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Cooperation Programme between  
Latin America, the Caribbean  
and the European Union on  
Drug Policies

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# A Practical Guide for NDOs to Map Human, Institutional, and Financial Resources for Research



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## CREDITS

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Result 1: Strengthening of the National Drug Observatories

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# Table of Contents

**Background** 04

**The Layout of Document** 05

**Section 1: General Aspects of the Resource Mapping** 06

Introduction 06

Purpose and Intent of the Guide 06

The Expected Outcomes of the Guide 07

The Goals/Objectives of Resources Mapping 07

Who is Responsible for Carry-out the Mapping? 07

Defining the Information Map 08

Conceptual Framework of the Investigative Process 09

**Section 2: Putting it Into Practice: Defining and Performing Resource Mapping** 12

Key Definitions and Concepts 12

*Getting Started (Essential Elements of the Mapping Process)* 13

Choosing Assessment Frameworks and Tools 15

Some helpful assessment questions to work with 16

Defining the Mapping Steps 18

**Section 3: How to Constitute a Scientific Advisory Committee – Linking our Mapping Activities to Research Governance** 23

Introduction 23

Definitions and Typology 24

Why establish a scientific advisory committee? 24

Roles and Responsibilities of the NDOs 24

Members of a SAC: Roles and responsibilities 27

**Reference** 28

**Appendix 1: Library of Questions to Facilitate Mapping Exercise** 29

**Appendix 2** 32



## Background

Why the focus on scientific research on drugs?

Drug use remains high worldwide (1). In 2020, an estimated 284 million people worldwide aged 15–64, the majority of whom were men, had used a drug within the last 12 months. This corresponds to approximately 1 in every 18 people in that age group, or 5.6 per cent, and represents a 26 per cent increase on 2010, when the estimated number of people who used drugs was 226 million and prevalence was 5 per cent.

In terms of drug production and trafficking, the World Drug Report (2022) highlights that cannabis is still the most widely produced substance, and cultivation of opium poppy declines while coca bush cultivation stabilizes. Cannabis cultivation remains a global phenomenon, and much is produced in the country where it is consumed. By contrast, cultivation of other drugs tends to be region-specific and is often concentrated in a very small number of countries. Global seizures are topped by plant-based substances; synthetic drugs show the most growth. The bulk of seizure cases in the period 2019–2020 continued to be in plant-based substances (more than 70 per cent), most notably cannabis, while only a fifth of all seizures involved synthetic drugs (1).

Prevention and management of substance use disorder have been considered one of the top priorities. Internationally, the WHO and the United Nations have been at the forefront with many efforts in synthesizing evidence and developing guidelines and frameworks to combat this public health crisis (2). Despite these efforts, gaps in research, training, treatment, service delivery, and capacity building related to substance use disorder are recognized. Moreover, these challenges vary across regions and countries significantly. This heterogeneity requires contextually sensitive approaches to the development and implementation of 'locally' compatible policy solutions, hence the focus on national-level scientific research.



## The Layout of the Document

The document has three sections, bibliographical references, and annexes. The first section includes the conceptual definition of resource mapping and its objectives (in the context of this guide), a description of its functions, basic characteristics, requirements, operating mechanisms, and other key areas.

The second section outlines the steps for adequate implementation of a mapping exercise considering the different contexts that may exist among them. Key questions for the implementation and identification of stakeholders comprise the core elements of this section.

Finally, the third section presents “how to constitute a Scientific Advisory Committee” linking our mapping activities to research governance.



# Section 1: General Aspects of the Resource Mapping

## Introduction

This guide provides an overview of resource mapping and the key component steps for the effective implementation of mapping activities that aim to identify the human, institutional, and financial resources allocated to drug abuse/use research within a country.

It is for the National Drug Observatories (NDOs) and by extension their stakeholders, who have a role or mandate to conduct research to inform about the drug situation in a country, to understand the phenomena of drugs, build a comprehensive framework about the causes, the impact of the policies on drugs in the life of the populations; monitoring the main indicators; evaluate the drug policies and make appropriate recommendations regarding policies and programmes.

The use of this guide will impact not just the NDOs but also people in academia, and civil society institutions who are already a part of the country's research network or will become a part of this network in the future.

The guide will be useful both for those starting their mapping journey and those building on and improving the research networking that they have already been engaged in and the support that they already provide.

## Purpose and Intent of the Guide

Accordingly, the purpose of this guide is to offer a standard methodology to guide the NDOs to map the human, institutional, and financial resources allocated to drug research within their countries. The Mapping guide is intended to encourage and provide guidance to NDOs that are seeking to better understand the available existing human, institutional and financial resources that can support drug use and abuse research.



## The Expected Outcomes of the Guide

The expected outcomes of this mapping exercise will be identifying opportunities to build a national network to investigate the drug phenomena. This exercise will hopefully cement the present and future collaborations and build relationships with stakeholders in the country that will benefit the national network.

Firstly, mapping the drug phenomena will help to describe, bring awareness and understanding to, and better explain the different social problems that are linked to drugs with a focus on the most affected populations. Secondly, the mapping will serve to highlight the gaps in the coverage of the problems (that have been the focus of previous investigations) and then provide a basis for identifying what new investigations are needed to provide a more wholistic picture of the situation.

