

SITUATIONAL ANALYSIS OF NATIONAL DRUG OBSERVATORIES IN LATIN AMERICA AND THE CARIBBEAN

COP  LAD



This project is funded by
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**Cooperation Programme between Latin America, the Caribbean and the European Union
on Drugs Policies (COPOLAD)**

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EXECUTIVE SUMMARY

This report presents the study entitled *Situational Analysis of National Drugs Observatories in Latin American and the Caribbean* conducted in the context of Component I: Consolidation of National Drugs Observatories of the Cooperation Programme between Latin America, the Caribbean and the European Union on Drugs Policies (COPOLAD II).

The first objective of the study was to provide information on the current situation of NDOs in 33 member countries of the Community of Latin American and Caribbean States (CELAC), considering the characteristics and needs of NDOs in each Latin American and Caribbean country. Another objective was to suggest working groups to strengthen activities according to each NDO, and to identify specific needs in relation to the following areas: capacity to conduct qualitative studies; functioning and availability in the country of an Early Warning System (EWS); capacity to conduct studies on gender and on specific populations, i.e. inmates; epidemiological surveys; and the use of selected indicators agreed upon during the first phase of COPOLAD. Finally, the last objective was to monitor the progress of the NDOs that had participated in Phase 1 of COPOLAD.

The study therefore includes the monitoring of those NDOs that had already participated in the previous study in 2011, and an analysis of the current situation of those CELAC countries that are new to the process,

i.e. those Latin American countries who did not respond in 2011 and all the Caribbean countries.

Between September to October 2016, a standardized questionnaire in digital format was sent to focal points in each country. 31 out of 33 countries completed the questionnaire (93.9%).

The main results are as follows:

- The region shows much promise given that 28 of 33 countries have a NDO. Half of them (17 NDOs) have been active for more than 10 years.
- Of 28 countries with NDOs, 24 indicate that the work of the Observatory is included within a strategic or action plan on drugs in the country.
- Of the total number of NDOs, 13 have a specific budget for research, 13 for publications, 9 for training, 12 for infrastructure and equipment, and 17 have a specific budget for human resources. Regarding the source of funding, the Government was mentioned or the corresponding Ministry or Secretary within the Executive Power. Other sources, such as the Organization of American States (OAS), the United States Agency for International Development (USAID) or the European Union (EU) were mentioned by 4 countries out of a total of 28.
- 15 NDOs have difficulties accessing the information generated by other institutions. Difficulties exist such as political, operational and financing challenges, work overload at the NDO, work overload at other agencies, lack of financial incentives for inter-institutional collaboration, and/or lack of published data.
- 28 NDOs incorporate information on demand reduction; 24 NDOs include the supply control area, and 15 NDOs are involved in the monitoring and evaluation of drug programmes, plans and projects.
- In relation to studies carried out by the NDOs, 19 indicate that they have conducted studies on the general population, 22 indicate that they did so on High School students, while 16 indicate they conducted studies on patients in drug treatment. 22 NDOs conduct some type of study on specific populations or use some methodology other than the survey.

Within this type of study, 13 NDOs conduct research on adult prison inmates, 12 conducted studies on university populations, and 10 conduct qualitative studies. Regarding the number of studies conducted between 2011 and 2016, 16 NDOs conducted 5 studies or less, 4 NDOs conducted between 6 and 12 studies, 1 NDO conducted 21 studies, another did 28, and another conducted 33 studies. Data is not available for 5 NDOs.

- Of the 28 NDOs, 25 collaborated with other stakeholders during the period, 2011-2016.
- In relation to permanent or periodic records being kept up-to-date, 18 NDOs keep administrative records or monitor records on patients in treatment or on the demand for treatment; 5 NDOs keep records on mortality; 7 on morbidity; 6 on traffic accidents related to drug use; 14 NDOs keep records on drug seizures or on precursor chemicals; 13 on the seizure of goods related to drug trafficking; and 10 on prison inmates. Depending on the country or the kind of data being collected, records are kept by the NDO or by other institutions.
- According to the responses obtained from the study, 8 countries have an Early Warning System (EWS) and are at different stages of development. In 5 of them, the EWS is coordinated by the NDO and in other 2 cases, by a different institution. Of the 5 that are currently in operation, 2 NDOs have released 4 alarms in the last two years.
- 19 NDOs focus on from nine to twelve of the indicators agreed on during COPOLAD I, 6 NDOs work with five to eight of them, and 2 NDOs work only with one to four of those indicators.
- The most widely used indicator is *Age of initiation of substance use* (26 NDOs), followed by *Prevalence of substance use*, *Perception of risk associated to drug use* and *Persons in drug treatment* (22 NDOs). The least used indicators are those related to mortality and morbidity associated with drug use.
- In relation to 14 *non-approved* indicators, the most frequently used are *Perceived availability of drugs* (used by 25 NDOs), followed by *Availability*

of drug treatment and Detentions related to violations of drug laws, both used by 17 NDOs.

- The substances most frequently monitored relative to studies on the general population are marijuana, smoking cocaine, alcohol, cocaine (hydrochloride), tobacco and ecstasy.
- The substances most frequently monitored among High School students are marijuana, smoking cocaine, alcohol, cocaine (hydrochloride), solvents, inhalants, tobacco and ecstasy.
- In relation to gender, the majority of NDOs have data disaggregated by sex. However, only 5 indicated that they adopt a gender perspective for the analysis of information.
- Within the 28 ONDs, 22 NDOs have adopted some international protocol of reference, and 11 NDOs use Geographical Information Systems.
- 11 NDOs monitor and evaluate their activities and programmes, while 17 NDOs declared that they do not have a monitoring and evaluation mechanism.
- Where visibility and communication are concerned, 22 countries provided information by NDOs which was used for policy development. In 23 countries, NDOs use information from their own sources and from other sources. 15 NDOs have communication strategies for their reports and products. 21 NDOs collaborate on the dissemination of materials and activities. In 20 countries, media refers to and uses the reports and publications of NDOs, and in 15 countries, media spontaneously contacts the NDO when they need information. In 18 countries, NDOs have direct channels of communication with the public through social networks, blogs or webpages. In 16 countries, the NDO is one of the main reference points on drugs in the country and in 9 countries, it is the main reference point.
- Regarding infrastructure, computer equipment and facilities, 22 NDOs have a suitable location, 17 NDOs have deficiencies in software, 12 in the IT platform, 9 in equipment, and 9 do not have regular access to the Internet.

- Regarding the position of the observatory's Director or Coordinator, 13 NDOs indicated that it is a tenured position within the organizational structure, while 8 indicated that it is a direct and/or political designation. In 12 NDOs, the current Director or Coordinator has 2 years or less of seniority in the position.
- The number of full-time, dedicated staff is low in most of the cases. One NDO has one full-time employee; 12 NDOs have 6 or less, and only 6 NDOs have 7 or more, full-time dedicated staff. Most of NDOs state they need more staff in order to develop their activities fully.
- 25 NDOs coordinate activities with both drug-specific and non-drug specific international organizations and programmes, such as CICAD-OAS, UNODC, COPOLAD, EMCCDA, CARICOM, among others. 2 NDOs do not coordinate with international organizations. There is no data for 1 NDO.
- 16 NDOs currently have or have offered training programmes in the past for their staff. The areas with the greatest need for training among NDOs are multi-method research design, analysis of secondary data and qualitative research design (20 NDOs indicated this). Other topics, in order of importance, are: 19 NDOs awarded a score of 7 or higher to qualitative data analysis and meta-analysis; 18 NDOs indicated the same need for training in sampling, public health (in general), epidemiology and epidemiological research; 17 NDOs indicated training is necessary in descriptive and inferential statistical analysis.
- Strategic areas:
 - 24 countries consider drug use among young people (prevalence and incidence) as critical to the mandate of NDOs. The greatest consensus was found here. The majority of countries considered the following to be of high importance: prevalence of drug use in the general population (prevalence and incidence), drug-related offenses, provision of drug treatment, and the Early Warning System (EWS). In relation to these strategic areas, the levels of development and the need for training are quite different.

- Other strategic areas have been considered of high importance by 18 countries: economic cost studies on the impact of social projects. Of note, only 2 and 3 NDOs, respectively, have developed these areas while 22 and 23 countries, respectively, identified this area as a high priority for training.
- Other strategic areas of concern are *High risk consumption* and *Control of precursors and chemical substances* as indicated by 16 and 11 countries, respectively.
- Regarding the training needs, some areas show very low development and a great demand for training in *Drug-related morbidity, economic costs, Early Warning Systems (EWS), Studies on the impact of social projects, Research on different modalities of illicit drug trafficking and related offenses, Drug use among special or vulnerable populations, and Control of precursors and controlled chemical substances.*
- Based on the information provided, the number of studies produced, the potential to assess the drug situation, the ability to generate relevant evidence and incorporate different sources, NDOs have been categorized in four areas: minimum, low, medium and high.
- Regarding follow-up of the 11 countries studied in 2011, moderate progress has been made in institutional consolidation and in budgetary allocation.
- Regarding the collection and analysis of certain indicators, there has been a setback among NDOs in countries evaluated in 2011¹ that have not demonstrated continuity into 2016.

Based on these results, and considering the challenges associated with a self-completed questionnaire, this report summarizes the most relevant conclusions drawn from the data provided and includes recommendations for the establishment of working groups and training activities planned for 2019 during COPOLAD II.

1. For the purpose of present study, it is understood that “preliminary study” is the one made during COPOLAD I along the year 2011 and published on 2012 during the first part of the programme. Through these pages both periods are used depending on the year of data was collected or the study was published.

1. RESEARCH PROJECT: GENERAL ASPECTS OF THE STUDY

1.1. INTRODUCTION

This study was commissioned by the *Cooperation Programme between Latin America, the Caribbean and the European Union on Drugs Policies (COPOLAD II)*. The general objective is to consolidate National Drug Observatories (NDOs) located in 33 countries of the Community of Latin American and Caribbean States (CELAC).

The Programme in the frame of its second phase (COPOLAD II) started in 2016 with a duration of 48 months. The Programme aims to strengthen the cooperation between CELAC and the member states of the European Union (EU), through activities to optimize and expand the lines of action opened during its first phase (COPOLAD I). The goal is to improve drug policies in the CELAC countries, in order to achieve more balanced, comprehensive, evidence-based and efficient policies, according to the principles of respect and non-intervention in the internal affairs of each sovereign State.

The Programme COPOLAD II has four Components:

- Component 1: Consolidation of the National Drug Observatories.
- Component 2: Capacity-building in Drug Demand Reduction.
- Component 3: Capacity-building in Drug Supply Reduction.
- Component 4: Support to political dialogue and consolidation of the EU-CELAC Coordination and Cooperation Mechanism on Drugs.

The first baseline study conducted in 2011 in the context of COPOLAD I, showed weaknesses and potentialities in most Latin American countries in relation to their capacity to generate, collect and disseminate relevant and high quality information for policy-making¹.

In this second phase, COPOLAD II, the study includes the follow-up of 11 Latin American countries that participated in the first study, and a baseline assessment of the Latin American and Caribbean countries entering the study for the first time.

A questionnaire was sent to Directors of the National Drug Observatories (NDOs). In cases where there was no NDO, the questionnaire was sent to the most appropriate person in the country, according to its National Drug Council.

The questionnaire collects basic information in areas which identify opportunities for improvement. Results will allow the Programme to design activities to support each country according to its particular situation.

1.2. OBJECTIVES

This second study aims to identify the current situation and needs of the National Drug Observatories (NDOs) of the 33 CELAC countries in order to better define the operational aspects of Component 1 of the Programme and adjust the activities to different groups of countries.

The 2011 study included 11 countries, Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, El Salvador, Panama, Paraguay, Peru and Uruguay. For these countries, the 2016 study is a follow-up of the situation of the NDOs, to identify problems, advances and opportunities for improvement.

1. See: *Characteristics, Needs and Gaps in Existing Information in Latin American Countries (Características, necesidades y carencias de información existente de los países de América Latina*. COPOLAD, 2012).

For the remaining CELAC countries —7 in Latin America and 15 in the Caribbean— not included in the previous study, the objective here is to describe the current situation of the NDOs and establish a baseline.

These 22 countries are Antigua & Barbuda, The Bahamas, Barbados, Belize, Cuba, Dominican Republic, Dominica, Ecuador, Guatemala, Grenada, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, St. Kitts & Nevis, St. Lucia, St. Vincent & the Grenadines, Suriname, Trinidad & Tobago, and Venezuela.

The follow-up and the baseline will determine the capacity to gather and disseminate information in CELAC countries. The study will therefore facilitate the strengthening of NDOs in the region according to each country's particular needs.

The specific objectives of the Study are:

- To describe the characteristics and needs of NDOs in each Latin American and Caribbean country.
- To suggest working groups in countries that will allow COPOLAD to adapt its activities to the priorities of the NDOS in the region.
- To determine the current situation of the following activities:
 - Realization of qualitative studies.
 - Availability and functioning of an Early Warning System (EWS).
 - Inclusion of a gender perspective based on the indicators collected.
 - Availability of specific studies on gender.
 - Availability of studies on key populations (prison inmates, epidemiological studies).
 - Use of approved indicators in collaboration with the Inter-American Drug Abuse Control Commission-Organization of American States (CICAD-OAS) and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in the framework of COPOLAD I.
- To follow-up on the indicators collected by making a comparison with the previous 2011 study.

1.3. METHODOLOGY

A descriptive, cross-sectional study was defined, designed and executed under the supervision of the National Drug Observatories of Uruguay and Argentina. A standardized questionnaire with a majority of closed questions was produced in Spanish (designated for Spanish-speaking countries and Brazil) and in English (designated for English-speaking countries, Haiti and Suriname).

The purpose of this exercise was not only to provide an exhaustive assessment of each National Drug Observatory, but to identify the critical needs in order to facilitate the design and implementation of activities addressed to strengthen each Observatory using a participatory process. The study aims to identify gaps and deficits in terms of what each NDO requires, its capacity and resources.

An Excel-formatted questionnaire was emailed to focal points in each CELAC country, focal points provided to COPOLAD, in some cases with the help of our colleagues from the OID-CICAD/OAS.

Contacts were established via email and phone from the National Drug Observatories of Uruguay and Argentina and to the study coordinators. Both the contact persons and the information provided were institutional-based (NDO or equivalent).

Like the previous 2011 study, published in 2012, processing, analysis and presentation of the information are based exclusively on the answers provided in each questionnaire. COPOLAD or the authors are not responsible for the content of those responses which were provided by the designated focal points in each country that completed the questionnaire.

DESCRIPTION OF THE QUESTIONNAIRE

According to the guidelines established by COPLAD II, the new questionnaire is based on the previous one (COPOLAD I) but includes the new re-

quirements coming from the objectives of the present study in order to be able to establish a new base line or follow up depending on the country situation.

Experts from COPOLAD, CICAD/OAS and some NDOs in the region discussed the first drafts of the questionnaire. The final version is attached in Annex I.

Given the purpose and objectives of the study, the questionnaire was structured to be completed by two different groups of countries: those countries with NDOs, and those without.

For those countries without NDOs, the number of questions posed were fewer. The objective was to determine which entities managed drug-related information, the nature of this information, and their perspective towards the creation of a NDO.

For those countries with a NDO, the questionnaire was structured according to areas of information and followed the format of the 2011 questionnaire to allow comparisons. The sections of the questionnaire are as follows:

- Institutional Dimension.
- Budget. Sources of Funding.
- Information Systems. Inter-institutional Dimension. Networks.
- Areas of Work.
- Indicators.
- Analysis and Production. Reports. Publications.
- Quality. Technical Independence.
- Visibility. Communication.
- Infrastructure. Human and Material Resources.
- Training.
- Strengths and Needs.

These areas of information were defined in the previous 2011 study. Conceptually, the definition of these dimensions draw on two sources. Firstly, the document *Creación de un observatorio nacional de drogas: un manual conjunto / Building a National Drug Observatory: a Joint Handbook* which “describes in a clear and informative way the core operational processes and the key strategic factors that are common to all national drug observatories” (EMCDDA & CICAD/OAS, 2010: 7). This handbook explains the main aspects of an optimal institutional and organizational design of a drug Observatory. Secondly, some basic methodological elements of institutional analysis, in particular, Institutional Capacity Analysis System (Oszlak and Orellana, 1993). These elements have been applied to examine different types of institutions and organizations to determine capacity deficits in routine management, and to evaluate results of a programme or project.

FIELDWORK

The fieldwork was conducted between September and October 2016. An explanatory letter and the questionnaire were sent to 33 CELAC countries. 29 countries completed the questionnaire on time. Two countries completed the questionnaire after the deadline and after the *First Annual Meeting of National Drug Observatories* of COPOLAD II (Jamaica, December 5th-9th, 2016), during which a preliminary analysis was presented to the countries. However, those data are included in this report. Only two countries did not complete the questionnaire and are not included in this document (See Table 1).

RESPONSE RATE

The countries' response rate in 2016 was significantly higher than in the previous study. In 2011, 11 of 18 countries completed the questionnaire, i.e. a response rate of 61%. In 2016, of 33 CELAC countries, 29 completed the questionnaire on time, i.e. a response rate of 88%; 2 more countries were later added to attain a total of 31 countries, i.e. a response rate of 94%.

All countries showed good responsiveness and responsibility in completing the questionnaire. An intense, proactive follow-up of focal points allowed us to achieve a very high response rate in short order.

The countries were contacted based on information provided by COPOLAD. In some cases, the authorities had changed or they were undergoing a transition period. Given the objectives of the study, communication was established through official institutional channels.

The final sample includes a total of 31 countries that answer the questionnaire: 10 South American countries, 7 Central American countries (including Mexico) and 14 Caribbean countries from a total of 16 in that sub-region.

The following Table shows the distribution of the final sample of 31 countries. Two countries did not respond to the questionnaire (St. Lucia, St. Vincent & the Grenadines), but the coverage generally allowed us to describe and analyse the development of NDOs in the region.

Table 1. Countries that have answered/not answered the questionnaire, per region

REGION	ANSWERED	NOT ANSWERED
South America	Argentina, Bolivia, Brazil, Chile, Colombia, Paraguay, Peru, Ecuador, Uruguay, Venezuela	
Central America and Mexico	Costa Rica, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama	
Caribbean (including Belize, Guyana and Suriname)	Antigua & Barbuda, The Bahamas, Barbados, Belize, Cuba, Dominica, Grenada, Guyana, Haiti, Jamaica, Dominican Republic, St. Kitts & Nevis, Suriname, Trinidad & Tobago	St. Lucia, St. Vincent & the Grenadines

Source: NDO COPOLAD II 2016.

The following Table shows that all sub-regions are represented in significant number and proportion:

Table 2. Number of countries that answered/not answered the questionnaire, per region

REGION	ANSWERED	NOT ANSWERED	TOTAL
South America	10	0	10
Central America and Mexico	7	0	7
Caribbean (including Belize, Guyana and Suriname)	14	2	16

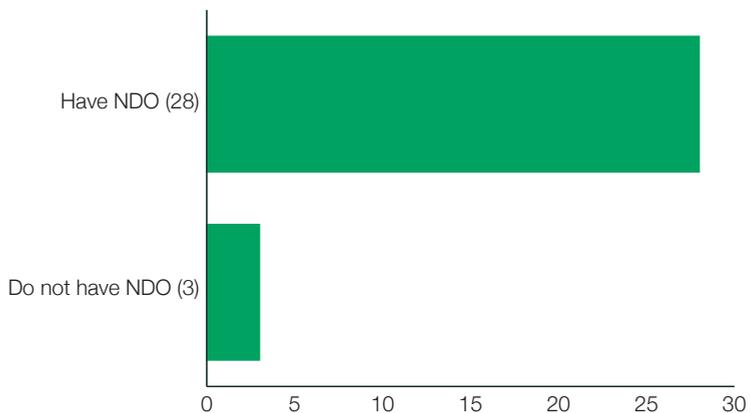
Source: NDO COPOLAD II 2016.

The questionnaires were answered fully, with some exceptions. Responses were not provided in some areas. Depending on the type of question, cells left blank were analyzed as missing (e.g., “year of creation of the NDO”) or “Does not exist” or “Does not apply” (in those cases where the question asked to fill in the cells only where applicable). In particular cases, where inconsistencies were detected, the country was contacted to provide further precision or additional details.

2. RESULTS

The analysis we present in this chapter corresponds, in its first section, to the 28 countries that have a NDO. The second section provides results for the 3 countries in the region (Belize, Cuba, and St. Kitts & Nevis) that did not have a NDO in 2016.

Graph 1. Countries that have/do not have a National Drug Observatory (N = 31 countries)



Source: NDO COPOLAD II 2016.

2.1. GENERAL DESCRIPTION AND ANALYSIS OF COUNTRIES WITH NDOs

In the following paragraphs, the results correspond to those 28 countries with NDOs that answered the questionnaire.

INSTITUTIONAL DIMENSION

This section presents the results on the institutional aspects of the drug Observatory: the date of its establishment, the type of organization (public, private) under which the NDO is hierarchically placed, and its position within a national drug policy.

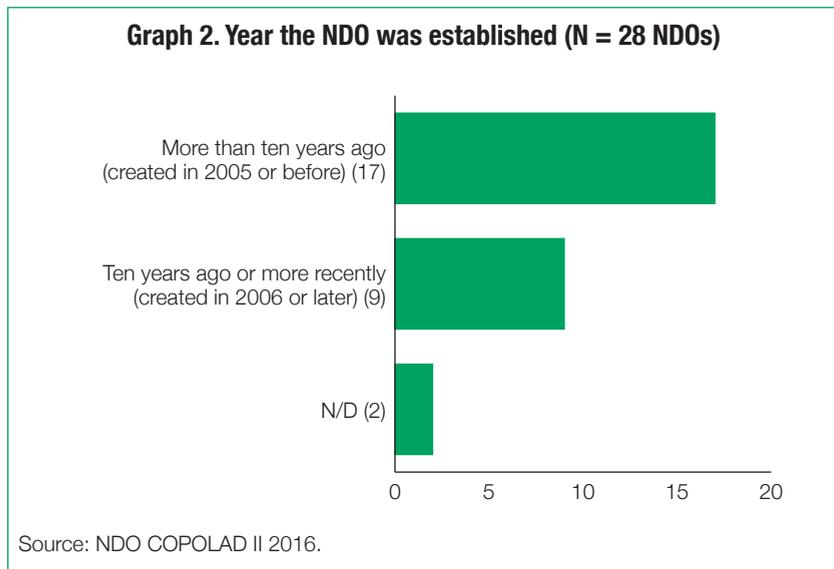
Year the NDO was established

The 4 oldest NDOs in the region are those of Chile and Guatemala, created in 1994, followed by Barbados in 1995 and Venezuela in 1999. Between 2000 and 2005, 13 countries established their NDOs, and between 2006 and 2016, 9 other countries established NDOs. Dominica and Haiti did not indicate the year of establishment of their NDO. The most recent NDOs are those of Bolivia (2014), Honduras (2015), Bahamas (2015) and Antigua & Barbuda (2016). Nicaragua indicated that its NDO is “a project that is being designed”, but the questionnaire was completed as if the NDO is already functioning. Therefore, this report counts Nicaragua among the countries with existing NDOs.

In October 2016, when the questionnaires were distributed, 3 countries did not have a NDO: Belize, Cuba, and St. Kitts & Nevis. Besides, 2 countries did not answer and are not included in the analysis, St Lucia and St Vincent & the Grenadines from the Caribbean region.

The NDO in Suriname was created in 2005, but has been undergoing a reorganization since 2010. The CICAD/OAS assists with data management in Suriname in relation to supply control with the collaboration of the police. A proposal has been drafted to relaunch the Observatory and to involve other relevant institutions. Implementation of a NDO is a priority of the National Anti-Drug Council of Suriname.

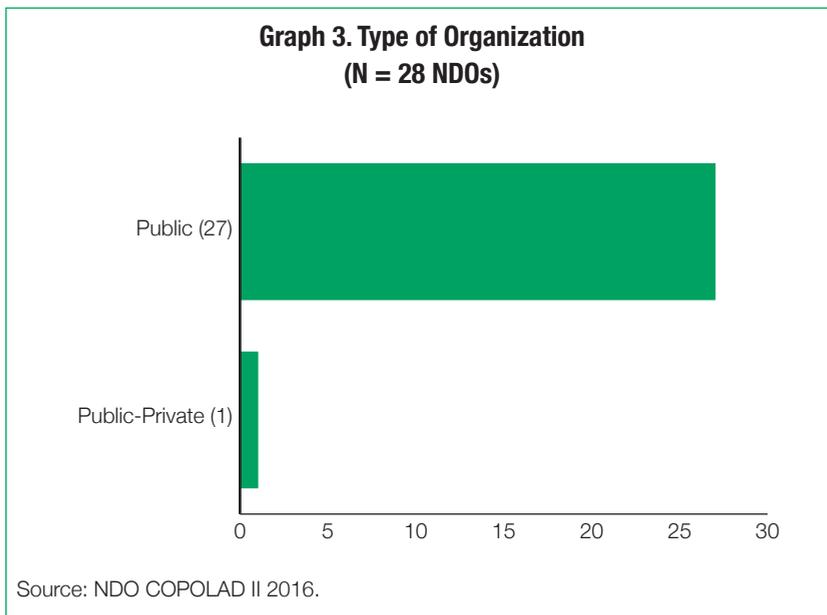
In summary, 17 countries have had a NDO for 10 years or more (i.e., established in 2005 or before). Nine countries established their NDO during the past 10 years (i.e., established in 2006 or later); of them, 4 NDOs were established very recently (2014 or later) and are in the process of institutionalization. One NDO is presently being set up (in Graph 2 we have included this NDO among those recently established). 2 countries did not provide the year of establishment.



Type of Organization and Status within the Government Structure

In the region, 27 NDOs are public organizations¹ and one country, Guyana, checked the “Public-Private” option. Guyana selected the “Public-Private”, but the budget of its Observatory depends on the Ministry of Public Security. It therefore seems that the NDO is basically a public entity. No country selected the NGO status.

1. Panama selected the option “Other”, but the NDO is placed under the Executive Secretariat of the National Commission for the Study and Prevention of Drug-related Crimes (CONAPRED).



NDOs are positioned differently within the structure of Government. 11 NDOs are part of the Ministry of Justice, Security or Interior; 3 NDOs are part of the Ministry of Health; 9 NDOs depend directly on the Presidency, and the rest have mixed arrangements.

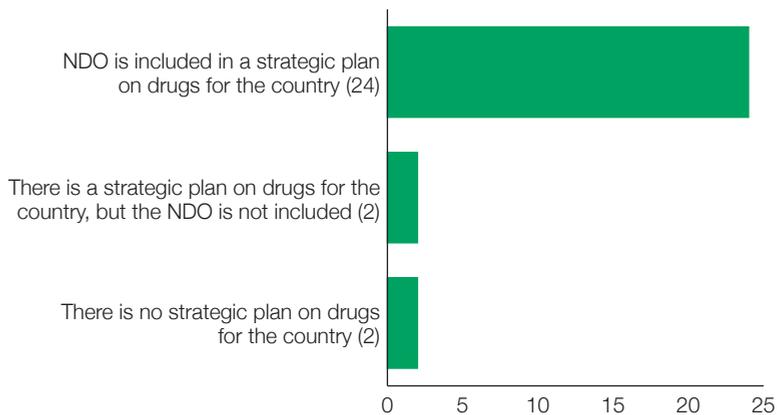
This diversity of institutional arrangements for each NDO shows different ways of conceptualizing drug policy relative to institutional history, the situation in each country, and reflects different priorities and expertise, for example, in matters related to demand and supply reduction, drug consumption or trafficking, health, security or Human Rights issues.

