European Monitoring Centre
for Drugs and Drug Addiction

ISSN 2315-1463

EMCDDA PAPERS

Regional drug strategies across the world

A comparative analysis of intergovernmental policies and approaches

Abstract: This paper offers a comparison of the drug strategies and plans adopted over the last five years by six intergovernmental organisations engaging 148 countries in four continents. It informs decision-makers, professionals and researchers working in the area of international drug policy about the way in which countries of the same region have decided to strategically approach drug-related security, social and health problems. Drug strategies and plans offer interesting insights both when analysed individually and when compared across regions. This paper describes the way in which drug strategies are structured and addresses their priorities and objectives. It looks at the main approaches to demand and supply reduction and analyses the manner in which these interventions are referred from region to region. The content analysis reveals interesting similarities but also important differences. When seen in the light of the current international drugs policy debate, regional drug strategies may provide an important contribution for assessing the drug problem at international level.

Keywords drug strategies
discourse analysis
international drug policy
multilevel governance

Recommended citation: European Monitoring Centre for Drugs and Drug Addiction (2014), *Regional strategies across the world: a comparative analysis of intergovernmental policies and approaches*, EMCDDA Papers, Publications Office of the European Union, Luxembourg.

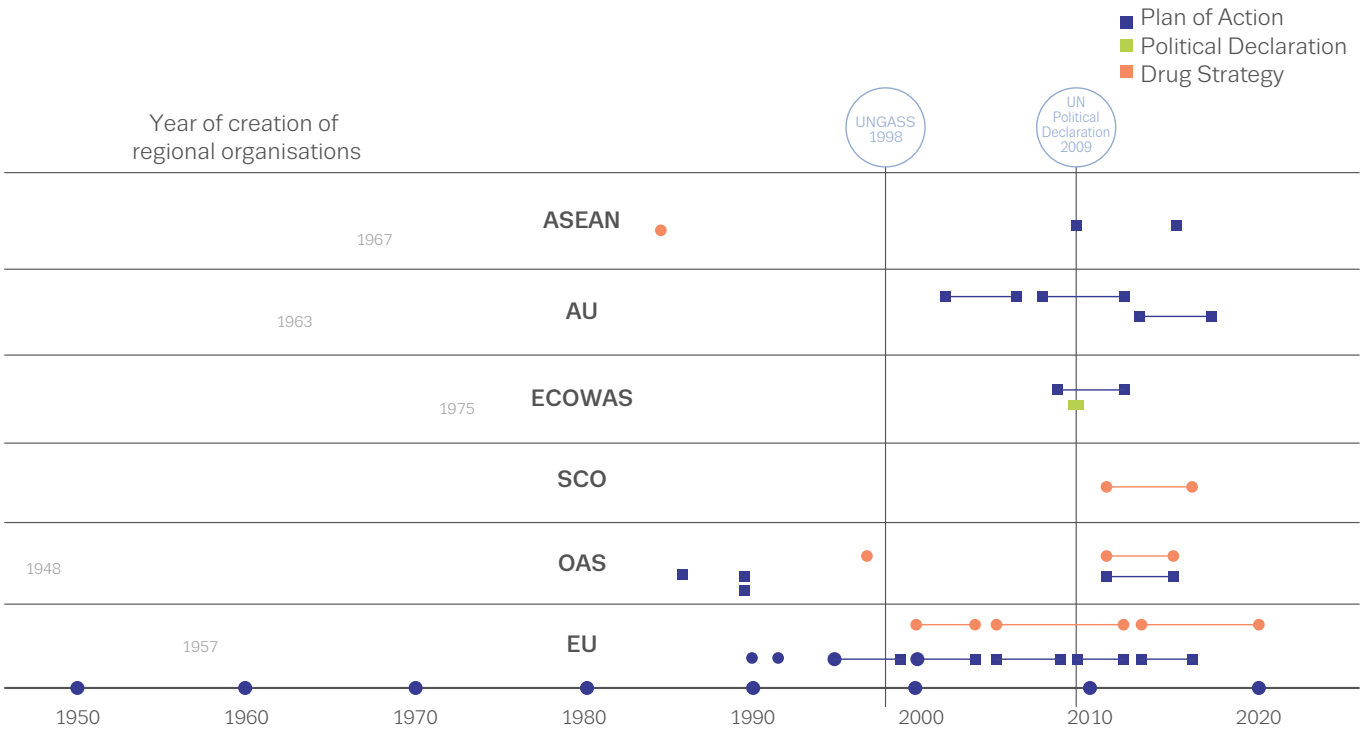
Introduction to the paper

International drug control has been consolidated over the last 50 years with the adoption, by United Nations (UN) member states, of three UN drug conventions ([1]) and two political declarations and their corresponding plans of action ([2]). In particular, the two plans of action, endorsed in 1998 and 2009, marked a change towards a more systematic and structured drug policy approach and called on UN member states to adopt comprehensive and balanced national drug strategies and establish regional mechanisms.

Although neither the political declarations nor the action plans explicitly require the creation of regional drug strategies, they may have provided the impetus for neighbouring countries to agree on a common regional approach. Indeed, the decade between 1998 and 2009 witnessed the appearance of intergovernmental (regional) drug plans and strategies involving a number of African and Asian countries, and the renewal of action plans and strategies in the Americas and Europe (Figure 1).

FIGURE 1

Timeline of regional drug strategies and action plans



([1]) The United Nations Single Convention on Narcotic Drugs 1961; the 1971 United Nations Convention on Psychotropic Substances; and the United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

([2]) General Assembly Twentieth Special Session, Political Declaration and Plan of Action, UNGASS 1998; and High-level segment Commission on Narcotic Drugs, Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, Vienna, 2009.

This paper offers a brief comparison of the drug strategies and plans adopted in the last five years by six regional intergovernmental organisations (hereafter regional drug strategies) ([3]), covering 148 countries in four continents (Table 1).

TABLE 1

Current regional drug strategies and plans in regional organisations

Region	Organisation	Current number of Member States	Title(s) of the document(s)
Africa	African Union (AU)	54	AU plan of action on drug control 2013–17
	Economic Community of West African States (ECOWAS)	15	Political declaration on the prevention of drug abuse, illicit drug trafficking and organised crime in West Africa (Abuja Declaration, 2008)
			Regional action plan to address the growing problem of illicit drug trafficking, organised crime and drug abuse 2008–11 ([1])
America	Organization of American States (OAS)	35	Hemispheric drug strategy 2011–15
			Plan of action 2011–15
Asia	Association of Southeast Asian Nations (ASEAN)	10	ASEAN work plan on combating illicit drug production, trafficking and use 2009–15
	Shanghai Cooperation Organisation (SCO)	6	Counter narcotic strategy of the Shanghai Cooperation Organisation Member States 2011–16
Europe	European Union (EU)	28	EU drugs strategy 2013–20
			EU action plan on drugs 2013–16

([1]) Extended for two years by the ECOWAS heads of States and Governments in 2012.

These strategies offer interesting insights both when analysed individually and when compared across regions. This paper describes the way in which drug strategies are structured and addresses their priorities and objectives. It looks at the main approaches to demand and supply reduction and analyses the way in which, for instance, prevention and treatment are targeted and whether harm reduction interventions are mentioned to the same extent across regions. It also looks at the way in which drug control measures are identified and discusses if and how the geographical and social context might have influenced the choice of actions. In this paper, the ground for comparison is given by the existence of an official document in the field of drugs, such as a political declaration, a strategy and/or a plan of action, that has been adopted at minister or head of state level and which envisages a time frame for achievements. It does not analyse other relevant regional initiatives in the field of drugs, such as cooperation projects involving many regional and international actors. This paper does not review bilateral agreements in the field of drugs, which are common in all the regions and countries considered, nor does it explore other strategic documents, such as regional security or health plans, which, although they may include a drugs component, are not drugs specific.

The main aim of this work is to inform decision-makers, professionals and researchers working in the area of international drug policy about the way in which countries of the same region have decided to strategically approach drug-related security, social and health problems. It can ultimately serve to juxtapose a variety of policy options designed to face similar challenges and can enrich current drug policy debate.