## The Goals/Objectives of Resources Mapping

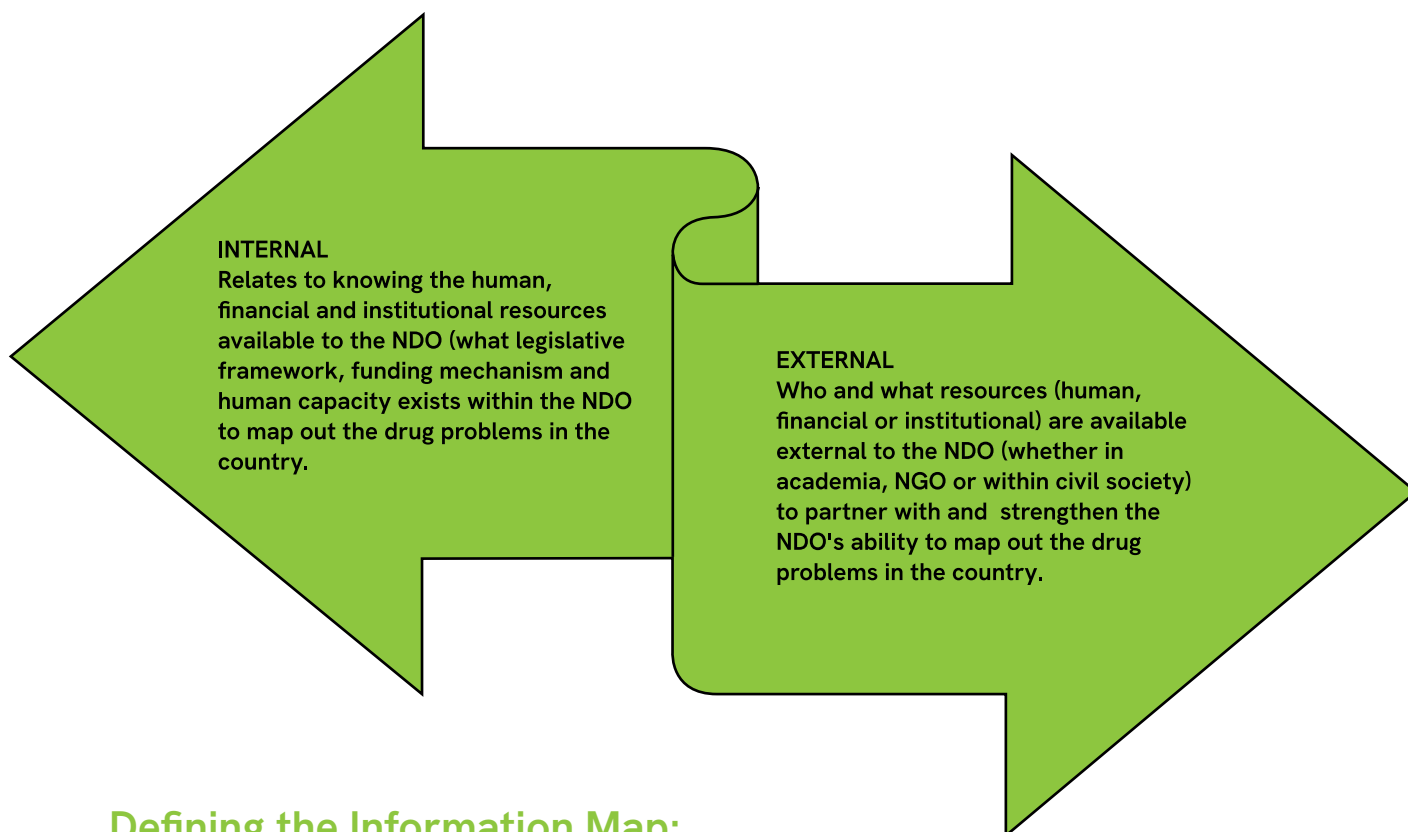
- To develop a network of researchers, research centres and investigative methodologies to better understand the drug problems of the country
- To Identify existing/new resources that are available for drug research.
- To avoid duplication of research activities and use of resources, in particular financial resources.
- To cultivate new partnerships and relationships to support the work of the NDOs.
- To identify agencies within the network whose work focuses on populations in positions of vulnerability, such as women, children, LBGTQI community, migrants, etc.
- To encourage wide collaboration and networking for drug research among the NDOs, academia, civil society and individual researcher.

## Who is Responsible for Carry-out the Mapping?

The **National Drug Observatory (NDO)** would be the ideal agency, given its primary objective in this context is to improve its capacity to build a network of researchers, research centres, and research methodologies to better understand the drug problems of the country.



## The Scope of the Mapping Activity



## Defining the Information Map:

### Categories and Sources of Information/Possible Key Institutions or Associates

Firstly, the mapping exercise's purpose is to identify the human, financial, and institutional resources available in a country that the NDOs can use collaboratively in supporting their efforts to better understand the drug problem in the country.

Secondly, the mapping exercise serves to build a network of stakeholders (institutions and individuals) who may have some related competency and interest within the specific objectives related to research in the field of drug use/abuse. Such research which uniquely identifies different topics or problems in relation to drugs (production, trafficking, micro trade, consumption, abuse, the demand for treatment, prevention and treatment programmes, incarceration, offences against the drug laws, penalties, sustainable development, violence, human right, vulnerable populations, the impact of drug policies on vulnerable populations as well as the human right, gender<sup>1</sup>, race, etc.)

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1. The gender perspective entails recognizing that drug policies have a differential impact on women and men and if these differences are not specifically addressed, they tend to amplify and deepen the existing inequalities in human development. The inclusion of a gender perspective entails the actions undertaken within the drug policies framework contributing to closing the gender gap.

The UNGASS 2016 Resolution notes "Mainstream a gender perspective into and ensure the involvement of women in all stages of the development, implementation, monitoring and evaluation of drug policies and

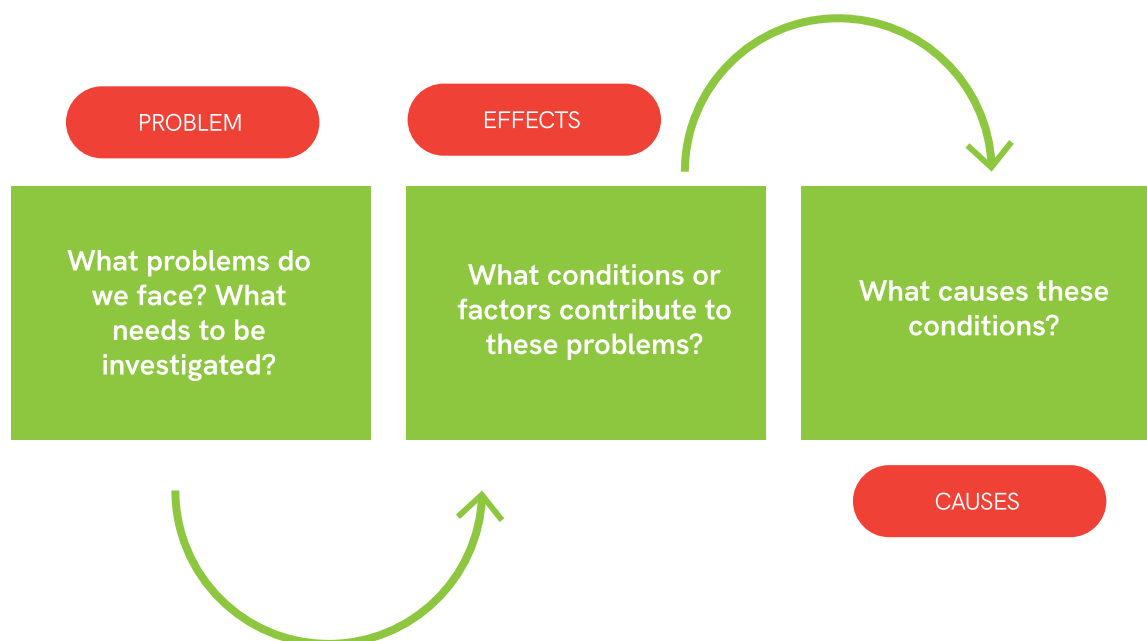




The following categories serve to illustrate an information map (identifying sources) of the key information that is required and which institutions and/or stakeholders have access to or produce this information or have related competence with carrying-out drug-related research.

