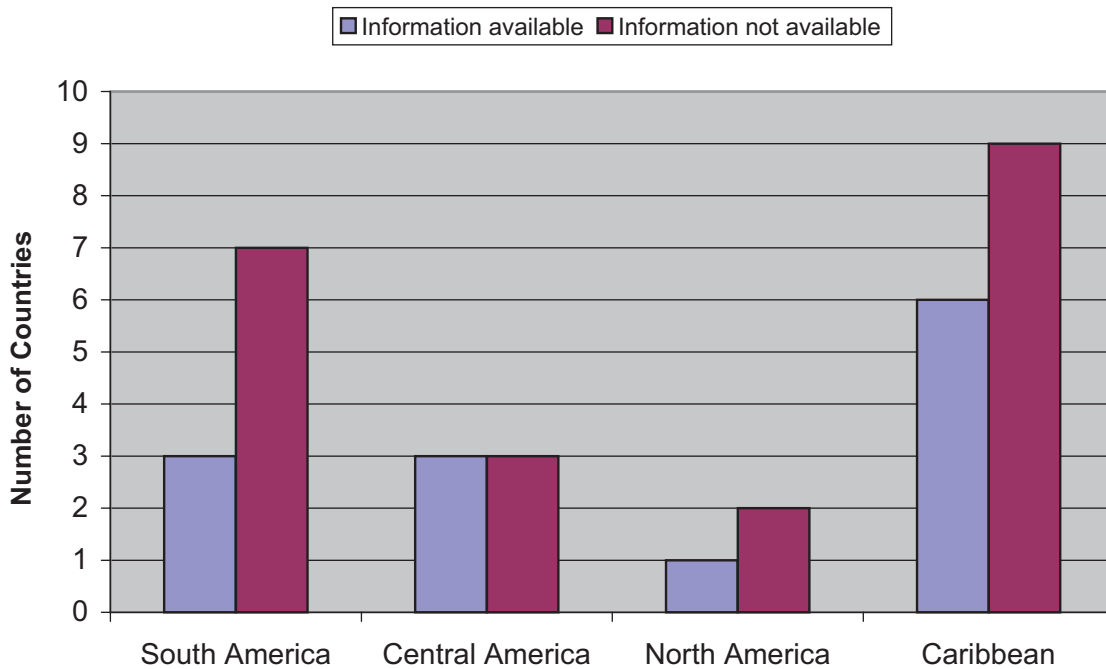


Explosives, and Other Related Materials (CIFTA), seven countries are still not parties to that Convention.

Despite the existence of this instrument, some countries are still experiencing difficulties applying and enforcing their legislation for various reasons, such as lack of human or economic resources, or both. Furthermore, as previous MEM evaluation rounds reported, there are many gaps in firearms control that should be covered by national legislation. However, in some cases only scant and sometimes contradictory information is supplied.

As illustrated in the following graph, 13 countries confirmed that information on persons formally charged with and convicted of possession of and trafficking in firearms is available.

Graph 20: Number of Countries with Information Available on Persons Formally Charged with and Convicted of Illicit Firearms Possession and Trafficking



In the Hemisphere, 25 countries use databases to monitor imports of firearms and ammunition, while 19 use a database to monitor exports, and 20 to monitor firearms and ammunition in transit.


Table 15: Countries that use Databases to Monitor Imports, Exports, and Transit of Firearms and Ammunition