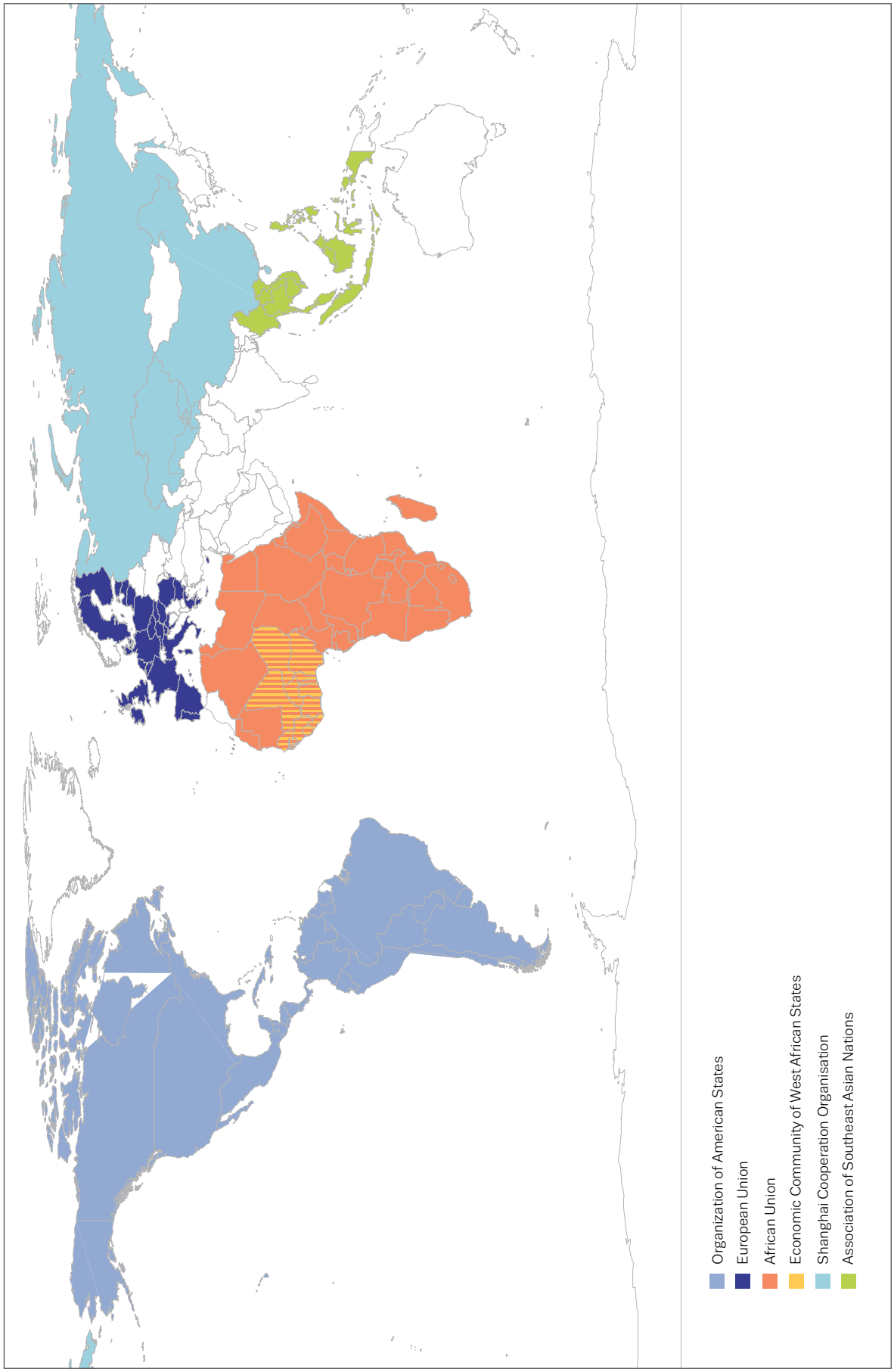
The paper is divided into two parts: Part I is a comparative analysis, which highlights the differences and similarities between the structure and the content of selected documents; and Part II profiles each intergovernmental organisation, describing briefly its institutional structure, strategy and action plan and the regional coordination mechanism.

Regional drug strategies — between high-level policy commitments and actions on the ground

Regional drug strategies and plans of action establish visions, set far-reaching objectives and describe future actions. The policy approaches and concrete objectives outlined in these documents are varied, and an analysis of them reveals not only how regions position themselves in many aspects of the drugs policy agenda but also where the regions stand in relation to each other. It is not the aim of this paper to compare interventions on the ground. Rather, as these political, strategic documents express the official will of a group of countries to tackle the security and social problems caused by the drugs phenomenon, the paper will focus on the high-level commitments, priorities and proposed actions that, whether or not they are feasible, realistic or effective, are intended to influence current drug policy at world level.

([3]) By convention, in this paper, the term 'regional drug strategies' refers to strategies on drugs and drugs action plans unless stated otherwise.

FIGURE 2
Geographical coverage of regional drug strategies



Part I
Comparative analysis

This part describes the main features, objectives and approaches presented in the drugs strategies and plans adopted by the six intergovernmental (regional) organisations.

It looks at the *structure* of the documents and their principles, pillars, objectives and targets. It highlights important elements of drug policy such as evaluation, monitoring, quality of interventions and best practice and analyses the way in which they are addressed in the texts.

It also looks at the *content* of the strategies, comparing objectives in the areas of supply reduction and drug control, and discusses if and how the geographical and social context influences the choice of actions. It addresses the area of demand reduction, comparing the variety of approaches to prevention, treatment and harm reduction. It looks at the issue of prisons and alternatives to punishment, and at the role of civil society in supporting drug policy design and implementation. Finally, it addresses the area of international cooperation as presented in the strategies.

Regional drug policies are shaped by, and to some extent reflect, the differing drug situations and historical, social and political situation. The strategies and plans analysed in this paper reflect and are influenced by this sociogeographical variety.

Strategies and action plans

There is no agreed definition of the elements that should make up a drugs strategy or action plan. However, according to a study by the EMCDDA in 2002, a drugs strategy should describe the set of instruments or mechanisms aimed at directing drug policy principles towards objectives. The aim of a drug action plan, in contrast, is to implement and deliver the principles of the strategy, detailing objectives, targets, resources and responsibilities and laying out a time frame for achieving objectives and meeting targets ([1]).

([1]) EMCDDA/European Commission, 2002. Strategies and coordination in the field of drugs in the European Union, www.emcdda.europa.eu. See under Topics (A–Z) > Policy and law > National strategies > Coordination in the field of drugs.

Part Ia — The structure of drugs strategies and action plans

The nine documents analysed in this paper (Table 1, p. 3) are of different types: three are described as drugs strategies, five as action plans and one as a political declaration.

The three drugs strategies (EU, OAS and SCO) and the political declaration of ECOWAS have a relatively similar structure: a preamble stating the main principles and goals is followed by an outline of the key priority areas. The five action plans (EU, ECOWAS, OAS, ASEAN, AU), designed to be more specific, identify more concrete objectives and actions. Some of them also present, in table format, specific elements such as timetables, indicators or responsible actors.

Although, as is to be expected, the structure of the documents is not uniform, they all follow the same approach: identification of main policy goals and descriptions of the objectives and actions needed to achieve them.

The EU, OAS and ECOWAS publish two documents: a timed strategy (or policy) document to identify the policy objectives and an action plan that breaks down objectives into actions and targets. The OAS and EU even distinguish two different policy processes: first, the adoption of a strategy and, six months later (in case of the EU), its action plan. Both the AU and ASEAN directly adopted plans of action, where policy objectives and concrete actions are presented together. The AU plan even includes an implementation matrix that singles out outcomes and outputs, performance indicators, means of verifications and risks.

Main principles and objectives in drug strategies

Principles as the basis of drug strategies

The *general principles* stated in the introduction of the drug strategies and plans are the foundation of the regional policies, describing the areas where objectives and actions are based and where much attention is focused. A call for respect for *human rights* in the implementation of drug policy is prominent in the EU, OAS and AU strategies. The EU's drug

strategy explicitly mentions the European Charter of Fundamental Rights while that of the OAS refers to the Universal Declaration of Human Rights. The strategies and plans of the ECOWAS, ASEAN and SCO place particular emphasis on individuals' right to safety and security and the threat to this attributable to drug use and trafficking.

Another important principle explicitly mentioned in most of the documents is *common and shared responsibility* for drug policy. Reaffirmed and consecrated by the United Nations General Assembly Special Session (UNGASS) in 1998, the principle aims to reconcile the dualism that for many decades has placed producing and consuming countries in conflict. This principle, defined by the International Narcotics Control Board (INCB) in 2012 as a cooperative partnership based on a *common understanding of a shared problem and a coordinated action towards a common goal*, is strong in the OAS strategy, and is mentioned in both the African documents (AU and ECOWAS) and in the EU strategy, which bases its external relations in the field of drugs on this principle. The ASEAN strategy envisages that member countries will adopt collective and shared responsibility for realisation of the vision of a drug-free region ([4]). The OAS strategy emphasises the individual responsibility of each country, highlighting the principles of *integrity*, *national sovereignty* and *non-intervention in the internal affairs of states*.

The need to *reduce poverty* and *foster development* is central to both African strategies, along with crime prevention and drug control. The ECOWAS sees the promotion of economic and social development as a parallel measure to combating drug trafficking and related crime while the AU's drugs plan makes express reference to the Millennium Development Goals ([5]). Both view crime as a barrier to the region's social and economic development.

The key principle that underlies both the Asian strategies is that peace, security and stability in the region will be achieved only by more effective use of law enforcement against the trafficking and production of drugs. The SCO's strategy reveals the organisation's firm belief that drug trafficking and related crime undermines security in the region.