## Conceptual Framework of the Investigative Process

Working collaboratively with academia, scientific researchers, and civil society institutions the NDOs will seek to deepen their understanding of the different issues related to the drug problem (the problems, their causes, and their effects).



**Information Map:** The key institutions/stakeholders to be targeted include,

1. Those linked to drug supply control problems – to better understand the role of Government (the political establishment), the military, the police/customs, trafficking, the drug market, the internet, etc.)
  - a. *Supply Control Entities/Interdiction agencies. For example, the Police, Customs, and regulatory bodies*
  - b. *Office of the Attorney General, Ministry of Justice*

programs, develop and disseminate gender-sensitive and age-appropriate measures that take into account the specific needs and circumstances faced by women and girls with regard to the world drug problem and, as States parties, implement the Convention on the Elimination of All Forms of Discrimination against Women.”

United Nations, Outcome document of the thirtieth special session of the General Assembly, Our joint commitment to effectively addressing and countering the world drug problem (New York, 2016).



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2. Laboratories that perform chemical analyses of drugs must be included e.g., forensic institutes, universities, government agencies, and others)

- a. *Labs/Forensic/Toxicological/Clinical departments*
- b. *Academic Research Teams*

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3. Health and treatment centres, especially primary care, are also important because of their close interaction with drug users and their potential as a source of clinical and toxicological information, and as transmitters and generators of knowledge and good practices for the health care of drug users. Institutions that can provide profiles of consumption in vulnerable populations described by race, age, social class, gender, etc.).

- a. *Health Care Services specializing in drug treatment and the accident and emergency (A&E) departments that address such issues as overdoses or accidental poisoning from drug use*
- b. *Programmes/Demand Reduction interventions*
- c. *Help Lines - Support & Advisory Services*
- d. *Drug Users/ Qualified Informants*
- e. *Drug treatment centres*
- f. *School and population surveys (drug use and living conditions)*
- g. *Detention Centres*

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4. Universities and Research Centres

- a. *For example, the Center for Research and Advanced Studies of the National Polytechnic Institute, College of the Northern Border and the Economic Research and Teaching Center (Mexico)*
- b. *Scientific Research Council (Jamaica)*

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5. Research Institutes directly or indirectly related to investigating the drug problem or issues relating to drug use.

- For example Mexico has the Institute of Respiratory Diseases, the National Institute of Public Health, the National Institute of Psychiatry, the National Institute of Cancerology*
- a. *of Public Health, the National Institute of Psychiatry, the National Institute of Cancerology*

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6. Independent Researchers



## Example of Sources of Financial Resources to be Mapped.

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- National budgets from Government provide for the planned research (e.g., Paraguay, Mexico, Jamaica, Colombia, Argentina, and Uruguay).

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- Donors (e.g., Paraguay).

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- Collaborations with academic institutions (public and private universities (e.g., Chile).

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- Special funding is provided under the drug law, from the proceeds of crime (e.g., Chile, Mexico, and Uruguay).

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- NDO through the National Anti-Drug Secretariat (e.g., Paraguay).

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- An annual budget is provided for research financed through Social Rehabilitation Fund (from proceeds of seized assets, e.g., Colombia).

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- Strategic alliance with academia, and health institutions - NDO provides technical resources to advance the research (e.g., El Salvador and Chile)

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- Resource allocations to specialized bodies to research social issues impacting populations in positions of vulnerability such as women, children, migrants, LGBTQI, etc.

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- In-kind mechanism for collaboration (human or institutional resources used by either party to maximize output).

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- Scholarships or subsidies

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### Key Points to Remember

*Understanding gender, human rights, and other cross-cutting issues can be essential to gaining a comprehensive assessment. In the context of resource mapping, mainstreaming a cross-cutting issue is generally understood as a strategy to make that theme an integral dimension of the organisation's design, implementation, monitoring and evaluation of development policies and programmes. It also implies that relevant analyses and studies are conducted as the basis for integrating the cross-cutting issue into the design of policies and programmes.*



## Section 2: Putting it Into Practice: Defining and Performing Resource Mapping



***What is resource mapping and why is it important in the context of identifying resources for research activities.?***

### Key Definitions and Concepts

Resource mapping is not a new strategy or process, as it has been in use for many years in varying forms and in various areas of practice. Resource mapping, also known as asset mapping or environmental scanning, in its simplest form is the process of identifying specific resources available in your settings and developing strategies to



use those resources. The process acknowledges that individuals, organizations, and local institutions all have the capacity to create real change in their area. Resource mapping also helps individuals realize their work is part of a larger community effort working together toward common goals.

In another context, resource mapping, be it institutional, financial, or human resources mapping, is best noted as a system-building process used by many different groups at many different stages in order to align resources and policies in relation to specific system goals, strategies, and expected outcomes.

### ***Increasing Research/Analytical Capacity***

The need to develop a sound scientific research base to inform service planning and decision-making in substance abuse interventions and policy is strongly supported in the literature.

Rationale - The underlying philosophy for developing research capacity is that it should generate research that is useful for practice<sup>2</sup>. The 'ultimate goal' of research capacity development is the generation and application of new knowledge to improve the health of individuals and families and to inform policies.

**Linkages, partnerships, and collaborations enhance research capacity building** - the notion of building partnerships and collaborations is integral to capacity building. It is the mechanism by which research skills and practice knowledge is exchanged, developed, and enhanced and research activity conducted to address public health problems. The linkages between the practice world and of academia may also enhance research use and impact.