For an analysis of the advantages and disadvantages of different locations of NDOs within the government structure, see *Building a National Drug Observatory: a Joint Handbook (Creación de un observatorio nacional de drogas: un manual conjunto*. EMCDDA & CICAD/OAS, 2010: 110).

Inclusion within a Strategic or Action Plan on Drugs in the Country and Involvement in the National Policy on Drugs

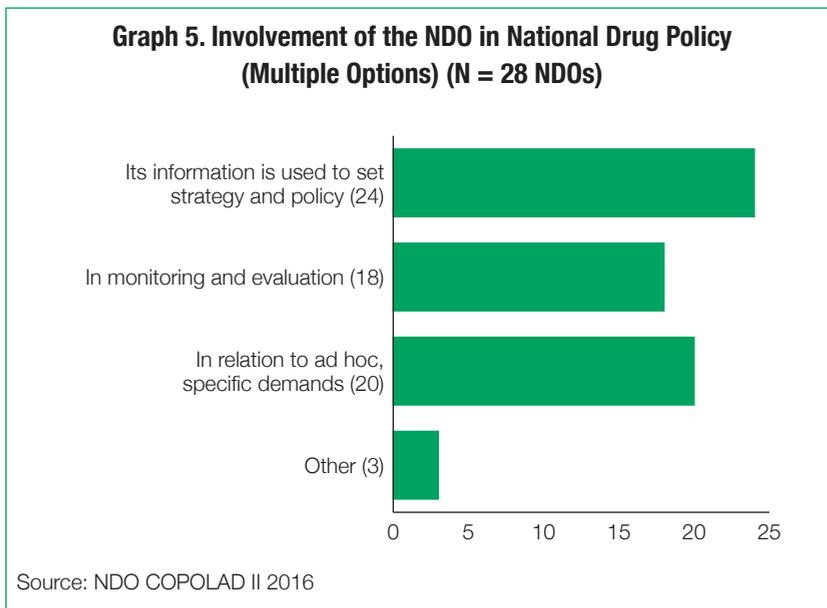
From 28 countries with NDOs, 24 indicate that the work of the Observatory is included within a strategic or action plan on drugs in the country. 2 NDOs confirm that there is a strategic or action plan in the country, but the work of the NDO is not included in that plan; and, finally, 2 other NDOs indicate that there is no strategic or action plan on drugs in the country.

Graph 4. Inclusion of the NDO in a National Strategic or Action Plan (N = 28 NDOs)



Source: NDO COPOLAD II 2016.

In relation to how the Observatory is involved in the national drug policy (multiple options), 24 NDOs indicate that information from their country is used to set strategies and policies; 18 indicate that the NDO participates in activities related to policy monitoring and evaluation; and in 20 countries, NDOs responded to ad hoc or specific demands. 3 NDOs also mentioned other mechanisms or forms of involvement.



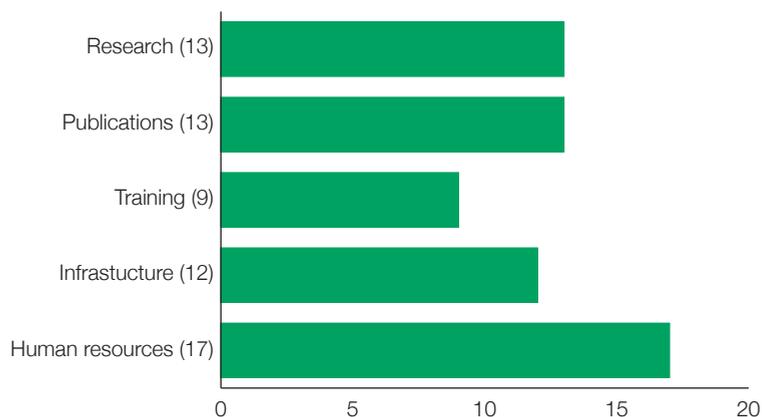
BUDGET. SOURCES OF FUNDING

The operational capacity of NDOs is granted by the existence of a budget defined according to the areas accomplishing its main functions. A NDO should be able to define its budgetary lines and be accountable for the use of those funds (EMCDDA & CICAD/OAS, 2010).

The questionnaire asked about the availability of a specific budget for the NDO, disaggregated by lines of work (research, publications, training, infrastructure & equipment and human resources), considered critical to the functioning and development of the NDO. The questionnaire also asked about the sources of funding for those critical lines and for ad hoc or particular activities.

From the total number of NDOs, 13 have a specific budget for research, 13 for publications, 9 for training, 12 for infrastructure & equipment, and 17 have a specific budget to support staff who work at the Observatory.

Graph 6. Number of NDOs that currently have a specific budget for the following components (N = 28 NDOs)



Source: NDO COPOLAD II 2016.

If we consider all 28 NDOs in this study, 3 of them indicate a specific budget for the 5 areas specified in the questionnaire, 5 other NDOs have a budget for 4 areas, 4 NDOs have a budget for 3 areas, and the other 3 NDOs have a specific budget for 1 critical area.

It should be noted that 8 NDOs indicated that they did not have a specific budget for any of the areas specified.

Of the five disaggregated and explicitly mentioned items (research, publications, training, infrastructure & equipment and human resources), 15 NDOs have ad hoc funding mechanisms for specific activities.

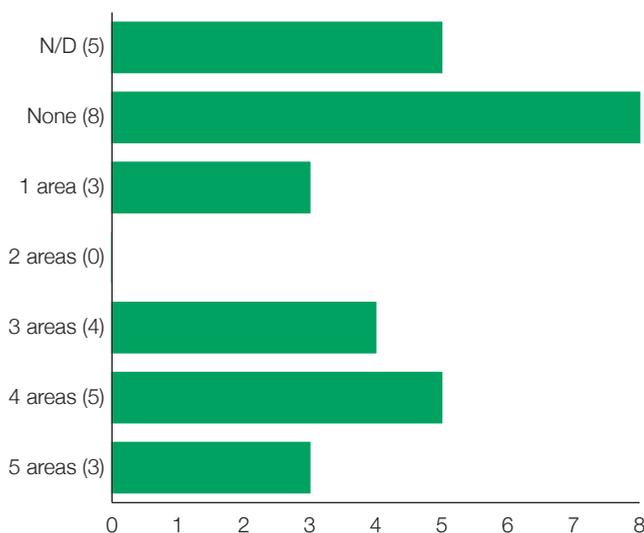
The budgetary situation varies according to each country. More than half of the countries have funds for staff, but availability of funds according to the areas identified above is quite varied. Generally, there are countries that have budget lines for all areas except for training; others have for publications, training and staffing but not for research, and others only have a specific budget for staff. On the other hand, as mentioned, at least 8

countries do not have a specific budget for any of the areas. In some cases, the budget for a particular area is managed by another department or is assigned in a more general way.

In several countries, the NDO has funding that is not specific to the Observatory or to its activities, but funds are allocated to the Secretariat or to the Ministry to which it is attached. A country that has the capacity to manage its own budget, fosters the independence of the Observatory, as well as its future stability.

Regarding the source of financing for the specific budget of the NDO and its various areas, almost all mention the National Government, or the corresponding Ministry or Secretary of the Executive Power. Additionally 4 countries of a total of 28 mention other sources, such as the OAS, the USAID or the European Union (EU).

Graph 7. Number of NDOs according to the number of areas with a specific budget line (N = 28 NDOs)



Source: NDO COPOLAD II 2016.

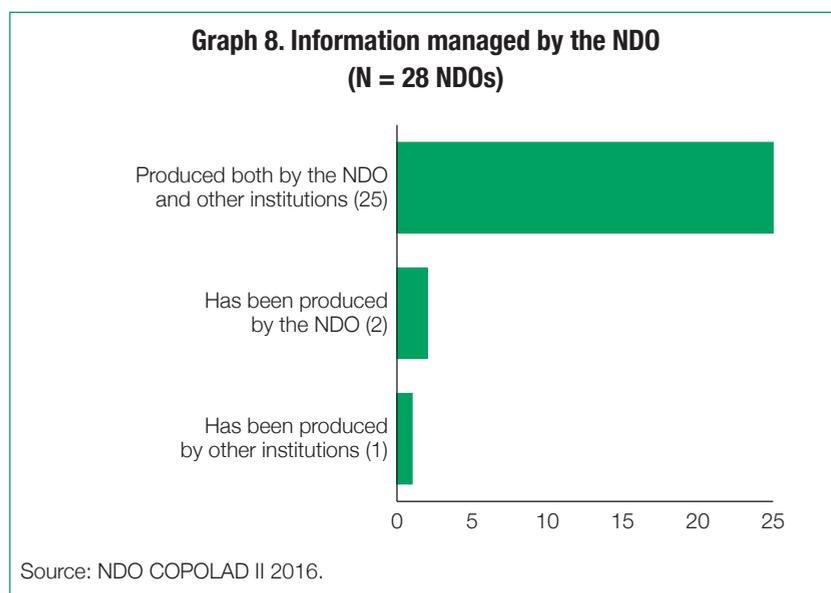
For ad hoc activities, external funds are mentioned in 15 countries. The CICAD/OAS is the most frequent source, followed by the EU, USAID and Pan American Health Organization (PAHO/WHO), as well as domestic sources. 1 country mentions the existence of a Confiscated Asset Fund.

INFORMATION SYSTEMS. INTER-INSTITUTIONAL NETWORKS

Production and Use of Information

One of the key functions of NDOs is to obtain and track data at the national level, as well as to analyze and interpret the information collected. For drug-related information and data, we understand all quantitative or qualitative information collected from a routine, systematic or ad hoc manner that has to do with one or more aspects of the drug phenomenon (EMCDDA & CICAD/OAS, 2012: 44).

In relation to the information managed by the NDO, countries were asked whether such information is exclusively produced by them, produced by other institutions, or whether it is a combination of the two.



Of 28 NDOs, 25 manage information on drugs produced by them and by other institutions. 2 NDOs manage the information and one indicated that it manages information produced by other institutions only.

Approximately half of the NDOs have no problem in relation to inter-agency collaboration. However, 15 NDOs indicated that they do have difficulties in accessing information generated by other institutions.

The reasons given for these challenges were many and such as political, operational, and financial issues, work overload at the NDO and/or at other agencies, lack of financial incentives for inter-institutional collaboration, and the fact that data exists but is not available.

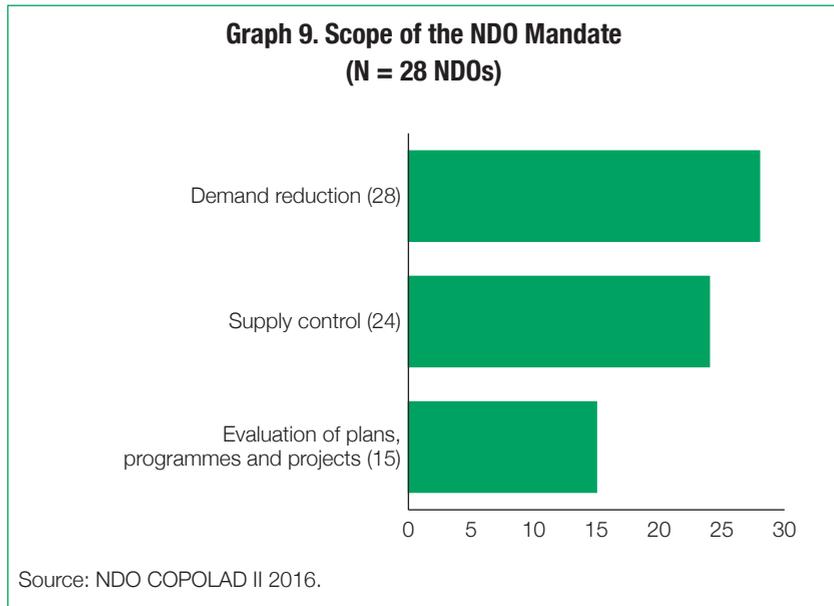
NDOs are often incorporated into more complex information systems. NDOs were therefore asked about a National Drug Information System (NDIS) operational in the country. In 9 cases, a NDIS operates in the country and in 15 cases, the response was “partially”. This situation requires special analysis in order to establish what the weaknesses and the obstacles are to be overcome in order to accelerate the creation of a NDIS. The recent creation of NDOs, the lack of institutional coordination, even the type of affiliation within the institutional structure of the country might clarify the weakness of the NDIS.

A National Drug Information System (NDIS) refers to a structured organization of heterogeneous sources of information necessary to obtain a comprehensive perspective of the drug situation. The system describes the sources and patterns of information requested by the national reference system. The elements of this system are not necessarily connected through hierarchical relationships and their financial resources do not originate from a single budgetary source (see EMCDDA & CICAD/OAS, 2010: 46-7).

SCOPE OF WORK

In terms of major areas of work, all 28 NDOs included the production or management of information on drug demand reduction; 24 NDOs also in-

cluded the supply reduction area; and 15 NDOs are involved in the monitoring and evaluation of drug-related programmes, plans and projects.



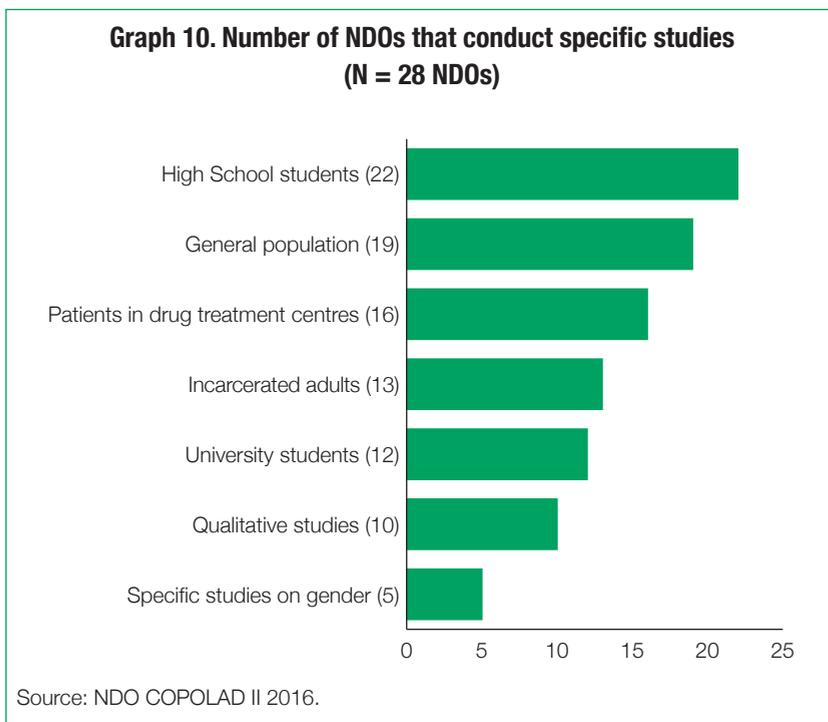
In relation to studies conducted by NDOs, 19 indicated that they have conducted studies on the general population, 22 indicated they did so on High School students, while 16 indicated that they conducted studies on patients receiving drug treatment.

In addition, 22 NDOs conducted some type of study on a specific population and/or used some methodology other than the survey. Within these type of studies, 13 NDOs conducted studies on incarcerated adults, 12 on university students, and 10 conducted qualitative studies.

Some countries conduct studies on detained juvenile offenders, on specific drug consumption patterns (marijuana, freebase/coca paste, synthetic drugs), on adolescents (in addition to High School students), employees

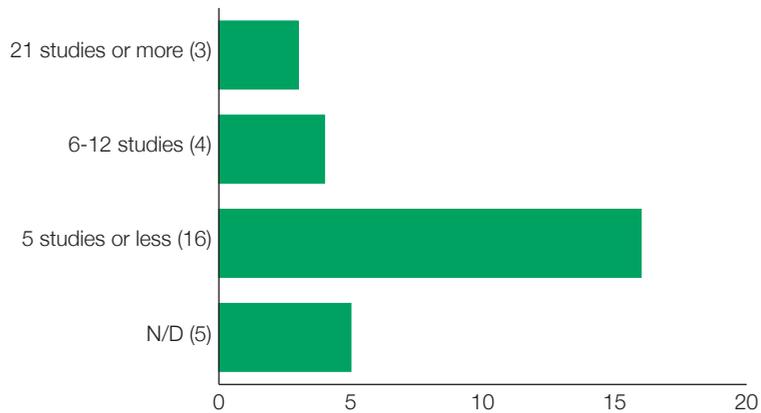
(according to their profession or trade union affiliation), etc. In some cases, mention was made of studies on emerging consumption patterns, such as “biddies” or electronic cigarettes.

Regarding general population studies, households, students or patients in drug treatment, samples often maintained national representation. In more specific studies, samples did not usually claim such representation, but were circumscribed to specific territorial units and/or to specific contexts (institutional, situational, etc.).



Regarding the number of studies conducted between 2011 and 2016, 16 NDOs carried out 5 studies or less, 4 NDOs carried out between 6 and 12 studies, 1 NDO carried out 21 studies, another did 28 and another conducted 33 studies. 5 NDOs did not provide this information.

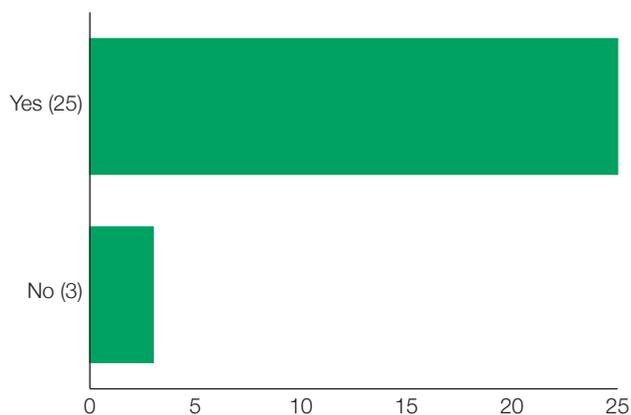
Graph 11. Number of NDOs per number of studies conducted between 2011 and 2016 (N = 28 NDOs)



Source: NDO COPOLAD II 2016.

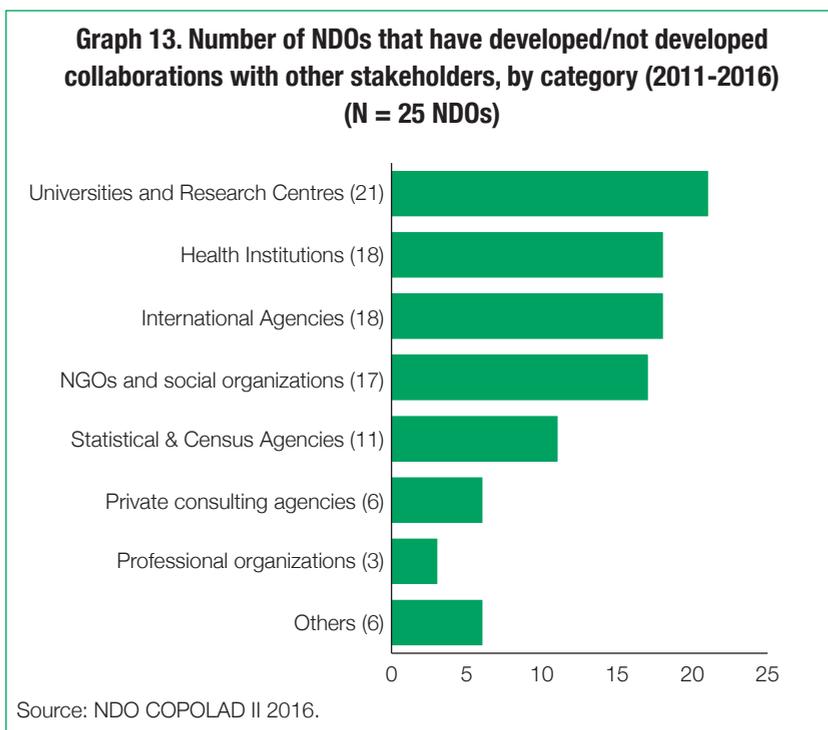
Of 28 NDOs, 25 indicated that they developed collaborative efforts with other stakeholders during the period, 2011-2016.

Graph 12. Number of NDOs that have developed/not developed collaborations with other stakeholders (2011-2016) (N = 28 NDOs)



Source: NDO COPOLAD II 2016.

The majority of these stakeholders are Universities and Research Centres that collaborated with 21 NDOs. 18 NDOs cooperated with various Health and Epidemiological Institutions and International Cooperation Agencies. Non-Governmental Organizations (NGOs) were mentioned by 17 NDOs. Statistical institutions were mentioned by 11 NDOs.



Permanent Record-Keeping and/or Continuous Follow-up of Administrative Records

Permanent record-keeping and the continuous follow-up of administrative records refers to the periodic updating of registration systems based on notifications that are made, for example, on a monthly basis. These registers have become a priority source of information for NDOs since they complement information from traditional surveys, providing data of extreme relevance when dealing with particular substance use by specific

populations (eg. patients in drug treatment, hospitalizations, traffic accidents, among others).

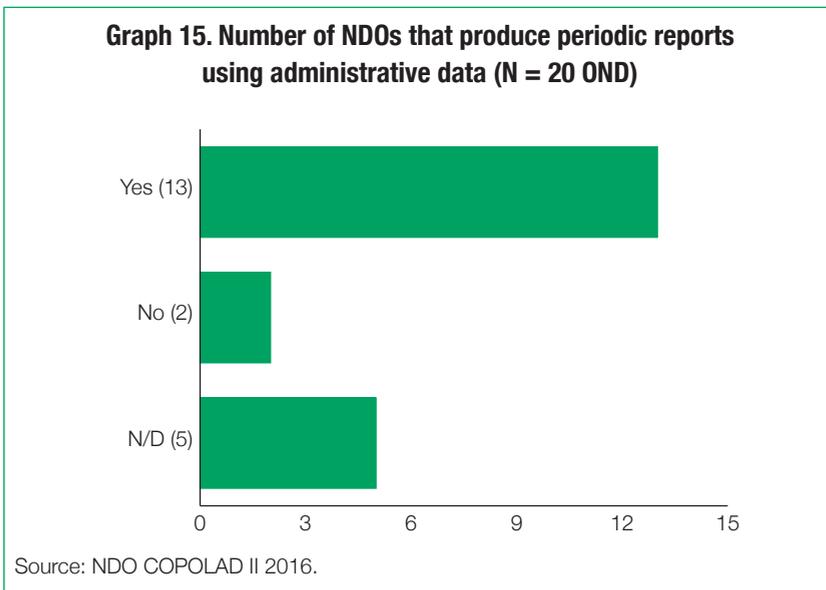
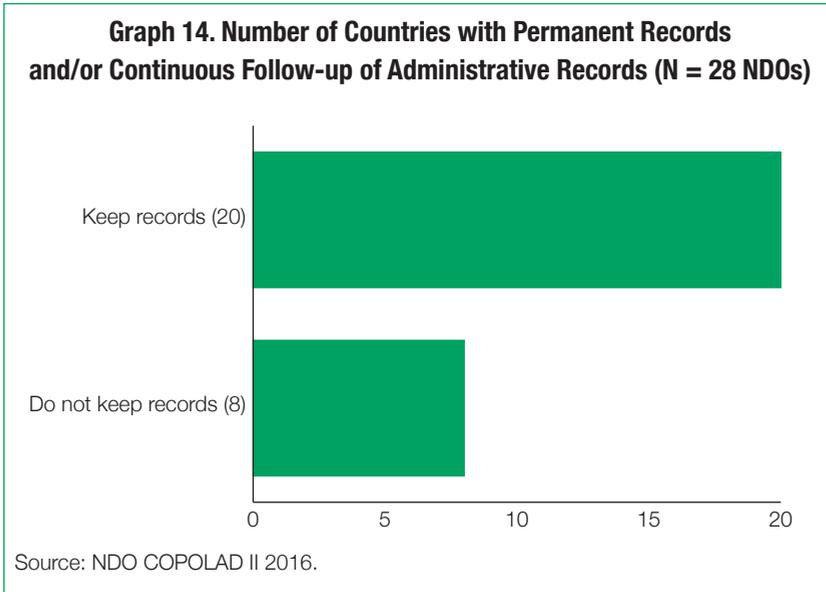
Of 28 NDOs, 20 have permanent updating systems and/or continuous follow-up of administrative records from other institutions or secondary sources (Graph 14).

The characteristics of the permanent record-keeping and/or continuous follow-up of administrative records are diverse:

- 8 NDOs maintain administrative records on patients in drug treatment or on the demand for treatment (in 3 cases, they have their own records; in 9 cases, the records are kept by third-parties; in 3 cases, both scenarios apply).
- 5 NDOs maintain records on mortality (in 4 cases, they have their own records; in 1 case, they maintain their own records and some data is kept by third parties).
- 7 NDOs maintain records on morbidity (in all cases, records are kept by third parties).
- 7 NDOs maintain records on drug-related traffic accidents (in 6 cases, by third parties; in 1 case, they maintain their own records and some data is kept by third parties).
- 14 NDOs maintain records on drug seizures and/or precursors (in 11 cases, these records are maintained by third parties; in 3 cases, they maintain their own records and some data is kept by third parties).
- 13 NDOs maintain records on the seizure of goods related to drug trafficking (in 1 case, they maintain their own records; in 9 cases, the data is kept by third parties; in 2 cases, there is a combination; in 1 case, there is no data).
- 10 NDOs maintain records on prison inmates (in 1 case, they maintain their own records; in 9 cases, the records are kept by third parties).
- 3 NDOs maintain records on drug-related violence (in 1 case, they maintain their own records; in 2 cases, the data is kept by third parties).

From a total of 20 countries that maintain administrative records, only 13 NDOs periodically reported these data. 8 NDOs disseminated between 1

and 4 reports, and 1 had more than 5. No information is available for the other NDOs (Graph 15).



Early Warning Systems (EWS)

The 2011 and 2013 UNODC Reports on drug use highlights the stability of natural drug use and an “alarming” increase in the so-called New Psychoactive Substances (NPS) which are of synthetic origin (Suarez and Rossal, 2015).

NPS are clandestinely synthesized substances that seek to mimick or increase the effects of classical psychoactive substances. Many of them arise from the simple modification of the molecular structure of a substance already known and controlled by International Conventions. When creating a new substance with a different structure, it is not covered by existing regulations and it therefore evades the existing controls and bans. Under this new category of NPS, we may also include the new usage of traditional drugs that reappear, or that were already known but had not been previously abused (Suarez and Rossal, 2015).

Among the most notable features of NPS is the “de-territorialization” of their production, which makes any location on the planet a potential point of production. This occurs since NPS do not depend on cultivated plants, and due to geopolitical reasons. The scope of trafficking and the distribution routes are bigger (the Internet being one of the key channels of commercialization with the consequent accessibility and comfort that the tool offers to its users) and the diversity of materials which might even be legal or controlled. According to reports, this factor explains the increase by more than 100% of NSPs over a 5 year period from 2009 to 2014 (Suarez and Rossal, 2015).

