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MULTILATERAL EVALUATION MECHANISM (MEM)

*Evaluation Report on Drug Policies:
Institutional Strengthening; Research,
Information, Monitoring, and Evaluation;
and International Cooperation*

United States of America

Inter-American Drug Abuse Control Commission (CICAD)
Secretariat for Multidimensional Security (SMS)

2023



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EIGHTH EVALUATION ROUND

2023

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PREFACE

The Multilateral Evaluation Mechanism (MEM), established by a mandate from the Second Summit of the Americas (Santiago, Chile - 1998), is a unique multilateral evaluation tool designed to measure the progress made and challenges faced by the member states of the Organization of American States (OAS) in implementing the Hemispheric Plan of Action on Drugs of the OAS Hemispheric Drug Strategy, currently in force.

The Inter-American Drug Abuse Control Commission (CICAD) of the Secretariat for Multidimensional Security (SMS) is the OAS specialized agency in charge of implementing this Mechanism.

The current MEM round is based on the objectives of the Hemispheric Plan of Action on Drugs 2021-2025 of the Hemispheric Drug Strategy 2020 and their respective priority actions. These documents take into account the recommendations of the outcome document of the United Nations General Assembly Special Session on the World Drug Problem (UNGASS 2016) and the United Nations 2030 Agenda on Sustainable Development, as well as cross-cutting issues, such as the gender perspective and human rights, cultural context, and social inclusion approaches, among others.

Seven evaluation rounds have been completed from 1998 to 2019 and, during 2020, the MEM Intergovernmental Working Group (IWG), composed of member state delegates, agreed on a new methodology for the eighth round, consisting of annual thematic evaluations with the support of independent technical consultants, as follows: 2021 – Measures for Prevention, Treatment, and Recovery Support; 2022 – Measures to Control and Counter the Illicit Cultivation, Production, Trafficking, and Distribution of Drugs, and to Address their Causes and Consequences; 2023 – Institutional Strengthening; Research, Information, Monitoring, and Evaluation; International Cooperation; and 2024 – Comprehensive Evaluation based on updated information from all thematic areas.

MEM evaluations are carried out based on information provided by the member states' National Coordinating Entities (NCEs), which is analyzed by the MEM Governmental Expert Group (GEG), composed of experts designated by the countries, who do not participate in their own country's evaluation, thus ensuring the transparency and impartiality of the process. The GEG is always supported by the group of independent technical consultants and the MEM Unit. The eighth round represents a more rigorous evaluation process, in which countries are requested to provide valid means of verification to support the information submitted and ensure compliance of each priority action.

Specifically, the GEG's work for the thematic assessment for the areas of "Institutional Strengthening; Research, Information, Monitoring, and Evaluation; and International Cooperation" was conducted during 2023, and covers the 2019 to 2023 period (unless otherwise specified). This work was adapted to the COVID-19 pandemic with the use of technology and virtual tools, as well as taking it into consideration in the evaluation assessments.

Finally, it should be noted that one of the main purposes of MEM evaluation reports is to serve as a useful diagnostic tool to identify opportunities for improvement in drug policies and strategies, both at the national and regional levels.

INSTITUTIONAL STRENGTHENING

OBJECTIVE

1

ESTABLISH AND/OR STRENGTHEN NATIONAL DRUG AUTHORITIES, PLACING THEM AT A HIGH POLITICAL LEVEL AND PROVIDING THEM WITH THE NECESSARY CAPABILITIES, RESOURCES, AND COMPETENCIES TO COORDINATE FORMULATION, IMPLEMENTATION, MONITORING, AND EVALUATION OF NATIONAL DRUG POLICIES.

Priority Action 1.1: Place national drug authorities at a high political level.

The United States of America (U.S.) has 19 federal government agencies with responsibilities for drug control and the Office of National Drug Control Policy (ONDCP) serves as a coordinating body for these agencies. It was established in 1988 to develop national drug control policy; coordinate and oversee the implementation of the national drug control policy; assess and certify the adequacy of National Drug Control Programs and the budget for those programs; and evaluate the effectiveness of the national drug control policy and the National Drug Control Program agencies' programs, by developing and applying specific goals and performance measurements. It is a component of the Executive Office of the President within the government administrative structure. It is part of a whole-of-government approach to addressing addiction and the overdose epidemic.

Priority Action 1.2: Grant national drug policy entities the authority to guide and coordinate the formulation, implementation, monitoring, and evaluation of national drug policies.

The United States' ONDCP has a legal basis. It was created by the Anti-Drug Abuse Act of 1988 and reauthorized most recently in 2018.

Priority Action 1.3: Allocate the necessary resources (material, financial, and human) for the effective functioning of the national drug authorities.

In the United States there is an annual budget for federal government agencies with responsibilities for drug control and ONDCP.

The amount of the annual budget for the years 2019-2023 is listed below:

Year	2019	2020	2021	2022	2023
Annual budget amount (US dollars, billions)	\$36.808	\$39.686	\$38.423	\$40.945	\$43.666

Priority Action 1.4: Design or optimize mechanisms to facilitate effective coordination and collaboration among government institutions for the formulation, implementation, monitoring, evaluation, and updating of evidence-based national drug policies and/or strategies.

The United States has an ongoing coordination and collaboration mechanism among agencies and other levels of government (national and sub-national) to formulate, implement, monitor, evaluate, and update national drug policies and/or strategies. In this sense, the National Drug Control Strategy is developed by ONDCP of the Executive Office of the President, in conjunction with other Federal agencies involved in drug control, and in consultation with members of the U.S. Congress, state and local officials, foreign governments and domestic non-governmental organizations (NGO). ONDCP leads and coordinates the nation's drug policy so that it improves the health and lives of the American people. ONDCP is responsible for the development and implementation of the National Drug Control Strategy and Budget and also provides hundreds of millions of dollars to help communities stay healthy and safe through the High Intensity Drug Trafficking Areas Program and the Drug-Free Communities Program.

The national drug authority of the United States coordinates the areas of demand reduction, supply reduction, control measures, drug observatory, international cooperation, and program evaluation.

OBJECTIVE

2

FORMULATE, IMPLEMENT, EVALUATE, AND UPDATE COMPREHENSIVE NATIONAL DRUG POLICIES AND/OR STRATEGIES THAT PROMOTE BALANCED, MULTIDISCIPLINARY, AND EVIDENCE-BASED APPROACHES, WHILE FULLY RESPECTING HUMAN RIGHTS AND FUNDAMENTAL FREEDOMS, UNDER THE PRINCIPLE OF COMMON AND SHARED RESPONSIBILITY, CONSISTENT WITH OBLIGATIONS OF PARTIES UNDER INTERNATIONAL LAW, AND TAKE INTO ACCOUNT GENDER, AGE, COMMUNITY, CULTURAL CONTEXT, AND SOCIALLY INCLUSIVE DEVELOPMENT.

Priority Action 2.1: Collect and use evidence as a basis for the formulation and updating of national drug policies and/or strategies.

In the United States, the National Institute on Drug Abuse (NIDA), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Centers for Disease Control and Prevention (CDC) collect and use evidence as a basis for formulating and updating national drug policies and/or strategies. In that sense, NIDA strategically supports and conducts basic, clinical, and epidemiological research on drug use, its consequences, and the underlying neurobiological, behavioral, and social mechanisms involved and ensures the effective translation, implementation, and dissemination of scientific research findings to improve the prevention and treatment of substance use disorders, reduce the harms associated with drug use, guide policies, enhance public awareness of addiction as a chronic but treatable medical illness, and reduce stigma in accordance with its 2022-2026 NIDA Strategic Plan.

SAMHSA’s mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes. SAMHSA envisions that people with, affected by, or at risk for substance use conditions receive care, thrive, and achieve wellbeing. SAMHSA does this by providing grant funding opportunities and guidance to states and territories, as well as tribal and local communities, providing technical assistance to grantees and practitioners, publishing and sharing resources for individuals and family members seeking information on prevention, harm reduction, treatment and recovery, collecting, analyzing, and sharing behavioral health data, collaborating with other Federal agencies to evaluate programs and improve policies, and raising awareness of available resources through educational messaging campaigns and events. All this is done in accordance with their Interim Strategic Plan.

The CDC, through its Overdose Data to Action (OD2A) program supports jurisdictions in collecting high quality, comprehensive, and timely data on nonfatal and fatal overdoses and in using those data to inform prevention and response efforts. OD2A focuses on understanding and tracking the complex and changing nature of the drug overdose epidemic and highlights the need for seamless integration of data into prevention strategies in accordance with the CDC's strategic priorities.

Priority Action 2.2: Promote and establish collaborative relationships with the scientific community, public policy experts, community and/or civil society actors, and other relevant stakeholders, to contribute to the evidence-based development, implementation, evaluation, and updating of national drug policies.

In the United States, the following relevant actors from the priority areas are involved in the development, implementation, evaluation, and updating of national drug policies and/or strategies:

Relevant actors	Development	Implementation	Evaluation	Update
Health Ministry	X	X	X	X
Interior Ministry	X	X	X	X
Justice Ministry	X	X	X	X
Education Ministry	X	X	X	X
Regional and/or local governments	X	X	X	X
Scientific community/academia	X	X	X	X
Civil society	X	X	X	X
Private sector	X	X	X	X

Priority Action 2.3: Promote sub-national/local management of drug policies and/or strategies through greater coordination and/or delegation of responsibilities, as appropriate, between sub-national/local and national agencies, taking into account the socio-cultural, demographic and other differences of each region.

The United States promotes coordination with state and local entities to implement concrete actions related to drug policies and strategies, in coordination with the Office of National Drug Control Policy (ONDCP). In that sense, drug policy plans are administered at all levels of government throughout the United States – federal, state, local, and tribal. Regarding drug policy plans administered by local governments, the Drug Free Communities (DFC) program, directed by the White House Office of National Drug Control Policy in partnership with the Centers for Disease Control and Prevention (CDC), provides grants to community organizations that facilitate citizen participation in local drug prevention efforts.

Coalitions are comprised of community leaders, parents, youth and youth-serving organizations, teachers, religious and fraternal organizations, health care and business professionals, schools, law enforcement, the media, and other local organizations involved in reducing substance use. The DFC program was created by the Drug Free Communities Act of 1997 and was reauthorized by Congress in 2001 and 2006. Since 1998, ONDCP has awarded Drug-Free Communities grants to local communities in all 50 states, the District of Columbia, Puerto Rico, Guam, Palau, American Samoa, and the U.S. Virgin Islands.

The DFC program provides grants to community coalitions to strengthen the infrastructure among local partners to create and sustain a reduction in local youth substance abuse. Currently,

there are 745 DFC-funded coalitions across the country. DFC coalitions are made up of community leaders representing twelve sectors that organize to meet the local prevention needs of the youth and families in their communities.

ONDCP also manages the High Intensity Drug Trafficking Areas (HIDTA) program. HIDTA assists Federal, state, local, and tribal law enforcement operating in areas determined to be critical drug trafficking regions of the United States. HIDTA supports law enforcement efforts in 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands.

ONDCP has, in its central structure, an office or operational unit to promote, coordinate, train, and provide technical support to local/sub-national governments or agencies on drug-related issues. ONDCP administers several grant programs to support and efficiently implement the Administration's drug policy efforts. They include:

- HIDTA Program
- DFC Support Program
- Combating Overdose Through Community-Level Intervention (COCLI)
- Model State Drug Laws Initiative
- Anti-Doping Activities
- National Youth Leadership Initiative

Established in 2018 by the SAMHSA, the Prevention Technology Transfer Center (PTTC) Network is comprised of 10 Domestic Regional Centers, two National Focus Area Centers, and a Network Coordinating Office. Together, the Network serves the 50 U.S. states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Islands of Guam, American Samoa, Palau, the Marshall Islands, Micronesia, and the Mariana Islands. The (PTTC) Network is to improve implementation and delivery of effective substance abuse prevention interventions and provide training and technical assistance services to the substance misuse prevention field. It does this by developing and disseminating tools and strategies needed to improve the quality of substance misuse prevention efforts; providing intensive technical assistance and learning resources to prevention professionals to improve their understanding of prevention science, epidemiological data, and implementation of evidence-based and promising practices; and developing tools and resources to engage the next generation of prevention professionals.

In 2001, the Drug-Free Communities Act reauthorization provided for the development of a National Community Anti-Drug Coalition Institute. This institute is called the Community Anti-Drug Coalitions of America (CADCA). Its mission is to increase the knowledge, capacity, and accountability of community anti-drug coalitions throughout the United States and territories. CADCA provides training, technical assistance, evaluation, research, translation, and capacity building products and services to support coalition-specific substance misuse prevention and policy development.