## **Getting Started (Essential Elements of the Mapping Process)**

### ***Listing the potential collaborators (stakeholders - academia/civil society)***

#### ***Collect Information***

A quick review of existing national and or regional literature would be an ideal starting point since previous mapping exercise(s) may have already been carried out that can help to inform the upcoming mapping activities<sup>3,4</sup> It is important to compile a list of key

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2. Cooke, J. A framework to evaluate research capacity building in health care. BMC Fam Pract 6, 44 (2005). <https://doi.org/10.1186/1471-2296-6-44>

3 Directory of Caribbean Substance Use Prevention, Treatment, and Rehabilitation-Focused Institutions: Results of an Institutional Mapping Exercise of the OAS Caribbean English-, French-, and Dutch-Speaking Member States for the CICAD/OAS. ISBN 978-0-8270-7464-4

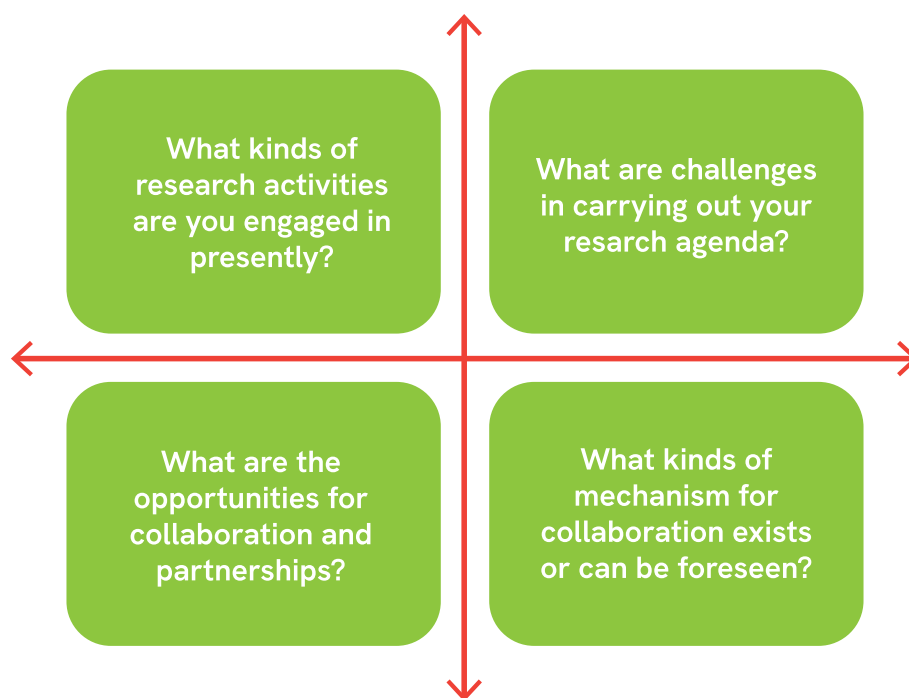
4 Caribbean Drug Prevention, Treatment, Rehabilitation, And Gang And Youth Violence Focused Institutions - Results of an Institutional Mapping Exercise of the OAS Caribbean English-Speaking Member States for the CICAD/OAS Training and Certification Program (PROCCER)-Caribbean (2012)



stakeholders in the country. We start with a selection of initial generic profiles (for example, academics involved in specialities such as - mental health, gender, human rights, non-communicable diseases, governance and policy, and geo-mapping) which will gradually expand the sample by snowball effect, asking each one of them with whom we should talk. This avoids bias on our part and helps us to enrich the listing.

After contacting these first institutions/people, we conduct- a series of quick interviews with them (10-15 minutes). These first quick conversations allow us to begin to generate the network for the process and to analyse the general narratives. Normally, in this first conversation, we reaffirm elements that we already know or perceive, but first contact is important to be able to go deeper later.

These first conversations have four main axes/questions<sup>5</sup>, to generate a framework on which to deepen dialogue.



5. Adapted from -Deep Listening, Prishtina, Kosovo Social Innovation Platform – UNDP. Agirre Lehendakaria Centre for Social and Political Studies



## Create a Database of Potential Interviewees

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- Contact and management of the interview - Consider specific sensitivities that may affect the interviewee's interest and confidence (controversies about local history, perceptions the interviewee may have about the identity of the interviewer or his or her organization, personality traits of the interviewee, gender issues, etc.).
  - Confidentiality and consent.
  - Create a matrix of the questions to be asked.
- 

## What to do with the information (analysis and interpretation)?

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- Connect the information to construct collaborative processes.
  - Identify areas for potential partnerships.
  - Identify mechanisms for collaboration and trade-offs.
- 

- Every entity has an ongoing development process - a history that not only created the present but can also help to inform the future.
- Be pragmatic - too much information can be as problematic as too little. It is not necessary to know and analyse everything - what is needed is sufficient relevant information (for example, level of interest in partnerships, or previous experience collaborating in research) for a 'good enough' analysis so that an appropriate and realistic decision can be made about collaboration or partnerships to establish the Network.
- Avoid sweeping generalisations in the analysis, conclusions should be sufficiently focused to guide action.
- Processes that support self-assessment are preferable because they are very effective for creating ownership of the analysis and buy-in for any change initiatives that result.

## Choosing Assessment Frameworks and Tools

The approach to assessing capacity can start with choosing one of two basic questions - 'What capacity is already in place?' or, 'How should it be and what is missing?', and the choice will determine how the assessment is conducted. By asking, 'What capacity is



already in place?’ – this starts the incremental approach of identifying existing capacity and using that as the foundation for moving forward. ‘How should it be and what is missing?’ starts the gap analysis approach, which works from how things ‘should be’, then looks at how they are now, and define the difference between the two as what is missing ‘the gap’.

In the broader context of mapping the in-country human, financial and institutional resources or capacity for drug research, an incremental approach is recommended. The incremental approach defines needs as realistic steps that will move the process forward in the right direction. It has the advantage of being more flexible, allowing key stakeholders (potential collaborators) to define what they consider to be important for them, including soft capacities (those that would not involve a financial investment) and their role and importance in the overall undertaking.

## Some helpful assessment questions to work with

The questions that will guide the mapping process are selected according to the information we are interested in obtaining. In practicality, since the objective is to map the human, financial and institutional resources or capacity to carry out drug research, the assessment questions the NDOs would focus on are:

### Generic Questions - Questions for all institutions including the NDOs

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1. What are the research streams that have been done or are planned that contribute to a better understanding of the problems/impact of drugs?

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2. What soft capacities exist at institutional, organisational, and individual competency levels? For example, databases that would provide for secondary analysis of data sets.

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3. What hard capacities (activities that may entail parallel investment) exist at institutional, organisational, and individual competency levels? For example, data collection and analysis capacity within the institutions.

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### Who are the actors at the national level?

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1. Are you aware of the academic institutions or civil society research institutions that have the capacity to do research or are already doing research? (List of academic and civil society institutions that carry out research).

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2. Is there an established network of research centres and researchers?

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3. List the different research streams that academia, individuals, or other research institutions have embarked on.





## What legislation mandates that drug research be done?

1. Is there any legislation that directs the national drug observatories to do research related to substance abuse?
2. Is there any legislation that directs any other unit in the country to collaborate with the national drug observatory to do research related to substance abuse?
3. Outside of legislation. What types of agreements are there that demand or solicit corporations for research?
4. Have the national drug council participated in partnership research with academia?
5. Has academia done independent drug research on behalf of the national drug council?