Principles of drug strategies

- Respect for human rights
- Common and shared responsibility
- Integrity, national sovereignty and non-intervention in the internal affairs of states
- Reduce poverty and foster development
- Effective law enforcement

([4]) ASEAN Ministerial Meeting on drugs Matters, 1–4 September 2013.

([5]) The Millennium Development Goals (MDGs) are eight international development goals that all United Nations member states have agreed to achieve by the year 2015. The goals are: eradicating extreme poverty and hunger; achieving universal primary education; promoting gender equality and empowering women; reducing child mortality rates; improving maternal health; combating HIV/AIDS, malaria, and other diseases; ensuring environmental sustainability; and developing a global partnership for development.

Main objectives

A reduction in the drugs phenomenon is the objective of all strategies and plans analysed. There are, however, slight differences in the way this objective is presented and pursued, revealed by nuances in the language used in the different documents.

For instance, according to its strategy document, the EU intends to contribute to a *measurable reduction of both demand and supply of drugs*. Moreover, it adds, for the first time, another aim: a reduction in the social and health risks and harms caused by drugs. The EU aims, by 2020, to have contributed to an overall impact on key aspects of the EU drugs situation. The Hemispheric strategy and plan of the OAS is in many ways similar to the EU strategy, in that it envisages that signatory countries will adopt a comprehensive, balanced and multidisciplinary approach to the drugs phenomenon. The main goal of the AU plan is improvement in the health, security and socioeconomic well-being of African people, while the ECOWAS focuses on reinforcement of the region's capacity to fight drug trafficking, drug abuse and crime.

The two Asian plans specify as their main objective a substantial reduction in the drugs phenomenon in the ASEAN and SCO regions. In 1998, ASEAN set a goal of establishing a drug-free region by 2015. In 2007, this goal was redefined as a 'significant reduction in production, abuse and trafficking of illicit drugs'. The SCO has a similar aim, namely a 'drastic reduction' in the drugs phenomenon by 2017.

Pillars of drug strategies

Drug strategies and action plans are usually divided into a few main areas or so-called pillars. Some, such as *supply reduction* and *demand reduction*, are found in almost all action plans although *supply reduction* is slightly more common, being presented as main pillar or a key area — together with *crime prevention* and *control measures* — in 10 cases whereas *demand reduction* is a key area in eight.

Other areas that are particularly emphasised in some plans include *capacity building*, which is identified as a key area in the African strategies and in the OAS documents; *international cooperation*, which has its own chapter in the EU, SCO and OAS plans; and *monitoring, research and evaluation*, which is a specific pillar of the African and European plans. *Coordination* is a key area or pillar only of the EU action plan.

TABLE 3
Pillars and key areas in drug plans

	Number of pillars or key policy areas	Supply reduction, crime prevention, control measures, money laundering	Demand reduction, prevention, treatment, rehabilitation, reintegration HIV/AIDS prevention	International cooperation	Enhancing monitoring (research and evaluation)	Capacity building; political leadership; institutional strengthening	Coordination
OAS Plan of Action 2011–15	5	✓✓ (1)	✓	✓		✓	
ECOWAS action plan 2008–11 (2)	5	✓✓ (1)	✓		✓	✓	
AU plan of action on drug control 2013–18	4	✓	✓		✓	✓	
ASEAN work plan on combating illicit drug production trafficking and use 2009–15	3	✓✓ (1)	✓				
SCO counter narcotic strategy 2011–16	4	✓	✓✓ (2)	✓			
EU drugs action plan 2013–16	5	✓	✓	✓	✓		✓

(1) The document distinguishes two distinct pillars or includes separate chapters that focus on the same category: 'supply reduction, crime prevention and/or drug control'.
(2) The document distinguishes two distinct pillars or includes separate chapters that focus on the same category: 'prevention and treatment'.

The areas chosen as the main pillars, whether *demand, coordination* or *capacity building*, are those that each region considers particularly important. However, the fact that a specific subject does not feature as a key area or main pillar does not necessarily mean that that topic will receive no attention. For instance, the OAS does not describe *research* and *monitoring* as a specific pillar but this area is addressed throughout the action plan (Table 3).

Monitoring, implementation and evaluation

Drugs monitoring

All the analysed drugs strategies and plans recognise the importance of generating reliable information as a basis for decision-making. The newer strategies generally aim to create systems and processes that will help to better understand *all aspects* of the drugs phenomenon and to measure and evaluate the impact of policy interventions.

The EU was the first intergovernmental organisation to identify this need, in its first action plan, in 1990. This led to the creation of a European network of reliable and scientifically driven monitoring centres headed by an EU agency, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (6). Since then, each EU strategy or plan has included a chapter on monitoring. This development has progressed from the establishment of a regional monitoring centre (action plan 1990) to the need to better understand all aspects of the drugs phenomenon and the impact of responses to it (drug strategy 2013–20).

Although it was the first, Europe is not the only region to have this objective. The African strategies also recognise the need for monitoring systems. A key priority of the new drugs plan of the AU is to strengthen the capacity to establish monitoring systems able to collect data, analyse trends and link them to evidence-based responses and effective policies. National and regional observatories have already been established in South Africa, Kenya and Senegal. The ECOWAS plan also acknowledges that reliable data to assess the phenomenon are lacking and envisages that USD 1.5 million will be needed to strengthen reliable data collection and monitoring. This implicitly seems to respond to the concerns of the INCB (2012), which has described the lack of capacity for the collection and analysis of drug-related data in Africa as a serious challenge.

Setting of national and regional observatories is also a priority in the Americas. In the OAS, the drug monitoring role is performed by the Inter-American Observatory on Drugs (OID), the statistical, information and scientific research body of the Inter-American Drug Abuse Control Commission (CICAD). The OAS's strategy invites member states to establish or strengthen national observatories on drugs, develop national information systems and foster scientific research.

(6) CELAC (1990) European Plan to Combat Drugs.

The ASEAN plan addresses the issue of annual surveys of opium and cannabis cultivation and production, and also aims to establish baseline statistical data in member countries so that progress towards achieving the goals set out in the action plan goal can be measured.

Implementation and evaluation

The OAS strategy stands out in its promotion of evaluation and assessment in all areas of drugs. The document suggests integrating the scientific community into the design, implementation and evaluation of policies, and invites member countries to promote periodic and independent evaluations in the areas of demand and supply reduction, linking the results of evaluation to the allocation of resources.

The EU strategy has a similar vision, devoting an entire chapter to *information, research, monitoring* and *evaluation*. The strategy promotes evaluation of policies and interventions in the areas of demand and supply reduction and proposes that it is good practice that should be exported in international relations.

All the plans and strategies analysed address the need to assess progress in implementation, identifying a variety of mechanisms for doing so, including regular progress reviews (annual or biennial), high-level conferences, mid-term evaluations and final evaluations. However, the level of detail varies. Some plans identify actors, expected results and performance indicators and call for an overall evaluation of progress while others are less specific about the actors, schedule of implementation and assessment of expected outcomes.

The majority of strategies envisage that progress in implementing plans will be assessed by means of annual or biennial reports. In the OAS, CICAD is in charge of monitoring the implementation of the plan via the Multilateral Evaluation Mechanism (MEM), created in 1998 to evaluate drugs control policies and the countries' progress. It will review the assessment of the plan in 2016. In addition, the ECOWAS Commission Operation Plan calls upon its Mechanism and Evaluation Mechanism (MEM) to provide guidance for implementation of actions, and will review its plan annually. In Africa, biennial reports on the status of the implementation of the AU Plan are submitted to the AU conference of ministers. The Counter narcotic strategy of the SCO refers to an implementation mechanism by which countries of the region will review the results of the strategy at the meetings of the competent bodies and annually at the meeting of the senior officials of the SCO. As for the ASEAN, ASOD ([7]) is charged with gathering baseline data and producing annual reviews, a mid-term review in 2012 and a final assessment in 2015. The EU is the only region that anticipates an external evaluation of its strategy at the end of its term in 2020, in addition to biennial progress reviews carried out by the European Commission.

OAS mandate to assess drug policies in the Americas

At the Sixth Summit of the Americas in Colombia (2012), the heads of state and governments entrusted the OAS with the task of preparing a study on the drug problem in the Americas. This study consisted of a comprehensive analysis of policies applied in the Americas, highlighting the strengths, weaknesses and challenges in the implementation of those policies. The findings of the study served as the basis of an analytical report and a scenarios analysis examining new approaches for the OAS leaders to find a better way to address the drugs phenomenon. The analytical report and the four scenarios — Together, Pathways, Resilience and Disruption — of what could happen in the future and the results that could be expected in each scenario were released at the Seventh Summit in Antigua Guatemala in June 2013 ([8]).