From a consumption point of view, the greatest problem associated with these substances is the lack of knowledge of their composition and their interaction with other drugs. At a basic level, different substances are labeled similarly according to their chemical composition on the assumption that they produce similar effects and consequences. Users are then exposed to risks of which they are unaware.

Countries, and in particular their NDO, need tools that facilitate access to correct and up-to-date information about a vertiginous reality. In this con-

text, the Early Warning System (EWS) is extremely useful to keep permanent surveillance on the situation.

An EWS is a network of stakeholders, collaborators and partners who focus on drug use and whose purpose is to identify the emergence of new drugs and/or new patterns of consumption (EMCDDA & CICAD/OAS, 2010: 34). The EWS also evaluates the risks of these drugs and/or the patterns of consumption, and coordinates decision-making in terms of the level of risk to the public.

From all the countries, 7 indicated that they have the EWS. In 5 of them, the EWS is coordinated by the NDO, while in Chile and the Bahamas, their EWS is not coordinated by the NDO. The countries that currently have an EWS are Argentina, Colombia, Mexico, Venezuela and Uruguay. However, it is important to note when considering this activity, that Colombia and Uruguay are the only ones that have actually issued alerts in 2013 and 2014. The others are at an early stage or have had very modest activity. In the case of Brazil, it is said that the EWS is “in progress”. The other 21 countries in Latin America and the Caribbean region report that they do not have Early Warning Systems.

Table 3. NDOs that have/do not have an Early Warning System

DO NOT HAVE	HAVE BUT NOT COORDINATED BY NDO	HAVE AND COORDINATED BY NDO
Antigua & Barbuda, Barbados, Bolivia, Brazil, Costa Rica, Dominica, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Nicaragua, Panama, Paraguay, Peru, Dominican Republic, Surinam, Trinidad & Tobago	The Bahamas Chile	Argentina Colombia Mexico Uruguay Venezuela
21	2	5

Source: NDO COPOLAD II 2016

It is important to make these distinctions since one of the objectives of COPOLAD II is to contribute to the promotion and consolidation of EWS in CELAC countries. This therefore requires consolidation of systems capable of launching alerts in a sustainable way.

As regards the EWS coordinated by the NDO, one of these systems has been operating for 3 years. Another 3 EWSs have been in place for 1-2 years, while the other has been operating for less than a year. One country, Brazil, says that its EWS is “in progress”.

Most of those EWSs comprise stakeholders from the clinical or health care fields, from the supply control area, those who conduct biological and/or chemical scientific research, and institutions that conduct social research. In two cases, forensic personnel, international and other organizations were mentioned. In one case, teams/institutions from other countries were mentioned. EWSs are diverse in terms of their numbers ranging from 7 to 340.

Graph 16. Number of Early Warning Systems according to stakeholders and institutions that integrate them (N = 5)



Source: NDO COPOLAD II 2016.

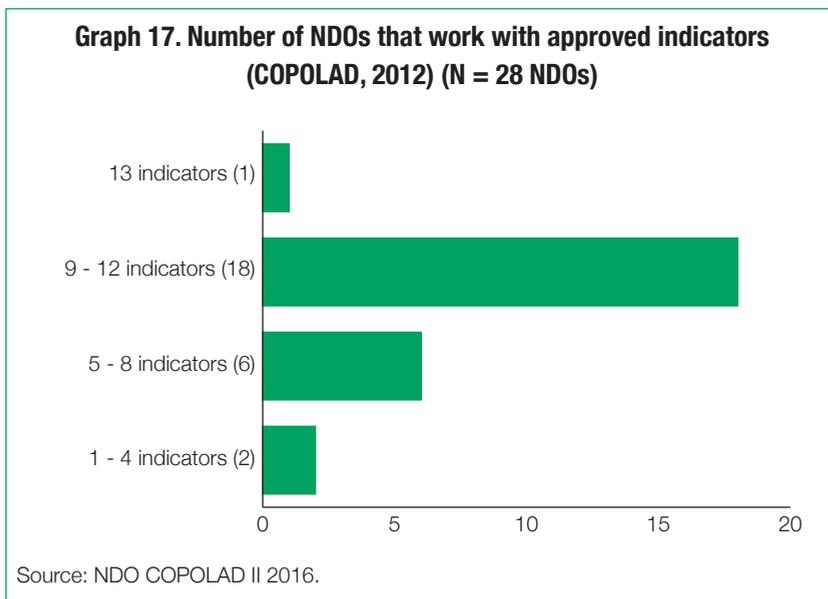
Of the 5 NDOs with EWSs in operation, only 2 made 4 reports in the last two years, while 1 indicated having produced 1 report. The other 2 did not provide any information.

INDICATORS

Approved Indicators

In the context of COPOLAD I, NDOs agreed to use basic indicators on demand reduction and supply control. To achieve this, the first activity consisted of a review of the indicators collected by the EMCDDA, CICAD, and the UN (ARQ), as well as those designed by the Observatories themselves. This was communicated through a structured questionnaire in 2011. That questionnaire included 17 indicators on demand reduction and supply control.

In the 2016 edition, this trend is captured with a set of agreed indicators and others that are frequently used, but these have not yet achieved consensus by all countries. The validation of some indicators is still pending.



The 13 agreed indicators included in the 2016 survey are as follows:

- Prevalence of substance use.
- Drug abuse.
- Drug dependence.
- Age of initiation of substance use.
- Incidence of substance use (lifetime, past year, past month).
- Perception of risk associated with drug use.
- Supply of drugs.
- Potential demand for drug treatment and rehabilitation.
- Mortality associated with drug use².
- Morbidity associated with drug use.
- Persons in drug treatment.
- Drug seizures.
- Purity and chemical composition of drugs.

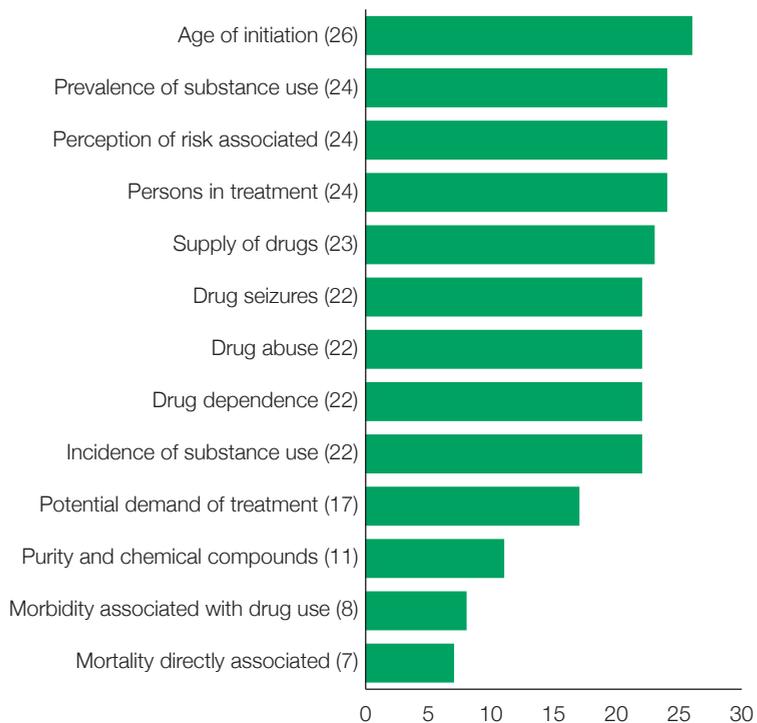
As seen in Graph 17 in relation to the 13 agreed indicators, 1 NDO works with all indicators, 18 NDOs work with 9-12, 6 NDOs work with 5-8, and 2 NDOs only work with 1-4 indicators.

The following Graph shows the number of NDOs that work with indicators that were approved in 2012.

The most widely used indicator is *Age of Initiation of Substance Use* (26), followed by *Prevalence of Substance Use*, *Perception of Risk associated with Drug Use* and *Persons in Treatment* (24); *Supply of Drugs* (23), and *Drug Seizures* (22). The least used indicators are those related to mortality and morbidity associated with drug use.

2. Although this indicator was agreed, it was later sent to PAHO for review.

Graph 18. Number of NDOs that work with approved indicators (COPOLAD, 2012), per indicator (N = 28 OND)



Source: NDO COPOLAD II 2016.

Indicators not Approved

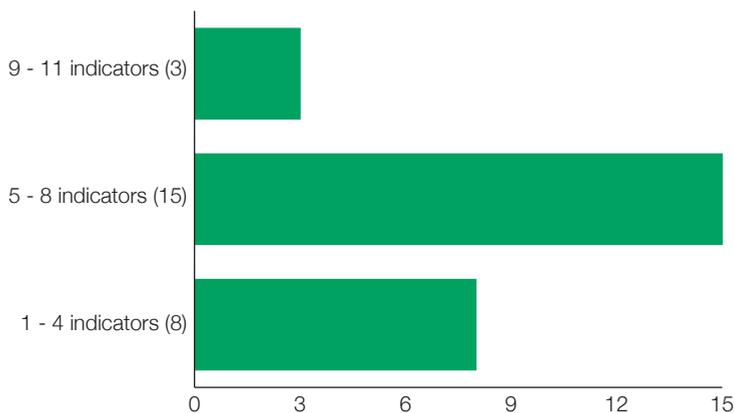
As much as countries were asked about the work of NDOs, there were 14 indicators that did not reach the consensus of all countries, and for this reason, we refer to them as “not approved”. The 14 indicators that fall under the category of “not approved” are:

- Perceived availability of drugs.
- Mortality indirectly associated with drug use.
- Prevalence/incidence of HIV and/or other diseases (hepatitis B, hepatitis C) among people who use injectable or non-injectable drugs.

- Supply of drug treatment.
- Arrests related to violations of drug laws.
- Substance-related traffic accidents.
- Drug-related gender violence.
- Potency of cocaine production.
- Areas of coca cultivation.
- Quantity and number of seizures of chemical precursors used in the manufacture of illicit drugs.
- Seizures of goods related to drug trafficking.
- Number of dismantled illicit laboratories and other sites of production or infrastructure.
- Price of drugs at retail level.
- Projects on sustainable development.

Graph 19 shows that 3 NDOs work with 9 to 11 of the “not approved” indicators, 15 NDOs work with 5 to 8 indicators, and 8 NDOs work with 1 to 4. 2 NDOs do not use these indicators at all.

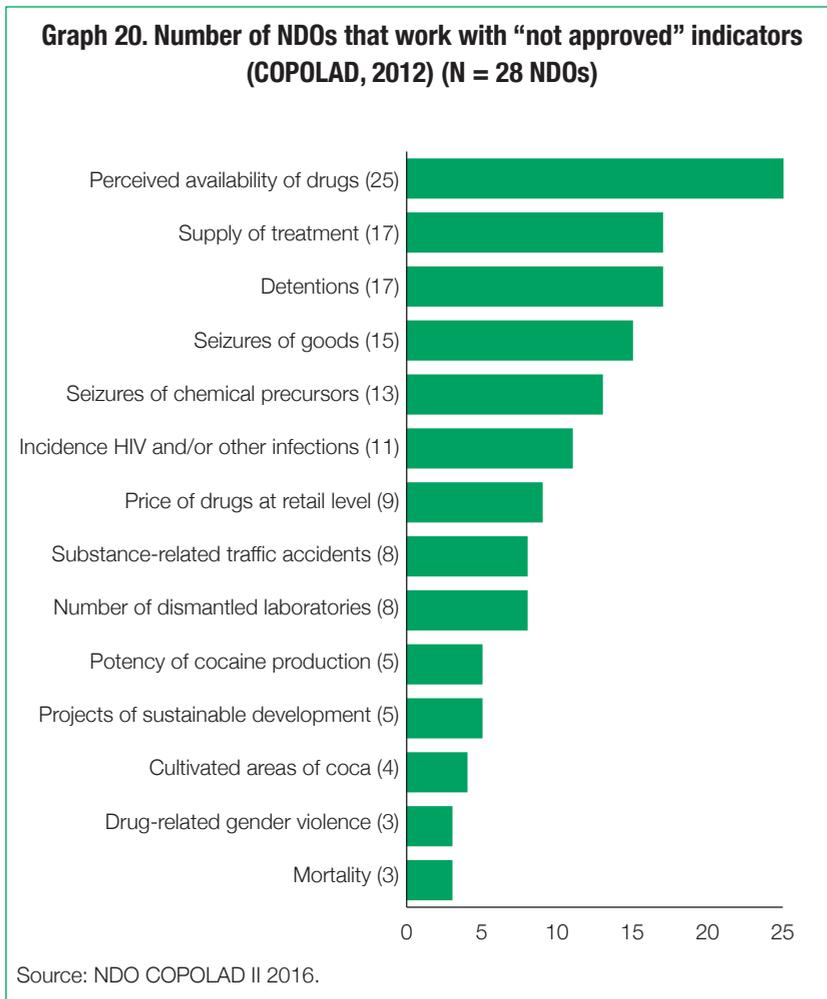
Graph 19. Number of NDOs that work with selected “not approved” indicators (N = 14 indicators)



Source: NDO COPOLAD II 2016.

Graph 20 shows the number of NDOs that work with indicators that were not approved in 2012.

From this set of indicators, the most frequently used is *Perceived availability of drugs* (used by 25 NDOs), followed by the *Supply of drug treatment* and *Detentions related to violations of drug laws*, both used by 17 NDOs.



Indicators used for Selected Studies

The questionnaire also requested information on indicators used for studies on the general population and studies on High School students.

We identified 10 essential indicators based on the epidemiological situation of drug use in each country. Information was requested on the following 10 indicators: *Lifetime prevalence*, *Year prevalence*, *Year incidence*, *Month incidence*, *Age of initiation*, *Abuse*, *Dependence*, *Perceived risk*, *Perceived availability*, and *Supply of drugs*.

Although we identified a number of substances that are critical to both studies (tobacco, alcohol, tranquilizers without medical prescription, stimulants without medical prescription, solvents and inhalants, marijuana, cocaine hydrochloride, smoking cocaine, ecstasy, hallucinogens, hashish, heroin, opium, morphine without medical prescription, ketamine, amphetamines, methamphetamines and other drugs), we also observed great variance between countries both in relation to the number of indicators they use, and on the populations they analyze. For example, studies on High School students only focused on alcohol abuse (“binge drinking”) and signals of problematic use of marijuana (eg. CAST: CAGE Substance Abuse Screening Tool).

Where High School populations are concerned, indicators on *Perceived risk*, *Perceived availability* and *Supply of drugs* are only available for some substances. In relation to perceived risk, studies focused on alcohol, tobacco, tranquilizers, stimulants, solvents and inhalants, marijuana, cocaine (hydrochloride), smoking cocaine and ecstasy.

Regarding *Perceived availability*, studies focused on marijuana, cocaine (hydrochloride), smoking cocaine, ecstasy and methamphetamines.

Finally, where the *Supply of drugs* is concerned, information is collected only for marijuana, cocaine (hydrochloride), smoking cocaine, ecstasy and methamphetamines.

Table 4. Number of NDOs that work with specific indicators on psychoactive substances in studies for general population (N = 28 NDOs)

SUBSTANCES	PREVALENCE		INCIDENCE		AGE OF INITIATION	ABUSE	DEPENDENCE	PERCEIVED RISK	PERCEIVED AVAILABILITY	SUPPLY OF DRUGS
	LIFE	YEAR	YEAR	MONTH						
Tobacco	18	16	14	13	16	8	11	13	6	5
Alcohol	18	17	14	13	16	15	14	15	6	6
Tranquillizers	18	16	12	11	15	6	7	12	7	5
Stimulants	17	16	12	12	13	3	5	12	6	4
Solvents	18	16	13	11	14	5	7	10	8	5
Marijuana	18	16	14	13	16	12	14	15	15	10
Cocaine	17	17	13	12	15	9	11	15	14	9
Smoking cocaine	18	17	13	12	16	10	11	14	15	9
Ecstasy	17	16	13	11	14	6	5	14	12	8
Hallucinogens	15	12	8	8	11	3	3	5	6	4
Hashish	10	7	5	4	7	2	1	3	2	2
Heroin	13	11	7	6	10	4	3	7	7	5
Opium	8	5	5	4	7	2	1	3	2	2
Morphine	10	7	5	4	7	2	1	3	2	2
Ketamine	10	7	5	4	7	3	2	5	3	3
Amphetamine	12	10	7	5	9	4	3	6	5	4
Methamphetamine	9	9	6	5	7	3	2	5	3	3
Other drugs	12	8	8	5	8	3	4	3	4	1

Source: NDO COPOLAD II 2016.

Table 5. Number of NDOs that work with specific indicators on psychoactive substances in studies for High School students (N = 28 NDOs)

SUBSTANCES	PREVALENCE		INCIDENCE		AGE OF INITIATION	ABUSE	DEPENDENCE	PERCEIVED RISK	PERCEIVED AVAILABILITY	SUPPLY OF DRUGS
	LIFE	YEAR	YEAR	MONTH						
Tobacco	23	21	18	16	23	9	12	19	13	12
Alcohol	23	21	18	15	23	15	13	20	14	14
Tranquillizers	21	21	16	15	20	6	8	18	12	8
Stimulants	20	20	15	14	17	5	8	18	11	8
Solvents	22	21	17	16	21	7	9	18	13	10
Marijuana	23	21	19	17	22	15	12	20	19	15
Cocaine	21	21	16	15	20	6	8	19	17	14
Smoking cocaine	22	21	17	15	21	8	9	19	18	15
Ecstasy	21	18	14	13	17	5	6	17	15	12
Hallucinogens	19	14	10	10	16	4	5	12	9	8
Hashish	11	10	8	8	10	2	3	6	5	5
Heroin	19	13	10	10	14	3	5	12	10	9
Opium	9	7	7	7	8	2	2	5	4	3
Morphine	11	7	7	7	9	3	3	5	4	4
Ketamine	9	7	6	6	10	2	3	6	4	4
Amphetamine	15	13	9	9	15	4	4	9	8	5
Methamphetamine	14	10	8	8	12	1	3	8	8	6
Other drugs	11	8	6	6	9	1	2	5	3	2

Source: NDO COPOLAD II 2016.

Regarding studies on the general population, while it is possible to evaluate signs of *Problematic drug use* (through the CIE-10 scale) for all substances (except for alcohol for which the AUDIT scale is used), this study focuses only on marijuana, cocaine hydrochloride and smoking cocaine. At the same time, the analysis of indicators of *Perceived risk* will only be on alcohol, tobacco, tranquilizers, stimulants, marijuana, cocaine (hydrochloride), smoking cocaine and ecstasy. In relation to *Perceived availability* and *Supply of drugs*, we will focus on marijuana, cocaine hydrochloride, smoking cocaine, ecstasy, methamphetamines and solvents (the latter only for perceived availability).

Tables 4 and 5 show the indicators used, and substances according to each NDO. They allow us to observe strengths and weaknesses of the assessment.

Gender

In the 2016 study, we incorporated the dimension of “Gender” as one of the main areas of analysis.

This perspective places “Gender” as one of the fundamental, underestimated areas in our understanding of the complexity of the drug phenomenon. It also highlights the importance of generating systematic evidence that facilitates good practice and the creation of interventions with a gender focus.

While it is increasingly common to find disaggregated information by gender, the information available does not necessarily lead to a gender analysis and specific data are not necessarily translated into policy, plans and public services. Such knowledge would greatly contribute to refining public policies and to achieving greater effectiveness (COPOLAD, 2014).

Three gender-related questions were included in the 2016 survey: availability of data disaggregated by sex, the incorporation (or not) of a gender perspective for the analysis of information, and the conduct of specific studies on gender.

**Table 6. Number of NDOs that conduct specific studies on gender
(N = 28)**

	N°	COUNTRIES
Conduct	5	Argentina, Brazil, Colombia, Costa Rica, Nicaragua
Do not conduct	23	Antigua & Barbuda, The Bahamas, Barbados, Bolivia, Chile, Dominica, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Panama, Paraguay, Peru, Dominican Republic, Surinam, Trinidad & Tobago, Uruguay, Venezuela



Source: NDO COPOLAD II 2016.

An analysis of the data collected through these three questions indicate that the answers to the second question (incorporation of a gender perspective) refer more to having data disaggregated by sex, than to incorporating a gender approach in the analysis of disaggregated data. Confusion may have occurred due to ambiguity in the design of the question.

For the purpose of analyzing the results of the current study, we only considered responses to the questions referring to:

- Availability of data disaggregated by sex.
- The conduct of specific gender studies.

From all the indicators mentioned above, 26 of 28 NDOs have data disaggregated by sex; 1 NDO said it does not keep this data; and 1 did not answer the question.

In addition to requesting information on the disaggregation of data by sex and the adoption of a gender perspective, we asked whether the NDO conducts specific studies on gender.

Of the total number of NDOs, 5 conduct this type of study, 3 from South America and 2 from Central America.

Epidemiological Studies

In relation to other studies, only 8 of 28 NDOs conduct epidemiological studies (Table 7). It is worth emphasizing the importance of monitoring populations that are not accessible by traditional methods or for which there is inadequate information. The consolidation of different research methods within the mandate of NDOs must be a priority activity to strengthen them.

Incarcerated Adults

13 NDOs conduct studies on incarcerated adults, while 15 NDOs do not conduct that type of study. Given the importance of studies that delve into the relationship between drugs and crime, there is a need to address the study of specific aspects regarding this population.

**Table 7. Number of NDOs that conduct Epidemiological Studies
(N = 28)**

	N°	COUNTRIES
Conduct	8	Argentina, Colombia, Ecuador, Nicaragua, Panama, Dominican Republic, Uruguay, Venezuela
Do not conduct	20	Antigua & Barbuda, The Bahamas, Barbados, Brazil, Bolivia, Chile, Costa Rica, Dominica, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Paraguay, Peru, Surinam, Trinidad & Tobago



Source: NDO COPOLAD II 2016.

Table 8. Number of NDOs that conduct studies on incarcerated adults (N = 28 NDOs)

	Nº	COUNTRIES
Conduct	13	Argentina, Barbados, Bolivia, Brazil, Colombia, Costa Rica, Dominica, Jamaica, Nicaragua, Peru, Dominican Republic, Surinam, Uruguay
Do not conduct	15	Antigua & Barbuda, The Bahamas, Chile, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haití, Honduras, Mexico, Panama, Paraguay, Trinidad & Tobago, Venezuela



Source: NDO COPOLAD II 2016.

Qualitative Studies

Additionally, 10 NDOs out of 28 indicated that they conduct qualitative studies and 18 indicated that did not conduct studies using that methodology.

**Table 9. Number of NDOs that conduct qualitative studies
(N = 28 NDOs)**

	N°	COUNTRIES
Conduct	10	Argentina, Barbados, Bolivia, Brazil, Chile, Colombia, Jamaica, Dominican Republic, Uruguay, Venezuela
Do not conduct	18	Antigua & Barbuda, The Bahamas, Dominica, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Surinam, Trinidad & Tobago

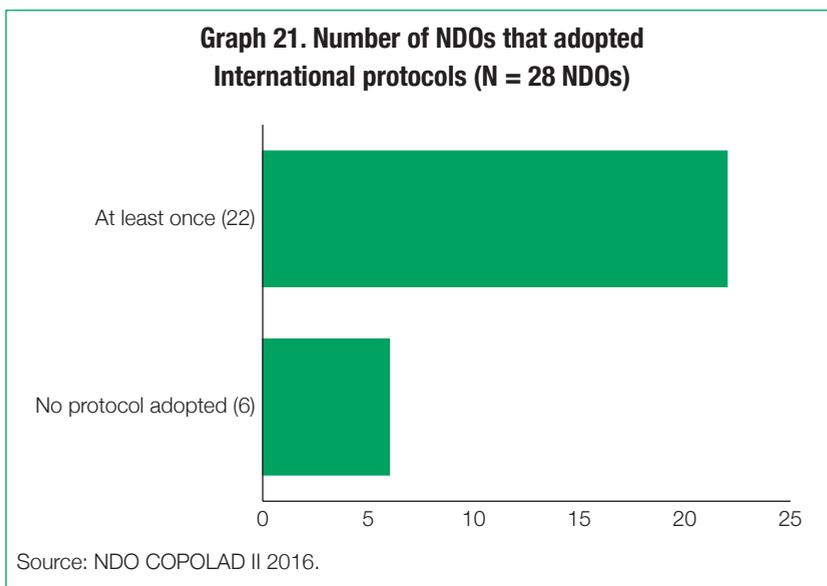


Source: NDO COPOLAD II 2016.

ANALYSIS AND GENERATION OF REPORTS AND PUBLICATIONS

Adoption of Protocols

The responses indicated that 22 NDOs use some international protocol as a reference for the collection and monitoring of data.

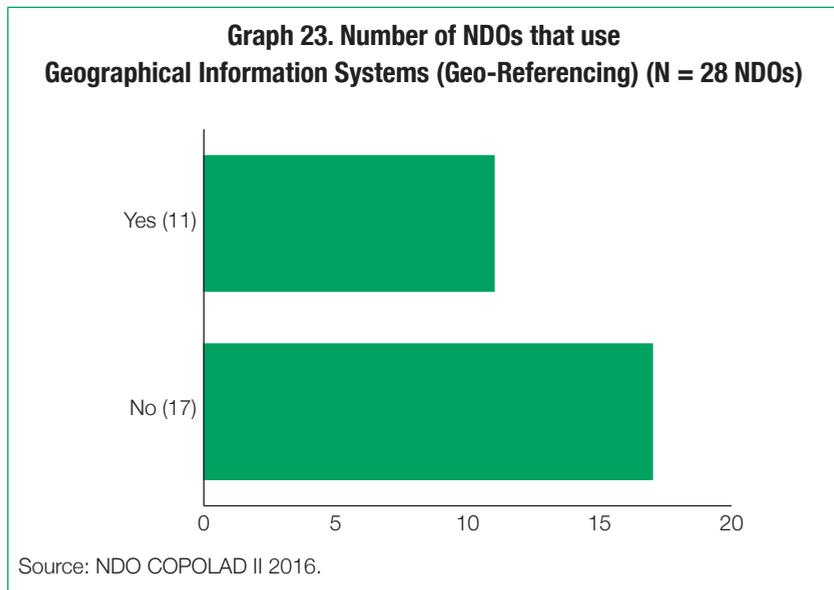
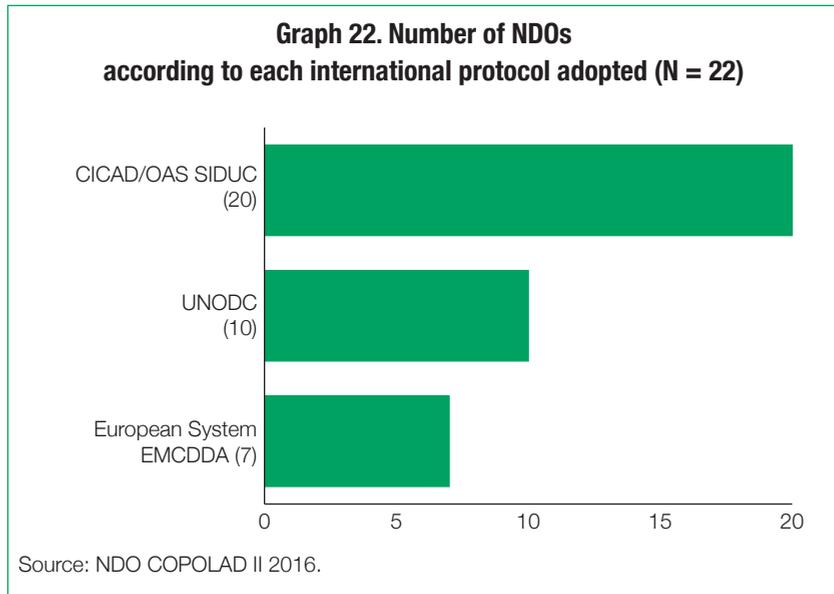


Among the 22 NDOs that adopted at least one international protocol, 21 of them have adopted one or several protocols of the Interamerican Data Uniform System on Drug Consumption (SIDUC acronym in Spanish *Sistema Interamericano de Datos Uniformes sobre Consumo de Drogas*), which belongs to the CICAD/OAS, 11 included the UNODC's protocol (United Nations Office on Drugs and Crime), and 7 incorporated the European System/EMCDDA.