The ONDCP has coordinators, offices, or representatives within the subnational/local territories, as part of a decentralized operational and coordination structure at the local level, to respond to the drug problem. In this sense, the DFC are decentralized into 12 sectors:

- Youth (18 or younger)
- Parents
- Businesses
- Media
- Schools
- Youth-serving organizations
- Law enforcement
- Religious/Fraternal organizations
- Civic/Volunteer groups
- Healthcare professionals
- State, local, or tribal governmental agencies with expertise in the field of substance abuse
- Other organizations involved in reducing substance abuse

As an important aspect of the National Drug Control Strategy, the HIDTA Program coordinates and assists federal, state, local, and Tribal law enforcement agencies (LEAs) in each HIDTA-designated region to address regional drug threats with the purpose of reducing drug trafficking and drug production in the United States.

ONDCP provides a portion of the funding for the HIDTA program, as well as the State and Local and tribe levels. This provides a balance of local, state, and federal oversight. ONDCP administers HIDTA grant funds, authorized by Congress for the sole purpose of the HIDTA Program. ONDCP administers and oversees the funds which are executed in the field. Currently, Congress funds the program at \$302M. ONDCP doesn't "provide" the funding, but rather oversees administration of all the congressionally allocated grant funding. The program is specifically designed to create coalitions of law enforcement partners with equal representation of local, state, federal, and tribal representation - all oriented toward disrupting and dismantling drug trafficking organizations (DTO) and money laundering organizations (MLOs) and furthering the National Drug Control Strategy (NDCS).

The HIDTA Program includes 33 regional HDTAs in all 50 states, Puerto Rico, the U.S. Virgin Islands (USVI), and the District of Columbia. An Executive Board that includes, in most cases, an equal number of regional, federal, and non-federal (state, local, and tribal) law enforcement leaders, guides each HIDTA, as required by statute. Where it is impractical for an Executive Board to consist of equal numbers of representatives of federal agencies and state, local, and tribal agencies, a system of proxy votes or weighted votes must be used to achieve the voting balance. A central feature of the HIDTA Program is the discretion granted to the Executive Boards to design and implement initiatives that address the specific drug trafficking threats in each HIDTA region. This flexibility ensures that each HIDTA Executive Board can tailor its strategy and initiatives to local conditions and respond most efficiently to region-specific threats.

The United States has specific and ongoing programs to transfer funds or finance drug initiatives or projects carried out by sub-national or local governments. In this sense, three Federal programs support the Nation's prevention infrastructure at the local and state level through primary prevention planning, implementation, and evaluation: the SAMHSA's Substance Use Prevention, Treatment, and Recovery Services Block Grant and the Strategic Prevention Framework Partnerships for Success grants; as well as the ONDCP's DFC Support Program. ONDCP also has Comprehensive Addiction and Recovery Act (CARA) Community-based Coalition Enhancement Grants to Address Local Drug Crises Grants (CARA Local Drug Crises Grants) as an enhancement to current or formerly funded DFC Support Program recipients. The purpose of this program is to prevent and reduce the abuse of opioids or methamphetamines and the misuse of prescription medications among youth ages 12-18 in communities throughout the United States. Concerning law enforcement, HIDTAs provide assistance to federal, state, local, and tribal law enforcement agencies that operate in areas determined to be critical drug-trafficking regions of the United States.

Priority Action 2.4: Engage private sector entities to develop innovative approaches to implementation of drug policy, including the exchange of information on emerging substances and new drug trafficking modalities that may affect the private sector, and best practices for denying criminals access to the private sector platforms and technologies that facilitate international trade.

The United States engages private sector entities to develop innovative approaches in the implementation of drug policies and exchange information and best practices. The areas within the private sector entities that develop these approaches are in the areas of recovery, prevention, treatment, harm reduction, criminal justice reform. In recovery and treatment there is increasing access to Medication for Opioid Use Disorder (MOUD). For Example, ONDCP, in partnership with Legislative Analysis and Public Policy Association (LAPPA), released the Model Syringe Services Program Act, which authorizes the establishment of comprehensive syringe services programs, which are associated with a decrease in bloodborne infectious disease diagnoses as well as the number of needlestick injuries to first responders and others. ONDCP also released the Model Expanded Access to Emergency Opioid Antagonists Act which provides state officials with the means to increase the ability of their citizens to access and use life-saving emergency opioid antagonists.

In prevention, there is increasing awareness and understanding of fentanyl overdose and substance use disorder (SUD). For example, the NDCS directs federal agencies to expand efforts to prevent substance use among school-aged children and young adults, and support community-led coalitions implementing evidence-based prevention strategies across the country. It also encourages the adoption of flexible, responsive approaches that help people with SUD find and follow a pathway to recovery or remission that works for them and eliminate barriers and increase economic opportunities for people in recovery.

In harm reduction there is increased access to syringe service programs, fentanyl test strips and treatment services. Covered services through harm reduction programs incorporate direct services, care coordination, and managing transitions between different service providers. Critical services include intake and comprehensive risk assessment, harm reduction counseling/psychotherapy, client navigation; referrals, support groups, wellness services; peer training, opioid overdose prevention training, monitoring and follow-up, crisis intervention, reassessment, case closure, coordination activities, nutrition support, wellness care, medication management, and supervisory oversight/case-specific supervision.

In criminal justice reform there is increasing access to MOUD in carceral settings. ONDCP has surveyed state and local corrections systems to learn more about the MOUD landscape to better inform policy. ONDCP, in partnership with LAPPA, also released the Model Law Enforcement and Other First Responders Deflection Act which encourages the use and establishment of deflection programs on the state level. Deflection programs provide proactive policing to assist individuals who are at risk and offer pathways to treatment, recovery services, housing, medication for addiction treatment, whole family services, and other needed supports.

Priority Action 2.5: Formulate or update national drug policies and/or strategies in line with the 2020 OAS Hemispheric Strategy on Drugs and this accompanying Plan of Action, taking into account the objectives of the 2030 Agenda for Sustainable Development.

The United States takes into account the Organization of American States (OAS) Hemispheric Drug Strategy 2020 and its corresponding Plan of Action to formulate or update national drug policies and strategies. In this regard, the United States chaired CICAD during the negotiations of the 2020 Hemispheric Strategy on Drugs and Plan of Action. The content of the strategy and plan of action directly align with domestic U.S. priorities, including those outlined in the NDCS. The NDCS, which was released by the Biden-Harris Administration in April 2022, addresses both the demand and supply sides of drug policy, while taking into account respect and consideration for human rights, gender, cultural context and social inclusion. Areas of work include building a stronger substance use disorder treatment infrastructure and reducing the supply of illicit substances through targeted law enforcement actions and commercially disrupting criminal organizations by undermining the illicit finance networks that make drug trafficking both possible and profitable, including by addressing the proliferation in trafficking of chemicals used in illicit drug production.

Additional top priorities include expanding evidence-based harm reduction strategies to meet people where they are; preventing drug use from beginning, with an emphasis on addressing the root causes of adverse childhood experiences that can increase the likelihood of developing a substance use disorder; building a recovery-ready Nation; addressing drug policy challenges in criminal justice; and improving data systems and research that guide drug policy development. The NDCS also calls for an increased focus on improving racial equity, which has been a longstanding problem in drug policy affecting both public health and public safety. The new focus on evidence-based harm reduction addresses a historic gap in past U.S. drug policy. The renewed

focus on collaboration across public health and public safety will help improve the health and safety of individuals and communities. In developing the NDCS, input is solicited for consideration from a broad array of stakeholders, including civil society. Also, the Administration regularly seeks out opportunities to understand implementation challenges associated with the Strategy action items from federal partners and stakeholders.

The United States' national drug policies and strategies take into account the United Nations (UN) 2030 Agenda for Sustainable Development (ASD). In this sense, U.S. efforts directly support progress towards ASD Goal 3: Ensure healthy lives and promote well-being for all at all ages. In particular, U.S. drug policies strengthen the prevention and treatment of substance abuse, including narcotic drug abuse (3.5). Federal policy – not just Federal drug policy – seeks to alleviate poverty and address many of the factors that can contribute to drug use. The U.S. Department of Housing and Urban Development seeks to ensure that all Americans have an affordable place to live. The U.S. Department of Education seeks to promote quality education to all citizens, no matter their socioeconomic status. The Department of Health and Human Service promotes and supports access to quality, affordable health care to all Americans. Federal drug policy, more narrowly, seeks to make drug prevention, treatment, and recovery services available to all who need them, regardless of ability to pay. The bulk of the \$14.6 billion the Federal Government spends on drug prevention, treatment and recovery goes to state, local, and non-governmental organizations (NGO) partners to assist citizens on a state and local level address all aspects of the drug problem.

Internationally the United States is supportive of the work of the U.S. Agency for International Development (USAID) in major drug producing nations, especially in Colombia and Afghanistan. USAID leads international development and humanitarian efforts to save lives, reduce poverty, strengthen democratic governance, and help people progress beyond assistance. We recognize that it is critical for coca and opium farmers to have alternative means to making a living so they can permanently shift their economic activity to licit purposes. The United States remains one of the world's leading funders of drug related alternative development programs.

Priority Action 2.6: Integrate a human rights, gender, and social inclusion approach, particularly with respect to at-risk populations, in the process of formulating, implementing, and updating national drug policies and/or strategies.

The United States' national drug policies and strategies take into account the human rights approach. In this sense, the National Drug Control Strategy promotes scientific evidence that substance use disorders are chronic diseases of the brain that have significant behavioral manifestations. Guided by the research from the National Institute on Drug Abuse (NIDA), principles undergirding effective prevention, treatment, and recovery support have been outlined to guide non-stigmatizing, humane treatment of persons with substance use disorders in a manner that maintains human dignity and compassion. Significant efforts are under way to increase access to effective treatment and recovery support, even as alternatives to arrest and incarceration.

The country's national drug policies and strategies take into account the gender perspective. In this sense, the country has a myriad of drug policies and programs that take into account issues faced by both women and girls. The NDCS aligns with principles of effective prevention and treatment with guidance to adopt culturally relevant policies and programs. The accepted definition of culture includes ethnic, linguistic, gender, and orientation. Significant resources have supported research on evidence-based practices for women and LGBTQ+ populations to inform policies and practices. Recently, ONDCP released the report "Substance Use Disorder in Pregnancy: Improving Outcomes for Families", which outlined how overdose-related deaths in pregnant and postpartum women can be prevented with evidence-based treatment for opioid use disorder (OUD) including medications such as buprenorphine and methadone. It also describes systemic and cultural barriers that make accessing care difficult and outlines key actions the Biden-Harris Administration will take to connect pregnant women with substance use disorder to effective care.

The United States' national drug policies and strategies take into account the social inclusion approach. In this sense, the NDCS includes engagement by the Centers for Medicare and Medicaid Services to provide Federal resources (via states) to fund access to treatment services for persons who are indigent, homeless, justice-involved, or have disabilities.

Priority Action 2.7: Provide adequate financial and other necessary resources for the implementation of drug policies and programs.

The United States has the necessary resources to implement drug policies and programs.

OBJECTIVE
3

DESIGN AND COORDINATE NATIONAL DRUG POLICIES, THAT CAN BE HARMONIZED ACROSS RELATED GOVERNMENT POLICIES AND/OR STRATEGIES, THAT ADDRESS THE FUNDAMENTAL CAUSES AND CONSEQUENCES OF THE DRUG PROBLEM.

Priority Action 3.1: Establish and/or strengthen interagency and multisectoral policy and technical coordination mechanisms, to achieve a comprehensive, balanced, and multidisciplinary approach to the drug problem, including its causes and consequences.

The United States has interagency and multisectoral policy and technical coordination mechanisms to address the drug problem in a comprehensive, balanced, and multidisciplinary approach, including its causes and consequences. In this sense, United States law charges the Office of National Drug Control Policy (ONDCP), part of the Executive Office of the President, with leading diverse interagency and multisectoral policy and technical coordination processes to address the drug problem through a comprehensive, balanced, and multidisciplinary approach that is outlined in the National Drug Control Strategy (NDCS). These activities include high-level policy coordination meetings involving the leadership of federal government agencies with roles in the NDCS, various interagency workgroups charged with implementing specific actions called for in the Strategy, and ongoing coordination groups within and across the public safety and public health sectors.