Quality, evidence base and best practice in drug strategies

Although the emphasis varies, most of the documents identify *quality, best practice* and *standards* as the main criteria and *keywords* linked to the concept of effectiveness in drug-related interventions. In addition, in several strategies *scientific evidence* is presented as the guiding principle on which — increasingly — drug policy decisions should be based.

This approach is exemplified by the EU drugs strategy, which is based on an *evidence-based* approach to the drugs phenomenon, and by the strategies and plans of the AU and of the OAS. The AU plan, in particular, recognises the need to implement evidence-based responses to address the health and social impact of drug use while the OAS strategy and plan call for the production of evidence in the drugs field and its wide implementation throughout the hemisphere. The ECOWAS strategy mentions *evidence-based* as the principle on which strategic papers must be developed to inform the heads of state and governments of the magnitude of the drug problem and the threat it presents to the security and development of the region.

([7]) ASEAN Senior Officials on Drug Matters (ASOD).

([8]) www.cicad.oas.org

Best practice is another key term that crops up regularly in drugs policy documents. Originally reserved for the demand reduction area, it is now increasingly common for the concept of best practice to be applied in the field of supply reduction, as shown by some of the strategies analysed. The OAS strategy, for example, applies the concept to the areas of *institutional capacity*, *demand reduction* and *supply reduction* and *control measures*, declaring that it is essential to increase the availability and improve the analysis of data to aid policy decisions in the area of supply reduction. Similarly, the EU strategy calls for best practice to be developed and implemented in the areas of demand, supply and in its relations with third countries. In particular, the strategy calls on the EU to work towards more effective policies in supply reduction, through policy evaluation, better understanding of the drug markets and increased effectiveness of law enforcement responses. The AU plan invites Member States to develop and adopt codes of conduct for judges and prosecutors and develop basic minimum standards for effective community policing, police service delivery and cross-border cooperation, according to international standards and norms. The ASEAN drugs action plan promotes the sharing of experiences and the lessons learned across the countries of the region, in particular in the area of alternative development, to share best practice in reducing cultivation of illicit crops. One of the five key areas identified in the ECOWAS plan is the need to obtain reliable data to assess the magnitude of the drug trafficking and abuse problems through the sharing of best practice.

Are drug policies becoming more empirical?

A comparison of previous and recently updated drug strategies (EU, OAS, AU) shows a trend towards the development of an 'empirical' approach to drug policy. It seems that the revision of a strategy provides the opportunity to establish new or more scientific arguments. This evolution is nowhere more evident than in the EU drug strategies and plans, which date back to 1990. It is no accident that the last EU strategy — the ninth strategic policy document adopted by the EU — calls for a balanced, integrated but above all evidence-based approach. The EU is the only intergovernmental organisation to make the concept of 'evidence base' a cornerstone of its regional policy on drugs. This overall trend, is however, equally visible in the new OAS and AU plans. Both, recently updated, show important 'empirical' innovations compared with previous versions. In all three cases — EU, OAS and AU — it can be argued that the role of scientifically driven institutions and of civil society has been a key factor driving an increasingly knowledge-based and scientific approach to the field of drugs.

Thus, it is clear that the expansion of best practice, standards and quality into the area of drug supply is a new, widely shared trend.

The need to establish *science-driven quality standards* to maximise effective interventions is also recognised in many documents. The EU looks at the adoption of *quality standards* in the areas of *prevention, treatment, risk* and *harm reduction* and *rehabilitation*. The AU aims to develop and implement minimum quality standards for drug use *prevention* and *treatment* and the OAS strategy invites its members to make sure that services for drug-dependent persons are evidence based and follow internationally accepted quality standards.

Civil society

The need for the support of non-governmental organisations (NGOs) and civil society in the development and implementation of drug policies and programmes is identified in all strategies analysed.

The ASEAN plan attributes great importance to civil society organisations, calling on them to contribute to the implementation of the regional plan through civic awareness initiatives, research-based communication campaigns, health and social services, and prevention and education programmes, including in the workplace.

The OAS strategy also attributes to civil society a key role in the development and implementation of drug policies and programmes. Two areas are particularly emphasised: supply reduction, with civil society being invited to complement programmes with crime prevention initiatives; and alternative development, the assisting in the design and implementation of supply reduction projects. The demand reduction section of the OAS strategy also mentions engaging NGOs to contribute to the formulation of drug policy. The SCO strategy envisages that civil society will be used to promote prevention messages, the AU calls on its member states to develop partnerships with civil society and the ECOWAS plan calls on civil society to contribute to data collection and monitor trends, monitor and report corruption, and raise awareness on the dangers of drug trafficking and drug abuse.

A similar approach is envisaged in the EU strategy, which gives wide support to the participation of civil society in drugs policy, calling on the Civil Society Forum ([9]) and civil society organisations to provide a number of activities: providing information on the implementation of the drugs action plan, assisting in the development and implementation of drug

([9]) The Civil Society Forum (CSF) serves as a platform for the informal exchange of views and information between the European Commission and civil society organisations. In 2013, 40 organisations joined the organisation for a two-year period and the first plenary meeting took place on 24–25 June 2013.

policies and holding a dialogue with the EU member states twice a year.

Part Ib — Content of regional drug strategies

Supply reduction

Main aims in reducing the supply of drugs

All analysed documents have similar objectives in the area of supply reduction, such as *strengthening law enforcement*, *increasing intelligence, exchange* and *improving border controls*. The regions take a largely uniform approach, with law enforcement measures and methods to tackle drug trafficking and drug-related crime being generally very similar across continents. However, a small, but interesting, difference is noticeable in attitudes towards the final aim in the area of supply reduction, revealed by the terms used and the establishment of clear deadlines.

The ASEAN plan confirms its goal of achieving a drug-free region by 2015, a target set by the ASEAN foreign ministers in 2000 and reaffirmed ever since. Experts in the region agreed the definition of 'drug free': *an insignificant quantity of illicit crops will remain* and manufacturing and trafficking of drugs will be *an insignificant phenomenon*. Similarly, a drug-free status is the main aim of the SCO's plan, which calls for a *drastic reduction* in the scale of illicit trafficking of narcotics and precursors by 2017.

Both plans are aimed at implementing, albeit with a tighter deadline, the 2009 UN political declaration and plan of action, which establish 2019 as a target date for states to *eliminate* or *reduce significantly* and *measurably* the illicit cultivation, production and trafficking of — and demand for — illicit drugs.

The other regional strategies and plans analysed in this paper are not so precise in setting a date for achievement of their expressed objectives and targets, and describe their goal as a *reduction* in the phenomenon. For instance, the stated objective in the supply reduction chapter of the EU drugs strategy 2013–20 is to contribute to a *measurable reduction* in the availability of illicit drugs by using an intelligence-led approach to identify the criminal organisations causing the most harm or posing the most serious threat and make them a priority target. Although no target date for achievement is expressed, 2020 should be considered the end point when progress will be evaluated.

The OAS takes a similar stance, the first objective of its action plan being to improve comprehensive and balanced measures aimed at *reducing* the supply of drugs, through the use of intelligence based on the findings of monitoring and evaluation. An intelligence-led approach also forms the backbone of drug supply measures in the EU, while the AU plan stresses the need to more effectively increase coordination, collaboration and capacity-building towards more efficient law enforcement and harmonised actions to address drug trafficking and related organised crime. Increasing regional cooperation against drug trafficking is also one of the main objectives of the ECOWAS plan, which stresses the need to attract political attention and devote more resources to this growing phenomenon. Both African plans envisage the harmonisation of legislation in the area of drug trafficking.

Geopolitics in the variety of subjects covered

Perhaps more than in any other policy area considered in the analysed documents, the drug supply reduction measures envisaged reflect the geopolitical situation in the region and the different features of the specific drug markets.

This is probably why the strategy of the SCO, which includes Russia and China among its members, is the only one to mention Afghanistan and, indeed, dedicates an entire chapter to the threat from this country. Of the other strategies or plans, only that of the EU identifies Afghanistan as a country with which cooperation should be enhanced. Another subject prominent in some, but not all, strategies is prevention of arms proliferation. Stopping the diversion of firearms, ammunition, explosives and other related materials is an issue in the OAS strategy and a concern in the African plans. Corruption (drug related) is comprehensively addressed in both African strategies and is touched upon in the OAS and the SCO action plans, with a reference to the international instruments against corruption. There is no mention of corruption in the EU strategy.

Conceptually linked to corruption, but receiving attention in all strategies is drug-related *money laundering*. The ECOWAS action plan places a strong emphasis on reinforcing structures to detect and combat money laundering with special *financial intelligence units in charge of* collection, analysis and dissemination of information concerning potential money laundering including the financing of terrorism. ECOWAS also calls on the judiciary system to designate specialised courts and/or judges to handle money laundering and economic crimes. The ASEAN plan proposes the implementation of legislative and enforcement measures, such as asset forfeiture and anti-money laundering initiatives, as the first step in dismantling criminal organisations involved in trafficking of illicit drugs. The SCO envisages more active

cooperation with the Financial Action Task Force (FATF), the Eurasian Group and other specialised organisations to combat money laundering and financing of terrorism.