Geo-Referencing

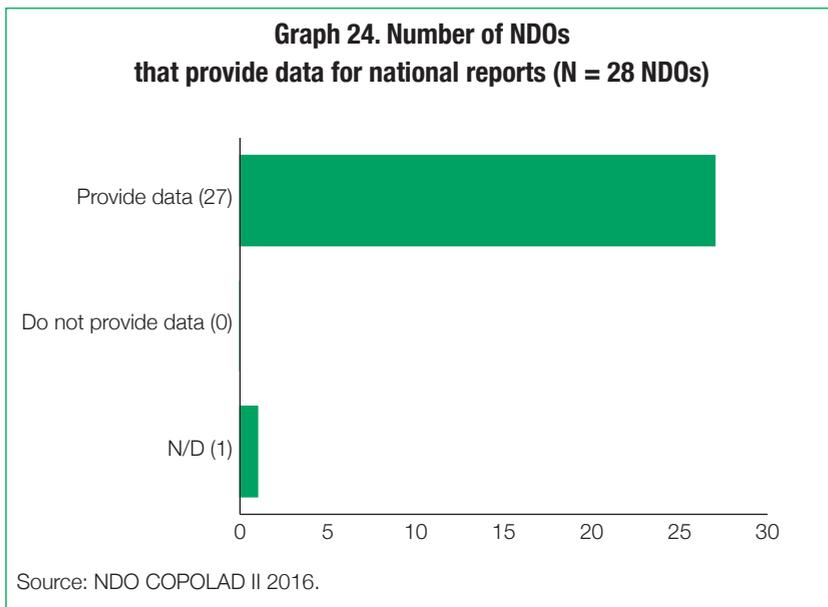
Although the use of Geographical Information Systems is an excellent tool for data analysis, information is not always disaggregated at levels that allow for geo-referencing.

In relation to the use of Geographical Information Systems, 11 NDOs indicate that they already use this tool, and 17 have not incorporated it as yet.



Other Responsibilities of the NDO

Among other NDOs responsibilities, 27 of them are responsible for providing inputs for the elaboration of national and international reports such as the UNODC, CICAD/OAS, OPS/OMS, and CARICOM Reports.



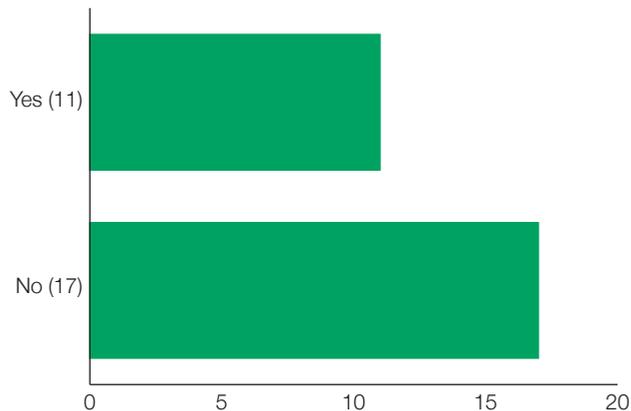
QUALITY

The processes used to ensure the quality of the product or service offered by an institution or organization is an indicator of established standards. In the case of NDOs, it is understood that it should be an integral part of any action plan for a drug information network (EMCDDA & CICAD/OAS, 2010).

Monitoring and Evaluation of NDOs

According to the questionnaires, 11 NDOs have mechanisms to monitor and evaluate their activities and products. 17 NDOs state that they do not have these mechanisms.

Graph 25. Number of NDOs that have/have no mechanisms to monitor and evaluate their activities and products (N = 28 NDOs)



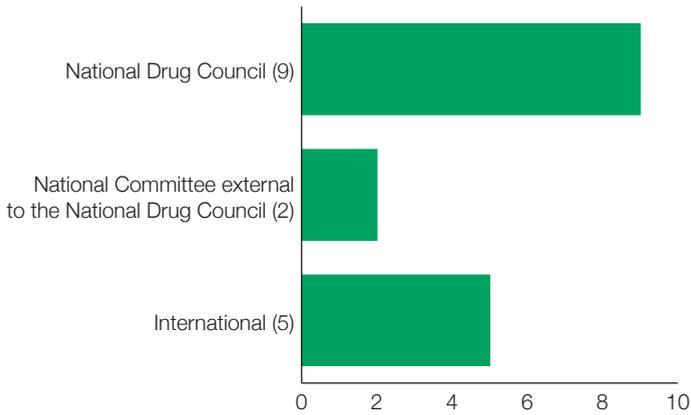
Source: NDO COPOLAD II 2016.

Regarding the institutions responsible for monitoring and evaluation, 9 NDOs indicated that a national internal Commission is in charge of this task. 5 NDOs said that an international institution is responsible for this task, and 2 NDOs indicated that the task is responsibility of a national institution separate from the National Drug Council (Graph 26).

Regarding quality control, 21 NDOs indicate that they have procedures in relation to the generation of information and publications (Graph 27).

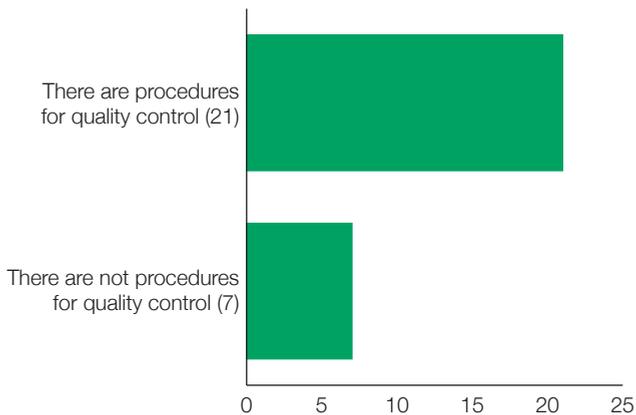
Connected to the monitoring and evaluation of the mandate of NDOs, is the level of dependence or technical independence of the NDOs when determining studies to be conducted. 23 NDOs received directives from a body external to the National Drug Council; in 21 cases, the decision was made by the NDO; in 16, the investigations conducted were requests from other sections within the same National Drug Council. Other situations were identified by 6 NDOs (Graph 28).

Graph 26. Number of NDOs responsible for monitoring and evaluating their activities and products (N = 11)



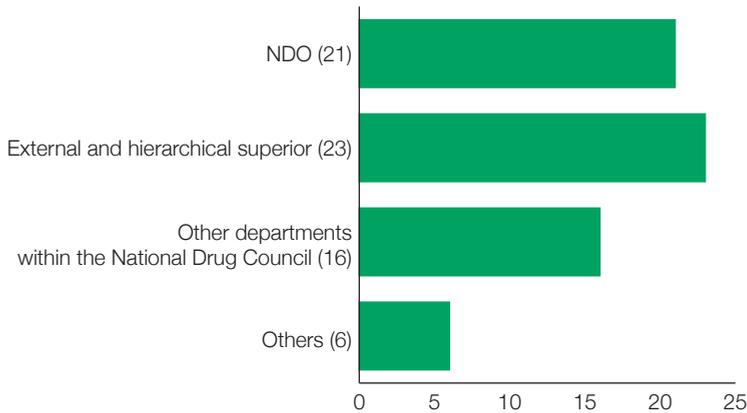
Source: NDO COPOLAD II 2016.

Graph 27. Number of NDOs that have procedures for quality control the generation of information and publications (N = 28 NDOs)



Source: NDO COPOLAD II 2016.

Graph 28. Number of NDOs guided/not guided by an entity that determines areas of research (multiple options) (N = 11)



Source: NDO COPOLAD II 2016.

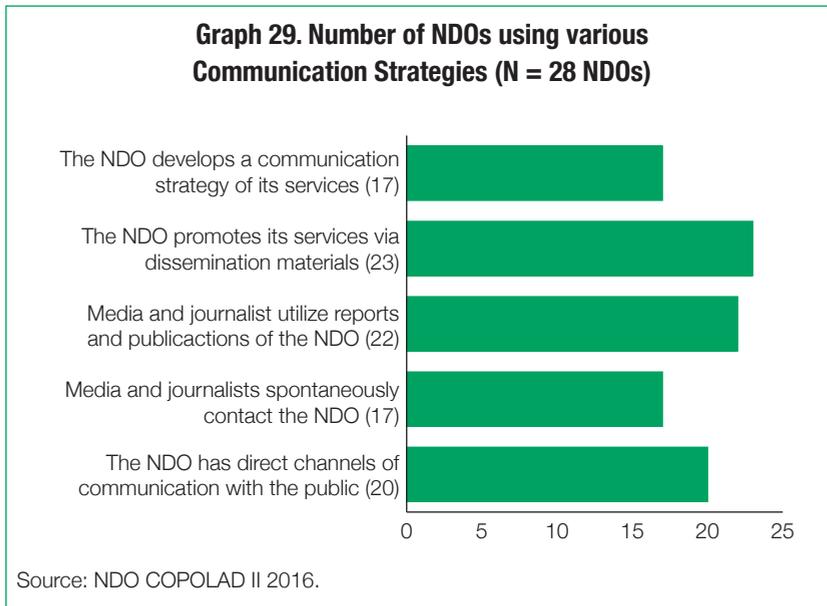
VISIBILITY/COMMUNICATION

Communication Strategies

Of the 28 NDOs that were part of the 2016 study, 17 have defined communication strategies for their products. Besides having or not having a strategy for this purpose, several disseminate drug-related information. In fact, 23 countries report that the NDO is collaborating with the implementation of these activities.

In 22 cases, countries indicate that their reports and publications are used by the media and by journalists. In 17 cases, it was reported that journalists from media agencies spontaneously contact the NDO when they need information.

In addition, 20 NDOs stated that they have direct channels of communication with the public through various social media networks, blogs and/or web pages.



In 2015, 20 NDOs organized events such as seminars, symposia, and scientific exchanges; 19 NDOs organized informal talks and courses; 18 NDOs were involved in the dissemination and awareness-building through material such as brochures and multimedia tools; 12 NDOs were involved in the training of health personnel; 8 NDOs were involved in staff training for supply reduction personnel; and 4 NDOs were involved in other activities (Graph 30).

In terms of auto-perception, 15 NDOs consider that the majority of key stakeholders in their country are aware of their existence, while 13 indicate that this is the case with some (Graph 31).

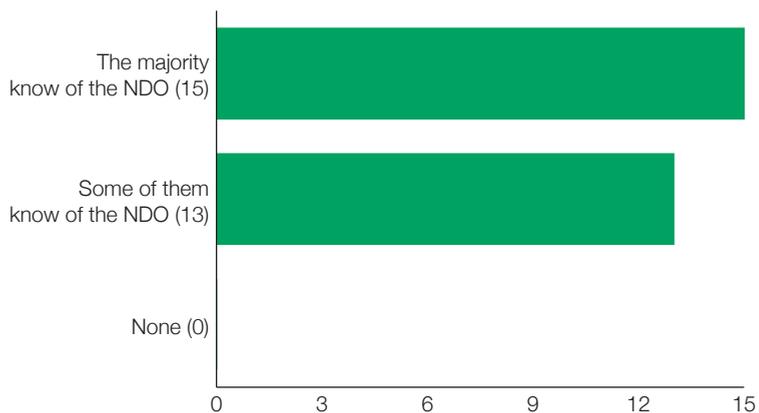
Regarding the role of NDOs in the development of drug information in the country, 9 NDOs noted that they are the main reference point; 18 NDOs indicated that they are one of the main reference points among others; whereas one NDO indicated that it is not the main reference point (Graph 32).

Graph 30. Number of NDOs that have organized specific communication activities (N = 28 NDOs)



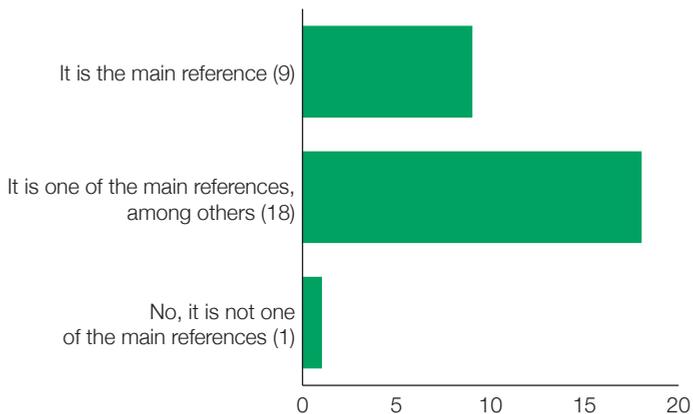
Fuente: Estudio OND COPOLAD II 2016.

Graph 31. Number of NDOs according to the Perception that Stakeholders and Interest Groups show towards them (N = 28 NDOs)



Source: NDO COPOLAD II 2016.

Graph 32. Number of NDOs that consider themselves as the main reference point in relation to drug information in the country (N = 28 NDOs)



Source: NDO COPOLAD II 2016.

INFRASTRUCTURE AND HUMAN RESOURCES

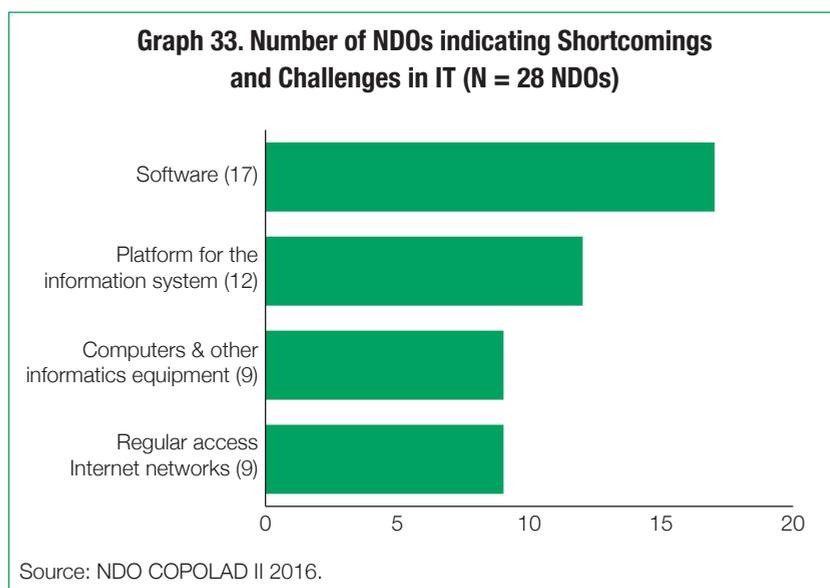
Infrastructure

NDOs have infrastructure, but it is clearly inadequate across the board. Several NDOs mentioned shortcomings in terms of infrastructure and material resources. Of the 28 NDOs, 22 considered that they have a suitable location, while 3 indicated that they do not. 3 NDOs did not answer the question. 20 NDOs have enough space for documents and files.

Regarding informatics and computer issues, which are central to the proper functioning of any NDO, only 16 indicated that they have resources for their website. Graph 33 shows the shortcomings in Information Technology (IT).

In terms of reported shortcomings in IT and computer issues, as shown in Graph 33, 17 NDOs highlighted deficiencies in software, 12 at the platform

level for computer systems, 9 in terms of computer equipment, and 9 in regular and efficient access to the Internet.



Human Resources

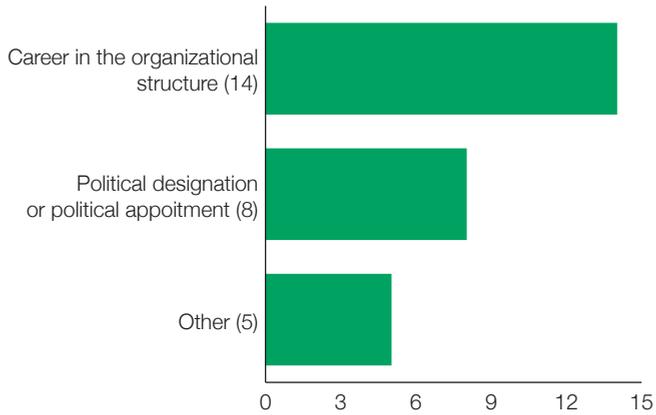
Regarding the position of Director or Coordinator of the NDO, 13 NDOs indicated that it is a tenured position within the organizational structure and 8 NDOs indicated that it is a direct or political designation.

Additionally, 5 responded with the option “Other Type”, which refers to a combination of both characteristics (for example, direct designation but taking into account the profession, experience and/or technical preparation for the position) (Graph 34).

In 12 NDOs, the current Coordinator has 2 years or less of in the position; in 5 cases, s/he has between 3 and 9 years in the position, and in 2 of them, the Director has 10 or more years in performing this task.

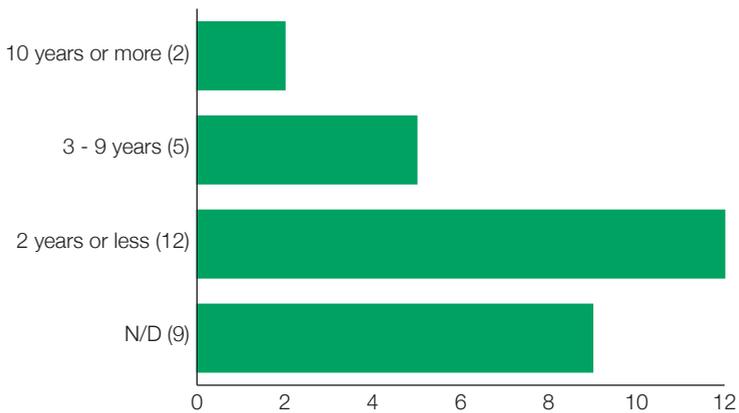
In the remaining 9 countries, neither the seniority of the Coordinator nor the start date were provided (Graph 35).

Graph 34. Number of NDOs based on the Designation of the Coordinator or Director (N = 28 NDOs)



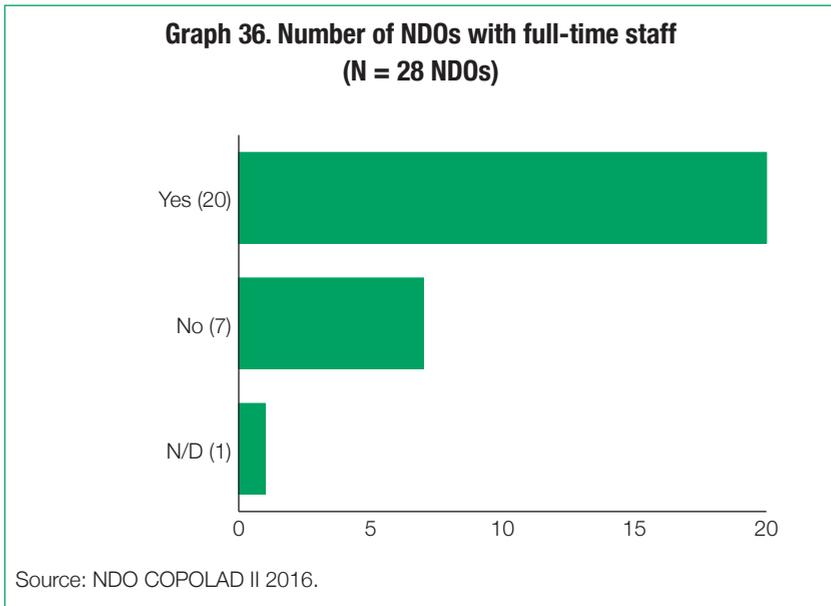
Source: NDO COPOLAD II 2016.

Graph 35. Number of NDOs based on the seniority of the Coordinator or Director (N = 28 NDOs)



Source: NDO COPOLAD II 2016.

As it may be seen in Graph 36, 20 NDOs have full-time staff assigned exclusively to the entity.

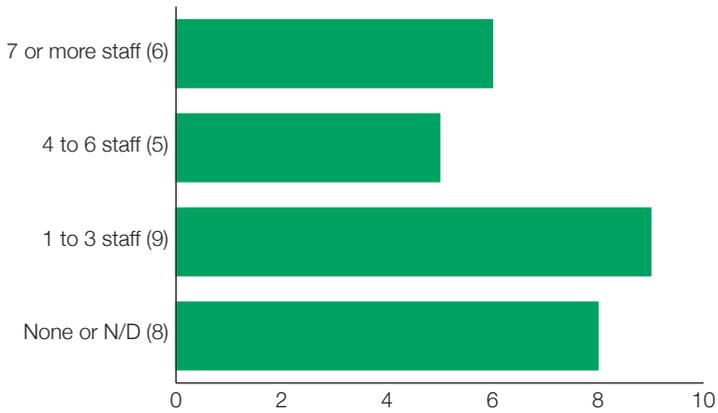


The number of full-time dedicated staff is quite small in most cases. One NDO has one employee; 3 NDOs have 2 employees; 3 NDOs currently have 5; one NDO has 4, another has 5, 3 NDOs have 6, and only 6 NDOs have 7 or more full-time positions. Graph 37 presents the data grouped by rank.

Of 19 NDOs that reported on the seniority of personnel, 10 have staff with 3 years or more of service; 4 NDOs have staff with 3 years or more of service; in 3 NDOs staff have 3 years or more of service, and in 2 NDOs the total number of officials have 3 years or more of service.

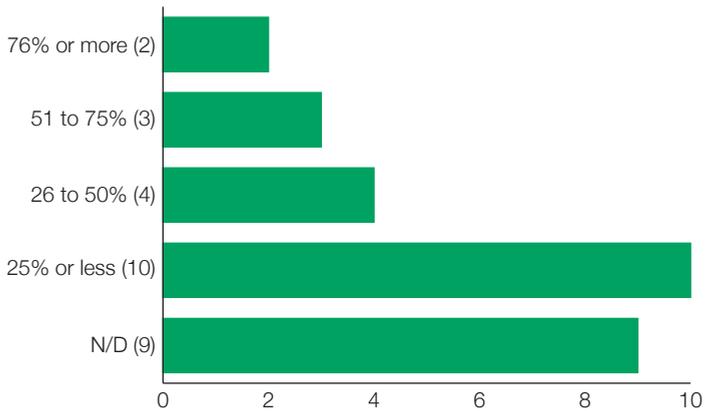
As shown in Graph 38, most NDO staff have been recently hired (3 years or less), and in several cases the NDO itself was recently created.

**Graph 37. Number of NDOs employing full-time staff
(N = 28 NDOs)**



Source: NDO COPOLAD II 2016.

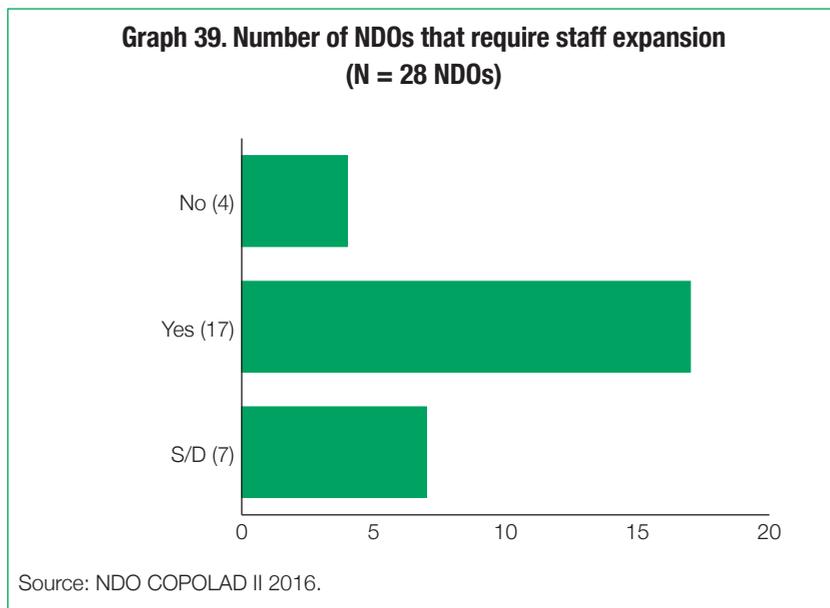
**Graph 38. Number of NDOs according to the percentage
of staff members with 3 or more years of service
(N = 28 NDOs)**



Source: NDO COPOLAD II 2016

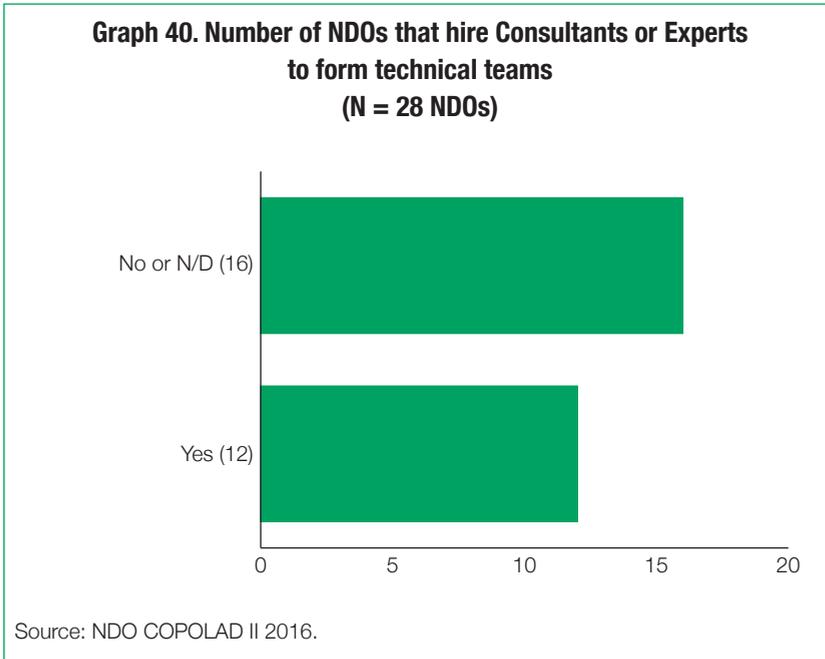
The majority of the NDOs expressed concern about incorporating more staff to develop their activities properly.

Only 4 NDOs indicated that they do not need more staff in addition to the contracted staff they currently have, 17 NDOs indicated that they do need more staff and 7 NDOs did not respond to the question.



Another fact related to the strength of the NDO in terms of personnel, refers to external recruitment and 12 NDOs indicated that they hire consultants to carry out specific studies.

Of the 12 NDOs that hire consultants, 4 NDOs do this for all studies conducted, while 8 NDOs engage consultants for some ad hoc studies. In addition, they were asked whether there were formal mechanisms for the inclusion of national experts in the activities of NDOs, and 14 institutions responded positively to this question.