Through these interagency efforts, the U.S. Government coordinates efforts across government agencies and sectors, identifies opportunities to further advance drug policy priorities with current resources and authorities, and develops recommendations for potential changes in policies, practices, funding, or authorities in order to better respond to the drug problem. These efforts involve the military, foreign policy, law enforcement, and public health sectors; prevention, harm reduction, treatment, and recovery support; and identification and response to barriers to the accomplishment of drug policy goals, including resource or coordination deficits and laws and policies that may undermine efforts to achieve drug policy goals, and stigma and lack of substance use, treatment, and recovery literacy among members of the public, policymakers, health professionals, and others.

Priority Action 3.2: Design, implement, and evaluate multisectoral plans and programs based on the principles of human rights, public health, and development, to address and counter the socioeconomic causes and the consequences of the drug problem.

The United States has concrete multisectoral plans and programs to address the causes and socioeconomic consequences of the drug problem, which are based on the principles of human rights, public health, and development.

Healthy People 2030 is the national plan to improve outcomes on a myriad of health outcomes for all populations. This plan outlines comprehensive action plans to assess and address social determinants of health for an upstream approach to prevent substance use disorders and

consequences. One of Healthy People 2030's five overarching goals is specifically related to the Social Determinants of Health (SDOH): "Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all." Healthy People 2030 includes 358 core, or measurable objectives as well as developmental and research objectives. Social Determinants of Health were woven into the Healthy People 2030 plan integrating efforts to address health equity, health disparities, economics, and vulnerable populations.

The SDOH objectives of Healthy People 2030 are organized into five place-based domains: economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context. This content is also interwoven throughout other Healthy People 2030 topics. SDOH objectives highlight the importance of upstream factors, typically outside of health care delivery, that are necessary to reduce health disparities and maintain healthy communities and populations. SDOH objectives are aligned with several federal strategies and priorities to improve value-based health care delivery and health outcomes. The SDOH objectives of Healthy People 2030 include: Reducing the proportion of children with a parent or guardian who has served time in jail; increasing the proportion of high school graduates in college the October after graduating; reducing the proportion of people living in poverty; increasing employment in working-age people; increasing the proportion of children living with at least one parent who works full time; reducing the proportion of families that spend more than 30 percent of income on housing; increasing the proportion of federal data sources that include country of birth; increasing the proportion of the voting-age citizens who vote.

Priority Action 3.3: Participate in international cooperation programs at the bilateral and multilateral levels to strengthen policies, programs, institutions, and their internal processes.

The United States participates in international cooperation programs at the bilateral and multilateral levels to strengthen policies, programs, and institutions and their internal processes. In this sense, the U.S. government not only participates in multilateral fora, but it's also a leader. Forums like the Commission on Narcotic Drugs (CND), the Inter-American Drug Abuse Control Commission (CICAD), the North American Drug Dialog (NADD), the U.S.-European Union Political Dialogue on Drugs, or the G-7 Roma Lyon Group are some of the multilateral groups the U.S. participates, often leads, shares information with and continues to strengthen its own and the other countries' internal processes. On the bilateral side, the U.S. consistently works with partners, especially on the western hemisphere, to strengthen their processes. In this sense, the country carries out bilateral meetings with Mexico, Colombia, Peru, and Canada as a way to address such processes. Additionally, the U.S. has met with Mexico during the High-Level Security Dialogue to carve the Bicentennial Framework to address drug supply and demand issues on both countries and has met with Colombia on its Counternarcotics Working Group (CNWG) and High-Level Dialogue (HLD) to develop a Bilateral Holistic Strategy to address the continued issue of coca cultivation in Colombia.

Priority Action 3.4: Promote comprehensive and cross-cutting public policies to reduce and prevent crime, violence, social exclusion, and corruption.

The United States promotes comprehensive and cross-cutting public policies to reduce and prevent crime, violence, social exclusion, and corruption. In this sense, ONDCP's National Drug Control Strategy (NDCS) charts a comprehensive path forward beyond what past federal drug policies have attempted. The increased focus on improving racial equity, which has been a longstanding problem in drug policy affecting both public health and public safety, is long overdue. The new focus on evidence-based harm reduction addresses a historic gap in past U.S. drug policy. For example, recognizing that preventing or delaying initiation of substance use can confer important health and social benefits, the Biden Harris Administration is focused on addressing the social factors that put some youth at increased risk for substance use, preventing use before it starts, and avoiding the escalation of use during the most critical period for substance use initiation. The Prevention chapter of the NDCS specifically discusses SDOH and Adverse Childhood Experiences (ACEs) as important factors to consider in understanding the origins of substance use among youth.

Priority Action 3.5: Implement measures that promote equal access to justice and due process, taking into account gender, age, community, and cultural context.

The United States implements measures that promote equal access to justice and due process, taking into account gender, age, community, and cultural context approaches. During the last several decades, the U.S. has shifted from a purely punitive approach to a public health approach to substance use disorders and consequences. Historically, jails and prisons have been filled with people who need medical care, behavioral health support for mental and substance use disorders, and social services; too many people have cycled in and out of incarcerated settings without ever receiving the help they need. With the recognition that incarceration is not the way out of the U.S. drug problem, continued efforts have worked to address the root causes of what drives many people into the criminal justice system. The U.S. has increasingly adopted practices that bring together public safety and public health, maximizing every contact with law enforcement as an opportunity to provide services to minimize further involvement with the criminal justice system. Much of this work is guided by the Sequential Intercept Model which outlines six potential points of intervention where individuals can receive assistance.

Priority Action 3.6: Implement measures that foster citizen participation in crime prevention, build community cohesion, increase public safety, and emphasize social inclusion.

The United States implements measures that foster citizen participation in crime prevention, build community cohesion, increase public safety, and emphasize social inclusion. In addition to leading and coordinating the nation's drug policy, ONDCP administers and funds the national Drug-Free Communities (DFC) Support Program. Created in 1997, the DFC Support Program funds community-based coalitions that engage multiple sectors of the community to prevent youth

substance use. Recognizing that local problems need local solutions, DFC-funded coalitions engage multiple sectors of the community and employ a variety of environmental strategies to address local substance use problems. DFC-funded community coalitions consist of community leaders representing twelve sectors that organize to meet the local prevention needs of the youth and families in their communities. These 12 sectors are:

- Youth
- Parents
- Businesses
- Media
- School
- Youth-serving organizations
- Law enforcement
- Religious/fraternal organizations
- Civic and volunteer organizations
- Healthcare professionals
- State, local, and Tribal governments
- Other organizations involved in reducing illicit substance use

By funding and training community coalitions on evidence-based prevention interventions, the DFC Support Program ensures communities adopt a balanced and comprehensive approach to create healthy, safe, and drug-free communities where youth can thrive.

OBJECTIVE

4

DESIGN, ADOPT, AND IMPLEMENT ALTERNATIVES TO INCARCERATION FOR MINOR OR NON-VIOLENT DRUG OR DRUG-RELATED OFFENSES, WHILE TAKING INTO ACCOUNT NATIONAL, CONSTITUTIONAL, LEGAL, AND ADMINISTRATIVE SYSTEMS, AND IN ACCORDANCE WITH RELEVANT INTERNATIONAL INSTRUMENTS.

Priority Action 4.1: Adopt alternative measures to incarceration for minor or non-violent drug-related offenses, where appropriate, while safeguarding the sovereignty of states, and ensuring individual accountability, respecting human rights and the gender perspective.

The United States' law provides for alternative measures to incarceration for minor drug-related offenses. With respect to alternatives to incarceration in the Federal system, the website maintained by the United States Sentencing Commission has the related materials.

Federal courts and prosecutors, with the involvement of defense attorneys, have some discretion in charging and sentencing for certain individuals in certain cases. Pretrial diversion programs are a good example, which can be found in the Department of Justice's Justice Manual at 9-22.000 (Pretrial Diversion Program), updated in February 2023, which describes the programs and selection criteria.

The President announced a pardon of all U.S. citizens and lawful permanent residents for Federal simple marijuana possession offenses that occurred on or before October 6, 2022. The pardon is limited to simple possession and no other offenses related to marijuana or other controlled substances. Implementation is ongoing.¹

The First Step Act (FSA), Public Law 115-391, signed into law on December 21, 2018, makes the "safety valve" exemptions from certain quantity-driven mandatory minimum drug sentences available to individuals facing sentencing who have a more extensive criminal history. The FSA also expanded the availability of compassionate release, which allows judges (upon a defendant's motion²) to release them from custody early when certain criteria are satisfied. It also made retroactive the equalization of penalties for crack and powder cocaine.

Treatment courts of various kinds are now widespread in the United States. Federal courts handle a small fraction of all drug cases in the country; state courts handle most criminal cases, including drug cases. There are over 4,000 treatment courts in the United States, according to a Data Digest prepared by the National Drug Courts Resource Center. These include adult treatment courts (the largest in number, targeting adults with substance use disorders charged with drug-related offenses), driving while intoxicated (DWI)/driving under the influence (DUI) courts, co-occurring disorder courts, family treatment courts, mental health courts, tribal healing to wellness courts, veterans' treatment courts, and specialized courts tailored to juveniles. Although the vast

¹ The pardon was effective immediately and there is a process in place for those covered by the proclamation to receive certificates of proof that they were pardoned.

² The motion can also originate from the Director of the Bureau of Prisons.

majority of treatment courts and similar programs operate at the state and local level, federal funding helps to support them. According to the Data Digest, a Department of Justice (DOJ) Office of Justice Programs (OJP) funded publication, OJP has collectively awarded over \$350 million through 671 awards to state, local, and tribal governments to support adult, veteran, juvenile, and family treatment courts as well as tribal (adult and juvenile) healing to wellness courts in the United States between fiscal years 2016 and 2021.

These measures take into account the human rights approach and the gender perspective in accordance with relevant international instruments. In this sense, the United States understands that its laws and measures for incarceration, including for minor or non-violent drug-related offenses, respect human rights. Sentencing judges have discretion in sentencing. On the state and local level, several cities and states have adopted family focused sentencing practices and policies.

Priority Action 4.2: Develop mechanisms to monitor and evaluate alternative measures to incarceration for minor or non-violent drug-related offenses, in collaboration with academic and research institutions, as well as civil society.

The United States develops mechanisms to monitor and evaluate alternative measures to incarceration for minor drug-related offenses. The agency responsible for implementing the monitoring and evaluation mechanisms is the DOJ. Within the DOJ, monitoring of all DOJ-funded treatment courts is conducted by OJP through an annual programmatic desk review and in-depth monitoring process. The annual programmatic desk review is conducted on all open and active awards and in-depth monitoring on no less than 10 percent of a subset of open and active award dollar total.

DOJ requires funded treatment courts to provide data that measures their performance. The performance measures are specific values or characteristics reported by treatment courts that measure the output or outcome of their activities and services. DOJ collects and uses this data to assess treatment court performance based on the goal and objectives of the program.

The Office of Justice Programs' National Institute of Justice (NIJ) conducts evaluations of treatment courts in coordination with partners within OJP, the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Service Administration (SAMHSA), and the U.S. Department of Veterans Affairs.

The Federal Judicial Center consults with federal courts and conducts research at the request of the Judicial Conference of the United States and its committees.

The United States Sentencing Commission, a component of the independent Judicial Branch of Government, also has a role in implementing, monitoring, and evaluating the mechanisms at the federal level.

Outside of government, the National Association of Drug Court Professionals (NADCP), a non-governmental organization, plays an important role. NADCP provides training and technical assistance to treatment courts at all levels, hosts an annual training conference, and publishes best practice standards for specialized treatment courts. Under a cooperative agreement with NADCP, DOJ uses the Best Practices Self-Assessment Tool developed by NPC Research to assess compliance of each funded treatment court with the treatment court model. Results from the assessment tool assist in identifying and offering targeted training and technical assistance aligned with the best practice standards to build capacity where the treatment court needs assistance. In addition, under a cooperative agreement with the American Institute for Research, DOJ uses a validated Court Self-Assessment Tool for Juvenile Drug Treatment Courts to assess each treatment court's alignment with the Juvenile Drug Treatment Court Guidelines. Results from the tool assist in identifying and offering targeted training and technical assistance to ensure that courts build capacity to implement the Juvenile Drug Treatment Court Guidelines.

These mechanisms involve academic, research and civil society institutions through the Department of Justice's Office of Justice Programs and the Department of Health and Human Service's SAMHSA fund research. Also, there has been academic work on the impact of offenders' gender and familial responsibility on Federal sentencing (noting consistent findings in the sentencing literature that females tend to be granted more leniency and lower sentences than males).