Another broad subject treated similarly across regions is the *proceeds of crime*. The ECOWAS, AU and OAS strategies envisage national and regional collaboration or even the creation of mechanisms (AU and OAS) to exchange information and detect, retrieve and confiscate drug-related laundered funds and assets. The AU plan goes as far as proposing to change existing laws if necessary. Tackling the proceeds of crime is also addressed in the EU action plan. Judicial cooperation is to be strengthened, to target the confiscation of the proceeds of crime and money laundering.

Another key element in supply reduction activities present in almost all strategies is the diversion of precursors. The ASEAN plan calls for renewed efforts against precursors and for the development of partnerships with the chemical and pharmaceutical industries. The EU and OAS strategies also prioritise the problem of precursors diversion, planning and/or reinforcing community mechanisms for diversion control.

The subject of pharmaceuticals is also increasingly present in the supply reduction chapters of strategies, in particular the role of internet and online pharmacies. The most comprehensive approach to the abuse and diversion of pharmaceuticals is found in the OAS strategy. However, this phenomenon is also addressed in the EU action plan, which aims to tackle the use of certain pharmacologically active substances ([10]) as cutting agents for illicit drugs. The ASEAN drugs plan mentions the widespread use and impact of cybertechnology on trafficking in narcotic drugs and psychotropic substances, including the issue of online pharmacies.

Measurability and effectiveness in supply reduction

Another notable trend in recent strategies and plans is an increased emphasis on gaining a better understanding of the nature of the drug markets and measuring the effectiveness of supply reduction interventions. The need for drug supply data to better understand the dynamics of the illegal drugs market and thus better tackle organised crime is recognised. This perhaps reflects a general trend in law enforcement policies, with data increasingly being considered a useful tool for both operational purposes and strategic decision-making. The need for increased effectiveness, in terms of a greater reduction in the illicit supply of drugs, or in some case eliminating supply altogether, is expressed in all documents. It is generally thought that this will be achieved by increasing cooperation between national law enforcement agencies, together with better law enforcement training and capacity-building in general.

The OAS and ECOWAS action plans, for example, aim to use currently available information to develop policies in the field of drug supply, while the AU, EU and the OAS action plans aim to improve the collection of data and strengthen the evidence base underpinning supply reduction policies. Measuring the effectiveness of supply reduction interventions is a clear aim of the EU strategy and OAS plan. The EU aims to develop a set of key indicators in the field of drug supply within the EMCDDA, while the OAS plans to implement a hemispheric information system in the area of drug supply within CICAD.

The drugs plans of the two African organisations include a strong reminder of the need for political mobilisation against drug trafficking, corruption, terrorism and in favour of strengthening the structures aimed at tackling drug-related crime (training, equipment and capacity-building). The ASEAN strategy is defined by an emphasis on a drastic reduction in the scale of the drugs problem while the SCO focuses on the threat from Afghanistan. The call for a balanced approach to supply reduction is particularly strong in the OAS and EU strategies, but can also be seen in other documents (ASEAN, AU), which envisage increased sustainability of local populations and the environment as a cornerstone of anti-drugs measures.

Alternative development

Alternative development is addressed in all strategies, with a strong focus on providing alternative livelihoods, championing farmers' rights, reducing poverty and increasing food security. The EU promotes financial and technical support for alternative development programmes that are realistic with respect to rural development and which respect human rights and food security. The OAS links alternative development with the promotion of social inclusion and poverty reduction programmes, calling for collaboration in this area of civil society. The issue of poverty and food insecurity in relation to cultivation of illicit crops is also addressed in the ASEAN strategy. In Africa, the ECOWAS political declaration recognises the need to provide cannabis farmers with legitimate, profitable and sustainable livelihoods. The AU drugs action plan, while tackling drug supply, aims to integrate drug control into poverty reduction strategies to develop political, social and economic integration of those people, often vulnerable and marginalised, who are involved in illicit cultivation of drugs.

In general, the supply reduction chapters of regional drugs strategies are notable for their attention to social aspects, human rights and the potential unintended and undesirable consequences of supply reduction interventions, in particular

([10]) As defined in Directive 2011/62/EU.

negative effects on human rights, livelihoods and the environment. Against this background the OAS plan invites countries to consider integral, sustainable, alternative development and to reduce the supply of drugs, while expressly warning against the possible negative impact of these measures on the environment. Similarly, the new EU strategy acknowledges, for the first time in EU drugs policy documents, that the implementation of drug policy has the potential for unintended negative consequences.

Demand reduction

Drug demand reduction is covered in all documents. There are important differences across regions, but three main approaches to demand reduction can be discerned:

- linked to social development, poverty reduction and health intervention in marginalised groups (AU and ECOWAS);
- included in a security and drug control approach (SCO and ASEAN); or
- integrated in a comprehensive, balanced approach (EU and OAS).

This classification, however, is not completely clear-cut. Some, more general, elements of all three approaches can be found — with different emphasis — in all strategies.

The approach to demand reduction taken by the two African organisations (AU and ECOWAS) is to improve capacity-building in healthcare. Particular attention is given to marginalised groups, prisoners, human trafficking, including of street children and child soldiers, and to HIV/AIDS prevention and care. Demand reduction receives some attention in both the SCO strategy and the ASEAN plan, but plays a minor role compared with supply reduction and drug control. Nonetheless, the ASEAN plan focuses on a significant and sustainable reduction in drug use, envisaging intensification of awareness campaigns, aimed, in particular, at high-risk groups, and facilitating access to a range of treatment modalities. The SCO strategy focuses on the promotion of healthy lifestyle and looks at enhancing methods of treating drug addicts. The EU and OAS strategies take a broad-brush approach to demand reduction, utilising a range of components: prevention (increasingly targeted at reducing risks and at selected groups), treatment (towards rehabilitation including measures to reduce risks and harms or adverse consequences) and rehabilitation (linked to social reintegration and recovery).

Definition of drug demand reduction

European Union drugs strategy 2012–20

Drug demand reduction consists of a range of equally important and mutually reinforcing measures, including prevention (environmental, universal, selective and indicated), early detection and intervention, risk and harm reduction, treatment, rehabilitation, social reintegration and recovery.

Organization of American States, Hemispheric drug strategy 2011–15

Demand reduction policies should include as essential elements universal, selective and indicated prevention, early intervention, treatment, rehabilitation and related recovery support services, with the goal of promoting the health and social well-being of individuals, families and communities, and reducing the adverse consequences of drug abuse.

Across all regions analysed, demand reduction activities fall into two main traditional areas of intervention: drug use prevention (to discourage or delay the use of drugs) and the treatment of addiction (to treat addiction and ensure rehabilitation and reintegration of drug users). Reducing the negative consequences of drug use is also addressed in some, but not all, documents.

Prevention

Preventing the use of drugs appears to be the cornerstone of all drug demand reduction interventions, although there are differences in the way in which prevention is viewed. Some documents focus on identifying at-risk groups and evidence-based approaches while others rely on the belief that information alone can be effective in inducing behavioural changes. Some documents include both concepts.

According to the EU strategy and plan, for example, prevention is best achieved by system tailoring the delivery of prevention strategies according to the target group, prioritising some at-risk groups and risk factors and introducing the concept of quality standards. Along the same lines, the OAS promotes the implementation of measurable and evidence-based programmes, targeted at specific populations, and invites member states to disseminate information on the risks of drugs using mass media and the internet.

The SCO's strategy is to use education and information campaigns, delivered by the mass media or during leisure activities, to prevent the use of drugs, especially by young people. Anti-drugs education should be included in extracurricular activities for young people. The ASEAN plan envisages that prevention interventions, including those

aimed at reducing spread of HIV/AIDS, should involve experts, media and civil society and should be targeted at high-risk groups.

The AU's approach is interesting because it links drug use prevention (and treatment) to several qualitative concepts: comprehensive, accessible, evidence-informed, ethical and human rights based. It envisages setting minimum quality standards in the area of prevention throughout the continent.

Treatment

All drug strategies see treatment of drug use and addiction as a pillar of their demand reduction policies. Almost all strategies refer to a comprehensive range of treatment interventions, and increasingly they petition for high quality, standards and evidence.

The overall goals of drug treatment are very similar in the Americas and in Asia: recovery from addiction and the full reintegration into society of drug addicts. These are not dissimilar to the goals enunciated in the new EU strategy, which are described as recovery from drug use problems and dependency. The overall goal of the EU is to enhance the effectiveness of treatment by improving accessibility, availability and quality, putting the specific needs of drug users at the centre. Objective 6 under demand reduction of the OAS strategy has the same goal.