Coordination with other NDOs

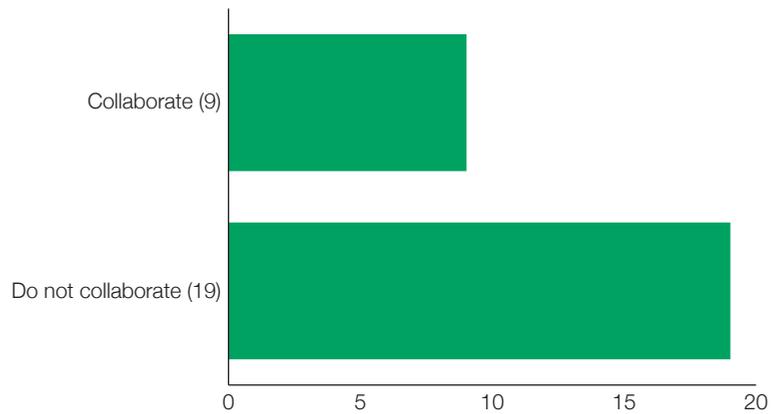
As for links between different Observatories, 8 NDOs responded that there is some kind of collaboration with other NDOs (Graph 41).

The different types of collaboration include the launch of Joint Commissions, regular meetings organized by the CICAD/OAS, joint studies, and technical cooperation.

In addition, 25 NDOs coordinate activities with both drug-specific and non drug-specific international organizations and programmes, such as COPOLAD, CICAD/OAS, UNODC, EMCCDA, CARICOM, among others.

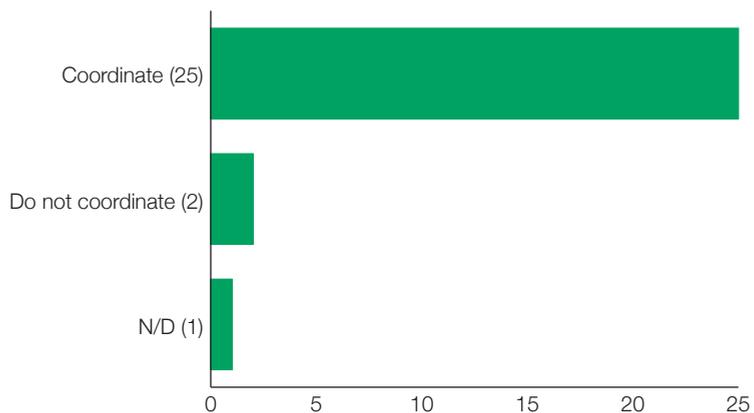
Additionally 2 NDOs answered negatively to question. There is no data for 1 NDO (Graph 42).

**Graph 41. Number of NDOs that collaborate with other NDOs
(N = 28 NDOs)**



Source: NDO COPOLAD II 2016.

**Graph 42. Number of NDOs that coordinate activities
with international organizations or programmes
(N = 28 NDOs)**

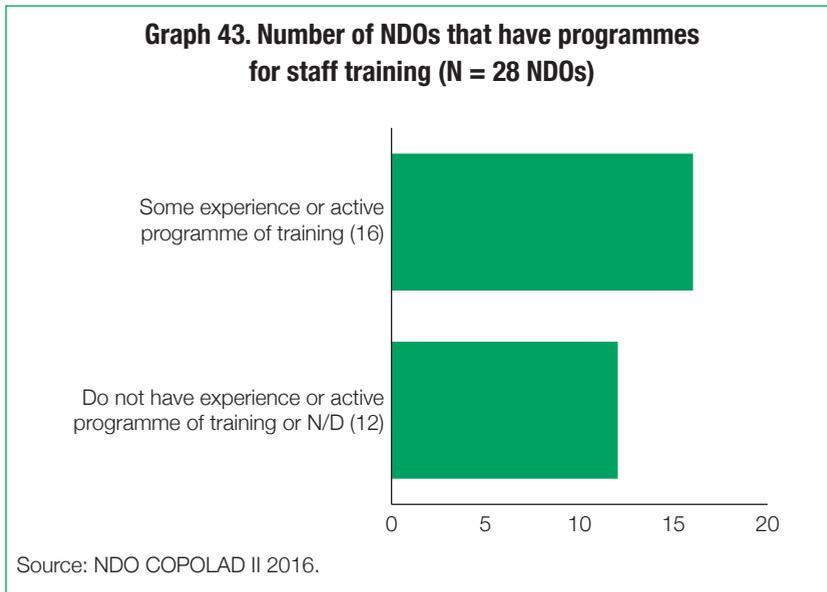


Source: NDO COPOLAD II 2016.

TRAINING

In terms of training, 16 NDOs indicated that they have an active training programme, or had it in the past, for their staff members.

NDOs were also consulted on their perceived need for training in specific areas or topics, particularly in relation to research methodologies and techniques of analysis, in order to improve performance in these areas.

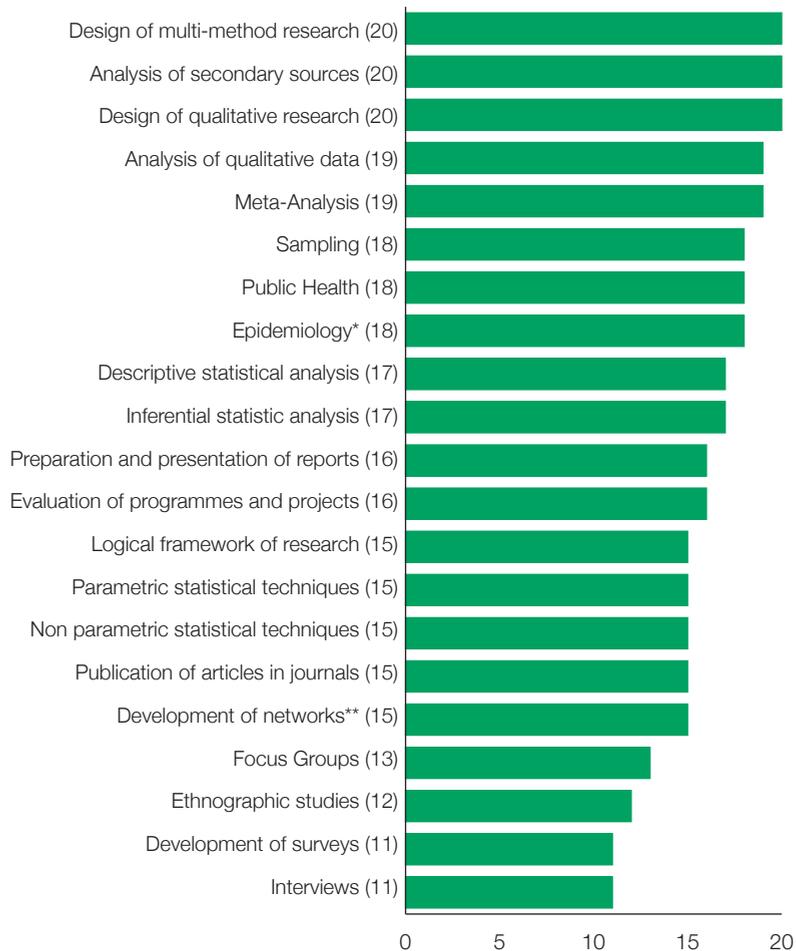


To do this, NDOs were asked to award a score between 1 and 10 for each subject area, with 1 being “not necessary” and 10 “very necessary”. For the purposes of the analysis, a score of 7 points or higher accounted for a high need for training.

The topics with the greatest training needs are multi-method research design, analysis of secondary data, and qualitative research design (20 NDOs). The following areas are listed in order of importance: 19 NDOs awarded a score of 7 or higher to the analysis of qualitative data and meta-analysis; 18 NDOs indicated a need for training in sampling, public health

(in general), epidemiology and epidemiological research; 17 NDOs indicated that training is necessary in descriptive statistical analysis and in inferential statistical analysis.

Graph 44. Number of NDOs with 7 or more points according to specific area for training (N = 28 NDOs)



* Epidemiology and epidemiologic research.

** Development of networks of information on drugs.

Source: NDO COPOLAD II 2016.

Drafting and reporting, as well as evaluating programmes and projects, were identified as having a high need for training by 16 NDOs. 15 NDOs awarded 7 or more points to the subject of the logical framework of social research, parametric statistical techniques, non-parametric statistical techniques, writing and presentation of articles in scientific publications, and the development of drug information networks. 13 and 12 NDOs considered training in focus groups and ethnographic studies, respectively, to be very necessary.

Finally, the design of surveys and interviews collected the lowest points from 11 NDOs. Though rated low, this number of NDOs indicating this as a need for training is significant.

In conclusion, a large number of NDOs identified training, generally, as a priority area for effective functioning.

STRENGTHS AND NEEDS

Analysis of Strategic Areas: Importance, Development and Training Needs

The survey also included consultation on strategic areas according to the tasks and objectives of all NDOs.

We considered the following strategic areas:

- Drug use in the general population (prevalence and incidence).
- Drug use among young people (prevalence and incidence).
- Drug use among special populations or in situations of vulnerability.
- High risk consumption.
- Availability of drug treatment.
- Drug-related morbidity.
- Psychiatric morbidity directly related to drug use.
- Drug-related mortality.

- Social exclusion and disadvantages.
- Drug-related offenses.
- Economic costs.
- Availability and drug market information.
- Early Warning Systems.
- Studies on the impact of social projects.
- Control of chemical precursors and controlled chemical substances.
- Investigations on different forms of illicit drug trafficking and related offenses.

In relation to these areas mentioned above, the following questions were asked:

- Level of importance attributed by the NDO to each of the areas?
- Level of development of the NDO in each of the areas?
- Need for NDO training in each of the areas?

In order to respond to these queries, NDOs had to use a scale from 1 to 10, where score 1 was “not at all important”, “not at all developed” or “not at all necessary”, while score 10 was “extremely important”, “extremely developed” or “extremely necessary”.

Firstly, to analyze this information we present a table showing the number of countries that assigned a score of 7 or more to the level of importance, level of development and need for training in each of the strategic areas.

Secondly, we introduced a graph with the classification of strategic areas considering two dimensions. In this case, only the dimensions of development and the need for training will be plotted due to their theoretical relevance.

Thirdly, the distribution of the countries in those priority areas is analyzed, considering the level of development that they reached in the area and the need for training expressed by them.

First Strategy for Analysis

This first strategy considers the number of countries that assigned 7 or more points to each of the strategic areas according to the level of development, level of importance, or need for training.

The assumption for this analysis is that, according to the scale used, a score of 7 or higher implies a high level of need attached to any of the dimensions.

General scenarios identified:

- The first scenario is one in which the strategic areas are considered important by several countries, they present high levels of development and there is little need for training.
- The second scenario is one with strategic areas considered important, but where the level of development is low, yet the need for training is high.
- The third scenario presents areas with a moderate level of importance for the countries, the level of development is low, yet the need for training is higher than for the first two groups mentioned. Beyond this, it is a very diverse group in terms of the need for training.
- The fourth scenario presents areas of high importance to a few countries, yet the level of development is minimal and the demand for training is low.

Table 10. Scenarios in which Strategic Areas are Distributed according to their Level of Importance, Development and Need for Training

	LEVEL OF IMPORTANCE	LEVEL OF DEVELOPMENT	NEED FOR TRAINING
Scenario 1	High	High	Low
Scenario 2	High	Low	High
Scenario 3	Medium	Low	High
Scenario 4	Low	Moderate	Low

Source: NDO COPOLAD II 2016.

Analysis of Highly Strategic Scenarios (1 and 2)

As seen in Table 11, 24 countries (out of 28) consider that *drug use among young people* (prevalence and incidence) is important to the NDOs' work. This is the area with the greatest consensus since the other areas generated responses with less interest.

Additionally, several countries identified high *prevalence of drug use in the general population* (prevalence and incidence), *drug offenses*, the *availability of drug treatment* and the *Early Warning Systems (EWS)* to be critical areas.

Within these strategic areas considered to be of high importance, the levels of development and the need for training are very diverse. Generally, it is therefore clear that at the lower end of development, the need for training is greater.

An extreme case of this scenario could be the *Early Warning System* for which only 3 countries reported it as being highly developed, while 21 countries show a high need for training.

It is critical to refer to the second scenario where strategic areas are considered important, the level of development is low, yet the need for training is great. For example, areas such as *Economic costs* or *Studies on the impact of social projects*, which are considered of high importance by 18 countries, only 2 or 3 countries indicated them as highly developed. At the same time, 22-23 countries identified these areas as priorities for training.

The strategic areas of *High risk consumption* and *Control of precursors and chemical substances*, on the other hand, are considered of high importance by 16 and 11 countries, respectively.

While these areas would be categorized as "less important", 12 and 15 countries considered them to be critical areas for training.

Table 11. Number of countries with 7 or more points according to Area and Component

STRATEGIC AREAS	LEVEL OF IMPORTANCE	LEVEL OF DEVELOPMENT	NEED FOR TRAINING
Drug use among youth (prevalence and incidence)	24	16	8
Drug use in general population (prevalence and incidence)	22	13	11
Crime related to drugs	22	5	18
Availability of drug treatment	20	7	10
Early Warning Systems	20	3	21
Information on drug availability and drug markets	19	6	17
Drug-related morbidity	19	3	15
Studies on the impact of social projects	18	3	22
Economic cost studies	18	2	23
Psychiatric morbidity directly related to drug use	18	2	13
Research on various forms of illicit drug trafficking and related crimes	17	4	16
Drug use among special populations or in situations of vulnerability	17	3	16
Drug-related mortality	17	2	17
Social exclusion and social disadvantages	17	2	15
High risk consumption	16	4	12
Control of chemical precursors and controlled chemical substances	11	8	15

Source: NDO COPOLAD II 2016.

Second Strategy for Analysis

Another alternative for the analysis of strategic areas is the one that allows them to be classified according to two areas: by level of development and the need for training.

For this purpose, we created a graph that details the distribution of areas of strategic interest according to the value of the median they reach in each of the dimensions considered. As a consequence, four groups are obtained that reflect the possible combinations of high and low level of development and the need for training (see Graph 45).

The graph's cut-off points were selected according to theoretical criteria in order to be able to clearly identify the areas with the lowest level of development (median value of 3 or less) and the highest training need (value of the median of 8 or more).

Quadrant A:

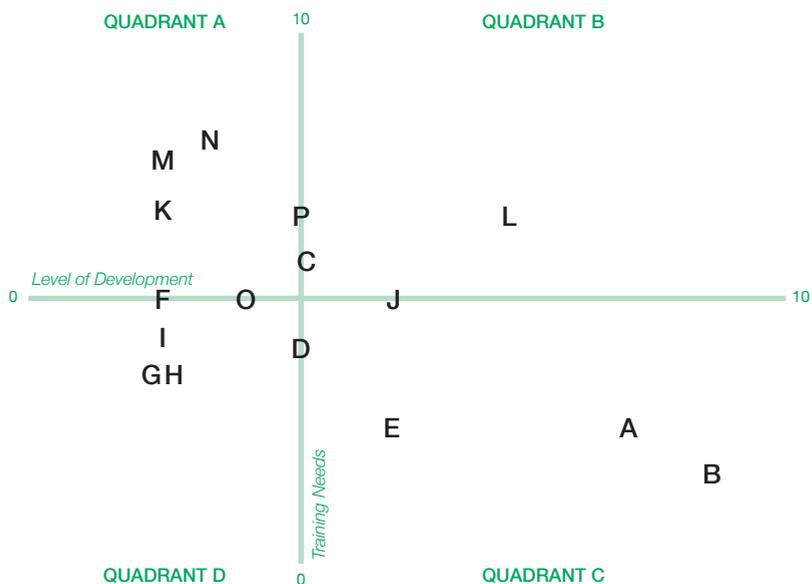
Low Development and High Need for Training

Quadrant A brings together those areas that have a low development index (median value 3 or less) and a high need for training (median value of 8 or more).

These areas of low development and high need for training are:

- Drug-related morbidity.
- Economic costs.
- Early Warning Systems.
- Studies on the impact of social projects.
- Investigations on different forms of illicit drug trafficking and related offenses.
- Drug use among special populations or in situations of vulnerability.
- Control of precursors and controlled chemical substances.

Graph 45. Strategic areas according to Level of Development and Need for Training



References for Graph 45 / Strategic Areas

- A Drug use in the general population (prevalence and incidence)
- B Drug use among young people (prevalence and incidence)
- C Drug use among special populations or in situations of vulnerability
- D High risk consumption
- E Availability of drug treatment
- F Drug-related morbidity
- G Psychiatric morbidity directly related to drug use
- H Drug-related mortality
- I Social exclusion and disadvantages
- J Drug-related offenses
- K Economic costs
- L Availability and drug market information
- M Early Warning Systems
- N Studies on the impact of social projects
- O Control of precursors and controlled chemical substances
- P Investigations on different forms of illicit drug trafficking and related offenses

Source: NDO COPOLAD II 2016.

This group highlights the areas with the greatest need for training, in this case:

- Early Warning Systems.
- Studies on the impact of social projects.

Quadrant B:

High Development and High Need for Training

Quadrant B brings together those areas that are highly developed yet there is a high need for training:

- Availability and drug market information.
- Drug-related offenses.

Although these areas score high values in both dimensions, none of them reach the maximum median value of the series.

Quadrant C:

High Development and Low Need for Training

Quadrant C brings together those areas that are highly developed yet there is a low need for training:

- Availability of drug treatment.
- Drug use in the general population (prevalence and incidence).
- Drug use among young people (prevalence and incidence).

The latter two present the highest median values of the whole series in terms of development.

Quadrant D:

Low Development and Low Need for Training

Quadrant D brings together those areas that are less developed and have a low need for training.

These areas are:

- Social exclusion and disadvantages.
- Psychiatric morbidity directly related to drug use.
- Drug-related mortality.
- High risk consumption.

Third Strategy for Analysis

Based on the information relative to the need for training, on the assigned importance and on the development of strategic areas, a disaggregated analysis by country to determine the situation of each one was conducted.

The distribution of countries according to the level of development and the need for training for three priority areas are presented below:

- Drug use in the general population (prevalence and incidence).
- Drug use among young people (prevalence and incidence).
- High risk consumption.

In this case, the cut-off points of the graph's axes are set to the value 7.

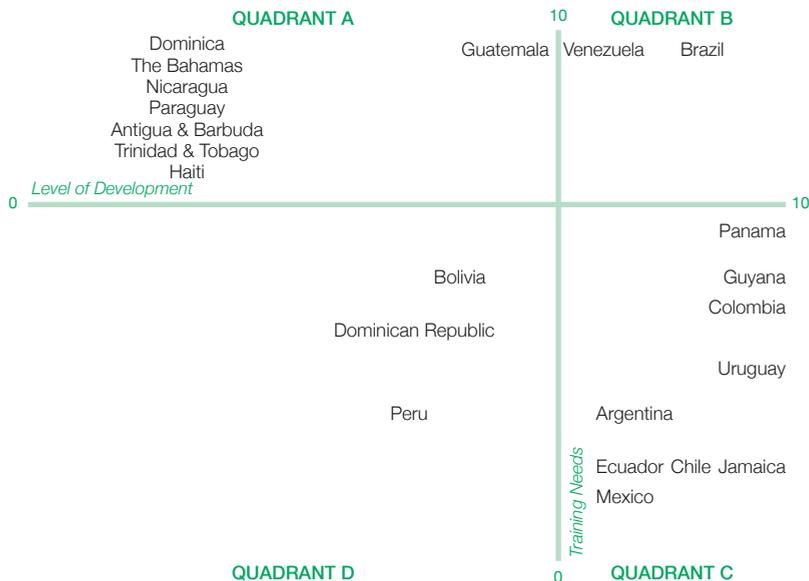
Drug Use in the General Population

According to the graph above, it is possible to organize all the countries in 4 groups, depending on the level of development and the need for training that they present specifically in the area of drug use in the general population (prevalence and incidence).

- The first group includes these countries: Antigua & Barbuda, The Bahamas, Dominica, Guatemala, Haiti, Nicaragua, Paraguay and Trinidad & Tobago, all of which have a low level of development in this area and state a high need for training. In the chart, this group corresponds to the quadrant A.

- The second group, located in quadrant B of the chart, comprises Brazil and Venezuela, countries that show a high level of development in this area, but at the same time, require training in these areas.
- The third group, located in the quadrant C, comprises countries that indicated a high level of development, corresponding to 7 or more points in the scale, and which show little need for training in the aforementioned strategic area. The countries in this group are Argentina, Colombia, Chile, Ecuador, Guyana, Jamaica, Mexico, Panama and Uruguay.
- Finally, the fourth group, located in quadrant D, is characterized by those countries that have a low level of development, but do not require training, which translates into a score lower than 7 in both areas. These are Bolivia, Peru and the Dominican Republic.

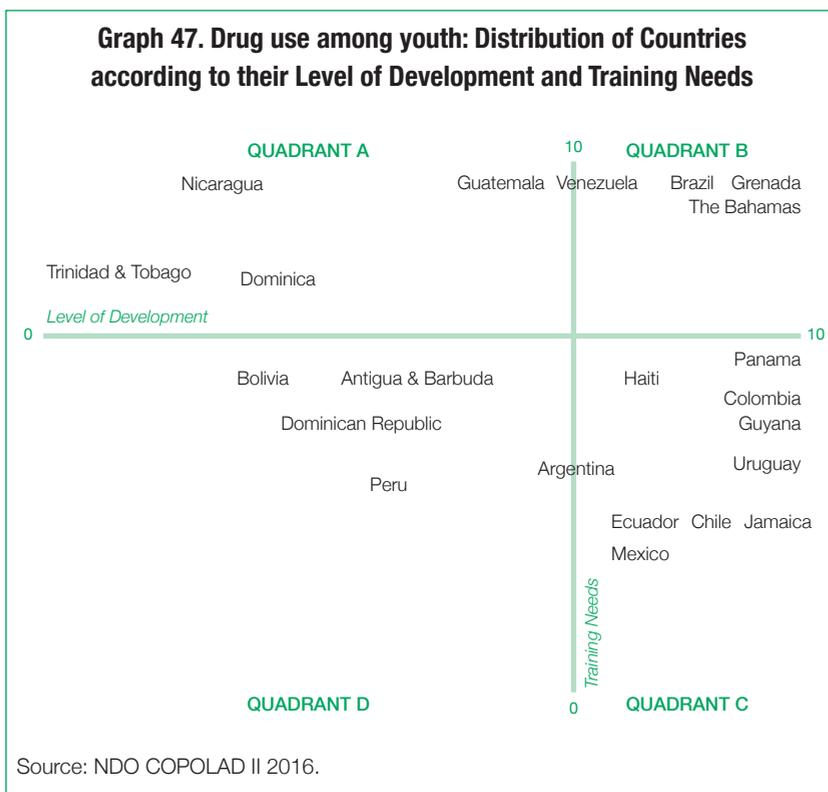
Graph 46. Drug use in the general population: distribution of countries according to their level of development and training needs



Source: NDO COPOLAD II 2016.

Drug Use among Young People

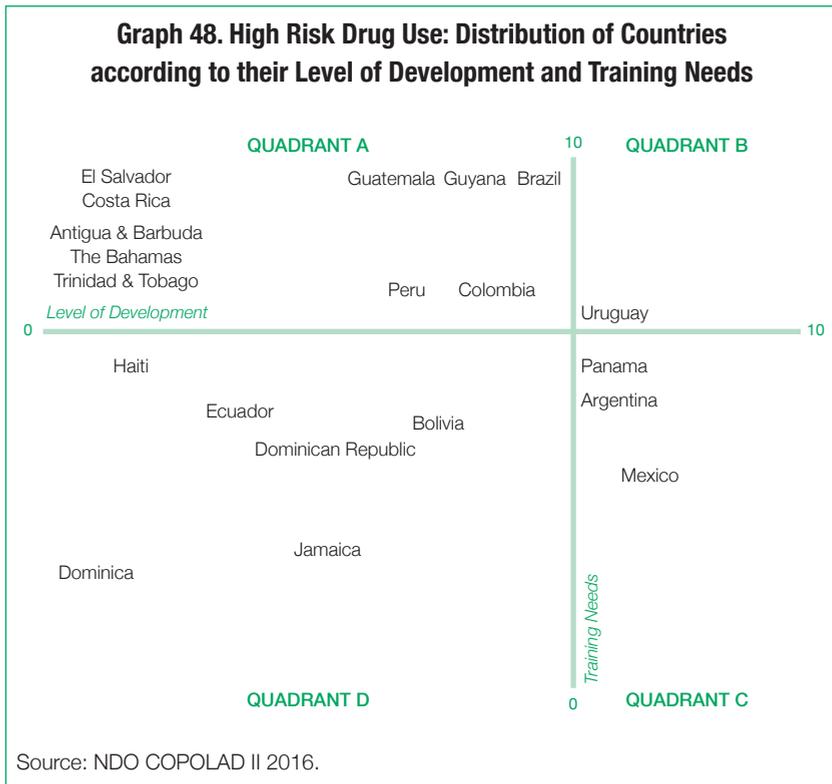
Taking into account the distribution of countries according to the scores that they assigned to the level of development and the need for training for the strategic area of drug use among young people (prevalence and incidence), the following groups emerge:



- The first group includes countries with a level of development rated at less than 7 points, (that is, a low or moderate level of development), and at the same time, a high need for training (above 7 points) in this strategic area: Trinidad & Tobago, Dominica, Nicaragua and Guatemala. These countries are located in quadrant A.

- The second group includes Venezuela, Brazil, Bahamas and Grenada where there is a high level of development and a high need for training in the area. They belong to quadrant B.
- The third group, located in quadrant C, includes Panama, Colombia, Haiti, Guyana, Uruguay, Jamaica, Chile, Ecuador, Mexico and Argentina. These countries have a high level of development in this strategic area and show a low training need.
- Finally, the fourth group, located in quadrant D, comprises Bolivia, Antigua & Barbuda, the Dominican Republic and Peru. These countries have a development of less than 7 points, but they indicate a low need for training.

High Risk Consumption



- In the quadrant A, there are countries with high training needs (7 or more points) and a low level development (less than 7 points) in the area of *High risk consumption*. There are Costa Rica, El Salvador, Antigua & Barbuda, Trinidad & Tobago, Guatemala, Guyana, Brazil, Peru, The Bahamas and Colombia.
- Uruguay is located in quadrant B. It is a country that reflects a high level of development and a high need for training in the area.
- We find Panama, Argentina and Mexico in Quadrant C with high development and low training needs.
- Haiti, Dominica, Ecuador, Bolivia, Jamaica, Dominican Republic are located in quadrant D since they have low levels of development and a low need for training.

2.2. DESCRIPTION AND ANALYSIS OF RESULTS OF COUNTRIES WITHOUT NDOs

Countries without NDOs responded to section 1 of the questionnaire based on the type of institutional framework of the agency responsible for activities relative to drug information and the type of activities undertaken in the context of other institutions.

BELIZE

The country began the process of establishing a NDO in 2012: the National Drug Abuse Control Council (NDACC) hired an Information and Investigation Officer whose terms of reference included the establishment of a NDO.

So far, the Officer has not been able to accelerate this agenda of the Observatory since it needs more capacity building and institutional strengthening to achieve the goal of a Belizean National Observatory.

In Belize, studies are conducted on the general population, on *Prevalence* (NDACC, Outreach Services), *Demand reduction activities*, (NDACC, Drug

Prevention Education and Community Empowerment Services) and *Supply control* (National Security).