In the United States, there are legislative reform initiatives that take into account the implementation of alternative measures to incarceration for minor drug-related offenses. In that sense, legislative reform initiatives have prompted some of these initiatives, rather than taking them into account.

Priority Action 4.3: Promote common understanding of national legal norms, regulations, and internal procedures for the implementation of alternatives to incarceration.

The United States promotes a common understanding of national legal norms, regulations, and internal procedures for the implementation of alternatives to incarceration. With a vigorous media sector and over 4,000 drug courts operating nationwide, the United States provides ample opportunity for anyone to develop a working understanding of national and relevant state legal norms, regulations, and internal procedures for the implementation of alternatives to incarceration, where available.

The OJP actively promotes practice guidance and supports training and technical assistance for adult, juvenile, tribal, and veterans' treatment courts.

Federal, state, and local governments also work closely with and rely on the work of NADCP and other service providers, as noted above. OJP and SAMHSA publish research grant opportunities.

OBJECTIVE
5**PROMOTE AND IMPLEMENT, AS APPROPRIATE, IN ACCORDANCE WITH THE POLICIES, LAWS AND NEEDS OF EACH COUNTRY, COMPREHENSIVE PROGRAMS THAT PROMOTE SOCIAL INCLUSION, ESPECIALLY TO THOSE AT-RISK POPULATIONS.**

Priority Action 5.1: Design and implement, in accordance with the characteristics, interests, and needs of each country, inter-agency and multisectoral programs that promote the social inclusion of individuals, families, and communities affected by the drug problem, taking into account the specific needs of at-risk populations.

The United States has inter-agency and multisectoral programs that promote the social inclusion of individuals, families, and communities affected by the drug problem, taking into account the specific needs of at-risk populations. In this sense, several models of diversion programs exist to provide substance use disorder treatment as alternatives to incarceration, including family drug treatment court engaging parents involved with the child welfare systems, juvenile drug court for youth, veterans drug courts to connect military veterans to a wide range of health and social services, and others. The 2022 National Drug Control Strategy (NDCS) highlighted an emerging intervention known as deflection, which seeks to prevent individuals who have low to moderate criminogenic risk, but significant unmet social, economic, and health needs, from entering the criminal justice system. The goal of deflection programs is to lessen the burden on the criminal justice system by connecting those individuals to treatment and social services to which they might not otherwise have access as an alternative to arrest. In 2022, the Office of National Drug Control Policy (ONDCP) announced the release of the Model Law Enforcement and Other First Responders Deflection Act, a resource to encourage states to develop and adopt deflection programs.

Priority Action 5.2: Disseminate best practices and lessons learned to improve institutional responses to the needs of at-risk populations.

The United States disseminates best practices and lessons learned to improve institutional responses to the needs of people in at-risk situations, such as mechanisms, programs, and interventions, through publications, meetings, workshops, among others. U.S. Federal agencies manage multiple grant programs to support prevention, treatment, and recovery support services; many of these programs provide training and technical assistance to their grantees. For example, the Bureau of Justice Assistance (BJA) at the Department of Justice funds the Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) training and technical assistance (TTA) program to support COSSAP grantees and other local, tribal, and state stakeholders in their initiatives to build and sustain multidisciplinary criminal justice responses to illicit substance use and misuse. Other examples include the National Drug Court Institute, Substance Abuse and Mental Health Services Administration (SAMHSA)'s Prevention Technology Transfer Center Network, the Opioid Response Network (ORN) under State Opioid Response – Technical Assistance, and Rural Opioid Technical Assistance (ROTA), among others. In addition, there are several providers that receive funds to serve as Centers of Excellence or Innovation

Centers to disseminate information through conferences, webinars, guidelines, or their media. SAMHSA's Technology Transfer Centers (TTC) serve to develop and strengthen the specialized behavioral healthcare and primary healthcare workforce that provides prevention, treatment, and recovery support services for substance use disorder (SUD) and mental illness.

OBJECTIVE
6

PROMOTE PROPORTIONATE SENTENCING FOR DRUG-RELATED CRIMES THAT PROVIDES FOR PENALTIES COMMENSURATE WITH THE RELATIVE SERIOUSNESS OF OFFENSES, IN LINE WITH THE INTERNATIONAL DRUG CONVENTIONS AND RESPECTING THE PRINCIPLES OF DUE PROCESS, WITH GENDER PERSPECTIVE, AGE, COMMUNITY, AND A HUMAN RIGHTS APPROACH.

Priority Action 6.1: Promote proportional legal sentencing for minor drug-related offenses in accordance with domestic law.

The United States promotes the Controlled Substances Act, the Federal Sentencing Law, the First Step Act (FSA), Title 18 of the U.S. Code, the Fair Sentencing Act, and Supreme Court cases, which provides for proportional legal sentencing for minor drug-related offences, in accordance with domestic law.

The country has special courts or tribunals for minor drug-related offenses. In that sense, treatment courts of various kinds are now widespread in the United States. Federal courts handle a small fraction of all drug cases in the country; state courts handle most criminal cases, including drug cases. There are over 4,000 treatment courts in the United States, according to a Data Digest prepared by the National Drug Courts Resource Center. These include adult treatment courts (the largest in number, targeting adults with substance use disorders charged with drug-related offenses), driving while intoxicated (DWI)/driving under the influence (DUI) courts, co-occurring disorder courts, family treatment courts, mental health courts, tribal healing to wellness courts, veterans, treatment courts, and specialized courts tailored to juveniles. Although the vast majority of treatment courts and similar programs operate at the state and local level, Federal funding helps to support them. According to the Data Digest, a Department of Justice (DOJ), Office of Justice Programs (OJP) funded publication, OJP has collectively awarded over \$350 million through 671 awards to state, local, and tribal governments to support adult, veteran, juvenile, and family treatment courts as well as tribal (adult and juvenile) healing to wellness courts in the United States between fiscal years 2016 and 2021.

Priority Action 6.2: Promote legal reforms as needed, to promote proportional sentencing for minor drug-related offenses.

The United States promotes legal reforms, where appropriate, regarding proportional sentencing for minor drug-related offenses. In this sense, the law commonly referred to as the Controlled Substances Act, Title 21, United States Code, section 801 et seq., includes:

- Section 844, which provides for a sentence of up to one year for a first offense involving unlawful simple possession of a controlled substance and certain (list I) listed chemicals
- Section 844a, which provides for civil penalties for possession of small amounts of certain commonly abused controlled substances

The U.S. Supreme Court case of *United States v. Booker* ruled that the Federal Sentencing Guidelines are essentially discretionary rather than mandatory – thus invalidating a statutory provision, Title 18, U.S. Code, section 3553(b)(1), which the Court is entitled to do. Successive Supreme Court decisions have further refined the case law. For example, *United States v. Gall* held that a trial court should begin the sentencing analysis by correctly calculating the applicable Guidelines range, then weigh the statutory factors for sentencing, and make an individualized assessment based on the facts.

The First Step Act of 2018, Public Law 115-391, includes the following relevant elements:

- It reduces certain enhanced penalties imposed on repeat offenders and changes the prior offenses that qualify for such enhanced penalties
- It broadens the existing statutory “safety valve” eligibility criteria at title 18, United States Code, section 3553(f), which authorizes a court to impose a sentence without regard to any drug mandatory minimum penalty when all criteria are met
- It applies to the Fair Sentencing Act of 2010 retroactively. That 2010 legislation increased the quantity of crack cocaine in the offense required to trigger a mandatory minimum penalty. It also eliminated a statutory mandatory minimum sentence for simple possession of crack cocaine
- It authorizes a criminal defendant to file a motion for “compassionate release,” where previously only the Bureau of Prisons was so authorized

In addition, a federal court may reduce a sentence already imposed if the Sentencing Commission lowers the guideline range. See Title 18, U.S. Code, section 3582(c).

As the U.S. Government (USG) was preparing this response, in April 2023, the U.S. Sentencing Commission voted to promulgate a series of amendments to the federal sentencing guidelines, which included an expansion of what constitutes extraordinary and compelling reasons for compassionate release, to include new medical and family circumstances, non-retroactive changes in law under certain circumstances, and a catch-all provision.

In addition, the Commission promulgated amendments recommending a non-prison sentence for certain first offenders (“zero-point offenders,” referring to criminal history points in the guidelines). The amendments are available on the Commission’s website.

RESEARCH, INFORMATION, MONITORING, AND EVALUATION

OBJECTIVE
1

ESTABLISH OR STRENGTHEN NATIONAL OBSERVATORIES ON DRUGS, OR SIMILAR TECHNICAL OFFICES, STRENGTHENING NATIONAL DRUG INFORMATION SYSTEMS, AND FOSTER SCIENTIFIC RESEARCH TO GENERATE, COLLECT, ORGANIZE, ANALYZE, AND DISSEMINATE INFORMATION TO INFORM THE DEVELOPMENT AND IMPLEMENTATION OF EVIDENCE-BASED DRUG POLICIES AND STRATEGIES.

Priority Action 1.1: Develop and strengthen national drug observatories (NDO) or similar technical offices ensuring they have adequate human and financial resources.

The United States has the National Institute on Drug Abuse (NIDA) and the Mental Health Services Administration (SAMHSA) providing resources in line with a national drug observatory (NDO), which was created by a number of specific laws, regulations, and guidelines directly relevant to the SAMHSA, SAMHSA-funded activities, and to the fields of mental health and substance abuse. These cover such areas as:

- Behavioral health services financing, access, and delivery
- Civil rights protections
- Medical records privacy and confidentiality
- Substance use regulations and drug-free workplace mandates and testing

While not technically a national observatory on drugs both NIDA and SAMHSA provide resources in line with a national drug observatory.

Many federal laws and regulations impact behavioral health services financing, access, and delivery. Several of the key laws and regulations fall into the following five areas:

- Patient Protection and Affordable Care Act
- Mental Health Parity and Addiction Equity Act (MHPAEA)
- SAMHSA Laws and Regulations
- Emergency Response
- Charitable Choice

The Drug Enforcement Administration (DEA) has primary enforcement and regulatory authority for Controlled Substances in the United States. The Office of National Drug Control Policy (ONDCP) enhances the policy relevance of Federal drug-related data systems to demonstrate and assess trends relating to illicit drug use. The Department of Health and Human Services (HHS) studies and reports on addiction and substance misuse and their potential consequences. Executive Order 11727--Drug law enforcement created the DEA. ONDCP Anti-Drug Abuse Act of 1988.

NIDA and SAMHSA been assigned financial and human resources to carry out its functions, which are funded by through different sources and the breakdown of said budget allocations is explained as follows:

All funding is proposed in the Federal budget through congress and signed into law by the President of the United States. There are several different funding sources, including:

- The Centers for Disease Control and Prevention (CDC) is a Drug Control Agency under the National Drug Control Strategy (NDCS) and is appropriated funding through the Opioid Overdose Prevention and Surveillance line
- In FY 2021, the U.S. Congress enacted a spending bill that appropriated \$1,314,056,000 to CDC to prevent and control HIV, viral hepatitis, STIs, TB, infectious diseases, and the opioid epidemic, and to promote adolescent and school health. The FY 2021 operating budget amount was \$1,257,746,076

To advance the Administration's plan to beat the opioid epidemic as part of his Unity Agenda, President Biden released his FY 2024 budget request to Congress, which calls for a historic investment of \$46.1 billion for National Drug Control Program agencies. The FY24 budget request continues the Biden Administration's trend of calling for dramatic investments to address the overdose epidemic driven by fentanyl and represents a \$5.0 billion increase from the FY22 request and a \$2.3 billion increase over the FY23 enacted level. The FY24 budget also includes an increase in funding for efforts to reduce the supply of illicit drugs like fentanyl and stop drug trafficking. It also includes an increase in funding to support the expansion of prevention, treatment, harm reduction, and recovery support services.

As previously stated, each agency receives their own budget. For example, the DEA Budget for Fiscal Year 2022 was \$3.4 billion, and the budget for the Opioid Overdose Prevention and Surveillance Line was \$505 million for Fiscal Year 2023.

Priority Action 1.2: Strengthen ties to academic and research institutions, as well as specialized non-governmental organizations, to foster scientific research and studies on the various aspects of the drug phenomenon.