	Has an import register	Has an export register	Has a register of firearms in transit
South America			
Argentina	X	X	X
Bolivia	X	X	X
Brazil	X	X	
Chile	X	X	X
Colombia	X		
Ecuador	X		
Paraguay	X		X
Peru	X	X	X
Uruguay	X	X	X
Venezuela	X	X	
Total Number of Countries	10	7	6
Central America			
Costa Rica	X	X	X
El Salvador	X	X	X
Guatemala	X	X	X
Honduras	X	X	X
Nicaragua	X	X	X
Panama	X	X	X
Total Number of Countries	6	6	6
North America			
Canada	X	X	
United States	*	*	*
Mexico	X	X	X
Total Number of Countries	2	2	1
Caribbean			
Antigua and Barbuda	X	X	X
Bahamas	X		X
Barbados			
Belize	*	*	*
Dominica	*	*	*
Grenada	X	X	X
Guyana	X	X	X
Haiti			
Jamaica	X	X	X
Dominican Republic	*	*	*
Saint Kitts and Nevis	*	*	*
Saint Lucia	*	*	*
St. Vincent and the Grenadines			
Suriname	X	X	X
Trinidad and Tobago	X	X	X
Total Number of Countries	7	6	7
Total in the Hemisphere	25	19	20

* Did not provide sufficient information.



With regard to explosives, the following table shows that 23 countries used databases to monitor their importation, and 17 countries use databases to monitor their exportation and in-transit movement.

Table 16: Countries that use Databases to Monitor Imports, Exports and Transit of Explosives

	Has an import register	Has an export register	Has a register of explosives in transit
South America			
Argentina	X	X	X
Bolivia	X	X	X
Brazil	X	X	
Chile	X	X	X
Colombia	X	X	
Ecuador	X		
Paraguay	X		X
Peru	X	X	X
Uruguay	X	X	X
Venezuela	X	X	
Total Number of Countries	10	8	6
Central America			
Costa Rica	X	X	X
El Salvador	X	X	X
Guatemala	X		X
Honduras	X		X
Nicaragua	X	X	X
Panama	X	X	X
Total Number of Countries	6	4	6
North America			
Canada	X	X	
United States	*	*	*
Mexico	X	X	X
Total Number of Countries	2	2	1
Caribbean			
Antigua and Barbuda	X		
Bahamas	X		X
Barbados			
Belize	*	*	*
Dominica	*	*	*
Grenada	X	X	X
Guyana	X	X	X
Haiti			
Jamaica			
Dominican Republic	*	*	*
Saint Kitts and Nevis	*	*	*
Saint Lucia	*	*	*
St. Vincent and the Grenadines			
Suriname			
Trinidad and Tobago	X	X	X
Total Number of Countries	5	3	4
Total in the Hemisphere	23	17	17

* Did not supply sufficient information



Illegal firearms trafficking remains one of the most serious problems confronting the Anti-Drug Strategy in the Hemisphere. The exchange of information between countries remains a problem area, as does the pending design of the model legislation agreed to in 2004 by the States Party to CIFTA in order to help countries address these shortcomings.

C. Money Laundering

All countries in the hemisphere have legal provisions criminalizing the laundering of proceeds derived from illicit activity.

Legislation targeting the source of money laundering varies among member states. Most countries recognize drug trafficking as a predicate offense. However, other serious offenses such as corruption, trafficking in human beings, trafficking in firearms, and financing of terrorism, among others, are not recognized as predicate offense by all States, due in part to differences in legislation and legal practices. However, there is a regional trend toward expanding the list of predicate offenses, consistent with the CICAD Model Regulations, the United Nations Convention against Transnational Organized Crime, and the Recommendations of the Financial Action Task Force (FATF).

The autonomy of the offense is essential to combating money laundering, not only in facilitating the judicial process, but in imposing penalties in conjunction with other crimes that have generated assets that the perpetrator also intends to launder through legal operations. The autonomy of the offense varies throughout the region, owing to differences in legislation and legal practices in the majority of countries.

In the Fourth Evaluation Round, all of the countries have administrative control measures to prevent money laundering in the banking system. However, the situation is not uniform with respect to other components of the financial system or the actual economy, such as currency exchanges, offshore banks, securities exchanges, insurance, casinos, real estate, the liberal professions, art houses, and movements of money in cash or securities across national borders.