## What are the mechanisms for funding research at the national level?

*Questions on funding for all stakeholders.*

1. What are the mechanisms for funding research at your institution?
2. Are there opportunities for research collaboration/partnerships based on this mechanism? Can additional research streams be funded through this mechanism?

*Questions on funding relevant to NDOs.*

1. Are there known national mechanisms to fund research on the impact of drug use (for example, research on the impact of drugs on population vulnerabilities, social inequalities, or on how drug laws are applied in the country)? What are the known mechanisms in the country?
2. Does the national drug council get recurrent funding to support drug research?
3. Is donor funding accessible for research activities?

## How is the human capacity for research distributed at the national level?

*Generic question on the human capacity for all stakeholders.*

1. *Is there sufficient human capacity for research at your institution?*
2. *What are the specific research skills that are available?*
3. *Can this research capacity be garnered to support research activities in a network setting?*



Questions the mapping will answer.

1. Is there capacity (human) in the country to support research in general (data collection, analysis and reporting of findings.)?
2. Is there human capacity within the targeted stakeholder institution to support drug research (are there data collection and collation skills, or analytical skills that can be shared)?

## Defining the Mapping Steps

In the process of preparing for resource mapping, it is necessary for the NDOs to examine multiple areas and engage in activities that promote their operation. Of note is the examination of the political, legal, technical, institutional, and administrative frameworks, and considers the institutional strengths and weaknesses.

The mapping exercise and potential identification of promising partnerships and collaborations will have a ‘value added’ effect on the NDOs – the ability to harmonize with mechanisms and frameworks that carry out research, the potential availability and accessibility of funding to carry out research, and the added institutional and human capacity to support such research.

### Example of the Typical Steps in the Mapping Process

In this model there are four steps to the resource mapping process:

Step 1	Step 2	Step 3	Step 4
<i>The pre-mapping step allows the NDOs to understand who the potential collaborators are through literature review or document analysis and assembling a team to carry out the actual mapping activities.</i>	<i>The mapping step outlines the sequence of activities to engage the institutions and collect the information. Develop your question and select an appropriate methodology (face-to-face interview, telephone interview, online survey, mail survey, etc) Gather and analyse the available information.</i>	<i>This step allows the NDOs to conceptualize a viable research network that identifies key players that can influence its ability to gather evidence to better understand the drug problem and make decisions about potential collaborations.</i>	<i>This step involves maintaining, sustaining, and evaluating the efforts outlined in the map by continuously updating information that may include new lines of investigations undertaken by indicated institutions, new funding opportunities that have come to light or other forms of research resources that have been identified.</i>

Adapted from Targeted Resource Mapping Toolkit: Mapping Resources Along a Continuum of Services to Address Substance Use Disorders. [www.ncjfcj.org](http://www.ncjfcj.org)



## **1. Pre-Mapping – Establishing a Mapping Team and agreeing on questions and tools**

Building a collaborative team is the first and most important step to successfully mapping the existing services in your country and developing a plan to sustain the companion resource directory. Therefore, it is very important to begin with a multi-disciplinary, committed team.

The team should be familiar with the research landscape of the NDO academia, NGOs, and other entities/departments of government. Etc., that provide services across the continuum of the drug problem. Consider adding members to your team who might help identify gender and cross-cutting issues related to services for women and girls (ethnicity, culture, languages spoken, sexual orientation, etc.).

## **2. Mapping Resources - Conduct interviews and surveys as necessary to identify the resources**

The resource map is designed to engage your team in conversations about the availability and accessibility of financial, human, and institutional resources for drug research related to the drug problem. The specific categories of research include patterns of consumption in vulnerable populations, risk perception and availability, mortality associated with drug use, and illicit production, cultivation, trafficking, and sale.

### ***Conceptualization of a Research Network - Develop the Resource Directory***

The resource directory provides more useful information about each of the stakeholders identified on the resource map. The resource directory (the construct of a research network) is the final product of the team's effort to map and identify drug research categories (what is being done, who is doing it, when it is being done, what is in the pipeline, what are the mechanism for collaboration and partnerships, availability of funding, institutional capacity, human capacity, legislative frameworks, etc.)

The resource directory includes contact information for each stakeholder and other important information to help select the most appropriate institution or pursue the most promising collaboration.

Remember, the resource directory template provided is flexible and your team can add additional details for each stakeholder that may be helpful and informative to users of the resource directory. Most of the work to complete the mapping and resource directory that will be done requires a lot of searching for and documenting stakeholders' activities and details. The most common way to gather this information is through a combination of existing information, internet searches and phone calls to the stakeholders. Other innovative approaches to gathering this information include creating a survey that asks all the questions from the resource directory and sending it to each stakeholder to fill out. The survey responses can be quickly collated to create a resource directory.



In some cases, team members have access to or are aware of other types of directories that may already include information on existing drug research efforts taking place in the country which can help save time completing the directory.

### **3. Taking Action – Establishing your network of resources and Address Gaps**

Now that the mapping information is gathered and using approaches from Ecosystem Mapping<sup>6</sup>, the NDOs can graphically represent the key actors and existing research initiatives/interests in the country. The ecosystem map is built by first displaying all the initiatives, and then showing their connections<sup>7</sup>. The outcome is a visualization of the system map which represents the various initiatives and their interconnections in one single frame. The map serves to clarify how the different existing resources (human, financial, and institutional) respond (or not) to the problem of drugs through the investigative process. The ultimate goal is to frame the mapping into a structured portfolio that establishes a common system shared among stakeholders for innovation, collaboration and partnership activities across multiple research interests/sectors.

#### ***Identify and Target Resource Gaps***

Another goal of engaging in this targeted resource mapping is to identify research gaps related to the drug problem. Gaps may exist because the interest in a particular research category (within a particular institution or academic institution) does not exist at all or there are not enough resources in that space to adequately meet the needs of that research undertaking.

As you work to complete the resource map, pay attention to areas that are left blank or that have few resources identified. Try to pinpoint gaps in relation to key investigations of the drug problem that are missing. To help identify resource gaps and barriers to identified research categories, consider the following questions:

1. Were there any blanks in our resource map indicating missing resources (within the mapped institution, and identify the missing resource (whether human, financial or institutional)?
2. Does eligibility criteria (as stipulated by donors or government Ministries) limit access to resources in those research categories that serve to provide insights into the drug problem?
3. Do we have sufficient resources for a particularly high-need area (e.g., epidemiological research or research related to the drug market)?

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6. The ecosystem map is a synthetic representation capturing all the key roles that have an influence on the user, organization and service environment. The ecosystem map is built by first displaying all the entities, and then connecting them based on the type of value they exchange.