The United States has established and maintained working relationships with academic and research institutions. The DEA collaborates with the National Institute on Drug Abuse to conduct pharmacological evaluations on new psychoactive substances (NPS). Additionally, the DEA routinely funds pharmacological and toxicological studies on NPS and emerging drugs through various researchers and academic institutions. Further, the DEA Office of Forensic Sciences engages with universities and research consortiums like the Center for Advanced Research in Forensic Science (CARFS) to accomplish research that is impactful and increases DEA's understanding of drug issues impacting the U.S. Additionally, on May 14, 2021, DEA took an important step to increase opportunities for medical and scientific research. DEA is nearing the end of its review of certain marijuana grower applications, thereby allowing it to soon register additional entities authorized to produce marijuana for research purposes. Currently, the National Center for the Development of Natural Products at the University of Mississippi is the only approved supplier of marijuana for research purposes in the United States, and that production has been exclusively for the National Institute on Drug Abuse.

The country has carried out the following studies on the drug problem through academic and research institutions:

CDC funds a number of extramural research projects to support research on conducting process and outcome evaluation of linkage strategies, programs, or policies that link people in recovery for illicit substance use disorders to at least one evidence-based recovery support service within their community. Since FY22, CDC has funded a number of extramural research projects to support research on conducting process and outcome evaluation of linkage strategies, programs, or policies that link people in recovery for illicit substance use disorders to at least one evidence-based recovery support service within their community. Currently funded projects include:

- Linking Individuals Needing Care for Substance Use Disorders in Urban Emergency Departments to Peer Coaches (LINCS UP) – Emory University: The objective of this prospective study is to develop a robust evidence base supporting a novel approach to embedding peer recovery coaches in the emergency department (ED) setting to link patients with an illicit substance use disorders (SUD) to recovery support services. Results will inform other EDs considering a peer recovery coach program for patients presenting with SUD-related conditions
- Evaluation of Kentucky Access to Recovery Linkage Strategy – University of Kentucky: The Kentucky ATR (KATR) strategy is a 25-county program that links county residents at or below the 200% national poverty level who have illicit SUDs and are in treatment or early recovery to evidence-based recovery support services (RSS) such as recovery housing, and to other RSSs. The KATR linkage approach uses vouchers as a linkage strategy for individuals in SUD treatment who have no other funding options to acquire critical RSSs. As such, KATR’s linkage through vouchers is a “last resort” approach for linking to RSSs. The purpose of this research is to perform a rigorous process and outcome evaluation of this last resort voucher strategy of linking to RSSs. Study results may enhance current state access to recovery (ATRs) that serve individuals experiencing similar SUD health access disparities
- Supporting Treatment Access and Recovery through Linkage and Support (STAR-LS) – University of Massachusetts Medical School Worcester: Maintaining Independence and Sobriety through Systems Integration, Outreach and Networking (MISSION) is a hybrid multicomponent linkage and treatment approach, providing assertive outreach linkage support combined with psychosocial treatment, delivered by a cross disciplinary team. There are three specific aims: Aim 1: To evaluate the effectiveness of MISSION compared to peer support to improve engagement, substance use, and mental health symptoms. Aim 2: To examine mechanisms of action of the interventions. Aim 3: To conduct a sequential mixed methods process evaluation to inform sustainability and future
- Emergency Department Community Health Worker Peer Recovery Navigation for Linkage to Recovery: A mixed methods evaluation – Rhode Island Hospital: To improve linkage to recovery and addiction treatment services from the ED, a multidisciplinary, ED community health worker-peer recovery specialist program (PCHW) and the Substance Misuse Assistance Response Team (SMART) was launched at a large, academic, urban medical center which cares for the majority of patients with SUDs in Rhode Island. This study will conduct a pragmatic, mixed methods study of an established ED PCHW program to evaluate program

delivery, linkage to evidence-based recovery services, and short- and long-term patient outcomes. Results from this study will provide robust data about ED peer recovery specialist program process and patient-level outcomes needed for a subsequent multilevel, comprehensive study to identify and test effectiveness of ED peer recovery program components and implementation strategies for program enhancement, dissemination, and sustainability

Priority Action 1.3: Develop and adopt quantitative and qualitative methodologies and information-gathering mechanisms that allow for the comparison of data among countries.

The United States has developed and adopted quantitative and qualitative methodologies and information-gathering mechanisms that allow for the comparison of data among countries. In this sense, the National Vital Statistics System (NVSS) provides the most complete data on births and deaths in the United States, including provisional counts for drug overdose deaths based on a current flow of mortality data. The CDC, through its Overdose Data to Action (OD2A) program, supports jurisdictions in collecting high quality, comprehensive, and timely data on non-fatal and fatal overdoses and in using those data to inform prevention and response efforts.

However, the country has not carried out studies on drug use applying the Inter-American Uniform Drug Use Data System (SIDUC) methodology or a national methodology harmonized with SIDUC.

In addition, the United States has not used CICAD's standardized indicators for drug information networks to collect, analyze, or report national drug-related information.

The United States has carried out studies using methods that are non-representative of the population and/or qualitative methodologies to obtain information on drugs that can be shared with other countries that have carried out studies with similar methodologies, which include the following 2021-2022 Morbidity and Mortality Weekly Reports (MMWRs):

- Drug Overdose Deaths Among Persons Aged 10–19 Years — United States, July 2019–December 2021
- CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022
- Patient-Level and County-Level Trends in Nonfatal Opioid-Involved Overdose Emergency Medical Services Encounters — 491 Counties, United States, January 2018–March 2022
- Notes from the Field: Trends in Gabapentin Detection and Involvement in Drug Overdose Deaths — 23 States and the District of Columbia, 2019–2020
- Notes from the Field: Increase in Drug Overdose Deaths Among Hispanic or Latino Persons — Nevada, 2019–2020
- Vital Signs: Drug Overdose Deaths, by Selected Sociodemographic and Social Determinants of Health Characteristics — 25 States and the District of Columbia, 2019–2020
- Patient-Level and County-Level Trends in Nonfatal Opioid-Involved Overdose Emergency

Medical Services Encounters — 491 Counties, United States, January 2018–March 2022

Priority Action 1.4: Establish and strengthen national drug information networks (DINs) to carry out long-term monitoring and early warning systems (EWS), including the use of a broad range of research methods and information sources, to develop rapid responses to emerging threats.

Priority Action 1.5: Contribute to the Early Warning System of the Americas (Spanish acronym SATA) to gather the available national alerts and disseminate them to member states, so that member states can respond in the shortest possible time to new threats.

Priority Action 1.6: Publish updates annually, when possible, on drug supply and drug demand utilizing the information provided on the national drug situation by using information from the national DINs.

The United States has a national drug information network (DIN), which interacts through the following means:

Means	Yes	No	Frequency
Meetings			
Document exchange			
Others: Data collection	X		National Survey on Drug Use and Health (NSDUH) - Annually

The following actors participate in the DIN:

Stakeholders	Yes	No
Universities/Academia	X	
Health institutions	X	
Drug treatment facilities	X	
Law enforcement		X
Forensic laboratories	X	
Statistical and census institutions	X	
Private consultants	X	
Civil society and other social stakeholders	X	
International organizations of cooperation	X	

The DIN publishes a periodic report.

The United States has a national early warning system (EWS) to identify NPS and other emerging drug-related threats.

The EWS shares information, alerts, and reports with the Early Warning System of the Americas (SATA).

The EWS has a mechanism to share information in real-time.

The following stakeholders participate in the EWS:

Stakeholders	Yes	No
Universities/Academia	X	
Health institutions	X	
Drug treatment facilities	X	
Law enforcement	X	
Forensic laboratories	X	
Statistical and census institutions	X	
Private consultants	X	
Civil society and other social stakeholders	X	
International organizations of cooperation	X	
Others: General public	X	

Priority Action 1.7: Build capacity among relevant stakeholders to enhance the collection, management, and dissemination of drug related information.

NIDA and SAMHSA carry out training sessions with local stakeholders to enhance data collection and management. In this sense, the CDC’s Overdose Data to Action in States (OD2A-S) reinforces the use of surveillance and other data to inform and drive prevention efforts and policies, with an emphasis on addressing health equity and health disparities. The funding is meant, in part, to meet the needs of states to build and sustain the jurisdiction’s surveillance infrastructure. Examples of surveillance activities undertaken include enhancing emergency medical services (EMS) data and systems, hiring surveillance staff, state-led Data Modernization Initiative (DMI) initiatives, enhancing analysis and dissemination of drug overdose surveillance data, and enhancing/modernizing public health laboratories.

NIDA and SAMHSA convene meetings and other workshops where the results of studies and other information gathering activities are shared with local stakeholders.

Priority Action 1.8: Establish or strengthen forums at which drug researchers can present their findings to policymakers, and encourage their participation in CICAD experts groups.

The United States has established the following forums that allow drug researchers to present their findings to policymakers:

Forum title	Frequency	Reports or publications from these forums
College on Problems of Drug Dependence (CPDD)	Annual	Yes

<p>SAMHSA supports conferences, webinars, and training opportunities. SAMHSA facilitates webinar series that provide research, best practices, and critical thinking about substance abuse.</p>	<p>Ad hoc</p>	<p>Yes</p>
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Priority Action 1.9: Foster and disseminate best practices and the exchange of successful experiences in research among member states.

NIDA and SAMHSA promote and disseminate best practices and the exchange of successful research experiences among member states. In this sense, the U.S. provides extensive training, technical support, system and organizational development resources through the U.S. Department of State’s Bureau of International Narcotics and Law Enforcement Affairs (INL). These include universal treatment curricula, and collaborative efforts to launch international organizations such as International Society of Substance Abuse Professionals (ISSUP), Global Centre for Credentialing and Certification (GCCC), and International Consortium of Universities for Drug Demand Reduction (ICUDDR).

In addition, the National Institute on Drug Addiction, through its international program, builds partnerships among individual scientists, research institutions, and national and international organizations to:

- Promote international research collaboration
- Sponsor research training fellowships
- Exchange information on addiction science

OBJECTIVE
2

EXPAND ACCESS TO INFORMATION ON DRUG USE AND RELATED ISSUES THROUGH THE USE OF SOUND, SYSTEMATIC DATA COLLECTION PRACTICES, SCIENTIFIC RESEARCH, AND STANDARDIZED METHODOLOGIES, ENSURING THAT COUNTRIES HAVE THE INFORMATION NECESSARY TO DEVELOP SOUND DEMAND REDUCTION PROGRAMS AND POLICIES.

Priority Action 2.1: Generate information on the incidence, prevalence, and modes of drug use and health impacts of drug use (e.g. non-fatal overdose, fatal overdose, infectious disease transmission), as well as drug use and health impact trends over time using sound, systematic data collection practices, scientific research, and standardized methodologies to monitor use across the general public and in key populations, whenever possible utilizing the Inter-American Drug Use Data System (SIDUC) as the standard methodology for epidemiological surveillance.

The United States has carried out and published the following demand reduction studies:

Studies	Demand reduction		Year of most recent study
	Studies carried out and published		
	Yes	No	
Survey of secondary school students	X		2022 2019
National household surveys (12-64 years)	X		2021
Cross-section survey of patients in treatment centers		X	
Survey of patients in emergency rooms	X		2021
Survey of university students	X		2021
Survey of incarcerated individuals	X		2021
Studies on drug-related mortality	X		2022
Studies on drug-related morbidity	X		2022
Survey of other target populations: - Women who have had a recent live birth; arrestees	X		2021
Others: - Treatment facilities	X		2020

Priority Action 2.2: Develop drug treatment information systems that record the number of patients treated, diagnoses, clinical history, and available information on treatment outcomes.

The United States has a national system for the collection of data on the number of patients treated, diagnoses, clinical history, and available information on treatment outcomes.

The national system on treatment data includes the following modalities and interventions:

Modalities and interventions	Yes	No
Community-based service	X	
Screening, Brief Interventions, and Referral to Treatment	X	
Medication-Assisted Treatment	X	
Short-Term In-Patient or Residential Treatment	X	
Outpatient Treatment	X	
Long-term Residential Treatment	X	
Recovery Management	X	

Data on treated patients is collected from the following institutions:

Institution	Yes	No
Public health system	X	
Private institutions	X	
Non-governmental organizations	X	
Religious institutions	X	
Other: - Federal Bureau of Prisons; Tribal/state governments	X	

Priority Action 2.3: Evaluate and monitor the impact and the results of treatment and prevention programs using scientific methodologies and make recommendations to update programs based on findings.