CUBA

Cuba does not have a NDO because these functions are assumed by the Secretary of the National Drug Commission. Its functions include a proposal to the Board of State and Government on policies to address the drug problem, to assist in their execution, and monitor compliance.

According to the information provided in the questionnaire, the National Drug Commission is the official coordinator for international organizations and evaluates the rules and regulations of the competent bodies and agencies in import, export, manufacture, production, distribution and lawful use, control, supervision, occupation, destruction and testing of drugs, their precursors and basic chemical substances.

It also proposes appropriate measures and is responsible for the development and results of drug-related information in order to establish a centralized information base. This is necessary for activity at the national and international levels and to systematize this information to adopt the measures or to formulate proposals.

Finally, it is in charge of the evaluating statistical information on drugs obtained in the country. It proposes and coordinates plans and programmes for training and the specialization of experts, promotes periodic studies to assess drug behavior in the country, and promotes and coordinates programmes to prevent drug abuse.

The National Drug Commission is in charge of national studies on *Prevalence* (surveys, investigations, registries of health care centers), *Demand reduction*, (surveys, investigations, preventive programmes), *Supply control* (surveys, investigations, control records) and *Socio-sanitary impact* (research records of health centers). They have no publications on such studies.

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The National Council on Drug Abuse Prevention (NCDAP) collects data on an ad hoc basis. Due to limited resources, the country is still without a fully established National Drug Observatory.

The NCDAP collects data on *High School Drug Prevalence* every 4 years, and on *Supply Control* (Police and Customs: production, arrests, convictions, type, quantity, etc.) on a general level. They also conduct annual studies on the *Social and Health Impacts* (Global Alcohol and Health Psychiatric related illnesses and hospital admittances).

3. DEVELOPMENT OF NDOs: PROPOSAL BY THE WORKING GROUPS

Within the framework of Component I, Strengthening National Drugs Observatories (NDOs), a number of training activities for observatories are being planned during COPOLAD II.

The current survey has the intention of providing inputs to guide the formation of various working groups.

In this section, we recommend an index to CELAC countries built on the data which incorporates indicators capable of accounting for three dimensions that form the basis of a National Drugs Observatory. These dimensions are contained in the handbook developed by the European Monitoring Center for Drugs and Drug Addiction and the Inter-American Observatory on Drugs (EMCDDA & CICAD/OAS) (2010). *Building a National Drug Observatory: A Joint Handbook (Creación de un observatorio nacional de drogas: un manual conjunto)*.

The proposed dimensions are:

- Research conducted by NDOs.
- Publications produced by NDOs.
- Human Resources within NDOs.

Based on the data sent by the countries, indicators were defined in order to adequately address each of these dimensions.

We placed the greatest weight on the *Research* dimension in terms of the core functions of National Drug Observatories: (1) the collection and monitoring of data at the national level, and (2) the analysis and interpretation of the information gathered. Simultaneously, the consolidation of these two functions facilitates the fulfillment of the third function, that is, the reporting and dissemination of results which forms part of the publications aspect.

The indicators that make up the *Research* dimension are as follows:

- Specific budget for research.
- Scope of work of the NDO.
- Characteristics of the information gathered.
- Number of studies.
- Tracking of data records.
- Existence of EWS.
- Indicators used by substance.
- Adoption of protocols.
- Existence of cooperative production.
- Incorporation of Geographical Information Systems.
- Quality control of the data produced.

The *Publications* dimension includes indicators on:

- Specific budget for publications.
- Number of publications.
- Number of reports.
- EWSs reports.

Finally, in the *Human Resource* dimension, indicators considered were:

- Specific budget for staffing.
- Exclusively assigned staff.
- Staff hours.
- Level of seniority of persons employed.
- Seniority of the NDO Coordinator or Director.

Annex IV highlights the details of the indicators in each component, as well as the values assumed.

The specific weight of each component is as follows:

Table 12. Weight of the Components in the Development of the Index

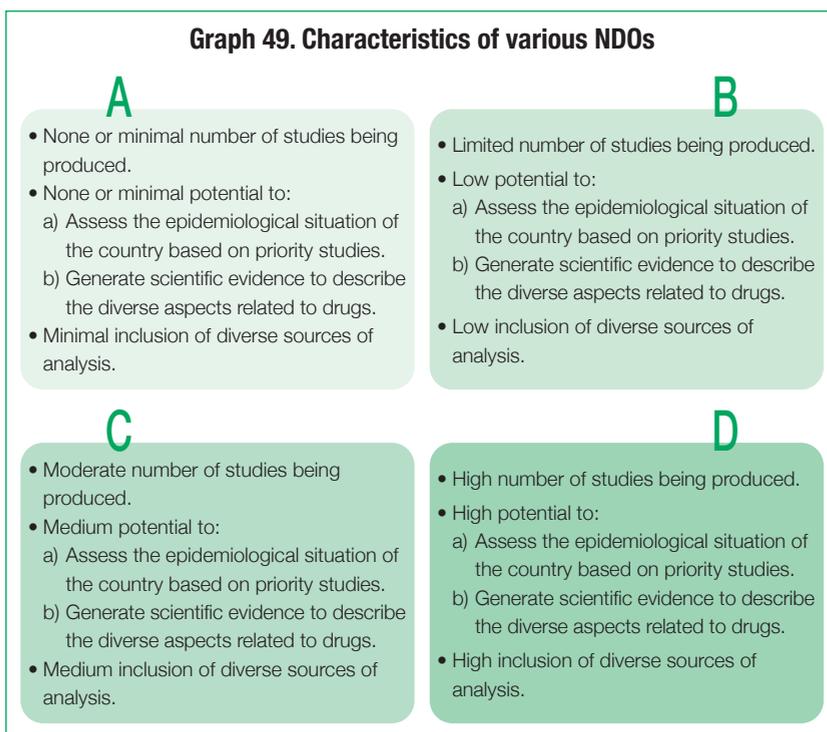
DIMENSIONS	WEIGHT OF THE DIMENSION IN THE INDEX
Research	76,5%
Publications	11,8%
Human Resources	11,8%

Source: NDO COPOLAD II 2016.

Given this process, one can argue that the resultant ordering of NDOs from the explicit criteria shows a categorization according to:

- **Level of production of studies.** This component considers both the number of studies conducted by the NDOs and their publication on the assumption that both components are interconnected.
- **Potential to establish the epidemiological situation of the country based on priority studies.** This component assesses the capacity of NDOs to conduct studies on the general population and on High School students on the assumption that these investigations give a good account of the capacity of an NDO to evaluate the epidemiological situation of the country.
- **Potential to generate scientific evidence to capture the various aspects of the drug phenomenon.** In this case, it is expected that the NDO works with robust indicators to elicit greater heterogeneity to produce a good analysis of the drug phenomenon in each country.
- **Incorporation of various sources of analysis.** This component considers the ability of NDOs to incorporate and manage various data sources and to analyze these at various stages of research, such as administrative registry data.

Grouping the NDOs into 4 categories was defined by the use of the quartiles as a cut-off point, resulting in groups with the same percentage weight. These 4 groups comprise the 28 countries with a National Drug Observatory.



The theoretical range of variation of the Index is 0 to 2,383 points. The actual route is set between 361 and 1,831; this means that the country with the highest score reaches 77% of the theoretical maximum and at the other end, the one with the lowest number of points only gets 15%. Annex III shows the ordering of the countries together with the exact score obtained in the index. In this section, the formation of groups of countries is focused on optimizing the development of activities with the aim of strengthening and promoting the work of NDOs within the framework of COPOLAD II.

- Group A shows a variation between 361 and 822 and comprises NDOs from Antigua & Barbuda, The Bahamas, Dominica, Guatemala, Grenada, Honduras and Mexico.
- Group B shows a variation between 940 and 1,082 points and comprises National Drug Observatories from Barbados, Guyana, Haiti, Nicaragua, Dominican Republic, Suriname and Trinidad & Tobago.
- Group C comprises NDOs from Bolivia, Costa Rica, El Salvador, Jamaica, Panama, Paraguay and Peru with a variation between 1,092 and 1,262 points.
- Group D has a variation between 1,283 and 1,831 points and comprises NDOs from Argentina, Brazil, Colombia, Chile, Ecuador, Uruguay and Venezuela.

4. COMPARATIVE ANALYSIS: 2011 & 2016 STUDIES

This Chapter refers to the 11 countries (Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, El Salvador, Panama, Paraguay, Peru and Uruguay) that participated in both the 2011 and the 2016 studies. It compares situations before and currently, and recommends follow-up elements in the process of NDO consolidation.

From a comparative standpoint between the two studies, the first aspect to be highlighted relates to the level of responses generated by the 2016 questionnaire. While in 2011 the questionnaire was answered by 11 of 18 countries, in 2016 it was answered by 31 of the CELAC countries. The higher response rate demonstrates a greater commitment to this new phase of the programme, and allows for a more rounded perspective on the state of NDOs. The data recorded in the study presents a rich platform for the design of the short and medium term activities of COPOLAD II.

4.1. PROGRESS AND CONSOLIDATION OF NDOs

In the 2011 study, of 11 countries examined, 9 reported that they had functioning Observatories, while 2 indicated that they were in the process of being re-organized.

In the 2016 study, these two countries now have a NDO in full operation which reflects institutional progress and a gradual consolidation of NDOs, the central objective of this programme.

4.2. BUDGET

In 2011, the questionnaire requested information on a specific budget for the mandate of NDOs. As a result, we discovered that 9 countries reported having a specific budget for at least one area. In 2011, 6 countries increased their budgetary resources. In 1 country, the budget was maintained, while in the other 2, a reduction in budget was reported.

It must be understood that budget allocation is key when designing the country strategy for research to be developed and to enhance the potential of a NDO to generate evidence-based information on the country's drug situation.

Therefore, monitoring this component is essential. Each NDO must know where to source appropriate external financing. Monitoring and financing are two key items when considering the consolidation of NDOs and their sustainability over time.

In 2011, information on budgets allocated to 4 areas, i.e. *Research, Human Resources, Training and Infrastructure & Equipment*, was requested. In the 2016 study, a fifth category of *Publications* was added.

When considering the 8 countries that responded on their budget distribution in 2011, there was an increase in the allocation towards the various areas. More NDOs have a budget for the three areas of *Research, Human Resources, Infrastructure and Equipment*. The only area in which there was no change was for *Training*, with the exception of 1 country.

This can be interpreted as a weakness within the NDOs, but also an important area for programmes such as COPOLAD, to assist in generating the various training needs detected among NDOs.

A NDO requires its staff and its partners to have the necessary scientific capacity to ensure high quality in its processes and its products. For this reason, the technical and scientific expertise of a NDO must be part of an ongoing improvement and updating process.

(EMCDDA & CICAD/OAS, 2010)

4.3. TYPE OF STUDIES

Another relevant aspect of this comparative analysis relates to the type of studies developed by the NDO.

- According to reports from countries in the two surveys, studies on the general population and on High School students are practically conducted in all NDOs. In 2011, 11 countries reported conducting these studies, while in 2016, 10 of 11 countries did the same.
- Studies on university students were conducted by 4 of 11 countries in 2011. This number was doubled in 2016 where 8 of 11 countries reported having conducted this type of study which is significant progress.
- As for epidemiological studies, reported by only 2 countries in 2011, progress is also shown in this area. In 2016, 4 of 11 countries reported having conducted the same.
- Regarding studies on patients in drug treatment centres, in 2011 these were conducted by 7 countries, while in 2016, these were conducted by 6 countries.

4.4. INDICATORS

As discussed in Chapter 2, the 2011 study provided good baseline information from the indicators used by NDOs.

In 2016, we find a body of 13 indicators that have been agreed, and 14 that have not yet been considered. In this way, one very important aspect is the monitoring of all indicators used by NDOs in order to strengthen the process of agreements reached and to expand them over time.

For this reason, we created the table below in order to highlight the “advances and challenges” that appeared over time. It should be noted that the table presents the results of 15 indicators (and not the 17 used in 2011) since the remaining two could not be compared with the data gathered in 2016.

Table 13. Indicators used by each country according to COPOLAD 2011 and 2016

	DRUG USE PREVALENCE	DRUG ABUSE	DRUG DEPENDENCE	INCIDENCE	PERCEPTION OF RISK	PERCEPTION OF DRUG ACCESS	DIRECT MORTALITY	INDIRECT MORTALITY	PERSONS IN TREATMENT	DETENTION	ACCIDENT	SEIZURES	SEIZURES OF CHEMICAL PREC.	LABORATORIES DISMANTLED	PRICE OF DRUGS SOLD AT RETAILS
Progress															
Recession															
Argentina	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N
Bolivia	Y	N	N	N	Y	N	N	N	Y	N	Y	Y	N	Y	N
Brazil	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y
Chile	Y	Y	Y	Y	Y	Y	N	N	Y	N	N	Y	N	N	Y
Colombia	Y	Y	Y	Y	Y	Y	N	N	Y	Y	N	Y	Y	Y	Y
Costa Rica	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
El Salvador	Y	N	N	Y	Y	N	N	N	N	Y	Y	Y	Y	N	Y
Panama	Y	Y	N	N	Y	Y	N	N	N	N	N	N	N	N	N
Paraguay	Y	N	N	Y	Y	Y	N	N	Y	N	N	Y	Y	Y	N
Peru	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	N	Y
Uruguay	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y	Y	N	Y
	=	-1	+1	=	-1	=	=	=	+1	=	-2	-1	-1	-2	=

Source: Studies COPOLAD 2011 and 2016.

Generally, a first reading of the report indicates that there was a decline in relation to the number of indicators used in 2011 and those used currently. Of the 15 indicators considered, 6 were not incorporated in NDO activity; in 7 cases, no changes were reported; and only in two cases did “progress” occur in terms of the incorporation of the indicators into the work of NDO. On the other hand, we found that 5 countries (out of the 11) worked with fewer indicators than those used in 2011, while in another 5 countries, the number of indicators increased. In one case, the country continues to use the same number of indicators as those reported in the 2011 study.

Finally, it is worth highlighting the situation for those indicators agreed by the countries. Of the 15 indicators compared, 9 fall into this category. Of the agreed indicators, 4 are still used by NDOs, in 3 cases, their use was abandoned, and in 2 cases, they were incorporated.

As we pointed out earlier, the monitoring of indicators is an area to be expanded when designing activities aimed at strengthening NDOs. Taking into account the work involved, discussion and consensus reached on each of the indicators, it is hoped that those already approved will be further developed to form the basis for future research projects.



5. CONCLUSIONS AND FINAL RECOMMENDATIONS

The present study was designed to gather relevant information on the current situation of National Drug Observatories (NDOs) of 33 member countries of the Community of Latin American and Caribbean States (CELAC) in order to: a) assess the capacity of NDOs to collect and disseminate information in the countries, b) define the existing strengths and needs through a participatory process with the countries concerned; and, c) define the final plan of action envisaged by COPOLAD II into 2019.

5.1. STRENGTHS AND LIMITATIONS OF THE STUDY

Considering the general objective of the study, and considering the method (sending a standardized questionnaire via email to each CELAC country for data collection), it is important to highlight the high level of response achieved (93.9%, 31 out of 33 CELAC countries). This reflects the intense interest on the part of NDOs and allows us to have updated data from a vast geographical area. In addition, the thematic scope of the questionnaire provides an extensive body of information which for the objective aspects of the study are comparable among the 31 participating countries.

On the other hand, the method we used in the current study makes it necessary to highlight limitations in the interpretation of some results that should be taken with caution. The design therefore prioritized the use of closed questions to facilitate the quantitative analysis of results, which li-

mits the availability of a detailed approximation on some aspects that would require, on the one hand, to have had a previous validation on the robustness of some questions; and, on the other hand, a more indepth study, possibly through the development of complementary qualitative approaches that provide more contextual information to be interpreted with greater certainty. This would be of particular interest for the analysis of the situation relative to:

- The availability or lack thereof of a “country report” when comparing this data with the type and number of publications made by each NDO seems to have been interpreted as studies with national coverage (epidemiological studies).
- The incorporation of gender aspects in research carried out by NDOs. The responses seem to have been interpreted as the availability of epidemiological data disaggregated by sex, rather than the fact that the gender approach is incorporated in the analysis of such disaggregated data.
- There have clearly been advances and challenges between 2011 and 2016 (of NDOs studied in both years), and these have been assessed on the basis of observable changes in the inclusion of indicators examined in 2011 and 2016.

5.2. CONCLUSIONS

The current study achieves its purpose with regard to the realization of a diagnosis on the capacity of NDOs in CELAC countries to collect and disseminate information, to reflect their current situation, based on needs, strengths and challenges.

Based on the overall situation in relation to the consolidation of NDOs in 33 CELAC countries, the existence of a NDO is verified in 28 of them. This shows much promise for the region. At the same time, the data obtained shows the degree of consolidation of the work of NDOs over time. The majority (17 NDOs) have been operating for more than 10 years, leaving

the remaining 11 NDOs with a lower trajectory, especially among 4 of them that have been operating for less than 3 years.

The public institutional dependency of most NDOs, beyond private affiliation within the Ministries of Justice, Interior, Security, Health or the Presidency of the Republic, opens an excellent channel for the COPOLAD Programme with stakeholders from the countries' diverse institutions. This provides certain guarantees depending on the common objectives that the different actors can draw. This is evidenced by the existence of National Drug Strategies in most of the countries, and by the work of the NDOs incorporated in those strategies. On the other hand, the importance given to the majority of NDOs to construct scientific evidence for the definition and orientation of the countries' policy on drugs is significant.

Observatories, in fact, constitute the only or one of the main reference points in the production of drug information in the country.

Given the pre-eminence that NDOs face in designing policies that aim to respond to different problems related to drugs, it is critical to work towards consolidation of their work, which is a priority objective of the COPOLAD Programme. In this way, a specific budget dedicated to the NDO seems to be one element that will provide operational guarantees while enabling institutional strengthening.

The situation emerging from the survey shows that it is not always possible to have specific resources. Only 3 of 28 NDOs indicate that they have a specific budget for all items. The most general situation is that they either do not have a defined budget or that it is provided for certain specific items and not necessarily to fully cover the work of the NDO.

With regard to human resources, the findings show that the majority of staff is exclusively assigned to the Observatory, but in many cases, the number of dedicated staff is small. At the same time, it is observed that in a large number of NDOs, staff incorporations are relatively recent.

The seniority of the position of Coordinator is less than two years in half of the Observatories.

On the other hand, more than half of those responsible for NDOs indicated that they needed more staff. At this point, more than half of the NDOs indicate having an active training programme for their staff.

Since one of the essential functions of NDOs is the collection and monitoring of data at the national level, another aspect shown in the study relates to information management. While most NDOs produce information while managing data generated by other institutions in the country, difficulties arise in a significant number of countries in accessing information produced by others. In part, this situation reflects the lack of continuous monitoring of administrative data or secondary sources as well as automatic updating of records by many NDOs.

Observatories that have problems accessing information, as well as those that directly mentioned not being able to access data produced by other institutions, need to overcome these obstacles in order to strengthen the capacity of NDOs to account for the varying drug-related dynamics in each country in a holistic way.

On the other hand, NDOs need to place greater focus on the prioritization of studies. The number of NDOs that do not conduct studies on the general population is still significant, without which they cannot provide a diagnosis on the levels and patterns of consumption at the national level. (These surveys are performed in 2 countries, but are not within the scope of work of the Observatories).

The situation with surveys on High School students is more positive since the number of countries that conduct them is larger.

In this same vein, it is necessary to encourage NDOs to incorporate research on specific populations, including the use of qualitative methodologies and epidemiological studies, currently being developed by less than half of the Observatories. The combination of these studies with the prio-

rity studies, the monitoring of data from secondary sources (mortality, morbidity, patients in drug treatment, drug-related offenses, among others), provide Observatories with the possibility of a comprehensive analysis of the drug phenomenon in country, which is another of its essential functions.

It is important to note that most NDOs consider the implementation of priority studies to be of high importance, although not all of them feel that they have the capacity to implement them. Therefore the number of observatories that consider training on this topic is to be noted.

In relation to other studies and to the monitoring and management of secondary sources, the highest valuations are found in *Drug-related offenses, Illicit drug trafficking and related offenses, Demand for drug treatment, Drug markets, Morbidity and mortality related to drugs, Impact of social projects, Economic costs, Drug use in special populations or in Situations of vulnerability and high risk consumption*. In these areas, the vast majority of countries show a low level of implementation, and a high need for training, which opens another opportunity for the promotion of activities through the COPOLAD Programme.

Another element to note in relation to the strengthening of NDOs is the publication of the results of surveys to heighten communication and the dissemination of information to various stakeholders.

It is also necessary to work on strengthening the work of NDOs in relation to the incorporation of a gender perspective in the analysis of information, as well as a commitment to the further development of specific studies which can provide distinctions between women and men regarding the problem of drugs.

The adoption of international protocols is relevant since it enables a comparative look at different situations in countries, while the production of

data is, in some way, subject to quality control processes. In this regard, it is recommended that the necessary agreements be struck to broaden the research practice framed in existing protocols; concrete agreements that clearly guide the aspects of the protocols be considered, which may be subject to specific training.

On the other hand, the implementation of Early Warning Systems shows minimal presence in the region; this is one of the major challenges given the importance of this tool in surveillance systems. This activity demands a set of specific activities in order to generate the appropriate conditions for the NDO to develop and sustain such a system. Using the available technology to exchange information between partners is inadequate; it is essential to strengthen the role of manager, promoter and articulator of the synergy between the different stakeholders that must be incorporated into this network.

At the same time, it is important to develop the ability to generate added value to the information disseminated so that each and every one of the stakeholders find the exchange beneficial.

In principle, the current scenario can be considered promising in this regard since most NDOs understand that Early Warning Systems is of high importance, while the majority considers training in the subject very necessary.

Beyond this specific diagnosis on the current situation of NDOs in terms of their operation in different areas, their ability to fulfill the essential functions expected of an observatory, their needs in terms of institutional strengthening, as well as their power and robustness in terms of investigative capacity, the present study demonstrated the relevance of monitoring the work of NDOs. With regard to countries examined in 2011, there was progress in institutional consolidation, and in several countries, an improved situation in terms of defining the financial resources needed to operate with stability. However, in specific aspects of the work, for example in

maintaining certain indicators, some countries took a retrograde step by excluding 2016 indicators that were used in 2011.

These circumstances, among others, define what should be one of the priorities for the COPOLAD Programme in monitoring the situation of NDOs, especially after a period of development of important activities as is being planned for the next few years. As indicated previously, one of the greatest potentialities of the present study is the coverage achieved among the countries of the region, not only with regard to the number of countries reached, but also in terms of the multiplicity of areas examined, which forms a baseline on which to evaluate future developments in NDO development, and forewarns of possible challenges in certain areas.

In terms of defining future COPOLAD activities, it is necessary to work in an unbiased manner with different NDOs. The situation shows that the level of their development is quite varied. On the one hand, there are countries where observatories need to strengthen their capacities in several areas, as well as incorporate others in their work. On the other hand, there are countries where the work of NDOs shows a significant degree of consolidation which subjects them to more specific activities as they aim to improve areas of weaknesses, as well as to incorporate more complex techniques in the analysis of information and the production of knowledge.

The divergent work with groups of countries, adapting to the different needs of NDOs, seems to be the modality that guarantees an optimal use of the COPOLAD Programme, as well as the resources invested in them.

Taking this situation into account, this document includes a proposal to classify the countries according to the degree of development of their NDO, considering several aspects that account for their capacity to generate and disseminate evidence for making informed decisions for the design and implementation of drug policies. That is, its potential to conduct

research, and to record/collect and disseminate data relevant to drug policy decision-making, including:

- Providing a comprehensive diagnosis of the country's epidemiological situation.
- Producing country-specific studies, using methods complementary to epidemiological ones (qualitative studies, multi-method studies, mapping of new threats, ethnographic studies, trend-spotting, etc.).
- Collecting and compiling other indicators that are important for drug policy assessment and decision-making.
- Incorporating secondary sources that have a registry of key sectoral data for informed decision-making (judicial system, penitentiary system, customs, police records, health records, road safety records, supply indicators, etc.).

Finally, a special mention to countries that do not have NDOs is necessary. In the three cases in which this situation is reported, there are very important differences.

- In the case of Cuba, although it reports that a NDO does not exist, most of the functions and activities conducted by NDO countries are developed in Cuba. The next step is to establish direct contact with the National Drug Commission of Cuba which conducts research and studies so as to establish a channel of communication through a focal point.
- In the case of Belize and St. Kitts & Nevis, the situation is different. In both countries, there is an absence of structure and information that NDOs require and provide. Both countries report an intention to establish a NDO, but state that there are no economic or technical resources to facilitate this. In these cases, we must move away from the institutional to relevant agencies, but also from the technical in concrete support of focal points that can be established, in the primary, basic but fundamental and foundational aspects to make the NDO a reality. This is the basis for generating substantive and reliable information, allowing for the definition of public policies on drugs based on evidence.

Generally, for both these countries, and for those at the initial stage of developing a NDO, a way forward may be that of regional cooperation.

In many country situations, there are difficulties with resources specific to the subject, as well as technical deficiencies. The development of basic and fundamental studies are also costly and complex, such as those of the general population. There is a need to consider the option of sharing technical and material resources as a way forward. The first step is the recognition of common problems, populations with similar behaviors, repeated cultural and behavioral patterns so that specific research tools could be shared and coordinated. A second aspect is progress from “lower” cost studies such as local diagnostics at the level of territories that have more urgent problems to address. The methodology of local diagnostics proposes an interesting methodological approach in this area, since from a quantitative-qualitative perspective it allows a valid approximation to the problematic of drugs of the zone, region or city where it is realized.

In summary, based on the situation observed among the NDOs of CELAC countries, it is recommended that:

1. Consideration be given to the implementation of the activities of Component I: Consolidation of National Drugs Observatories of COPOLAD in different groups of countries, taking into account the unequal level of development of NDOs in the region, as reported by the countries in the questionnaires.
2. The visibility of NDOs be enhanced to embrace relevant stakeholders in each country's institutional framework the production and management of data to guide public policy on drugs, solidify a budget for its operation, secure dedicated staff, and provide conditions that facilitate access to information produced by other institutions in the country.
3. Efforts be made to overcome the challenges faced by NDOs in accessing information and data produced by other institutions.
4. A high value be placed on the conduct of priority studies in general populations and High School students by all NDOs. To achieve this, training must be provided to those Observatories that have not reached this target, while including training to those NDOs that require strengthening in this area.

5. Training be provided in local diagnostics for those NDOs that are in the early stages of development and for those countries that have not made any progress in this activity.
6. Training courses be developed on studies targeting specific populations and promote the exchange of experiences and methodological approaches among NDOs that conduct these.
7. The capacity of NDOs be strengthened to manage secondary data, administrative data on mortality, morbidity, number of people who are addicted to drugs, number of patients being treated, resources invested in each of the different areas of drug policy (research, demand reduction, supply reduction, etc.), quantity of drugs produced, drug offenses, seizures, existing and eradicated illicit crops, incarcerated adults, etc. The promotion of the systematization of this information, the production of periodic national reports, as well as their incorporation into global analyses on the drug phenomenon are critical steps to be undertaken.
8. There be a continuation of the already established work in the previous edition (2011) of the COPOLAD Programme regarding a consensus on the indicators to be monitored by NDOs, as well as consensus on their conceptual definition, clearly establishing the criteria that each indicator aims to measure.
9. That a gender perspective be incorporated, beyond the disaggregation of data by sex, in the analysis of information, as well as the conduct of specific studies on gender.
10. There be an integration of international protocols into the framework of NDOs. That opportunities for country exchanges be forged based on the experiences of those who maintain these standards.
11. The Early Warning System be widely promoted by NDOs and that opportunities be forged to develop training in this strategic area by seeking the support of those observatories that maintain the EWS successfully.
12. An evaluation and a situational analysis be conducted among NDOs in CELAC countries at the end of COPOLAD II.