7. See the graphical example of ecosystem at - <https://d33wubrfki0l68.cloudfront.net/df071bcee943b7caa53679a503c01b77cf9eb0ab/81844/assets/images/uploads/ecosystem-01.jpg>



4. Do we have resources to respond to investigations of the drug problem of our population based on race, ethnicity, sexual orientation and gender identity, abilities, etc.?
5. Are there long periods between research initiatives because of resource constraint? What is the current capacity for undertaking research activities?
6. Are there barriers to accessing resources due to national regulations or other criteria that limit partnering/collaborating?
7. Are the resources sufficient to better understand/ increase knowledge of the drug problem and support the NDOs in formulating policies and programmes?

Once gaps have been identified during the mapping process, it is important to begin efforts to address and attempt to fill them. Your team should develop an action plan that identifies clear goals and action steps to help reduce resource gaps (where feasible) and meet regularly to monitor the progress of the plan. Depending on the number of gaps identified, you may need to prioritize which gaps to target first based on achievability, the amount of effort necessary and the importance to understanding the drug problem in the country.

Common goals or strategies that may help address resource gaps include:

- 
- Expanding your search efforts beyond the team members to doublecheck for specific resource (e.g., partnership mechanisms) types. It is possible they exist, but your team is not familiar with them.
- 
- Exploring funding opportunities that may expand current research initiatives or help start new ones.
- 
- Engaging current resource providers (government ministries, donors, public-private partnerships, academic institutions, private researchers) to see if they can fill identified gaps.
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#### **4. Sustaining Efforts - Using and Sustaining Your Resource Directory**

Engaging in Resource Mapping and developing a companion resource directory helps take valuable knowledge on community resources and services from individual silos and document it in a centralized resource. This information can be viewed, shared, and used by the NDOs and their stakeholders in an effort to improve the implementation of research activities. The resource directory is a valuable tool to help not just the NDOs but all mapped researchers (whether academia, civil society or individuals/advocates) and other stakeholders (government funding ministries or private donors) become more aware and knowledgeable of the nature and types of research and resources available for those wanting and or willing to carry out research initiatives.



Creating these tools is not the end of the team's work, rather it is the beginning of a process to build valuable relationships and partnerships and develop systemic ways to sustain the quality and accuracy of the information contained in the directory. One of the challenges with creating resource directories is that they can become outdated very quickly. Therefore, it is important to use and share the directory broadly as this will help sustain the team's efforts and keep the directory up to date. Below are some unique ways individual stakeholders can use the directory.

- The more the directory is used, the more likely it will be updated regularly. The team should develop a plan to help sustain the resource directory that focuses on:
  - Identifying a champion on the team to lead dissemination and sustainment efforts.
  - Identifying a website, where possible, to house the resource directory and make it easily sharable.
  - Holding semi-annual institutional meetings to encourage networking, awareness, and collaboration among researchers and the NDO.
  - Developing a protocol for updating the resource map and resource directory. Consider enlisting the help of the stakeholders (academic institutions/civil society research institutions) to update their research capabilities information.



## Section 3: How to Constitute a Scientific Advisory Committee – Linking our Mapping Activities to Research Governance

### Introduction

Research drives innovation and nearly everywhere innovation drives global competition and economic prosperity. Governments and research institutions alike must make hard decisions about the identification of research priorities oriented around the areas of focus to obtain the best research outputs possible under given circumstances. For the NDOs, this means pursuing all research efforts within the context of substance use disorder and their health consequences and examining drug use, infectious diseases, the provision of prevention and treatment services as well as trends in drug cultivation, production, and trafficking of drugs.

In the era of evidence-informed decision-making policymakers increasingly seek expert advice via scientific advisory committees (SACs). These committees are one of several institutional arrangements that can support the work of the NDOs, based on the simple but powerful premise that pressing policy choices should be informed by the best available evidence. With SACs expected to promote evidence-informed decision-making, it is imperative that the design of these committees themselves is guided by evidence<sup>8</sup>.

Increasingly, these committees have become widely used, for example, the World Health Organization (WHO) held 47 expert advisory panels in 2014, in addition to numerous expert committees, ad hoc advisory groups, and scientific groups. While these and other SACs are intended to support decision-making by acting as mediators between researchers and policymakers<sup>9</sup>, and by gathering and summarizing vast amounts of evidence pertaining to the policy question at hand through researcher participation, SACs may also confer legitimacy on the decision-making process and the final decision<sup>10</sup>.

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8. A Typology of Scientific Advisory Committees Gaëlle M. N. Groux, Steven J. Hoffman, and Trygve Ottersen. [www.global-challenges.com](http://www.global-challenges.com)

9. V. Reillon, European Parliamentary Research Service, European Union, UK 2015, p. 208

10. P. W. Mattessich, *New Dir. Eval.* 2012, 2012, 31.



## Definitions and Typology

For the purposes of this guide, a SAC, established to support the work of the NDOs is defined as a) a group of individuals with relevant expertise; b) the advice is based predominantly in keeping with the NDOs desire to gather sound research evidence.

The terminology used to describe SACs or similar bodies differs widely. However, the effectiveness of a SAC increases with the quality of its advice, the relevance of the advice to the NDOs, and the legitimacy of the advice and the preceding process.

## Why establish a scientific advisory committee?

A SAC is responsible for providing objective advice on the construct and methods used in carrying out research. The SAC will help the NDOs to independently access, interpret and understand scientific information, and make judgements about its relevance, potential and purpose.

### Aim of SACs

SACs aim to provide high-quality, timely, objective advice by drawing on the best available evidence and expertise relevant to their remit<sup>11</sup>. This requires clear and open communication channels between the SAC and the NDOs. The SAC should be clear on its role before undertaking any work, bearing in mind that once excellent and prompt science is provided, policy decisions are based on a range of factors in addition to its own advice. The NDOs, therefore, need to respect the independence of the SAC.

## Roles and Responsibilities of the NDOs

The SAC (Expert Group) will function as a group of experts providing a service (not seeking any material reward – ‘ad honorem’) to the NDOs to support their research and investigative processes as they gather data and evidence to elaborate on the drug problems of the country. Listed are the role and responsibilities of the NDOs in support of the work of the SAC that is germane to their success.

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- NDOs should support the SAC with an appropriate level of resources which includes access to people, meeting space and technology where applicable.
  - The NDOs should ensure an appropriate balance of ‘generalists’ who understand the work of the NDO and ‘specialists’ knowledgeable about the technical detail required in research settings, ensuring research ethics and integrity.
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11. Code of Practice for Scientific Advisory Committees and Councils (2021):

<https://www.gov.uk/government/publications/scientific-advisory-committees-code-of-practice/>





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- The NDOs should also provide access to key contacts who require the SAC's advice. This may include collaborating institutions or individual researchers or Ministry Department teams who can utilise the SAC's advice.
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- The NDOs should consider, in discussion with the group, arrangements for periodic meetings (at least four times per year), to assure the ongoing integrity of SAC operations.
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## **Communication And Relationship with the NDOs**

An openness of communication and engagement is expected of both the NDOs and the SAC. Members of both parties also have responsibility for the maintenance of good working relations, sharing information on request and seeking clarification when necessary.