The United States has carried out the following studies to evaluate treatment, prevention, and recovery support services programs and interventions:

Scope	Are evaluation studies carried out?		Description
	Yes	No	
Prevention	X		Since FY22 Centers for Disease Control and Prevention (CDC) funds extramural research for rigorous evaluation of prevention approaches within communities that incorporate efforts to mitigate the harms of Adverse Childhood Experiences (ACEs) exposure while simultaneously aiming to prevent substance use and drug overdose. The project is called Evaluating an ACEs-Targeting Advocate Model of a Substance Use Prevention Program run by the Research Triangle Institute. The project aims to evaluate an intervention integrating New Jersey’s established, evidence-based Strengthening Families Program (SFP) with clinically trained, trauma-informed Family Advocates (FAs) who will assist families in accessing community resources. Findings will provide a roadmap about the best ways to

			help disproportionately affected communities prevent substance use, overdose, and ACEs.
Treatment	X		The Clinical Trials Network (CTN) framework consists of sixteen nodes, a Clinical Coordinating Center, and a Data and Statistics Center. This framework links a variety of treatment providers and patient populations throughout the country. This allows the CTN to provide a broad and powerful infrastructure for rapid, multi-site testing of promising science-based therapies and the subsequent delivery of these treatments to patients in a variety of treatment settings.
Other: Recovery Support Services	X		The National Institute on Drug Abuse (NIDA) has been supporting research on peer and community-based recovery supports, active recovery communities, and recovery modalities that integrate multiple services, such as recovery residences. But more focus is still needed on this topic, to build foundational knowledge of these services and thus better advance this part of the U.S. Department of Health and Human Services Overdose Prevention Strategy. To that end, the Helping to End Addiction Long-term® Initiative, or NIH HEAL Initiative®, with funding from NIDA, is supporting several additional research projects that will add to the country's knowledge of recovery residences, clinical continuing care, linkage to recovery community centers, and peer interventions to increase retention in treatment with Medication for Opioid Use Disorder (MOUD).

The United States has not carried out any process and intermediate outcome evaluations of prevention and treatment programs.³

The country has conducted the following impact evaluation of its prevention programs:

Evaluated program	Title of impact evaluation performed	Year of publication of research findings	Year of program evaluation
CDC's Prevention for States Program	Overview of Successes and Outcomes from CDC's Prevention for States (PFS) Program Evaluation	2020	2016-2019

The United States has mechanisms to continually monitor and evaluate the results of the following programs and services in the public health and/or social protection network:

³ At the CICAD seventy-fourth regular session, December 11 to 14, 2023, the United States indicated that SAMHSA manages the Evidence-Based Resource Center which is a clearing house for resources related to what works in substance use prevention, treatment, and recovery. It includes many resources related to programs, policies, and practices that have been evaluated (often via NIH funding). Additionally, the country provided the following examples of specific prevention programs that have been funded and evaluated by HHS:

- Longitudinal effects of universal preventive intervention on prescription drug misuse: three randomized controlled trials with late adolescents and young adults - PubMed (nih.gov)
- A quasi-experimental evaluation of partnerships for success's impact on community-level ethanol and prescription drug poisoning rates - PubMed (nih.gov)

Programs/Services	Mechanisms to continually monitor and evaluate the results		Specify the mechanism(s)
	Yes	No	
Care	X		Medicaid & Medicare data
Treatment	X		Treatment Episode Data Set (TEDS), Government Performance and Results Act (GPRA), Medicaid & Medicare data
Rehabilitation	X		GPRA, Medicaid & Medicare data
Recovery and social integration	X		GPRA, Medicaid & Medicare data

OBJECTIVE
3

EXPAND AND ENHANCE THE COLLECTION AND DISSEMINATION OF INFORMATION ON ILLICIT DRUG PRODUCTION, TRAFFICKING, AND RELATED ISSUES, THROUGH THE USE OF SOUND, SYSTEMATIC DATA COLLECTION PRACTICES, SCIENTIFIC RESEARCH, AND STANDARDIZED METHODOLOGIES.

Priority Action 3.1: Generate information on illicit drug production, trafficking, drug markets, and related issues, using systematic data collection practices, scientific research, and wherever possible applying comparable methodologies.

The United States has mechanisms to collect and analyze information related to the illicit supply of drugs. The U.S. Drug Enforcement Administration (DEA) works with federal (CBP), state, local, tribal, and international partners participate in these mechanisms and also shares and analyzes information related to the illicit supply of drugs gathered during the course of criminal investigations of drug trafficking organizations.

The country has the following information related to supply reduction, trafficking, and related crimes:

Supply reduction, trafficking, and related crimes			
Information	Available information		Year of most recent information
	Yes	No	
Quantification of illicit crop cultivation including crops grown indoors	X		2023
Number of seizures of illicit drugs and raw materials for their production	X		2023
Quantities of illicit drugs and raw materials for their production seized	X		2023
Number of seizures of controlled chemical substances (precursors)	X		2023
Quantities of seized controlled chemical substances (precursors)	X		2023
Number of seizures of pharmaceutical products	X		2023
Quantities of seized pharmaceutical products	X		2023
Number of persons formally charged with drug use, possession, and trafficking	X		2020
Number of persons convicted of drug use, possession, and trafficking	X		2023
Number of laboratories producing illicit plant-based drugs detected and dismantled	X		2020
Number of laboratories producing illicit drugs of synthetic origin detected and dismantled	X		2020
Chemical composition of seized drugs	X		2023
Sale price of drugs (for consumers)	X		2020

Supply reduction, trafficking, and related crimes			
Information	Available information		Year of most recent information
	Yes	No	
Number of persons formally charged with money laundering	X		2022
Number of persons convicted of money laundering	X		2022
Number of persons formally charged with trafficking in firearms, explosives, ammunition, and related materials	X		2022
Number of persons convicted of trafficking in firearms, explosives, ammunition, and related materials	X		2022
Number of persons formally charged with diversion of chemical substances		X	
Number of persons convicted of diversion of chemical substances	X		2022

The United States carries out the following periodic studies and research on the illicit drug market:

Type of Study	Title of report	Year of publication of research findings
Threat assessment	National Drug Threat Assessment	2021
Intelligence report	Complexities and Conveniences in the International Drug Trade	2022
Drug prevention report	Drugs of Abuse - 2022	2022

The country carries out the following study on the medical and scientific use and other legal uses of narcotics or psychotropic substances, subject to international control systems:

Type of Study	Title of report	Year of publication of research findings
National Voluntary Guideline (based on systematic reviews, leveraging GRADE methodology)	Centers for Disease Control and Prevention (CDC) Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022	2022

Priority Action 3.2: Conduct studies on the price, purity or concentration, and chemical profile of drugs.

The United States collects information for the development of studies on the drug price, purity or concentration, and chemical profile of drugs, through publications such as the following:

Type of Study	Title of report/publication	Year of report/publication
Profiling	Fentanyl Profiling Program Report	2023
Profiling	Methamphetamine Profiling Program Report	2023
Profiling	Cocaine Signature Program Report	2023
Profiling	Heroin Signature Program Report	2022
Profiling	Emerging Threats Report	2022

The country conducts chemical characterizations and tests of purity for substances that may or may not be subject to international control.

The United States has mechanisms through which substances that have been identified as not being under international control can be placed under control. Congress passed the Chemical Diversion and Trafficking Act (CDTA) in 1988 and subsequent amendments placed under control 41 chemicals. These laws provide a system of regulatory controls and criminal sanctions to address both domestic and international diversion of important chemicals without interrupting access to chemicals destined for legitimate commerce. The CDTA created two categories for controlled chemicals.

The Controlled Substances Act allows DEA to place substances into one of five controlled schedules by following the specific procedures outlined in DEA policy, including scheduling List I chemicals, controlling substances because of international treaty obligations, or emergency scheduling of substances to avoid an imminent hazard to the public safety. DEA has several mechanisms in place to control substances not currently under international control:

- The temporary (emergency) control mechanism is the most expeditious route to control a substance. This control method temporarily places a substance under the most restrictive control based on a finding of imminent threat to public safety. This control measure is initiated and promulgated by DEA
- The formal control mechanism, includes review and recommendations from the Department of Health and Human Services (DHHS) and DEA to permanently place a substance under control in one of five classes
- The Legislative control mechanism, is initiated and enacted by the U.S. Congress and places substances into one of five schedules
- For chemical controls, DEA initiates, promulgates, and regulates the control of immediate precursors and chemicals used in the illicit manufacture of scheduled substances.

Priority Action 3.3: Establish and strengthen the relationship between the NDOs, or similar technical offices, and national, and when applicable, local, or sub-national forensic laboratories to bolster the collection of data on the chemical composition of substances and precursors seized.

In the United States, the DEA, the Special Testing and Research Laboratory, and other federal, state, and local forensic laboratories are responsible for analyzing chemical substances, precursors, and pharmaceutical products, including new psychoactive substances (NPS), and is part of the national early warning system (EWS) and national drug information network (DIN).

The country implements the following periodic training programs for personnel involved in the analysis of chemical substances, precursors, and pharmaceutical products, including new psychoactive substances:

Implements or participates in the program	Type of Training	Targeted institutions	Year when training was last done
Implements	Newly hired forensic chemists (FCs) begin their career by reporting to the DEA Training Academy as a Basic FC (BFC). BFCs must complete an intensive 4-month training program at the DEA Training Academy that emphasizes classroom and laboratory instruction in the forensic analysis of drug evidence. Post-Academy Training: Laboratory Qualification Package (LQP)	DEA	2023
Implements	The Laboratory Qualification Package is typically an eight-week period starting after the successful completion of the Basic Forensic Chemist Course (BFCC) consisting of advanced training in evidence analysis and instrumental techniques not covered in the BFCC. It is a period of further instruction, assessment, and oversight to ensure that the new Forensic Chemist can apply the techniques and skills acquired as a BFC to allow the BFC to become familiar with the policies, procedures, and practices of their new laboratory.	DEA	2023
Implements	In addition, DEA provides training on controlled substance analysis, precursor identification, clan lab processing, and new psychoactive substance identification/analysis for Federal and State counterparts, and, upon request, foreign countries.	DEA	2023

Priority Action 3.4: Strengthen drug information networks in member states by improving the mechanisms used to gather and analyze data to inform the development of public policies that control the illicit supply of drugs.

The United States' national drug information network on drugs (DIN) has standardized indicators for the collection of data on drug supply.

The country implements training activities for DIN stakeholders to improve and strengthen the mechanisms that are needed for the collection and exchange of information on drug supply.

OBJECTIVE

4

PARTICIPATE IN AND STRENGTHEN THE MULTILATERAL EVALUATION MECHANISM (MEM) PROCESS, CONSIDERING ITS RECOMMENDATIONS.

Priority Action 4.1: Regularly collect information and data to evaluate implementation of the Hemispheric Plan of Action.

For the eighth round of evaluation of the Multilateral Evaluation Mechanism (MEM), The United States collected information on the implementation of the Hemispheric Plan of Action on Drugs 2021-2025 and submitted it in a timely manner for evaluation by the Group of Governmental Experts (GEG) in the following thematic areas:

- Measures of Prevention, Treatment, and Recovery Support (2021)
- Measures to Control and Counter the Illicit Cultivation, Production, Trafficking, and Distribution of Drugs, and to Address their Causes and Consequences (2022)
- Institutional Strengthening; Research, Information, Monitoring, and Evaluation; and International Cooperation (2023)

Priority Action 4.2: Support and facilitate active and timely participation in each of the MEM activities agreed to by member states.

For the eighth evaluation round of the MEM, The United States designated delegates for the following MEM groups, actively participating and contributing to the evaluation process:

Thematic evaluation	National Coordinating Entities (NCEs)	Governmental Expert Group (GEG)
Measures of Prevention, Treatment, and Recovery Support (2021)	Yes	Yes
Measures to Control and Counter the Illicit Cultivation, Production, Trafficking, and Distribution of Drugs, and to Address their Causes and Consequences (2022)	Yes	Yes
Institutional Strengthening; Research, Information, Monitoring, and Evaluation; and International Cooperation (2023)	Yes	Yes

Priority Action 4.3: Disseminate MEM evaluation reports by member states among national stakeholders, other pertinent organizations, and the general public.

The United States carried out the following periodic activities to promote and raise awareness of the MEM Drug Policy Evaluation Reports aimed at national institutions:

Name of the activity	Date	Participating institutions
Dissemination of MEM reports to relevant U.S. government agencies via email	N/A	U.S. Department of Justice (DOJ), U.S. Drug Enforcement Administration (DEA), Office of National Drug Control Policy (ONDCP), U.S. Department of Health and Human Services (HHS), U.S. Department of State
Frequent references to the value of the MEM in public statements and bilateral meetings	N/A	Inter-American Drug Abuse Control Commission (CICAD) bilateral meetings with Organization of American States (OAS) member states

Priority Action 4.4: Promote use of the MEM’s findings to identify technical assistance needs.