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ANNEX I: QUESTIONNAIRE

WHY THIS STUDY ON NDOs?

A first study of reference, conducted in 2011 in COPOLAD I, showed weaknesses and potentialities in most Latin American countries, in relation to their capacity to generate, collect and disseminate relevant and high quality information useful for evidence-based policy-making.

This second study has the following objectives:

- To assess the current situation, the strengths and needs existing in each of the 33 countries belonging to the Community of Latin American and Caribbean States (CELAC).
- To adjust the activities to be developed in COPOLAD II, to the necessities of the different groups of CELAC countries, aiming at establishing or strengthening the role of National Drugs Observatories (NDO) in the region.

WHY IT IS IMPORTANT YOUR PARTICIPATION IN THIS STUDY?

Your answers to this questionnaire will allow you to inform about the characteristics, strengths, needs and shortcomings of the available drug in-

formation resources in your country, and to benefit from the activities to be developed in COPOLAD II.

ABOUT QUESTIONNAIRE

Before you start, please read this information.

TIME TO COMPLETE

- The questionnaire has 11 sections. This number might be inferior depending on the situation of the Observatory in your country.
- Answering this questionnaire will take approximately between 7 and 60 minutes, accordingly to the above mentioned point.
- We are aware that your time is precious and that's why we call for you to read on the following recommendations.

FILLING THE FORM

- The questionnaire was designed so you could answer from your computer.
- You can save the document any time you like and return to it later.
- Given the heterogeneity of situations, some options and formats might not correspond to your particular case. Thus, you are kindly requested to add notes with further information, comments and clarifications, at the end of the questionnaire. Please specify, for each note, the number of the related question.

**THANK YOU VERY MUCH
FOR YOUR PARTICIPATION!**

GENERAL INFORMATION

Country

Date

Institution

Name of the respondent

Current position of the respondent

CONTACT

e-mail

Phone

Mail address

City

INSTITUTIONAL

1. How is the current situation of the National Drugs Observatory?

1. Currently operating (*Please indicate the month and year of its creation*)

2. A proposal for a National Drugs Observatory has been drafted (*Go to question 6*)

3. The National Drugs Observatory is currently being set up (*Go to question 6*)

4. There is no National Drugs Observatory in the country (*Go to question 8*)

2. What kind of organism is the Observatory?

- 1. Public
- 2. Public-Private
- 3. Non-Governmental Organization
- 4. Other (*Specify*)

3. Under which organism(s) is the Observatory hierarchically placed?

- 1.
- 2.
- 3.
- 4.

4. Is the Observatory included within a strategic or action plan on drugs in the country?

- 1. Yes
- 2. It is not included, but there is a strategic or action plan on drugs of the country
- 3. It is not included, because there is no strategic or action plan on drugs in the country

5. How is Observatory involved in the national policies on drugs? (*Multiple options*)

- 1. Its information is used to set strategies and policies
- 2. In monitoring and evaluation
- 3. In relation to ad hoc, specific demands
- 4. Other (*Specify*)

6. Please identify which steps have been done to design or to set up the Observatory (*Multiple options*).

- 1. A normative has been approved in order to regulate its functioning
- 2. A specific budget has been allocated
- 3. Some activities have already been organized in order to launch the Observatory
- 4. Specific human resources have been appointed
- 5. Other steps (*Please specify*)

7. Please introduce any other comments in relation to the design or setting up of the National Drugs Observatory.

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Go to question 9.

8. Please comment on the reasons why the country does not have a National Drugs Observatory.

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9. In the absence of a National Drugs Observatory, what organisms manage information related to drugs, and what kind of information is?

ORGANISM/S OR INSTITUTIONS	AREA	TYPE OF INFORMATION	POPULATION CONSIDERED	GEOGRAPHICAL COVERAGE	PERIODICITY*
	Prevalence				
	Demand reduction				
	Supply control				
	Social and health impact				
	Other areas (Please specify)				

* If applicable; otherwise, year of publication of each study.

The questionnaire ends here for those countries that do not have an Observatory or where the Observatory is still at a preliminary stage of design and/or setting-up.

Please add any other comment or supplementary information at the end of this questionnaire.

**THANK YOU VERY MUCH
FOR YOUR PARTICIPATION!**

BUDGET. SOURCES OF FUNDING

10. Does the Observatory currently have a specific budget for the following lines? *(Please specify the period of the budget: e.g. for 5).*

Budget line:	YES	NO	PERIOD OF THE ALLOCATED BUDGED
1. Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2. Publications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
3. Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
4. Human Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
5. Infrastructure and Equipment ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

11. Please provide the annual budget of the Observatory excluding human resources/salaries (in US dollars).

2015	<input type="text"/>
2016	<input type="text"/>

12. Please indicate the current sources of funding of the Observatory budget, their nature (national or international) and the periodicity.

SOURCE OF FUNDING (ORGANIZATION / INSTITUTION)	NATIONAL O INTERNATIONAL	PERIODICITY

13. Besides the Observatory specific budget detailed above, are there any other mechanisms of funding, ad hoc mechanisms or for particular activities?

- 1. Yes
- 2. No (*Go to question 15*)

14. For those other mechanisms, please specify their main sources of funding, their nature (national or international) and the periodicity in the provision of resources.

SOURCE OF FUNDING (ORGANIZATION / INSTITUTION)	NATIONAL OR INTERNATIONAL	PERIODICITY	TYPE OF FUNDED WORK (INFORMATION SYSTEM, PARTICULAR STUDY, ETC.)

INTERINSTITUTIONAL. NETWORKS

15. The information the Observatory manages:

- 1. Has been produced by the Observatory
- 2. Has been produced by other institutions
- 3. Both

16. What other organisms manage information related to drugs, and what kind of information is?

ORGANISMS OR INSTITUTIONS	AREA	TYPE OF INFORMATION	POPULATION CONSIDERED	GEOGRAPHICAL COVERAGE	PERIODICITY*	DOES THE OBSERVATORY WORK WITH THIS INFORMATION?
	Prevalence					
	Demand reduction					
	Supply control					
	Social and health impact					
	Other areas (Specify)					

* If applicable; otherwise, year of publication of each study.

17. Does the Observatory have difficulties in accessing to the information generated by other organisms or institutions?

1. Yes (Go to question 19)

2. No

18. Please describe the most relevant reasons why there is no difficulty in accessing to the information generated by other organisms.

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Go to question 21.

19. What kind of difficulties the Observatory has with the other organisms or institutions that generate information?

- 1. They have information, but they do not provide it
- 2. They provide bad quality data (*Go to question 21*)
- 3. Other (*Specify*)
(*Go to question 21*)

20. How do you explain why the other institutions do not provide information? (*Mark in order of importance from 1 to 4, being 1 the most important*).

- 1. Operational problems (including the absence of coordination or institutional agreements)
- 2. Financial problems
- 3. The Observatory is still not recognized as a legitimate institution
- 4. Other reason (*Specify*)

21. Do you think that the existing information constitutes a national drug information system?

- 1. Yes
- 2. Yes, partially
- 3. No (*Go to question 26*)

22. Is there a normative framework to establish and/or regulate a national drug information system?

1. Yes (*Specify*)
2. No

23. In the context of the national drug information system, does the Observatory perform the following tasks? (*Multiple options*).

1. Management of the network
2. Systematization of information
3. Validation of data
4. Production of annual reports with the indicators included in the system
5. Promotion of dialogues and exchanges among the actors of the system
6. Other tasks (*Specify*)

24. Please identify which aspects contribute to an adequate functioning of the national drug information system (e.g., availability of resources, inter-institutional work in network, etc.).

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25. Please identify which aspects constitute obstacles or problems for the functioning of the national drug information system (e.g., lack of coordination between institutions, lack of consensus about protocols or indicators, system fragmentation, overlapping of incumbencies, absences of well-defined rules, etc.).

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26. Are there any actions planned in order to create or to complete the national drug information system?

- 1. Yes
- 2. No (*Go to question 28*)

27. Which are the planned actions to create, strengthen or improve the information system?

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AREAS OF WORK

28. What are the areas of work of the Observatory?

28.1. Supply control.

1. Yes
2. No

28.2. Demand reduction.

1. Yes
2. No

28.3. Evaluation of plans, programmes and projects.

1. Yes
2. No

29. Please indicate in the following table the studies conducted by the Observatory, their periodicity and coverage.

	YES/NO	PERIODICITY	COVERAGE
1. Patients on treatment centres	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
2. High School students	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
3. University students	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
4. General population	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
5. Cost programmes	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
6. 6. Epidemiological windows. <i>Specify (e.g. emergency rooms, primary care)</i>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
7. Inmates (<i>adult prisoners</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
8. Inmates (<i>juvenile offenders</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

- 9. Specific studies on gender
- 10. Other specific populations.
Which?
- 11. Studies on the purity and
chemical compounds of drugs
- 12. Determination of cultivated areas
- 13. Research on different modalities of illicit
trafficking of drugs and related crimes . . .
- 14. Studies on sustainable development . . .
- 15. Qualitative studies
(Specify)
- 16. Other studies
(Specify)

30. Please list all studies conducted by the Observatory between 2011 and 2016.

TITLE OF THE STUDY	
YEAR	MAIN METHODOLOGY USED
COVERAGE	IS THERE A REPORT OR A PUBLICATION? <input type="checkbox"/> Y <input type="checkbox"/> N
LINK OR REFERENCE	
TITLE OF THE STUDY	
YEAR	MAIN METHODOLOGY USED
COVERAGE	IS THERE A REPORT OR A PUBLICATION? <input type="checkbox"/> Y <input type="checkbox"/> N
LINK OR REFERENCE	
TITLE OF THE STUDY	
YEAR	MAIN METHODOLOGY USED
COVERAGE	IS THERE A REPORT OR A PUBLICATION? <input type="checkbox"/> Y <input type="checkbox"/> N
LINK OR REFERENCE	

31. In relation to the records of permanent update and/or to the continuous follow-up of administrative records, kept by the Observatory, please indicate period and geographical coverage, and origin of the records.

	COVERAGE PERIOD	GEOGRAPHICAL COVERAGE	SPECIFY IF THE RECORDS ARE FROM THE NDO, FROM THIRD PARTIES, OR BOTH
Treatment demand			
Patients in treatment			
Mortality			
Morbidity			
Traffic accidents			
Drug and chemical precursor seizures			
Seizures of trafficking goods			
Inmates/prisoners			
Violence associated with drug consumption			
Others (Specify)			

If the Observatory keeps at least one type of permanent record or if the Observatory carries a continuous follow-up of data from at least one administrative record: go to question 32.

If the Observatory does not keep any permanent record and does not follow-up administrative records: go to question 34.

32. Does the Observatory publish a periodical report with data from administrative records?

a. Yes

b. No (Go to question 34)

33. What reports or publications have been issued between 2011 and 2016 with data from administrative records?

PUBLICATION TITLE	YEAR	LINK OR REFERENCE

34. Does the country have an Early-Warning System (EWS)?

- 1. Yes
- 2. No (*Go to question 42*)

35. Is the EWS coordinated by the National Drugs Observatory?

- Yes
- No. Specify who coordinates
(*Go to question 42*)

36. How long has the EWS been in place?

Months

37. Is the EWS integrated by actors or institutions from the following areas? (*Multiple options*)

- 1. Forensic teams/institutions
- 2. Healthcare (e.g., centres specialised in care and treatment of problematic use of drugs)

3. Supply control (e.g. law enforcement agencies, police, anti-trafficking corps, etc.)
4. Scientific research: Biology and/or Chemistry (e.g., institutions in charge of chemical analysis of substances)
5. Social research
6. Foreign institutions and teams
7. International organizations and programmes (UNODC, CICAD/OAS, etc.)
8. Others (*Specify*)

38. Please, describe the main characteristics and modalities of the EWS.

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39. For the last year with available information:

- Specify year
1. Number of reported warnings
 2. Number of public warnings issued
 3. Number of members/partners of the EWS
 4. Number of substances identified
 5. Number of adulterants identified

40. Please, name the products (reports, bulletins, etc.) of the EWS in the last two years (since 2014), their main objective and target audience.

PRODUCT	MAIN OBJECTIVE	TARGET AUDIENCE

41. According to your opinion, which are the components that a EWS should include? (*Multiple options*).

- 1. Bulletins
- 2. Public warnings
- 3. History/record of warnings
- 4. Epidemiological data about drug use
- 5. Habilitated mechanism for public warnings
- 6. Reports and materials related to International Organizations . . .
- 7. National reports and research on the subject
- 8. Links with other EWS
- 9. Others. *Specify*

42. Does the Observatory provide inputs to the preparation of the mandatory reports the country presents to international bodies (for example, UNODC, CICAD/OAS, PAHO/WHO, CARICOM, etc.)?

1. Yes
2. No

INDICATORS

43. Please, indicate if the Observatory works with the following indicators.

1. Prevalence of substance use Y N
2. Drug abuse Y N
3. Drug dependence Y N
4. Age of initiation of substance use Y N
5. Incidence of substance use (past year and past month) .. Y N
6. Perception of risk associated with drug use Y N
7. Perceived availability of drugs Y N
8. Supply of drugs Y N
9. Potential demand of treatment and care Y N
10. Mortality directly associated with drug use Y N
11. Mortality indirectly associated with drug use Y N
12. Morbidity associated with drug use Y N
13. Prevalence/incidence of HIV and/or other infections
(hepatitis B & C...) among injecting and/or non-injecting
drug users Y N

- 14. Persons in treatment Y N
- 15. Supply of treatment Y N
- 16. Detentions related to violations of drug laws Y N
- 17. Substance-related traffic accidents Y N
- 18. Drug-related gender violence episodes Y N
- 19. Drug seizures Y N
- 20. Potency of cocaine production Y N
- 21. Cultivated areas of coca Y N
- 22. Purity and chemical compounds of drugs Y N
- 23. Quantities and number of seizures of chemical precursors used in the fabrication of illicit drugs Y N
- 24. Seizures of goods related to drug trafficking Y N
- 25. Number of dismantled illicit laboratories and other sites of production or infrastructure Y N
- 26. Price of drugs at retail level Y N
- 27. Projects of sustainable development Y N

44. For those indicators that have been mentioned, when applicable, please, indicate if there is available information disaggregated by sex.

- 1. Yes
- 2. No

45. Specify the indicators the Observatory works regarding psychoactive substances use in the General Population.

Please, put an X in the boxes corresponding to the indicators worked, the empty boxes will be understood as indicators that are not worked.

PSYCHOACTIVE SUBSTANCE	PREVALENCE		INCIDENCE		AGE OF INITIATION	ABUSE	DEPENDENCE	PERCEIVED RISK	PERCEIVED AVAILABILITY	DIRECT SUPPLY
	LIFE	YEAR	YEAR	MONTH						
Tobacco										
Alcohol										
Tranquilizers without medical prescription ¹										
Stimulants without medical prescription ²										
Solvents & Inhalants ³										
Marijuana										
Cocaine (hydrochloride)										
Smoking cocaine ⁴										
Ecstasy										
Hallucinogens ⁵										
Hashish										
Heroin										
Opium										
Morphine without medical prescription										
Ketamine										
Amphetamines										
Methamphetamines										
Other substances										

1) Valium, Lexotan, Alprazolam, Rivotril, etc., 2) Ritalin, Fluoxetine, Zoloft. 3) Fuels, glue, poppers. 4) base paste, crack, paco, basuco. 5) Peyote, san pedro, LSD, PCP, mescalina.

46. Specify the indicators the Observatory works regarding psychoactive substances use in Secondary School (High School) students. Please, put an X in the boxes corresponding to the indicators worked, the empty boxes will be understood as indicators that are not worked.

PSYCHOACTIVE SUBSTANCE	PREVALENCE		INCIDENCE		AGE OF INITIATION	ABUSE	DEPENDENCE	PERCEIVED RISK	PERCEIVED AVAILABILITY	DIRECT SUPPLY
	LIFE	YEAR	YEAR	MONTH						
Tobacco										
Alcohol										
Tranquilizers without medical prescription ¹										
Stimulants without medical prescription ²										
Solvents & Inhalants ³										
Marijuana										
Cocaine (hydrochloride)										
Smoking cocaine ⁴										
Ecstasy										
Hallucinogens ⁵										
Hashish										
Heroin										
Opium										
Morphine without medical prescription										
Ketamine										
Amphetamines										
Methamphetamines										
Other substances										

1) Valium, Lexotan, Alprazolam, Rivotril, etc. 2) Ritalin, Fluoxetine, Zolofl. 3) Fuels, glue, poppers. 4) base paste, crack, paco, basuco. 5) Peyote, san pedro, LSD, PCP, mescalina.

47. Has the Observatory adopted an international protocol of reference to collect and follow the data?

1. Yes

2. No (*Go to question 50*)

48. What international protocols of reference for the collection and follow-up of data have been adopted?

1. COPOLAD Phase I

2. SIDUC-CICAD/OAS

3. European System/EMCDDA

4. UNODC

5. Other. *Specify*

49. Is this tool included at the level of indicators?

COPOLAD PHASE I

49.1. Epidemiological and demand reduction

TOTALLY

PARTIALLY

DOES NOT USE

49.2. Supply control

TOTALLY

PARTIALLY

DOES NOT USE

SIDUC-CICAD/OAS

49.3. Epidemiological and demand reduction

TOTALLY

PARTIALLY

DOES NOT USE

49.4. Inter-American Uniform Drug Supply Statistical System

TOTALLY

PARTIALLY

DOES NOT USE

EUROPEAN SYSTEM/EMCDDA

49.5. Epidemiological and demand reduction

TOTALLY	PARTIALLY	DOES NOT USE
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49.6. Supply control

TOTALLY	PARTIALLY	DOES NOT USE
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UNODC

49.7. Epidemiological and demand reduction

TOTALLY	PARTIALLY	DOES NOT USE
---------	-----------	--------------

49.8. Supply control

TOTALLY	PARTIALLY	DOES NOT USE
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OTHER. *Specify*

49.9. Epidemiological and demand reduction

TOTALLY	PARTIALLY	DOES NOT USE
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49.10. Supply control

TOTALLY	PARTIALLY	DOES NOT USE
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ANALYSIS AND PRODUCTION

50. What problems and issues have been examined by the Observatory, using analytical strategies based on the collection and combination of multi-source data?

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51. Between 2011 and 2016, has the Observatory worked in cooperation with other actors?

1. Yes
2. No (*Go to question 53*)

52. Please indicate the actors that have strategically cooperated with the Observatory.

1. Universities and research centres
2. NGOs and civil society organizations
3. Health and epidemiological institutions
4. Professional associations
5. Statistics and census bureaus
6. Private consultant firms
7. Cooperation and international agencies
8. Others (*Specify*)

53. Does the Observatory produce information disaggregated by sex, on systematic, explicit and regular basis?

1. Yes
2. No

54. Does the Observatory hold a “gender perspective” in the analysis of information?

1. Yes
2. No

55. Does the Observatory use Geographical Information Systems (geo-referencing)?

1. Yes
2. No

QUALITY. TECHNICAL INDEPENDENCE

56. Are there any mechanisms to monitor and evaluate the activities and products of the Observatory?

1. Yes

2. No (*Go to question 58*)

57. Please, indicate the mechanisms of monitoring and evaluation implemented in 2015 and 2016

OBJECT OF EVALUATION	ORGANISM RESPONSIBLE OF THE EVALUATION	NATURE OF THE ORGANISM*	PERIOD/ PERIODICITY

* Nature of the organism.

1. International.
2. National, external to the Drug Commission.
3. National, internal to the Drug Commission.

58. At the Observatory, are there any procedures of quality control of the processes of production of information and the publications?

1. Yes

2. No (*Go to question 60*)

59. What processes and/or actions have been implemented in order to control de quality of data?

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60. Studies to be conducted (*Multiple options*):

1. Are decided by the Observatory
2. Are requested from above in the hierarchy
(external to the Observatory)
3. Are requested by other areas within the same
Drug Commission
4. Others (*Specify*)

VISIBILITY. COMMUNICATION

61. Do the main interlocutors, stakeholders and key players (effective or potential) know the existence of the Observatory?

1. Yes, most of them or all of them
2. Yes, some of them
3. No

62. Is the Observatory considered one of the main references in relation to drug information in the country?

1. It is the main reference
2. It is one of the main references, among others
3. No, it is not one of the main references

63. Does the Observatory cooperate with the elaboration of other products such as dissemination or sensitization materials, talks or courses.

- 1. Yes
- 2. No (*Go to question 65*)

64. In 2015, has the Observatory participated in the following activities?

- 1. Elaboration of materials of dissemination/sensitization (brochures, multimedia)
- 2. Realization of events (Seminars/Symposia/Scientific Workshops)
- 3. Talks and courses
- 4. Training of health professionals
- 5. Formation of personnel working on supply control
- 6. Other activities

65. Does the Observatory develop a communication strategy for its products? Y N

66. Is the Observatory able to communicate directly with the media? Y N

67. Do media and journalists mention the reports and publications of the Observatory? Y N

68. Do media and journalists spontaneously contact the Observatory in order to get information? Y N

69. Is there a communication policy oriented towards the strategic partners? Y N

70. Are there any publications, reports or working papers specifically addressed to particular target audiences? Y N

71. Does the Observatory have direct channels of communication with the general public? (Social networks, Webpage) Y N

INFRASTRUCTURE. HUMAN AND MATERIAL RESOURCES

72. Does the Observatory have the following elements of infrastructure and equipment?

1. Adequate facilities (location)
2. Furniture and installations
3. Computers & other informatics equipment
4. Software
5. Access to regular and efficient Internet networks
6. A space for documentation and archive
7. Website
8. Platform for the information system
9. Others (*Specify*)

73. What are the mains deficits in terms of infrastructure and equipment of the Observatory?

1. Adequate facilities (location)
2. Furniture and installations
3. Computers & other informatics equipment
4. Software
5. Access to regular and efficient Internet networks
6. A space for documentation and archive

- 7. Website
- 8. Platform for the information system
- 9. Others (*Specify*)

74. Does the Observatory have a full-time, exclusive staff?

- 1. Yes
 How many employees?
- 2. No (*Go to question 76*)

75. Please describe the profiles of the staff currently working at the Observatory.

POSITION / DUTIES AND TASKS	ACADEMIC OR PROFESSIONAL FORMATION	ESPECIALIZATION	SPECIFIC FORMATION ON DRUGS	NUMBER OF WORKING HOURS PER WEEK	MONTHS/YEAR IN THE POSITION	CONTRACT*
1. Coordination/direction						
2.						
3.						
4.						
5.						
6.						
7.						

* Contract: 1. Permanent, 2. Short term.

76. What is the profile of the position of Director/Coordinator of the Observatory?

A position of political trust or direct appointment (Regardless the professional accreditation and/or technical preparation for the position)

A hierarchical position in the professional career within the organizational structure

Other ¿Which?

77. When was the last replacement in the position of Director/Coordinator?

Month

Year

78. Are there any formal mechanisms to involve national experts in the activities of the Observatory?

1. Yes

2. No

79. Does the Observatory coordinate activities with Observatories of other countries?

1. Yes

Please specify kind of coordination

2. No

80. Does the Observatory coordinate activities with international organisms and programmes (CICAD, UNODC, COPOLAD, EMCDDA, etc.)?

1. Yes

2. No

81. Does the Observatory hire external professionals or experts to form technical teams?

1. Yes

2. No (*Go to question 84*)

82. How often, for what purposes, does the Observatory hire external personnel to the Observatory?

- 1. For all studies
- 2. Only for *ad hoc* or particular studies
- 3. Others (*Specify*)

83. Besides the permanent staff and the short-term personnel already mentioned, do you consider that it is necessary to incorporate further staff to the Observatory?

- 1. Yes
- 2. No (*Go to question 85*)

84. Please specify the main needs regarding the staff or personnel of the Observatory:

PROFESSION OR TECHNICAL SKILLS (JOB)	SPECIALIZATION	PERMANENT OR TEMPORARY NEED

TRAINING

85. Please describe the training programmes of staff, that have been carried out between 2011 and 2016.

NAME OF THE PROGRAMME	AREAS OF TRAINING	RESPONSIBLE INSTITUTION	PERIOD OR PERIODICITY	NUMBER OF PEOPLE TRAINED	ONLINE OR PRESENT TRAINING

86. Are new training programmes scheduled for next year 2017?

AREAS OF TRAINING	RESPONSIBLE INSTITUTION	SCHEDULED PERIOD	NUMBER OF PEOPLE TO BE TRAINED

87. Please indicate below the degree of need of training in the different areas in order to enhance the Observatory, being 10: extremely necessary, and 1: not at all necessary. In the following boxes specify (if applicable) the group or segment to be trained, the number of people to be trained, and the preferred methodology. Please, do not qualify with the number 10 more than 5 areas of training.

AREAS OF TRAINING	DEGREE OF NECESSITY	NUMBER OF PEOPLE TO BE TRAINED	PREFERRED METHODOLOGY (PRESENT, ONLINE, OTHER)
1. Logics of social research			
2. Multi method research design			
3. Design of surveys			
4. Sampling			
5. Descriptive statistical analysis			
6. Inferential statistical analysis			
7. Parametric statistical techniques			
8. Non parametric statistical techniques			
9. Analysis of secondary data			
10. Design of qualitative research			
11. Focus groups			
12. Interviews			
13. Ethnographic studies			
14. Analysis of qualitative data			
15. Meta analysis			
16. Writing reports			
17. Writing and submission of scientific papers			
18. Public health (in general)			
19. Epidemiology and epidemiological research			
20. Evaluation of projects and programmes			
21. Development of information networks about drugs			
22. Other (Specify)			

88. In which strategic areas do you consider the Observatory needs training? Indicate in each box a number from 1 to 10, where 1 means not at all necessary, and 10 extremely necessary.

1. Drug consumption among the general population
(prevalence and incidence)
2. Drug consumption by young people
(prevalence and incidence)
3. Drug consumption by special
or vulnerable populations (*Specify*)
4. High-risk consumption (e.g. injecting, dependence, etc.)
5. Services utilisation
6. Drug-related morbidity
7. Psychiatric morbidity directly attributed
to drug consumption
8. Drug-related mortality
9. Social exclusion and disadvantage
10. Drug-related crime
11. Economic costs of drug consumption
12. Information on drug availability and drug markets
13. Early Warning System (EWS)
14. Studies on the impact of social programmes
15. Studies of alternative development
16. Control of precursors and chemical substances
17. Research on different modalities of illicit traffic
of drugs and associated crimes
18. Associated factors to drug use
19. Others (*Specify*)

STRENGTHS AND NEEDS

89. According to your opinion, what is the level of development of the Observatory?

Choose a value from 1 to 4
 (considering that 1 is Low and 4 is High)

90. According to the “state of the art” in which the activities of the Observatory are now, please evaluate the following strategic areas. Indicate in each box a number from 1 to 10, where 1 means not developed, and 10 very developed.