A successful SAC will be one that collaborates widely to deliver advice that takes account of the broad range of activities undertaken by the NDOs. This requires SACs, supported by the NDOs, to build appropriate connections with all components of the NDOs research community and to develop and/or maintain relationships with stakeholders beyond their immediate network.

## **Stakeholder Engagement Beyond the Academic Community**

SACs should consider the potential for experts beyond the academic community to inform their work or contextualise their advice. Experts engaging with or partaking in a SAC can therefore come from the scientific community outside of academia.

## **Considerations when establishing a new SAC**

This list sets out guidance on what should be considered when setting up a new SAC.

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- Set out the objectives for the SAC and a first draft Terms of Reference (to be refined and agreed upon when SAC is established).
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- Ways of Working document that sets out how the SAC will operate and adhere to the principles and any other relevant guidance in practice.
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- Consider how the SAC will contribute to the NDOs research objectives and evidence strategy.
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- Consider what kinds of experts are needed and from what kinds of scientific background or institution (for example, university professors, researchers from drug research centres, academic researchers, NGOs that work on the issue of drugs use and abuse, or experts in different aspects of drug issues).



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- Identify how the advice drawn together by the SAC will be used in formulating and carrying out research and or trouble shooting difficulties encountered during the research process.
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- Consider how the SAC will operate transparently and openly
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### **Some Useful Guiding Principles<sup>12</sup>**

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- Selflessness
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- Integrity
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- Objectivity
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- Accountability
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- Openness
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- Honesty
- 
- Leadership.
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### **Terms of Reference (ToR) Guidance for a SAC**

Developing the SAC's Terms of Reference may cover the following.

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1. The overall purpose of the SAC
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2. Its mission statement, vision, aims and objectives
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3. The responsibilities of its members
- 
4. The key tasks
- 
5. The scope of subject areas that the SAC advises upon
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12. Adopted from- The Nolan Principles - Good Governance  
<https://www.good-governance.org.uk/publications/insights/the-nolan-principles>



## Members of a SAC: Roles and responsibilities

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- Members should confirm before accepting an invitation to serve on a SAC that they are clear about their role and responsibilities in terms of meeting attendance, SAC business and preparations for meetings.

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- Unless specifically stated otherwise, members of SACs are volunteering as individuals to fulfil the role of the SAC, not as representatives of their profession, employer or interest group, and have a duty to act in the NDO's interest.

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- Members should ensure that they understand the area of expertise that they have agreed to (not seeking any material reward) contribute but should also contribute to the general discussions of the SAC. Members with expertise have a responsibility to make the SAC aware of the full range of opinions within their discipline.

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- A member's role on the SAC should not be limited by the expertise or perspective he or she was asked to bring to that committee or council. Members should regard themselves as free to question and comment on the information provided or the views expressed by any of the other members, notwithstanding that the views or information do not relate to their own area of expertise.

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- All members should regard it as part of their role to:
  - ensure the NDO receive the highest quality and timely advice.
  - consider whether the questions on which the SAC offers advice are those which are of interest to the NDOs and other interested parties inside the scientific community.

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- All members should share the general responsibility to consider the wider context in which their expertise is deployed.



## Reference

1. United Nations Office on Drugs and Crime V. World Drug Report (2022): Executive summary conclusions and policy implications. [WDR22\\_Booklet\\_2.pdf \(unodc.org\)](#)
2. United Nations Office on Drugs and Crime (UNODC). International Standards for the Treatment of Drug Use Disorders. 2017.
3. Targeted Resource Mapping Toolkit: Mapping Resources Along a Continuum of Services to Address Substance Use Disorders. [www.ncjfcj.org](#)

## Useful Tool

Ecosystem maps are tools that designers create to understand the relationships and dependencies between the various actors and parts that contribute to creating customer experiences. An ecosystem is these actors, parts and dynamics. The maps reveal areas to optimize in services to deliver the best customer experiences.

[www.interaction-design.org/literature/topics/ecosystem-maps](http://www.interaction-design.org/literature/topics/ecosystem-maps)



# Appendix 1: Library of Questions to Facilitate Mapping Exercise

## Generic Questions - Questions for all institutions including the NDOs

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1. What are the research streams that have been done or are planned that contribute to a better understanding of the problems/impact of drugs?

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2. What soft capacities exist at institutional, organisational, and individual competency levels? For example, databases that would provide for secondary analysis of data sets.

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3. What hard capacities (activities that may entail parallel investment) exist at institutional, organisational, and individual competency levels? For example, data collection and analysis capacity within the institutions.

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## Who are the actors at the national level?

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1. Are you aware of the academic institutions or civil society research institutions that have the capacity to do research or are already doing research? (List of academic and civil society institutions that carry out research).

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2. Is there an established network of research centres and researchers?

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3. List the different research streams that academia, individuals, or other research institutions have embarked on.

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## What legislation mandates that drug research be done?

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1. Is there any legislation that directs the national drug observatories to do research related to substance abuse?

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2. Is there any legislation that directs any other unit in the country to collaborate with the national drug observatory to do research related to substance abuse?



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1. Outside of legislation. What types of agreements are there that demand or solicit corporations for research?
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2. Have the national drug council participated in partnership research with academia?
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3. Has academia done independent drug research on behalf of the national drug council?
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### **What are the mechanisms for funding research at the national level?**

*Questions on funding for all stakeholders.*

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1. What are the mechanisms for funding research at your institution?
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2. Are there opportunities for research collaboration/partnerships based on this mechanism?
- 
3. Can additional research streams be funded through this mechanism?

*Questions on finding relevant to the NDOs.*

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4. Are there known national mechanisms to fund research on the impact of drug use (for example, research on the impact of drugs on population vulnerabilities, social inequalities, or on how drug laws are applied in the country)? What are the known mechanisms in the country?
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5. Does the national drug council get recurrent funding to support drug research?
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6. Is donor funding accessible for research activities?
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### **How is the human capacity for research distributed at the national level?**

*Generic question on the human capacity for all stakeholders.*

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1. *Is there a sufficiency of human capacity for research at your institution?*
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2. *What are the specific research skills that are available?*
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3. *Can this research capacity be garnered to support research activities in a network setting?*
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*Questions the mapping will answer.*

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1. Is there capacity (human) in the country to support research in general (data collection, analysis and reporting of findings.)?