The United States promotes the analysis of the findings of MEM evaluation reports to identify areas where technical assistance is needed by partner countries in the OAS. For example, when considering technical assistance projects, the U.S. Department of State’s Bureau of International Narcotics and Law Enforcement Affairs routinely references MEM evaluation reports to identify gaps and needs. The United States does not receive any technical assistance from other countries on drug control issues therefore MEM evaluation reports are not used to identify areas where technical assistance is needed in the United States.

Priority Action 4.5: Increase hemispheric cooperation and partnerships among member states and sharing of best practices and lessons learned.

The United States has reviewed the MEM Evaluation Reports on Drug Policies and identified opportunities to increase cooperation and partnerships with other member states and share best practices and lessons learned (horizontal cooperation). In that sense, MEM Evaluation Reports on Drug Policies for OAS member states are shared with relevant offices of the U.S. Department of State’s Bureau of International Narcotics and Law Enforcement Affairs (INL). These offices are responsible for funding technical assistance projects to countries in the Western Hemisphere and use MEM findings to inform program design and scope. This happens on an annual basis with the publishing of each MEM report.

INTERNATIONAL COOPERATION

OBJECTIVE

1

PROMOTE AND STRENGTHEN COOPERATION AND COORDINATION MECHANISMS TO FOSTER TECHNICAL ASSISTANCE, IMPROVE EXCHANGE OF INFORMATION AND EXPERIENCES, AND SHARE BEST PRACTICES AND LESSONS LEARNED ON DRUG POLICIES.

Priority Action 1.1: Develop and implement a plan for promoting and strengthening technical assistance and horizontal cooperation among member states and with states outside of the Western Hemisphere, and with relevant international and regional organizations, and related initiatives and programs.

The United States develops and implements a plan for the promotion and strengthening of technical assistance and horizontal cooperation among member states and with states outside the Western Hemisphere, as well as with relevant international and regional organizations, and related initiatives and programs. In this sense, the U.S., through the State Department Bureau of International Narcotics and Law Enforcement Affairs (INL), funds technical assistance projects in Organization of American States (OAS) member states and across the world. INL’s Functional Bureau Strategy outlines goals and objectives for foreign assistance, including counternarcotics programming. INL also produces Country Plan Frameworks to outline goals and objectives on a country-level, as well as related regional and multilateral efforts. Many of these technical assistance projects are implemented in partnership with international and regional organizations, as well as U.S. government agencies and civil society organizations. Many projects have a strong emphasis on facilitating bilateral and regional information sharing and exchanges. INL has an Office of Knowledge Management which is tasked with continuously improving the design, implementation, and results of counternarcotics and criminal justice assistance by providing programmatic and policy guidance, expertise, and training informed by experience and evidence.

The country has established secure communication channels for the exchange of intelligence information on drug interdiction and control through the DEA, which maintains its own information technology platforms and maintains drug and case information necessary for the advancement of complex investigations. The DEA is integrated with other agencies through classified platforms.

The United States promotes the exchange, with member states and with states outside of the Western Hemisphere, and with relevant international and regional organizations, of best practices on training, specialization, and professional development of the staff responsible for implementing the national drug policies and strategies. In this sense, the U.S., through the State Department Bureau of International Narcotics and Law Enforcement Affairs (INL), funds a number of projects that promote the exchange of best practices on training, specialization, and professional development of the staff responsible for implementing national drug policies and/or strategies. For example, INL provides funding to Inter-American Drug Abuse Control Commission’s (CICAD) Institutional Strengthening Unit to support the development, implementation, and strengthening of national drug strategies in line with the revised

Hemispheric Drug Strategy and Plan of Action. This support helps countries, and their staff, achieve the necessary capabilities and competencies to carry out effective counternarcotics policies.

The country participates in regional coordination activities to prevent crimes related to drug trafficking, such as firearms trafficking, extortion, kidnapping, money laundering, and corruption, among others. In this sense, the U.S. funds and/or participates in a number of regional coordination activities, including CICAD's Groups of Experts on Chemical Substances and Pharmaceutical Products, Demand Reduction, Maritime Narcotrafficking, Aerial Trafficking, and Alternative Development. The United States also participates in the Heads of National Drug Law Enforcement Agencies, Latin America, and the Caribbean (HONLEA) and funds and/or participates in regional cooperation efforts on various forms of transnational organized crime through INTERPOL. The U.S. Drug Enforcement Administration (DEA) annually sponsors the International Drug Enforcement Conference, where drug enforcement and trends are discussed with leaders from around the world.

In the United States, there are bilateral mechanisms for coordination and collaboration with other countries, focused on the dismantling of criminal groups linked to drug trafficking and related crimes. The U.S. has many mechanisms to facilitate bilateral cooperation with countries around the world as well as a physical presence in many partner countries. In the Western Hemisphere, the United States has bilateral mechanisms in place to promote cooperation throughout the region. For example, the United States and Mexico cooperate under the High-Level Security Dialogue and the Bicentennial Framework, and the United States and Colombia work together through the Counternarcotics Working Group (CNWG) and High-Level Dialogue (HLD). The DEA maintains 93 foreign offices in 69 countries. Where no DEA office is present, a nearby country office will be designated with responsibility to coordinate drug investigations with that nation. A map of DEA international presence is readily found online.

Each bilateral mechanism meets at a different frequency, but all groups meet at least annually. DEA cooperation and coordination with international partners is a daily ongoing activity.

Priority Action 1.2: Promote technology transfers and information sharing among and between member states and international organizations.

The United States has promoted technology transfers among and between OAS member states and international (including regional) organizations. In this sense, the DEA works with the State Department to provide interdiction, training, and inspection equipment to countries throughout the OAS region.

The country has promoted information sharing among and between OAS member states and international (including regional) organizations. The U.S. is the top funder of United Nations Office on Drugs and Crime (UNODC) and CICAD/OAS, including many technical assistance projects that facilitate information sharing among and between OAS member states. Of note, INL funds

the majority of CICAD's expert groups which bring together OAS member states to exchange information and best practices. DEA routinely uses its large international presence to promote cooperation and intelligence between member states. This includes maritime, land, air information, fugitive information, and investigative leads.

Priority Action 1.3: Promote the dissemination of good practices and exchange of successful research experiences among and between member states and international organizations.

The United States promotes the dissemination of good practices and the exchange of successful research experiences among and between member states and international organizations on drug policies. The U.S. leverages participation in a variety of multilateral fora, such as meetings of the United Nations (UN) Commission on Narcotic Drugs and International Narcotics Control Board (INCB), to exchange and disseminate best practices and the exchange of successful research experiences with other member states and international organizations. For example, at the 66th Commission on Narcotic Drugs (CND) in March 2023, the United States will host a side event on intersectoral collaboration to fight illicit trafficking, manufacture, and consumption of synthetic drugs which will feature presentations from experts on domestic experiences. U.S. experts will also serve as panelists and present on the U.S. domestic experience at 18 side events at the 66th CND, on a variety of topics, including stigma, preventing overdose deaths, quality assurance for treatment and recovery, youth advocacy, and many more. U.S. experts also regularly participate in expert group meetings under various multilateral fora, including CICAD's expert working groups.

OBJECTIVE
2**STRENGTHEN INTERNATIONAL COOPERATION AS DEFINED IN THE INTERNATIONAL LEGAL INSTRUMENTS RELATED TO THE WORLD DRUG PROBLEM, MAINTAINING RESPECT FOR HUMAN RIGHTS.****Priority Action 2.1: Strengthen regional and international cooperation by competent authorities to investigate and prosecute criminals on drug-related offenses.**

The competent authorities in The United States carry out cooperative activities at the regional and international levels to investigate and prosecute criminals for drug-related offenses. In this sense, the competent authorities of the U.S. work with domestic and foreign partners to: extradite or lawfully remove criminals sought for prosecution in the United States or abroad for a wide variety of offenses, including violent crime; adjudicate applications from sentenced persons to return to their home countries to serve their term of imprisonment; and obtain evidence in the United States on behalf of foreign criminal investigators and obtain evidence located abroad that is essential for successful U.S. prosecutions.

The country takes human rights into account when carrying out these activities by abiding by applicable Human Rights conventions and international legal norms. The U.S. scrutinizes all incoming and outgoing matters to ensure that human rights are not violated.

Priority Action 2.2: Strengthen regional and international cooperation to facilitate, where appropriate, mutual legal assistance, extradition, and transfer of proceedings, in accordance with international legal instruments, when investigating and prosecuting criminals on drug-related offenses.

The United States carries out activities to strengthen regional and international cooperation to facilitate, where appropriate, mutual legal assistance, extradition, and transfer of proceedings, in accordance with international legal instruments, when investigating and prosecuting criminals on drug-related offenses. In this sense, the U.S. actively participates in multilateral and regional efforts to improve cooperation against drug crimes. The country has chaired the United Nations Convention against Transnational Organized Crime (UNTOC) Working group on International Cooperation since 2010, as well as the UNTOC Working Group on Technical Assistance since 2017. Both of these groups routinely address the issues raised in activities to strengthen regional and international cooperation. The U.S. also regularly meets with the European Union on law enforcement cooperation, including to combat narcotics trafficking and organized crime. Finally, the U.S. has dozens of resident legal advisors (RLAs) operating out of U.S. embassies in approximately 50 countries around the world. The RLAs work to build the capacity of host countries and regions to engage in international cooperation on all criminal matters, including drug-related crimes.

Priority Action 2.3: Enact national legislation and/or take administrative actions, as appropriate, to more fully implement the obligations set forth within these legal instruments.

The United States has enacted or adopted, during the evaluation period (2019-2023), the following legislative and administrative measures and actions to improve implementation of obligations set forth within international legal instruments related to the world drug problem, respecting human rights and gender equality:

	Enacted (Mark with "X")	Adopted (Mark with "X")	Name of the legislation / administrative measures or actions
Legislative Actions/ Measures	X		Bill: HR 2630 Extending Temporary Emergency Scheduling of Fentanyl Analogues Act Equal Act Bill: HR 4981 "To amend the Fentanyl Sanctions Act, to modify certain deadlines relating to the Commission on Combating Synthetic Opioid Trafficking."
Administrative Actions/ Measures	X		Executive Order to Strengthen Racial Equity and Support for Underserved Communities Across the Federal Government Executive Order on Lowering Prescription Drug Costs for Americans Executive Order on Establishing the United States Council on Transnational Organized Crime Executive Order on Imposing Sanctions on Foreign Persons Involved in the Global Illicit Drug Trade State Model Law to Help Make Access to Naloxone Consistent across country
		X	At Urging of U.S., UN Commission Acts Against "Precursor" Chemicals Used to Produce Illicit Fentanyl Xylazine Emerging Threat Expanding access to addiction treatment in Jails and Prisons President Biden's Call to Action on the Overdose Epidemic During State of the Union

Priority Action 2.4: Promote the accession, ratification, and implementation of the international legal instruments related to the world drug problem and related crimes.

The United States has ratified or acceded to the following international legal instruments:

Conventions and Protocols		Yes	No
United Nations Conventions	Protocol to Prevent, Suppress, and Punish Trafficking in Persons, Especially Women and Children	X	
	Protocol against the Smuggling of Migrants by Land, Sea, and Air	X	
	Protocol against the Illicit Manufacturing and Trafficking in Firearms, their Parts and Components and Ammunition		X
	Single Convention on Narcotic Drugs, 1961	X	
	Convention on Psychotropic Substances, 1971	X	
	Convention against Corruption, 2003	X	
Inter-American Conventions	Convention against the Illicit Manufacturing of and Trafficking in Firearms, Ammunition, Explosives, and other Related Materials (CIFTA), 1997		X*
	Convention against Corruption, 1996	X	
	Convention on Mutual Assistance in Criminal Matters, 1992	X	

* Signed but not yet ratified nor acceded to.

EVALUATIVE SUMMARY

INSTITUTIONAL STRENGTHENING

Objective 1

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

CICAD notes with satisfaction that the United States has a coordinating body for government agencies with responsibilities for drug control, which has a legal basis. Moreover, CICAD observes that, in the country, there is an annual budget for government agencies with responsibilities for drug control. Moreover, CICAD notes that United States has an ongoing coordination and collaboration mechanism among agencies and other levels of government (national and sub-national) to formulate, implement, monitor, evaluate, and update national drug policies or strategies and that the national drug authority coordinates the areas of demand reduction, supply reduction, control measures, drug observatory, international cooperation, and program evaluation.