A significant number of countries require financial institutions and other obligated entities to report suspicious transactions, primarily to the Financial Intelligence Units.

During the Fourth Evaluation Round, the member states have continued with the process of consolidating and strengthening the Financial Intelligence Units. CICAD has supported this process in South and Central America. In addition, regional organizations specializing in this subject, including the Caribbean Financial Action Task Force (CFATF) and the South American Financial Action Task Force (GAFISUD), have also played an important role. During the Fourth Evaluation Round, all 34 member states reported having FIUs. The only country that did not have an FIU during the Third Evaluation Round established one during this evaluation period. However, the institutional strength and the scope of action of these institutions is not uniform. Cooperation among these units has continued with the signing of memoranda of understanding and the exchange of operational information through the Egmont Group. During the evaluation period, 24 member states' FIUs were part of this group.

With regard to the value of assets confiscated in money laundering cases, 13 countries provided information. Only a small number of countries reported significant quantities. In addition, half of the countries in the hemisphere reported that they had specific entities in charge of administering assets seized in money laundering cases.



CONCLUSIONS

INSTITUTIONAL STRENGTHENING

National Anti-Drug Plans and National Commissions

After four MEM evaluation rounds, it has become increasingly evident that addressing the drug problem requires a basic institutional structure that ensures a minimum level of effectiveness in lessening drug use and traffic and related crime. Such an institutional structure is built upon a national anti-drug plan or strategy, a budget enabling the plan's execution, and a central body with the authority to coordinate the set of institutions responsible for implementing the strategy and appropriate financial resources. The evaluation has shown that, in the majority of the countries, the development and implementation of these three elements has been delayed, with the lack of adequate financing one of the principal obstacles to be addressed in the near future.

This evaluation round has shown that 24 of the member states have a national plan in force and 33 national anti-drug authorities. In addition, 23 countries reported that the budget for this entity is inadequate. Seventeen countries have decentralization policies in the implementation of their plan, which indicates clear progress with respect to previous rounds.

International Conventions

The MEM's effectiveness in promoting the ratification of the international instruments related to the global drug problem has been demonstrated throughout the four evaluation rounds. CICAD recognizes those states that have made progress in the consolidation of common hemispheric standards, and reiterates the need for all States to ratify or accede to these Conventions.

National Information Systems

During the Fourth Evaluation Round, the countries have demonstrated progress in the implementation of national information systems. The establishment of national drug observatories, the standardization of methods for statistical compilation and analysis concerning drug demand and supply, and the integration and administration of the information produced by the institutions involved in carrying out national anti-drug policies, have permitted a better understanding of the drug problem.

Despite this progress, limitations persist in the area of research and knowledge on the drug phenomenon. Countries should ensure that studies of the general population and the student population are conducted regularly in order to track the trends revealed by the principal drug consumption indicators and work to improve the information systems in the area of supply reduction. Despite the progress achieved, the consolidation and strengthening of the national drug observatories continues to be a work in progress in various countries in the hemisphere.

DEMAND REDUCTION

Prevention

In the area of drug use prevention, the hemisphere has two main tasks pending: to expand coverage of programs in schools; and to develop programs targeting vulnerable populations that are sustainable over time. Designing and implementing programs to address specific population segments, such as families, youth, the work force, and communities, continue to present challenges.



Specific activities should be developed for individuals in conflict with the justice system, such as prison system inmates or juvenile offenders. Training of technical personnel is a key part of such an effort. The need to expand programs to include other specific population groups should be based on diagnoses adapted to the reality of the drug phenomenon in each country.

Treatment

Recognizing the progress made regarding drug treatment in establishing minimum standards of care in 21 countries in the region, it should be noted that only 17 of these countries have instruments to accredit treatment programs and services, and possess a mechanism to evaluate the quality of services provided. Thus, half of the countries have the minimum requirements for developing treatment programs that meet the necessary minimum standards, which shows the future challenges in this area on the hemispheric agenda.