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2. Is there human capacity within the targeted stakeholder institution to support drug research (are there data collection and collation skills, or analytical skills that can be shared)?



## Appendix 2

### Results of a Recent Mapping Exercise Among Latin American and Caribbean Countries Looking at Financial Resources and Legislative Mechanism for Conducting Research

**Question:** *Is there any legislation that directs the national drug observatories to do research related to substance abuse? Outside of legislation, what types of agreements are there that solicit or demand cooperation for research?*

- a. No specific legislation (ELS), (URA), (MEX), (CHI)
- b. Justice Ministry mandates, through resolution, that research be conducted to determine drug consumption patterns. Such research is conducted by the National Statistics Institute. (COL)
- c. It is the expectation that an annual research schedule is developed, however, this is not directed by legislation. There are resolutions that direct the NDO functions (encourage cooperation) (BAH)
- d. The NDO functions under the National Anti-Drug Secretariat but no legislation that mandated drug research. (PAR)
- e. There is a legal framework that lists all the agencies (organizations) that should give data to the NDO. Types of data include administrative data as well as knowledge data (epidemiological and social). Under the National Drug Authority, the research carried out by the National Drug Information and Statistics Unit coordinated this function.(CR)
- f. Research in the field of drug use is done to support the National Drug Strategy and Policy. This is done in collaboration with academia (public and private universities) and civil society institutions (forensic labs, etc,). Framework agreements with academia are established to provide for formal collaboration for research activities. (URA)
- g. It is expected that drug research (school surveys and household surveys) will be done to fulfil the knowledge needs of the National Strategy. In this context, the research agenda is developed every year and the proposals are presented for funding. (CHI)





- h.** No specific legislative framework governs the roll-out of substance abuse research. However, Jamaica is a signatory to the WHO Framework Convention on Tobacco Control which outlines that monitoring and surveillance of tobacco use (through national surveys) be conducted. (JAM)
- i.** The 2016 NHS, 2013 National Secondary School Survey (NSS) and 2015 Prison Surveys were conducted in collaboration with academics from the University of the West Indies (UWI) who analysed the data and prepared national reports. The upcoming NHS will also be in collaboration with the Centre for Leadership and Governance (UWI). Additionally, there is a formal data sharing agreement with the Sir Derek Gordon Data Bank (Sir Arthur Lewis Institute of Social and Economic Studies (SALISES, UWI) to share national drug survey data sets for students and staff to use. Data sharing has also been ongoing to the Community Health and Psychiatry Section (UWI). Numerous publications have been based on these national surveys. (JAM)
- j.** In the case of Brazil: A Decree mandated the collection and centralization of information and updated knowledge on drugs, including data from studies, surveys, and national surveys (BRA)
- k.** In Trinidad and Tobago there is no expressed legislation. However, by virtue of the Operational Plan and Policy for Drug Control, research pillars have been established for the implementation of research studies. In this regards the NDO which resides at the National Drug Council has drafted a National Drug Research Agenda. (TTO)

***Question: Are there known national mechanisms to fund drug research? For example, proceeds of crime/seized assets?***

- a.** Allocated budget that may not be specific to research, but the resources can be managed to support specific needed research (ELS)
- b.** Strategic alliance with academia, and health institutions - NOD provides technical resources to advance the research (ELS)
- c.** An annual budget is provided for research financed through Social Rehabilitation Fund (from proceeds of seized assets). (COL)
- d.** National budget is provided to NDO for staffing and activities related to the office functions. Funds from asset seizures benefit the NDO and can be used for operational research in drug prevention. For cooperation with academia/civil organizations, no funds are available from government subventions, but some external funding may be available at times. (CR)
- e.** NDO through the National Anti-Drug Secretariat is given some local funding for research such as school surveys and evaluation of treatment centres. External donations/resources are available to support drug research. (PAR)



- f. National budget from Government provides for the planned research. International donors also fund specific research projects. Some funding from the proceeds of confiscated assets is also available. (URA)
- g. The National Council for Science and Technology has funding for research activities. Funds are available from proceeds of crime. Although there is no formal cooperation agreement, collaboration is sought with academia (which uses their own funds sometimes) and civil society institutions to carry out research. (MEX)
- h. Special funding is provided under the drug law, from the proceeds of crime, which mandate funding for programmes (treatment and prevention), but not specifically for research investigations. (CHI)
- i. Collaborations with academic institutions (public and private universities, at least 13 such universities) have taken place through collaboration agreements (study on tobacco use, measuring the candidate population for treatment, the prevalence of substance use disorder in the juvenile population, evaluation of prevention programmes, emergency room prevalence study, and study on social integration programme, etc.). (CHI)
- j. The MOHW initiated a 10-Year Health Survey Plan which prioritized national health surveys that provide key indicators for the development of policies and interventions. All of NCDA's key surveys (Household Survey (NHS), Global Youth Tobacco Survey, Global School-Based Health Survey, National Secondary School Survey) made it to the listing and will be incorporated into the plan - evidence of this is in the upcoming National Household Survey that will be funded by the National Health Fund - to be rolled out this month). (JAM)
- k. Brazil does not have a national research agenda (within the National Secretariat on Drug Policy). It is understood that the national research agenda on drugs must necessarily be linked to the National Policy on Drugs, which is governed by the National Council on Drugs (CONAD). The research is financed with resources from the National Anti-Drug Fund (FUNAD).

**Question: Is there a scientific advisory committee that signs off on or provides advice in relation to the conduct of drug research (national or otherwise)?**

- a. In Costa Rica, there are Scientific Ethical Committees that regulate biomedical and observational research, including studies on consumption prevalence. (CR)
- b. Most others - Scientific committees specific to drug research are not permanently established. They are activated in the case of specific projects, and then they are tasked mainly with looking at ethical standards for the research.



**Question: Have the National Observatories participated in research with academia or civil organizations?**

- a. University collaborators ((PAR)
- b. Some academic institutions have carried out drug use-related research independently of the NDO. However, academia has collaborated for research pertinent to the national student surveys, usage of medical substances, and data-gathering activities conducted by Ministry of Health and Ministry of Justice. (CR)

### Abbreviations

(CHI)	→	Chile
(PAR)	→	Paraguay
(ELS)	→	El Salvador
(MEX)	→	Mexico
(CR)	→	(CR) - Costa Rica
(COL)	→	Colombia
(URA)	→	Uruguay
(BAH)	→	Bahamas
(JAM)	→	Jamaica
(BRA)	→	Brazil
(TTO)	→	Trinidad and Tobago



# A Practical Guide for NDOs to Map Human, Institutional, and Financial Resources for Research



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