1. Drug consumption among the general population
 (prevalence and incidence)
2. Drug consumption by young people
 (prevalence and incidence)
3. Drug consumption by special
 or vulnerable populations (*Specify*)
4. High-risk consumption (e.g. injecting, dependence, etc.)
5. Services utilisation
6. Drug-related morbidity
7. Psychiatric morbidity directly attributed
 to drug consumption
8. Drug-related mortality
9. Social exclusion and disadvantage
10. Drug-relate crime
11. Economic costs of drug consumption
12. Information on drug availability and drug markets
13. Early Warning System (EWS)
14. Studies on the impact of social programmes

15. Studies of alternative development
16. Control of precursors and chemical substances
17. Research on different modalities of illicit traffic
of drugs and associated crimes
18. Associated factors to drug use
19. Others (*Specify*)

91. Please qualify the activities of the Observatory in the following strategic areas. Indicate in each box a number from 1 to 10, where 1 means not important, and 10 very important.

1. Drug consumption among the general population
(prevalence and incidence)
2. Drug consumption by young people
(prevalence and incidence)
3. Drug consumption by special
or vulnerable populations (*Specify*)
4. High-risk consumption (e.g. injecting, dependence, etc.)
5. Services utilisation
6. Drug-related morbidity
7. Psychiatric morbidity directly attributed
to drug consumption
8. Drug-related mortality
9. Social exclusion and disadvantage
10. Drug-related crime
11. Economic costs of drug consumption
12. Information on drug availability and drug markets
13. Early Warning System (EWS)
14. Studies on the impact of social programmes

- 15. Studies of alternative development
- 16. Control of precursors and chemical substances
- 17. Research on different modalities of illicit traffic
of drugs and associated crimes
- 18. Associated factors to drug use
- 19. Others (*Specify*)

Please, add in the space below any clarification, commentary or further information you might consider necessary or useful.

If applicable, please indicate the number of the related question.

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**THANKS VERY MUCH INDEED
FOR YOUR VALUABLE PARTICIPATION!**

ANNEX II: DIRECTORY OF FOCAL POINTS RESPONSIBLE FOR COMPLETION OF THE QUESTIONNAIRE

ANTIGUA AND BARBUDA

Institution

Office of National Drug and Money Laundering Control Policy (ONDCP)

Name of the person who answered the questionnaire

John J. Swift

Position

Manager - Anti-Drug Strategy Unit

ARGENTINA

Institution

Secretaría de Políticas Integrales sobre Drogas de la Nación Argentina
(SEDRONAR)

Name of the person who answered the questionnaire

María Verónica Brasesco

Position

Director

THE BAHAMAS

Institution

National Anti-Drug Secretariat (NADS)

Name of the person who answered the questionnaire

Indirah Belle

Position

OND Manager

BARBADOS

Institution

National Council on Substance Abuse (NCSA)

Name of the person who answered the questionnaire

Betty Hunte

Position

Manager

BELIZE

Institution

National Drug Abuse Control Council (NDACC)

Name of the person who answered the questionnaire

Esner Vellos

Position

Director

BOLIVIA

Institution

Consejo Nacional de Lucha contra el Tráfico Ilícito
de Drogas (CONALTID)

Name of the person who answered the questionnaire

Marco Antonio Ayala Sánchez

Position

Head of NDO

BRAZIL

Institution

Secretaria Nacional de Políticas sobre Drogas (SENAD)

Name of the person who answered the questionnaire

Cejana Brasil Cirilo Passos

Position

General Coordinator, Observatório Brasileiro de Informações
sobre Drogas

CHILE

Institution

Servicio Nacional para la Prevención y Rehabilitación del Consumo de Drogas y Alcohol (SENDA)

Name of the person who answered the questionnaire

José Marín

Position

Head of Research Department

COLOMBIA

Institution

Ministerio de Justicia y del Derecho - Observatorio de Drogas de Colombia (ODC)

Name of the person who answered the questionnaire

Martha Paredes Rosero

Position

Deputy Director of Strategy and Analysis

COSTA RICA

Institution

Instituto Costarricense sobre Drogas (ICD)

Name of the person who answered the questionnaire

Andrés Rodríguez Pérez

Position

Head of the National Information and Statistics Unit on Drugs

CUBA

Institution

Comisión Nacional de Drogas (CND)

Name of the person who answered the questionnaire

Antonio Israel Ybarra Suárez

Position

Secretary

DOMINICA

Institution

National Drug Abuse Prevention Unit (NDAPU)

Name of the person who answered the questionnaire

Martha Jarvis

Position

Research and Information Officer

ECUADOR

Institution

Secretaría Técnica de Drogas (SETED)

Name of the person who answered the questionnaire

Ernesto Javier Paspuel Revelo

Position

Director of Analysis and Studies on Drugs

EL SALVADOR

Institution

Comisión Nacional Antidrogas (CNA)

Name of the person who answered the questionnaire

Alama Cecilia Escobar de Mena

Position

Coordinator of the Salvadoran Observatory on Drugs and the Unit of Research and Studies

GRENADA

Institution

Drug Control Secretariat

Name of the person who answered the questionnaire

Dave Alexander

Position

Drug Control Officer

GUATEMALA

Institution

Secretaria Ejecutiva Comisión Contra las Adicciones y el Tráfico Ilícito de Drogas (SECCATID)

Name of the person who answered the questionnaire

Renzo Adrián Rivera Martínez

Position

Director of the NDO

GUYANA

Institution

Guyana Drug Information Network (GUYDIN)

Name of the person who answered the questionnaire

Horace Cummings

Position

(Interim)Chairman, Guyana Drug Information Network

HAITI

Institution

Commission Nationale de Lutte contre la Drogue (CONALD)

Name of the person who answered the questionnaire

Jean Alain Bernadel

Position

Head Manager Haitian Drug Observatory

HONDURAS

Institution

Dirección Nacional de Investigación e Inteligencia (DNII)

Name of the person who answered the questionnaire

Sammá Blandón

Position

Executive Secretariat for Narcotics- Coordinator of the Chemical Precursors Area

JAMAICA

Institution

National Council on Drug Abuse (NCDA)

Name of the person who answered the questionnaire

Uki Atkinson

Position

Research Analyst

MEXICO

Institution

Comisión Nacional contra las Adicciones (CONADIC)

Name of the person who answered the questionnaire

María José Martínez Ruíz

Position

General Technical-Director of Regulation Compliance

NICARAGUA

Institution

Secretaría Ejecutiva del Consejo Nacional contra el Crimen Organizado (CNCCO)

Name of the person who answered the questionnaire

José Javier Pineda Herrera

Position

Coordinator

PANAMA

Institution

Comisión Nacional para el Estudio y la Prevención de los Delitos Relacionados con Drogas (CONAPRED)

Name of the person who answered the questionnaire

Nadja Porcell

Position

Coordinator of the National Drug Observatory (OPADRO)

PARAGUAY

Institution

Secretaria Nacional Antidrogas (SENAD)

Name of the person who answered the questionnaire

Juan Pablo López

Position

Head of Department of Statistics

PERU

Institution

Comisión Nacional para el Desarrollo y Vida sin Drogas (DEVIDA)

Name of the person who answered the questionnaire

Eduardo O'Brien Neira

Position

Director of Technical Affairs

DOMINICAN REPUBLIC

Institution

Consejo Nacional de Drogas (CND)

Name of the person who answered the questionnaire

Yelida García/Quénida Martínez

Position

Director/Research Officer

ST. KITTS & NEVIS

Institution

National Council on Drug Abuse Prevention (NCDAP)

Name of the person who answered the questionnaire

Karimu Byron

Position

Coordinator

SURINAME

Institution

National Anti - Drug Council (NADC)

Name of the person who answered the questionnaire

M. Bunwaree

Position

Director of the Executive Office of the Council

TRINIDAD & TOBAGO

Institution

National Drug Council (NDC)

Name of the person who answered the questionnaire

Wendy Alexander

Position

Programme Officer

URUGUAY

Institution

Junta Nacional de Drogas (JND)

Name of the person who answered the questionnaire

Héctor Suárez

Position

Coordinator of the NDO

VENEZUELA

Institution

Oficina Nacional Antidrogas (ONA)

Name of the person who answered the questionnaire

Rafael Parada Yélamo

Position

Director of the Venezuelan Observatory of Drugs

ANNEX III: INDICATORS PER SUBSTANCE BY COUNTRY

In this annex, tables that gather the number of indicators used in each country are shown, by substance, making the distinction on studies made with general population and secondary education students.

The 13 agreed indicators included in this study are:

- Prevalence of substance use.
- Drug abuse.
- Drug dependence.
- Age of initiation of substance use.
- Incidence of substance use (lifetime, past year, past month).
- Perception of risk associated with drug use.
- Supply of drugs.
- Potential demand for drug treatment and rehabilitation.
- Mortality associated with drug use.
- Morbidity associated with drug use.
- Persons in drug treatment.
- Drug seizures.
- Purity and chemical composition of drugs.

Number of indicators used by each country in studies on the general population by substance

	TOBACCO	ALCOHOL	TRANQUILIZERS	STIMULANTS	SOLVENTS	MARIJUANA	COCAINE	COCAINE SMOKING	ECSTASY	HALLUCINOGENS	HASHISH	HEROINE	OPUM	MORPHINE	KETAMINE	ANPHETAMINE	METANPHETAMINE	OTHER DRUGS
Antigua & Barbuda	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Argentina	6	7	6	6	5	10	9	9	8	5	2	0	2	2	2	2	0	5
The Bahamas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Barbados	6	7	4	6	4	7	6	5	6	2	2	2	2	2	0	0	0	2
Bolivia	5	5	5	5	5	7	7	7	5	5	0	0	0	0	0	0	0	5
Brazil	2	5	2	2	3	5	4	3	0	2	0	2	0	2	0	0	0	0
Chile	6	8	3	2	2	10	10	10	3	2	2	2	0	2	2	2	2	2
Colombia	6	8	6	6	7	10	10	10	8	5	0	5	0	0	5	5	7	0
Costa Rica	3	4	4	4	3	4	4	4	4	1	2	1	0	0	3	3	3	3
Dominica	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ecuador	2	5	3	3	3	6	5	5	5	2	0	3	0	0	0	2	0	0
El Salvador	6	8	6	6	5	10	10	10	8	1	0	4	0	0	1	0	0	1
Grenada	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Guatemala	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Guyana	6	8	6	6	7	10	10	10	8	0	0	0	0	0	0	0	0	0

Number of indicators used by each country in studies on the general population by substance

	TOBACCO	ALCOHOL	TRANQUILIZERS	STIMULANTS	SOLVENTS	MARIJUANA	COCAINE	SMOKING COCAINE	ECSTASY	HALLUCINOGENS	HASHISH	HEROINE	OPUM	MORPHINE	KETAMINE	ANPHEETAMINE	METANPHEETAMINE	OTHER DRUGS	
Haiti	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Honduras	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Jamaica	6	8	6	6	5	10	8	8	6	5	5	5	5	5	5	5	5	5	5
Mexico	5	6	5	5	5	6	6	5	5	5	5	5	5	5	0	5	5	5	5
Nicaragua	3	5	3	0	4	6	0	6	3	0	0	0	0	0	0	3	0	3	0
Panama	6	8	6	6	7	8	8	8	8	5	5	5	5	5	5	5	7	5	5
Paraguay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Peru	6	8	6	6	5	9	9	9	7	5	3	3	3	3	3	3	3	3	3
Dominican Republic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Suriname	6	8	6	6	7	9	10	10	8	5	5	5	5	5	5	5	7	0	0
Trinidad & Tobago	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Uruguay	6	8	6	6	7	9	9	9	8	3	2	2	2	2	2	3	3	2	2
Venezuela	4	6	1	1	1	7	7	7	5	1	0	3	0	0	0	0	0	0	0
TOTAL	6	8	6	6	7	10	10	10	8	5	5	5	5	5	5	5	7	5	7

Number of indicators used by each country in studies on High School students by substance

	TOBACCO	ALCOHOL	TRANQUILIZERS	STIMULANTS	SOLVENTS	MARIJUANA	COCAINE	SMOKING COCAINE	ECSTASY	HALLUCINOGENS	HASHISH	HEROINE	OPIUM	MORPHINE	KETAMINE	ANPHETAMINE	METANPHETAMINE	OTHER DRUGS	
Antigua & Barbuda	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Argentina	5	6	5	5	7	8	7	7	6	2	0	0	0	2	2	2	3	2	3
The Bahamas	6	7	6	6	8	9	8	8	8	5	0	5	0	5	0	5	0	0	0
Barbados	6	7	5	5	5	8	6	6	5	1	1	1	1	1	0	0	0	4	4
Bolivia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Brazil	3	4	3	0	3	4	3	3	1	1	0	1	0	1	1	3	1	0	0
Chile	6	7	5	2	5	9	8	8	2	2	2	2	0	0	0	2	2	2	2
Colombia	6	7	6	6	8	9	8	8	8	5	0	5	0	0	0	0	0	0	0
Costa Rica	3	4	4	4	4	4	4	4	4	3	0	3	0	0	3	3	3	3	3
Dominica	6	7	6	6	8	9	8	8	8	5	5	5	5	5	5	5	7	5	5
Ecuador	3	5	4	4	5	7	6	6	6	3	0	3	0	0	0	3	0	0	0
El Salvador	6	6	6	6	6	8	8	8	5	2	1	2	0	0	1	1	3	2	2
Grenada	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Guatemala	6	6	6	6	8	8	8	8	8	5	5	5	0	0	5	5	7	0	0
Guyana	6	7	6	6	8	9	8	8	8	0	0	0	0	0	0	0	0	0	0

Number of indicators used by each country in studies on High School students by substance

	TOBACCO	ALCOHOL	TRANQUILIZERS	STIMULANTS	SOLVENTS	MARIJUANA	COCAINE	SMOKING COCAINE	ECSTASY	HALLUCINOGENS	HASHISH	HEROINE	OPUM	MORPHINE	KETAMINE	ANPHETAMINE	METANPHETAMINE	OTHER DRUGS
Haiti	6	6	6	6	7	7	7	0	7	5	5	5	5	0	0	5	6	0
Honduras	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Jamaica	6	7	6	6	6	8	8	8	8	5	5	5	5	5	5	5	5	5
Mexico	5	5	5	5	5	5	5	5	5	5	5	5	5	5	0	5	5	5
Nicaragua	3	4	0	0	0	5	0	4	0	0	0	0	0	0	0	0	0	0
Panama	6	7	6	6	8	8	8	8	8	5	5	5	5	5	5	5	7	5
Paraguay	6	6	6	6	8	8	8	8	8	2	0	1	0	0	0	0	0	0
Peru	6	7	6	6	6	7	6	6	6	5	5	5	5	5	5	5	5	5
Dominican Republic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Suriname	6	7	6	5	8	9	8	8	8	5	5	5	5	5	4	5	7	0
Trinidad & Tobago	6	5	0	0	8	8	0	8	0	0	0	0	0	0	0	0	0	0
Uruguay	4	4	4	4	3	9	6	6	6	3	3	2	2	2	2	2	4	2
Venezuela	4	4	4	4	4	5	5	5	2	0	0	1	0	0	0	0	1	0
TOTAL	6	7	6	6	8	9	8	8	8	5	5	5	5	5	5	5	7	5

ANNEX IV: NDO DEVELOPMENT LEVEL: INDICATORS USED TO BUILD THE OBSERVATORY CLASSIFICATION INDEX

Research Component	
INDICATOR	DEFINITION ANSWER AND ASSIGNED VALUE
p10.1	Does the Observatory have specific budget for research? yes = 100 no = 0
p15	Information the Observatory manages produced by other institutions = 10 own production = 20 both = 30
p28.1	Scope of work of the Observatory: Supply control yes = 80 no = 0
p28.2	Scope of work of the Observatory: Demand reduction yes = 80 no = 0
p28.3	Scope of work of the Observatory: Evaluation of plans, programmes and projects yes = 60 no = 0
p29_a	No. of approved studies conducted by the NDO one = 60 two = 120 three = 180 0 study = 0

INDICATOR	DEFINITION ANSWER AND ASSIGNED VALUE
p29_b	No. of non-approved studies conducted by the NDO 9 and more studies = 150 5 to 8 studies = 100 1 to 4 studies = 50 0 study = 0
p30_b_1	Weight of approved studies conducted by the NDO between 2011-2016 9 and more studies = 240 5 to 8 studies = 160 1 to 4 studies = 80 0 study = 0
p30_b_2	Weight of non-approved studies conducted by the NDO between 2011-2016 9 and more studies = 120 5 to 8 studies = 80 1 to 4 studies = 40 0 study = 0
p31	No. of administrative records managed by the NDO 10 and more records = 90 5 to 9 records = 60 1 to 4 records = 30 0 records = 0
p34 p35	Does the country have an Early-Warning System (EWS)? (p34) Is the EWS coordinated by the National Drugs Observatory? (p35) yes (in both questions) = 80 no (in at least one of the questions) = 0
p37	No. of actors in the EWS 1 actor = 1 point
p43_a	Approved indicators used by the NDO one = 10 0 = 0
p43_b	Non-approved indicators used by the NDO One = 5 0 = 0
p44 p53 p54	Information disaggregated by sex and "gender perspective" in the analysis of information gender perspective and info. disaggregated by sex = 40 gender perspective or info. disaggregated by sex = 20 no/no = 0

INDICATOR	DEFINITION ANSWER AND ASSIGNED VALUE
p45.1	Tobacco indicators that the NDO uses for general population adds 1 point for each indicator 0 = 0
p45.2	Alcohol indicators that the NDO uses for general population adds 1 point for each indicator adds 0,5 if availability is older than 2011 0 = 0
p45.3	Tranquilizers indicators that the NDO uses for general population adds 1 point for each indicator adds 0,5 if availability is older than 2011 0 = 0
p45.4	Stimulants indicators that the NDO uses for general population adds 1 point for each indicator adds 0,5 if availability is older than 2011 0 = 0
p45.5	Solvents indicators that the NDO uses for general population adds 1 point for each indicator adds 0,5 if availability is older than 2011 0 = 0
p45.6	Marijuana indicators that the NDO uses for general population adds 1 point for each indicator adds 0,5 if availability is older than 2011 0 = 0
p45.7	Cocaine indicators that the NDO uses for general population adds 1 point for each indicator adds 0,5 if availability is older than 2011 0 = 0
p45.8	Smoking cocaine indicators that the NDO uses for general population adds 1 point for each indicator adds 0,5 if availability is older than 2011 0 = 0

INDICATOR	DEFINITION ANSWER AND ASSIGNED VALUE
p45.9	Ecstasy indicators that the NDO uses for general population adds 1 point for each indicator adds 0,5 if availability is older than 2011 0 = 0
p45.10	Hallucinogens indicators that the NDO uses or general population adds 1 point for each indicator adds 0,5 if availability is older than 2011 0 = 0
p45.11	Hashish indicators that the NDO uses for general population adds 1 point for each indicator adds 0,5 if availability is older than 2011 0 = 0
p45.12	Heroin indicators that the NDO uses for general population adds 1 point for each indicator adds 0,5 if availability is older than 2011 0 = 0
p45.13	Opium indicators that the NDO uses for general population adds 1 point for each indicator adds 0,5 if availability is older than 2011 0 = 0
p45.14	Morphine indicators that the NDO uses for general population adds 1 point for each indicator adds 0,5 if availability is older than 2011 0 = 0
p45.15	Ketamine indicators that the NDO uses for general population adds 1 point for each indicator adds 0,5 if availability is older than 2011 0 = 0
p45.16	Amphetamines indicators that the NDO uses for general population adds 1 point for each indicator adds 0,5 if availability is older than 2011 0 = 0

INDICATOR	DEFINITION ANSWER AND ASSIGNED VALUE
p45.17	Methamphetamine indicators that the NDO uses for general population adds 1 point for each indicator adds 0,5 if availability is older than 2011 0 = 0
p45.18	Other drugs indicators that the NDO uses for general population adds 1 point for each indicator adds 0,5 if availability is older than 2011 0 = 0
p46.1	Tobacco indicators that the NDO uses for High School students population adds 0,5 points for each indicator adds 0,25 if availability is older than 2011 0 = 0
p46.2	Alcohol indicators that the NDO uses for High School students population adds 0,5 points for each indicator adds 0,25 if availability is older than 2011 0= 0
p46.3	Tranquilizers indicators that the NDO uses for High School students population adds 0,5 points for each indicator adds 0,25 if availability is older than 2011 0 = 0
p46.4	Stimulants indicators that the NDO uses for High School students population adds 0,5 points for each indicator adds 0,25 if availability is older than 2011 0 = 0
p46.5	Solvents indicators that the NDO uses for High School students population adds 0,5 points for each indicator adds 0,25 if availability is older than 2011 0 = 0
p46.6	Marijuana indicators that the NDO uses for High School students population adds 0,5 points for each indicator adds 0,25 if availability is older than 2011 0 = 0

INDICATOR	DEFINITION ANSWER AND ASSIGNED VALUE
p46.7	Cocaine indicators that the NDO uses for High School students population adds 0,5 points for each indicator adds 0,25 if availability is older than 2011 0 = 0
p46.8	Smoking cocaine indicators that the NDO uses for High School students population adds 0,5 points for each indicator adds 0,25 if availability is older than 2011 0 = 0
p46.9	Ecstasy indicators that the NDO uses for High School students population adds 0,5 points for each indicator adds 0,25 if availability is older than 2011 0 = 0
p46.10	Hallucinogens indicators that the NDO uses for High School students population adds 0,5 points for each indicator adds 0,25 if availability is older than 2011 0 = 0
p46.11	Hashish indicators that the NDO uses for High School students population adds 0,5 points for each indicator adds 0,25 if availability is older than 2011 0 = 0
p46.12	Heroin indicators that the NDO uses for High School students population adds 0,5 points for each indicator adds 0,25 if availability is older than 2011 0 = 0
p46.13	Opium indicators that the NDO uses for High School students population adds 0,5 points for each indicator adds 0,25 if availability is older than 2011 0 = 0
p46.14	Morphine indicators that the NDO uses for High School students population adds 0,5 points for each indicator adds 0,25 if availability is older than 2011 0 = 0

INDICATOR	DEFINITION ANSWER AND ASSIGNED VALUE
p46.15	Ketamine indicators that the NDO uses for High School students population adds 0,5 points for each indicator adds 0,25 if availability is older than 2011 0 = 0
p46.16	Amphetamines indicators that the NDO uses for High School students population adds 0,5 points for each indicator adds 0,25 if availability is older than 2011 0 = 0
p46.17	Methamphetamine indicators that the NDO uses for High School students population adds 0,5 points for each indicator adds 0,25 if availability is older than 2011 0 = 0
p46.18	Other drugs indicators that the NDO uses for High School students population adds 0,5 points for each indicator adds 0,25 if availability is older than 2011 0 = 0
p47	Adoption by the National Drugs Observatory of an international protocol yes = 25 no = 0
p51	Cooperative processes between the NDO and other actors between the years 2011 and 2016 yes = 10 no = 0
p55	The Observatory incorporates the use of Geographical Information Systems in the analysis of the information yes = 10 no = 0
p58	There are procedures for quality control of the different processes of production of information and publications yes = 20 no = 0

Publications Component	
INDICATOR	DEFINITION ANSWER AND ASSIGNED VALUE
p10.2	NDO has a specific budget for publications yes = 60 no = 0
p30_c	No. of publications produced by the NDO between 2011-2016 more than 10 publications = 100 5 to 10 publications = 50 1 to 4 publications = 25 0 publication = 0
p33	No. of reports or publications on administrative records more than 10 reports = 80 5 to 10 reports = 40 1 to 4 reports = 20 0 report = 0
p40	No. of products of the EWS more than 10 products = 80 5 to 10 products = 40 1 to 4 products = 20 0 product = 0

Human Resources Component

INDICATOR	DEFINITION ANSWER AND ASSIGNED VALUE
p10.4	NDO has a specific budget for human resources yes =80 no = 0
p74	NDO has full-time staff yes = 30 no = 0
p75	Average hours of staff currently employed by the NDO 40 and more hours per week = 30 21 to 39 hours per week = 20 up to 20 hours per week = 10 0 hours per week = 0
p75	Proportion of persons currently employed in the NDO with seniority in the position of 3 years or more Assigned value = at a rate measured by the indicator 0 = 0
p77	Seniority of NDO Coordinator/Director more than 7 years in the position = 40 3 to 7 years in the position = 20 0 to 2 years in the position = 0

ANNEX V: NDO RANKING (SCORES)

NDO Ranking (scores)	
SCORES	COUNTRY
361.00	Honduras
431.00	Antigua & Barbuda
550.00	Dominica
660.00	Grenada
765.50	The Bahamas
806.00	Mexico
822.50	Guatemala
940.50	Haiti
1,001.75	Trinidad & Tobago
1,022.50	Nicaragua
1,040.00	Guyana

SCORES	COUNTRY
1,069.00	Barbados
1,070.00	Dominican Republic
1,082.25	Suriname
1,091.75	Panama
1,094.00	Bolivia
1,147.50	Jamaica
1,154.00	Paraguay
1180.50	Costa Rica
1218.50	El Salvador
1262.50	Peru
1283.50	Ecuador
1286.50	Venezuela
1295.50	Chile
1314.75	Brazil
1458.50	Argentina
1813.00	Colombia
1831.50	Uruguay

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ACRONYMS

CARICOM	Caribbean Community
CELAC	Community of Latin American and Caribbean States
CICAD	Comisión Interamericana para el Control del Abuso de Drogas (Inter-American Drug Abuse Control Commission)
CONAPRED	Comisión Nacional para el Estudio y la Prevención de los Delitos Relacionados con Drogas (Panama)
COPOLAD	Cooperation Programme between Latin America, the Caribbean and the European Union on Drugs Policies
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EU	European Union
EWS	Early Warning System
FIIAPP	Fundación Internacional y para Iberoamérica de Administración y Políticas Públicas (The International and Ibero-American Foundation for Administration and Public Policies) (Spain)
GIS	Geographical Information Systems (geo-referencing)
JND	Junta Nacional de Drogas (Uruguay)
NCDAP	National Council on Drug Abuse Prevention (St. Kitts & Nevis)
NDACC	National Drug Abuse Control Council (Belize)
NDIS	National Drug Information System
NDO	National Drug Observatory
NGO	Non-Governmental Organization

OAS	Organization of American States
OID	Observatorio Interamericano sobre Drogas (Inter-American Observatory on Drugs)
PAHO	Pan American Health Organization
SADCI	Sistema de Análisis de Capacidad Institucional (System for Institutional Capacity Analysis)
SEDRONAR	Secretaría de Políticas Integrales sobre Drogas de la Nación Argentina (Argentina)
SIDUC	Sistema Interamericano de Datos Uniformes sobre Con- sumo de Drogas (Interamerican System of Uniform Data about Drug Consumption)
UNODC	United Nations Office on Drugs and Crime
USAID	United States Agency for International Development
WHO	World Health Organization

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ICD Costa Rica
CND Cuba
VLADA Czech Republic
CND Dominican Republic
SETED Ecuador
CNA El Salvador
GIZ Germany
DNII Honduras
CONADIC Mexico
CONAPRED Panama
DEVIDA Peru
NBDP Poland
SICAD Portugal
NAA Romania
DGPNSD Spain
NDC Trinidad and Tobago
JND Uruguay
ONA Venezuela

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