The ASEAN plan also focuses on a range of treatment modalities for different categories of drug users, with a view to scaling up coverage and accessibility. Similar attention to quality and to individual needs is expressed in the AU text, especially regarding the prevention and treatment of HIV/AIDS. The ECOWAS plan envisages the creation of a network of treatment centres to implement best practice in treatment, including preventing HIV infection in vulnerable groups. Medical and rehabilitation measures are envisaged in the SCO's strategy, which focuses on training for narcology specialists and research to enhance treatment methods.

Quality, evidence and measurability of results are central to the treatment approach envisaged in the demand reduction chapter of the OAS strategy. Probably one of the most crucial elements is the recognition that drug dependency is a chronic relapsing disease and, thus, it should be considered a public health issue. According to the OAS strategy, access to, and implementation of, treatment should be implemented through quality standards. The AU and the EU strategies envisage the development of quality standards in the treatment of problem drug use.

Risk and harm reduction

Reducing the risk of drug-related harm at both the individual and the society levels could be regarded as an implicit aim of all drug strategies. The 2009 UN political declaration establishes 2019 as a target date for states to reduce significantly and measurably drug-related health and social risks.

The term 'harm reduction', however, still generates some political controversy, and this is reflected in the way different strategies refer to this issue. In the EU, the term *harm reduction* was first included in the demand reduction chapter of the 2005–12 drugs strategy. In the new strategy (2013-20), the issue is formulated as follows: 'the *EU aims at reducing demand and supply of drugs as well as the health and social risks and harms caused by drugs*'. From this wording,

Is information the keyword of prevention?

Commonly the concept of prevention is associated with the provision of information about the risks deriving from the use of drugs. The underlying idea is that people use information to make decisions about their behaviour. Nevertheless, the relation between information and making decisions about health-related behaviour is not straightforward, especially among young people. Many factors mediate the relation between information and behaviour. This could be one of the reasons why media campaigns aimed at preventing drug use do not always have the expected effects, and in some cases have clearly unwanted effects (Ferri et al., 2013). Research on prevention indicates that multifaceted approaches, including interactivity, and addressing social influence factors and building life skills, provide better results than those based only on the provision of information (EMCDDA, 2008). The need to improve the quality of prevention interventions along with the imperative of avoiding counterproductive effects led several international organisations to publish minimum quality standards. Among them are those produced by the UNODC (2013) and by the EMCDDA (2011). These organisations address different targets (the former, middle- and low-income countries; the latter, first and European countries) but in both cases standards are based on collaboration and use evidence-based methodology. The evidence-based approach takes account of the fact that new studies can necessitate modification of recommendations at any time, and for this reason the prevention strategy and other political documents need to remain flexible enough to accommodate latest findings.

especially the use of the term 'as well as', it is clear that *risk and harm reduction* is an overarching aim of the strategy as a component of the European demand reduction approach.

The OAS strategy refers to the concept using the expression 'reduction of the adverse consequences of drug abuse' and includes it as one of the goals of its drug demand reduction chapter. In the remaining regions, harm reduction is not mentioned.

Prisons and alternatives

Prison is increasingly viewed in strategic documents as a key setting for the provision of health-related drug policy measures. The AU action plan calls for evidence-based interventions to be delivered in prisons and invites Member States to reduce overcrowding and improve prison conditions. The plan recognises that inadequate prison conditions may be conducive to drug use and the spread of HIV infection. The OAS plan proposes the adoption of drug treatment services in prison in accordance with scientific protocol and quality standards. However, it offers some leeway to those countries where such a policy would conflict with national laws, by using the expression 'as far as possible'. In the EU, emphasis is put on equality of services available outside prison and after release from prison. Member States are asked to increase the availability and coverage of drug demand reduction measures in prison settings. There is a reminder of the right to healthcare and human dignity enshrined in the European Convention on Human Rights and the EU Charter of Fundamental Rights. The ECOWAS drug plan invites countries to provide access to treatment for drug-dependent persons, including those in prison, but there is no mention of prison policies in the drugs strategy or plan of ASEAN or the SCO where measures are enacted at national level only.

It is increasingly common for strategic documents to consider alternatives to punishment or incarceration. Both the OAS and the AU promote alternatives to criminal prosecution or imprisonment such as treatment, rehabilitation, social reintegration and recovery of drug offenders and young offenders and, in Africa, of street children and child soldiers. The EU 2013–16 action plan raises the bar even further by calling on Member States to implement alternatives to coercive sanctions.

International cooperation

Most of the objectives and actions in the area of international cooperation mentioned in the OAS, SCO and AU strategies and plans concentrate on internal drug policy within the region. Actions and objectives aim to promote and increase coordination and cooperation among the members of the regional organisation that 'hosts' the drug strategy or plan. In these cases, the drug strategy functions as an internal (regional) integration mechanism in drug policy. This is noticeable, for example, in the emphasis given in the OAS strategy to the need to strengthen joint or coordinated operations, taking into account the individual needs of each state, ratifying or adhering to international drugs treaties and harmonising national laws in the area of judicial cooperation and mutual legal assistance. Similarly, the SCO and the AU, aim to promote cooperation between source, transit and destination countries for drugs in their regions.

In contrast, the EU strategy, uniquely among the documents, deals with the issue of cooperation among member states in a specific chapter on *coordination*. Thus, the *international cooperation* chapter constitutes the *external* dimension of the EU drugs policy. The EU strategy also aims to increase collaboration with EU candidate countries and other neighbouring countries and to reinforce policy dialogues with partners such as the USA, Russia, Afghanistan, Pakistan, Central Asian Republic, China, Latin America and the Caribbean and Africa. At an international level, the EU aims to speak with a united voice to promote its approach to drugs and expand its political influence in the international arena through a balanced, human rights, health-oriented approach to the phenomenon.

Other regional initiatives

Although it is not the role of this paper to look at regional initiatives other than drugs strategies and plans, it is important to mention the role played by the United Nations Office for Drugs and Crime (UNODC) in promoting worldwide a more strategic approach to drugs. The UNODC acts as catalyst for a number of programmes and plans involving multiple regions of the world. The EU has assumed a similar role in relation to candidate countries to the EU and neighbouring states.

Strategies and action plans endorsed by international organisations

- Sub-regional action plan on drug control between UNODC and Cambodia, China, Lao, Myanmar, Thailand and Vietnam 2011–13
- UNODC regional programme for West Africa 2010–14.
- UNODC regional programme on drug control, crime prevention and criminal justice reform in the Arab States 2011–15
- Comprehensive action plan on drugs between the European Union, Latin America and the Caribbean, 1999
- Action plan on drugs between the EU and the Western Balkan countries 2009–13, integrating the 2013 political declaration
- Action plan on drugs between the EU and Central Asian states 2014–20
- Strategy on substance abuse and public health, Pan American Health Organization, World Health Organization, 2010
- Plan of action on psychoactive substance use and public health, Pan American Health Organization, World Health Organization, 2011

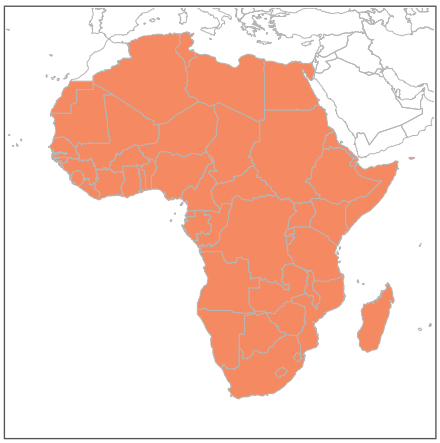
Other regional initiatives exist and are worth mentioning because they contribute to bringing together the policies of countries belonging to the same regions. These include the Colombo plan, the Arab Interior Minister Council, the League of Arab States and, in particular, at European level, the Pompidou Group of the Council of Europe.

The Pompidou Group is an intergovernmental organisation formed in 1971 to contribute to the development of multidisciplinary, innovative, effective and evidence-based drug policies in its Member States. The Pompidou Group is made up of 36 Member States, but its technical cooperation also involves other European states which are not members of the Pompidou Group, such as Albania, Ukraine and states from the Mediterranean Basin such as Algeria, Tunisia and Lebanon.

Part II
Regional strategies

The regional profiles address synthetically the organisational structure, the drug strategy/plan and the drug coordination arrangements of the six intergovernmental organisations considered in this paper.

African Union



The African Union (AU) was established in 2000, on the basis of the dissolved Organisation of African Unity. Its main vision is an integrated, prosperous and peaceful Africa. The AU is headed by the Assembly of heads of state and government. The Executive Council, composed of ministers or authorities designated by Member States, takes decisions on policies in areas of common interest. The Commission is the Secretariat of the Union entrusted with executive functions. The Parliament exercises advisory and consultative powers.