Statistics on Consumption

Progress has been significant since previous evaluation rounds in the area of capacity-building, enabling studies to be carried out among the general and student populations and other sectors, despite the limitations reported in collecting statistics on consumption. The main challenge in this area is maintaining the continuity of these studies so as to enable comparison with prior years, and thereby identify drug use trends and related behaviors. This is the primary means for evaluating, over time, the behaviors of the drug phenomenon, and adapting policies and strategies on a valid scientific basis.

SUPPLY REDUCTION

Drug Production

Regarding drug production, there has been a downward trend in the area of coca and poppy crops in the Americas. The total area of cannabis crops is not known, but a majority of the states reported seizures of this drug. It is noteworthy that countries with a tradition of illicit crops have taken great strides to implement monitoring systems with the help of the United Nations Illicit Crop Monitoring Program. Between 2004 and 2006, one of the main accomplishments of operational authorities in charge of law enforcement in member states was the destruction of laboratories producing both synthetic and organic illicit drugs.

Alternative Development

The MEM Fourth Evaluation Round has confirmed that, in addition to the Andean countries, Mexico and some Caribbean countries have undertaken activities to improve the economic opportunities and living conditions of inhabitants of areas where illicit crop cultivation for drug production exists or could exist, in order to reduce the potential for persons to become involved in illicit activities related to drug production or trafficking. However, in those countries that have not made progress in this regard, including transit countries, CICAD is committed to initiating measures designed to integrate anti-drug activities within sustainable alternative development projects and programs.

Control of Pharmaceutical Products

One of the basic objectives of international treaties on drugs is to limit the production, manufacture, export, import, distribution, trade, sales over the Internet, and use of controlled pharmaceutical



products to lawful purposes (this being their use for medical and scientific purposes), and to prevent their diversion and abuse. Although problems generated by the diversion and abuse of these products have not reached similar levels in all countries of the Hemisphere, the cases detected and the new forms of diversion have generated concern and require priority attention from the national administrations.

Control of Chemical Substances

During the current evaluation round, weaknesses still persist in the area of control of chemical substances in the hemisphere, which facilitate the availability of these substances for the clandestine manufacture of both organic and synthetic drugs. These weaknesses are found in the administrative structures, in investigations and interdictions, and in law enforcement.

Only 15 countries in the hemisphere participate in the pre-export notification system, considered the most efficient means to quickly verify the legitimacy of various transactions.

CONTROL MEASURES

Illicit Drug Trafficking

With respect to illicit drug trafficking, the recent growing awareness of the situation of illicit drug trafficking has facilitated information sharing among countries in the Hemisphere, through international cooperation, on illicit drug trafficking methods. This, in turn, has enabled law enforcement authorities to be better prepared to address the problem. However, much work remains to be done on the linkage between drug production, trafficking, and consumption, which will entail further strengthening of political will and additional resources.

Furthermore, the main obstacle encountered in the hemisphere is the lack of consistent information on illicit drug trafficking. CICAD considers it essential to urge states to use methodologies for validating data on illicit drug trafficking, as well as including more variables in their databases in order to improve the quality of the information, standardize their data collection methods, and improve data analysis, among others.

Firearms, Ammunition, Explosives and Other Related Materials

Illegal firearms trafficking remains one of the problems confronting the Anti-Drug Strategy in the Hemisphere. The exchange of information between countries remains a problem area, as does the pending design of the model legislation agreed to in 2004 by the States Party to CIFTA in order to help countries address these shortcomings.

Money Laundering

Money laundering has been included as an offense in the penal legislation of the countries in the hemisphere, which have established administrative control measures for its prevention. In addition, a process of consolidation and strengthening of the hemisphere's existing Financial Intelligence Units has been noted. However, countries need to give priority to preventing the legalization of assets that are the product of illegal activities, in order to more effectively address the drug problem.



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