Objective 2

Formulate, implement, evaluate, and update comprehensive national drug policies and/or strategies that promote balanced, multidisciplinary, and evidence-based approaches, while fully respecting human rights and fundamental freedoms, under the principle of common and shared responsibility, consistent with obligations of parties under international law, and take into account gender, age, community, cultural context, and socially inclusive development.

CICAD notes with satisfaction that United States collects and uses evidence as a basis for formulating and updating national drug policies and/or strategies. Additionally, CICAD observes the involvement of relevant actors from the priority areas in the development, implementation, evaluation, and updating of national drug policies and/or strategies. CICAD notes that United States promotes coordination with state and local entities to implement concrete actions related to drug policies and strategies, in coordination with ONDCP, which has, in its central structure, an office or operational unit to promote, coordinate, train, and provide technical support to local/sub-national governments or agencies on drug-related issues. Moreover, this office has coordinators, offices, or representatives within the sub-national/local territories, as part of a decentralized operational and coordination structure at the local level, to respond to the drug problem. Additionally, the country has specific and ongoing programs to transfer funds or finance drug initiatives or projects carried out by sub-national or local governments. CICAD observes that United States engages private sector entities to develop innovative approaches in the implementation of drug policies and exchange information and best practices. CICAD notes that the country takes into account the OAS 2020 Hemispheric Drug Strategy and its corresponding Plan of Action to formulate or update national drug policies and strategies. Moreover, these

policies and strategies take into account the UN 2030 Agenda for Sustainable Development. CICAD observes that United States' national drug policies and strategies take into account the human rights approach, the gender perspective, and the social inclusion approach. Additionally, CICAD notes that the country has the necessary resources to implement drug policies and programs.

Objective 3

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

CICAD notes with satisfaction that United States has interagency and multisectoral policy and technical coordination mechanisms to address the drug problem in a comprehensive, balanced, and multidisciplinary approach, including its causes and consequences. Moreover, CICAD observes that the country has concrete multisectoral plans and programs to address the causes and socioeconomic consequences of the drug problem based on the principles of human rights, public health, and development. Additionally, CICAD notes that United States participates in international cooperation programs at the bilateral and multilateral levels to strengthen policies, programs, and institutions and their internal processes. Moreover, CICAD observes that the country promotes comprehensive and cross-cutting public policies to reduce and prevent crime, violence, social exclusion, and corruption. Also, CICAD notes that United States implements measures that promote equal access to justice and due process, taking into account gender, age, community, and cultural context approaches. Moreover, CICAD observes that the country implements measures that foster citizen participation in crime prevention, build community cohesion, increase public safety, and emphasize social inclusion.

Objective 4

Design, adopt, and implement alternatives to incarceration for minor or non-violent drug or drug-related offenses, while taking into account national, constitutional, legal, and administrative systems, and in accordance with relevant international instruments.

CICAD notes with satisfaction that United States' law provides for alternative measures to incarceration for minor or non-violent drug-related offenses, which take into account the human rights approach and the gender perspective in accordance with relevant international instruments. Additionally, CICAD observes that the country develops mechanisms to monitor and evaluate these measures, which involve academic, research and civil society institutions. Also, the country carries out legislative reform initiatives that take into account the implementation of alternative measures to incarceration for minor drug-related offenses. CICAD notes that the United States promotes a common understanding of national legal norms, regulations, and internal procedures for the implementation of alternatives to incarceration.

Objective 5

Promote and implement, as appropriate, in accordance with the policies, laws and needs of each country, comprehensive programs that promote social inclusion, especially to those at-risk populations.

CICAD notes with satisfaction that United States has inter-agency and multisectoral programs that promote the social inclusion of individuals, families, and communities affected by the drug problem, taking into account the specific needs of vulnerable populations. Moreover, CICAD observes that the country disseminates best practices and lessons learned to improve institutional responses to the needs of people in at-risk situations, such as mechanisms, programs, and interventions, through publications, meetings, workshops, among others.

Objective 6

Promote proportionate sentencing for drug-related crimes that provides for penalties commensurate with the relative seriousness of offenses, in line with the international drug conventions and respecting the principles of due process, with gender perspective, age, community, and a human rights approach.

CICAD observes with satisfaction that United States promotes legislation that provides for proportional legal sentencing for minor drug-related offences, in accordance with domestic law and has special courts or tribunals for these offenses. Moreover, CICAD notes that the country promotes legal reforms, where appropriate, regarding proportional sentencing for minor drug-related offenses.

RESEARCH, INFORMATION, MONITORING, AND EVALUATION**Objective 1**

Establish or strengthen national observatories on drugs, or similar technical offices, strengthening national drug information systems, and foster scientific research to generate, collect, organize, analyze, and disseminate information to inform the development and implementation of evidence-based drug policies and strategies.

CICAD notes with satisfaction that the United States has the National Institute on Drug Abuse (NIDA) and the Mental Health Services Administration (SAMHSA) providing resources in line with a National Drug Observatory (NDO), whose creation has a legal basis. In addition, both NIDA and SAMHSA have been assigned financial and human resources to carry out the NDO functions. Moreover, CICAD observes that the country has established and maintained working relationships with academic and research institutions and has carried out studies on the drug problem through them. Additionally, CICAD notes that United States has developed and adopted quantitative and qualitative methodologies and information-gathering mechanisms that allow for the comparison of data among countries. However, the country has not carried out studies on drug use applying the SIDUC methodology, nor used the CICAD standard indicators for drug information networks for the collection, analysis, and reporting of national drug related data and

information. On the other hand, United States has conducted studies that use methods that are non-representative of the population to obtain information on drugs that can be shared with other countries that have carried out studies with similar methodologies. Moreover, CICAD notes that the country's observatory has a national drug information network (DIN), which interacts through surveys based on annual data collection and publishes a periodic report. Also, the country has a national early warning system (EWS) to identify NPS or other emerging drug-related threats, which shares information, alerts, and reports with the Early Warning System of the Americas (SATA). Additionally, CICAD notes that United States carries out training sessions with local stakeholders to enhance data collection and management and convenes meetings and other workshops where the results of studies and other information gathering activities are shared with local stakeholders. Additionally, CICAD observes that the country has established forums that allow drug researchers to present their findings to policymakers. Moreover, CICAD notes that United States promotes and disseminates good practices or the exchange of successful research experiences among member states.

Objective 2

Expand access to information on drug use and related issues through the use of sound, systematic data collection practices, scientific research, and standardized methodologies, ensuring that countries have the information necessary to develop sound demand reduction programs and policies.

CICAD notes with satisfaction that United States has carried out and published nine demand reduction studies during the evaluation period (2019-2023). Additionally, CICAD observes that the country has a national system for the collection of data on the number of patients treated, diagnoses, clinical history, and available information on treatment outcomes. Moreover, CICAD notes that United States has carried out the following studies to evaluate treatment, prevention, and recovery support services programs and interventions. However, the country has not carried out any process and intermediate outcome evaluations of prevention and treatment programs.⁴ On the other hand, the country has carried out impact evaluation of a prevention program, but not for any treatment programs. Additionally, United States has mechanisms to continually monitor and evaluate the results of care, treatment, rehabilitation and recovery and social integration programs and services in the public health and/or social protection network.

⁴ At the CICAD seventy-fourth regular session, December 11 to 14, 2023, the United States indicated that SAMHSA manages the Evidence-Based Resource Center which is a clearing house for resources related to what works in substance use prevention, treatment, and recovery. It includes many resources related to programs, policies, and practices that have been evaluated (often via NIH funding). Additionally, the country provided the following examples of specific prevention programs that have been funded and evaluated by HHS:

- Longitudinal effects of universal preventive intervention on prescription drug misuse: three randomized controlled trials with late adolescents and young adults - PubMed (nih.gov)
- A quasi-experimental evaluation of partnerships for success's impact on community-level ethanol and prescription drug poisoning rates - PubMed (nih.gov)

Objective 3

Expand and enhance the collection and dissemination of information on illicit drug production, trafficking, and related issues, through the use of sound, systematic data collection practices, scientific research, and standardized methodologies.

CICAD notes with satisfaction that United States has mechanisms to collect and analyze information related to the illicit supply of drugs and has information related to supply reduction, trafficking, and related crimes. Additionally, the country carries out periodic studies on the illicit drug market and on the medical and scientific use and other legal uses of narcotics or psychotropic substances, subject to international control systems. CICAD observes that United States collects information on the drug price, purity or concentration, and chemical profile of drugs, and conducts chemical characterizations or purity tests of substances that may or may not be subject to international control. Moreover, the country has mechanisms through which substances that have been identified as not being under international control can be placed under control. CICAD notes that United States has agencies that are responsible for analyzing chemical substances, precursors, and pharmaceutical products, including new psychoactive substances, which are part of the national early warning system (EWS) and drug information network (DIN), additionally, the country implements periodic training programs for personnel involved in the analysis of these substances. CICAD observes that the country's DIN has standardized indicators for the collection of data on drug supply and that the country implements training activities for DIN stakeholders to improve and strengthen the mechanisms that are needed for the collection and exchange of information on drug supply.

Objective 4

Participate in and strengthen the Multilateral Evaluation Mechanism (MEM) process, considering its recommendations.

CICAD notes with satisfaction that, for the eighth round of evaluation of the MEM, United States collected information on the implementation of the Hemispheric Plan of Action on Drugs 2021-2025 and submitted it in a timely manner for evaluation by the Group of Governmental Experts (GEG). CICAD observes that, for the eighth evaluation round of the MEM, the country designated delegates for all the MEM groups, actively participating and contributing to the evaluation process. Additionally, CICAD notes that United States carries out periodic activities to promote and raise awareness of the MEM Drug Policy Evaluation Reports aimed at national institutions. Moreover, CICAD observes that the country has promoted the analysis of the findings of MEM Evaluation Reports on Drug Policies to identify areas where technical assistance is needed by partner countries in the OAS. Additionally, CICAD notes that United States has reviewed the MEM Evaluation Reports on Drug Policies and identified opportunities to increase cooperation and partnerships with other member states or share best practices and lessons learned (horizontal cooperation).

INTERNATIONAL COOPERATION

Objective 1

Promote and strengthen cooperation and coordination mechanisms to foster technical assistance, improve exchange of information and experiences, and share best practices and lessons learned on drug policies.

CICAD notes with satisfaction that United States develops and implements a plan for the promotion and strengthening of technical assistance and horizontal cooperation among member states and with states outside the Western Hemisphere, as well as with relevant international and regional organizations, and related initiatives and programs. Additionally, the country has established secure communication channels for the exchange of intelligence information on drug interdiction and control. Moreover, United States promotes the exchange, with member states and with states outside of the Western Hemisphere, and with relevant international and regional organizations, of best practices on training, specialization, and professional development of the staff responsible for implementing the national drug policies and strategies. Additionally, the country participates in regional coordination activities to prevent crimes related to drug trafficking, such as firearms trafficking, extortion, kidnapping, money laundering, and corruption, among others and has bilateral mechanisms for coordination and collaboration with other countries, focused on the dismantling of criminal groups linked to drug trafficking and related crimes. Moreover, CICAD observes that the country has promoted technology transfers among and between OAS member states and international (including regional) organizations, as well as information sharing among them. Additionally, CICAD notes that United States promotes the dissemination of good practices and the exchange of successful research experiences among and between member states and international organizations on drug policies.

Objective 2

Strengthen international cooperation as defined in the international legal instruments related to the world drug problem, maintaining respect for human rights.

CICAD notes that the competent authorities in United States carry out cooperative activities at the regional and international levels to investigate and prosecute criminals for drug-related offenses. Moreover, CICAD observes that the country carries out activities to strengthen regional and international cooperation to facilitate, where appropriate, mutual legal assistance, extradition, and transfer of proceedings, in accordance with international legal instruments, when investigating and prosecuting criminals on drug-related offenses. Additionally, CICAD notes that United States has enacted or adopted, during the evaluation period (2019-2023), legislative and administrative measures to more fully implement compliance with the obligations established in international legal instruments related to the world drug problem, respecting human rights and gender equality. Moreover, CICAD observes that the country has ratified or acceded to most of the international legal instruments of the United Nations and most of the OAS Inter-American legal instruments regarding the world drug problem and related crimes.



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