Continent	Africa
Intergovernmental organisation	African Union (AU)
Member States (current)	Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Comoros, Congo, Democratic Republic of Congo, Ivory Coast, Djibouti, Egypt, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea Bissau, Equatorial Guinea, Kenya, Lesotho, Liberia, Libya, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sahrawi Arab Democratic Republic, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, Somalia, South Africa, South Sudan, Sudan, Swaziland, Tanzania, Togo, Tunisia, Uganda, Zambia, Zimbabwe
Drug strategies/plans	Plan of action on control of illicit drug trafficking and abuse in Africa (2002–06)
	Revised AU plan of action on drug control and crime prevention (2007–12)
	AU plan of action on drug control (2013–17)

The new AU plan of action on drug control (2013–17), adopted by the heads of states in January 2013, represents a substantial change to African drug policy. It aims to improve the health, security and socioeconomic well-being of people in Africa by reducing drug use, illicit trafficking and associated crimes. This plan places special emphasis on combating the drugs phenomenon through a systematic approach to drug-related healthcare. It places particular emphasis on the health-related aspect of drug policy by incorporating drug use prevention and drug treatment into public health programmes. Respect for human rights and a distinction between drug use and other forms of more serious crime are another two important characteristics of this approach. According to the plan, the first two years will see the implementation of minimum quality standards for the treatment of drug dependence, a regional assets recovery policy and a strengthening of research, monitoring and evaluation. Overall, it is expected that this plan will contribute to a decrease in illicit trafficking and supply trends and to a wider access to licit drugs for medical use. It calls for drug-related services to be based on the best available evidence and focuses on an increased reporting and evaluation capacity with more robust data collection systems.

The new plan also reinforces regional coordination in the field of drugs. At the top of the institutional framework on drugs is the AU Conference of Ministers of Drug Control. The Ministers meet biennially to review the progress of implementation and recommend appropriate action to the Heads of State Summit.

Economic Community of West African States (ECOWAS)

The Economic Community of West African States (ECOWAS) was established in 1975 with the aim of promoting cooperation and integration with a view to establishing a West African economic union. Since then, social and cultural matters have gradually been added. The institutional framework includes a Council of Ministers entrusted with the legislative power, a Commission (previously Secretariat), which represents the executive power, and the conference of Heads of State and Government as the main policy-making body. The Community Parliament has an advisory role. The ECOWAS includes the Community Court of Justice, which examines member adherence to obligations set forth under ECOWAS law as well as making declarations on the legality of ECOWAS decisions and mandates, and the Bank for Investment and Development (EBID), the financial arm of ECOWAS and responsible for private sector promotion and financing in West Africa.

Continent	Africa
Intergovernmental organisation	Economic Community of West African States (ECOWAS)
Member States (current)	Benin, Burkina Faso, Cap Verde, Ivory Coast, Gambia, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone, Togo
Drugs strategies/plans	Political declaration on the prevention of drug abuse, illicit drug trafficking and organised crime in West Africa (Abuja Declaration, 2008)
	Regional action plan to address the growing problem of illicit drug trafficking, organised crime and drug abuse 2008–11

In 2008, ECOWAS, in collaboration with the UNODC, drafted the Praia plan of action 2008–11 and a political declaration against illicit drug trafficking. The action plan and the declaration were later endorsed by ECOWAS heads of state. The plan was the first of its kind in the region and engages the ECOWAS institutions and member states around five main key policy areas: mobilisation of political leadership; increased law enforcement cooperation; criminal justice; drug use and related health problems; and reliable monitoring systems. For each of the problems identified, the plan selects an objective, the strategy most suited to achieve it, the activities required and the party responsible for execution at national and regional level. In 2013, at the 42nd ordinary session of the authority of Heads of State and Government, it was decided to extend the period of the plan by two years, in order to sustain the fight against drug trafficking and consolidate the financial support base for its effective implementation.

The ECOWAS regional action plan has inspired the development of subregional initiatives, such as The Dakar Initiative, a subregional Ministerial Conference on Drugs held in 2011 in Dakar. This initiative was attended by six subregional countries, namely Guinea-Bissau, Guinea, the Gambia, Mali, Cape Verde and Senegal. It was sponsored by Spain through its interior ministry, UNODC and ECOWAS. The Regional action plan has also given impetus to national, bilateral and subregional initiatives, for example the West African Coast Initiative (WACI), implemented by UNODC, the United Nations Office for West Africa (UNOWA) and Interpol, and the UN Department of Peacekeeping Operations (DPKO) programme in five countries: Ivory Coast, Liberia, Sierra Leone, Guinea Bissau and Guinea.

In the area of coordination, the ECOWAS Commission is the main responsible for overall coordination and monitoring of regional initiatives in the field of drugs. A Commission Operation Plan was adopted in 2009 to follow the implementation of the regional action plan.

In 2013, a new West Africa Commission on Drugs was set by the Kofi Annan foundation. Composed by 12 African personalities, from the worlds of politics, civil society, health, security and the judiciary, the new Commission intends to analyse the problems of drug trafficking and use in order to deliver an authoritative report and comprehensive policy recommendations by the end of 2013. The Commission will follow three basic objectives: mobilising public awareness and political commitment, developing evidence-based policy recommendations and developing local and regional capacities and ownership ([11]).

([11]) West Africa Commission on Drugs (http://www.wacommissionondrugs.org/).

Organization of American States (OAS)

The Organization of American States (OAS) was established in 1948 among the countries of the American continent with the objective of achieving an order of peace and justice, to promote their solidarity, to strengthen their collaboration, and to defend their sovereignty, their territorial integrity and their independence. Today, the OAS brings together all 35 countries of the Americas and has granted observer status to 67 states, as well as to the EU. The General Assembly is the supreme organ of the OAS and comprises the delegations of all the member states. The Permanent Council deals with matters entrusted to it by the General Assembly as well as the Meeting of Consultation of Ministers of Foreign Affairs; it also monitors the maintenance of friendly relations among the member states and the observance of the standards governing General Secretariat operations.

Continent	America
Intergovernmental organisation	Organization of American States (OAS)
Member states (current)	Antigua and Barbuda, Argentina, Barbados, Belize, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba([12]), Dominica (Commonwealth of), Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, The Bahamas (Commonwealth of), Trinidad and Tobago, United States of America, Uruguay, Venezuela (Bolivarian Republic of)
Drugs strategies/plans	Inter-American program of action of Rio de Janeiro against the illicit use and production of narcotic drugs and psychotropic substances and traffic therein, 1986
	Inter-American program of Quito: comprehensive education to prevent drug abuse, 1990
	Declaration and program of action of Ixtapa: guidelines for implementing the program of Rio inter-American program of Quito, 1990
	Anti-drug strategy in the hemisphere, 1997
	Action plan for the implementation of the anti-drug strategy in the hemisphere, 1998
	Hemispheric drug strategy 2011–15
	Plan of action 2011–15

Among the intergovernmental organisations considered in this study, the OAS was the first to adopt a drug strategy — which it called as program of action — in 1986. Subsequently, another two programmes of actions were adopted in 1990 and the Anti-drug strategy in the hemisphere was introduced in 1996. In 2010, the OAS General Assembly approved a new hemispheric drug strategy, updating the 1997 Anti-drug strategy. The new strategy calls for a rebalance towards a comprehensive and health-oriented approach. It aims at helping countries to develop policies focusing not only on supply and control but also on drug dependence, which is defined as a chronic relapsing disease. Presenting the document, the OAS General Secretary underlined that the change of name, from an 'Anti-drug strategy' (1997), to an 'Hemispheric drug strategy' (2010), signifies a change of vision in drug policy in the region as *not being against something but in favour of the well-being of its people* ([13]). The new document covers five fields (key areas): institutional strengthening, demand reduction, supply reduction, control measures and international cooperation. In May 2011, a plan of action (2011–15) was adopted to implement the strategy's objectives.

To strengthen coordination in the field of drugs in the region, the OAS General Assembly established, in 1986, the Inter-American Drug Abuse Control Commission (CICAD), to promote regional coordination and cooperation among OAS Member States; to reduce the production, trafficking and use of illegal drugs; and to address the health, social and criminal consequences of the drug trade. CICAD is responsible for following up on the implementation of this plan while the Executive Secretariat is responsible for executing programmes and actions in support of this strategy as requested by the Commission. The multilateral evaluation mechanism (MEM) ([14]) will be used to monitor, evaluate and

([12]) On June 3, 2009, the Ministers of Foreign Affairs of the Americas adopted resolution AG/RES. 2438 (XXXIX-O/09), that resolves that the 1962 resolution, which excluded the Government of Cuba from its participation in the inter-American system, ceases to have effect in the Organization of American States (OAS). The 2009 resolution states that the participation of the Republic of Cuba in the OAS will be the result of a process of dialogue initiated at the request of the Government of Cuba, and in accordance with the practices, purposes, and principles of the OAS. (www.oas.org)

([13]) New Hemispheric Drug Strategy, at http://www.cicad.oas.org/en/basicdocuments/Hemispheric%20Drug%20Strategy100603.pdf

([14]) The multilateral evaluation mechanism (MEM) was created in 1998 to strengthen mutual confidence, dialogue and hemispheric cooperation in order to deal with the drug problem with greater efficacy. It highlights both results achieved as well as obstacles faced by member countries in tackling the drugs problem.

improve national and hemispheric policies and actions to address the world drug problem. Members are called on to actively participate in this mechanism as part of an ongoing political process. CICAD's mandate includes, but is not limited to, the execution of regional programmes, the promotion of drug related-research, developing and recommending minimum standards and carrying out regular multilateral evaluations. In 2000, CICAD established the Inter-American Observatory on Drugs (OID), which helps countries to improve the collection and analysis of drug-related data, promotes the establishment of national drug observatories and the use of standardised data systems and methodologies, and provides scientific and technical training for, and the exchange of experiences among, professionals working on the drugs problem.

Association of Southeast Asian Nations (ASEAN)

The Association of Southeast Asian Nations (ASEAN) was established in 1967 to maintain and enhance peace in the region by promoting political security and economic and socio-cultural cooperation. ASEAN comprises 10 countries: Brunei Darussalam, Cambodia, Indonesia, Laos, Malaysia, Myanmar, the Philippines, Singapore, Thailand and Vietnam. ASEAN also has 10 so-called 'dialogue partners': Australia, Canada, China, the EU, India, Japan, New Zealand, the Republic of Korea, Russia and the USA. The United Nations Development Program (UNDP) also has dialogue status. The ASEAN summit comprises the heads of state and government of the ASEAN member states. The foreign ministers of the ASEAN members meet in the Coordinating Council while the ASEAN Community Councils deal with economic and socio-cultural matters and issues of political security. A Secretary General and a Secretariat ensure the coordination of ASEAN organs and implementation of ASEAN projects and activities.

Continent	Asia
Intergovernmental organisation	Association of Southeast Asian Nations (ASEAN)
Member states (current)	Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand, Vietnam
Year or creation	1967
Drugs strategies/plans	ASEAN regional policy and strategy in the prevention and control of drug abuse and illicit 1984 ASEAN work plan on combating illicit drug production trafficking and use 2009–15

In 2009, an expert group, ASEAN Senior Officials on Drugs Matters (ASOD), adopted the ASEAN work plan on combating illicit drug production trafficking and use 2009–15, which reiterates the commitment, first made in 1998 by ASEAN governments, to achieve a drug-free region by 2020 and sets this as a specific objective. The ASEAN ministers subsequently brought this date forward to 2015 to demonstrate the scale of member states' concerns about the threat posed by drug markets to the security and stability of the region ([15]). The ASEAN plan commits countries of the region to work towards three objectives: a significant and sustainable reduction in illicit crop cultivation; a reduction in the illicit manufacturing and trafficking of drugs; and a reduction in the prevalence of illicit drugs. A final assessment of the plan will be undertaken in 2015. ASOD has five working groups to carry out the recommended action lines prescribed in the ASOD work plan. They are law enforcement, alternative development, research, treatment and rehabilitation and preventative education.

Cooperation in the field of drugs among ASEAN countries dates back to the first ASEAN declaration of principles to combat the abuse of narcotic drugs in 1976. Since then, ASOD has been the main coordination body. ASOD meets annually and is mandated by the plan to review implementation annually and to carry out a mid-term review in 2012 and a final assessment in 2015.

([15]) 2000 Bangkok political declaration in pursuit of a drug-free ASEAN 2015 at http://cil.nus.edu.sg/rp/pdf/2000%20Bangkok%20Political%20Declaration%20in%20Pursuit%20of%20a%20Drug-Free%20ASEAN%202015-pdf.pdf

The Shanghai Cooperation Organisation (SCO)

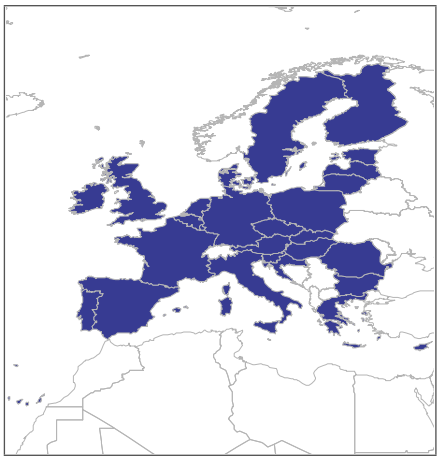
The Shanghai Cooperation Organisation is an intergovernmental security organisation founded in 2001 in Shanghai by China, Kazakhstan, Kyrgyzstan, Russia, Tajikistan and Uzbekistan. Its structure is based on that of a military organisation, the Shanghai Five, founded in 1996 by the same countries (excluding Uzbekistan). The SCO widens the scope of collaboration among its members, which now covers trade and the economy, culture and education, and security and drugs. Its main goal is to work jointly to maintain and ensure peace, security and stability in the region, moving towards the establishment of a new, democratic, just and rational political and economic international order. Its six full members account for a quarter of the world's population.

Continent	Asia
Intergovernmental organisation	Shanghai Cooperation Organisation (SCO)
Member states (current)	Kazakhstan, China, Kyrgyzstan, Russia, Tajikistan, Uzbekistan
Drugs strategies/plans	Counter narcotic strategy of the Shanghai Cooperation Organisation member states 2011–16

The Counter narcotic strategy of the Shanghai Cooperation Organisation 2011–16 was adopted by the Heads of State Council in June 2011. Its main objective is to *drastically reduce* illicit drug trafficking, precursors and the use of drugs by 2017. The strategy focuses on an increase in efficient law enforcement to counteract the illicit trafficking and production of drugs. The idea of a security belt to address drug trafficking from Afghanistan is key to the strategy. The strategy also addresses the demand reduction aspect of drug control, promoting drug use prevention through mass media campaigns and improvement of medical and rehabilitation care. At the 4th meeting of the heads of counternarcotic agencies of the SCO member states in 2013, the countries approved the Plan of action for 2013–14. The plan aims to implement the programme of measures envisaged to fulfil the Counter narcotic strategy.

The SCO is structured as an intergovernmental network and decisions are taken at annual summits and regular meetings of the heads of government, foreign ministers and other high-level officials of its member states (Bailes et al., 2007, 5, in Hoffman 2011). As far as drug coordination is concerned, the implementation of the plan is reviewed once a year at the meeting of senior officials of competent bodies of the SCO member states. The Heads of State Council (HSC) is the highest decision-making body in the SCO. It meets once every year to take decisions and give instructions on all important issues of SCO activity. There are also regular meetings at the level of speakers of parliament, secretaries of security councils and ministers. The organisation has two permanent bodies — the Secretariat and the Regional Counter-Terrorism Structure.

European Union (EU)



The European Union was established in 1957 as the European Economic Community (EEC). The main purpose at the time was the economic integration among its members. Over the years, the membership of the EU has evolved, as well as its mandate. As an organisation it now spans all policy areas, from development aid to the environment. The change of name from the EEC to the EU in 1993 reflected this evolution. One of the EU's main goals is to promote human rights both internally and around the world. The core values of the EU are human dignity, freedom, democracy, equality, the rule of law and respect for human rights. The EU is composed of three main institutions: the Council of the Ministers, made up of the representatives of Member States and holding the legislative power; the European Commission, an independent organ which holds the executive power and the power of legislative initiative; and the European Parliament, composed of elected members and which holds control and legislative powers with the Council.

Continent	Europe
Intergovernmental organisation	European Union (EU)
Member states	Austria, Belgium, Bulgaria, Cyprus, Croatia, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, the United Kingdom
Year or creation	1957
Drugs strategies/plans	European plan to combat drugs 1990
	European plan to combat drugs 1992
	Action plan to combat drugs 1995–99
	EU drugs strategy 2000–04
	EU action plan on drugs 2000–04
	EU drugs strategy 2005–12
	EU drugs action plan 2005–08
	EU drugs action plan for 2009–12
	EU drugs strategy 2013–20
	EU drugs action plan for 2013–16

The first European plan on drugs dates back to 1990. Since then, several drug strategies and action plans have been endorsed by its Member States, which now number 28. Although these documents do not impose legal obligations on EU Member States, they promote a shared model with defined priorities, objectives, actions and metrics for measuring performance.

A new EU drugs strategy (2013–20), endorsed by the Justice and Home Affairs Council of the EU, constitutes the ninth strategic document on illicit drugs endorsed by EU Member States since 1990. The new strategy sets objectives geared towards the disruption of illicit drug trafficking through intelligence-led law enforcement and a more effective use of the criminal justice system. It also proposes that special attention be paid to communication technologies, which play a significant role in the spread of drugs, particularly new psychoactive substances. For the first time, the 2013–20 strategy incorporates as a policy objective a reduction in the health and social risks and harms caused by drugs, alongside the two traditional drug policy aims of reducing supply and demand. The role of civil society in the drug policy-making process is also enhanced, with explicit support given to the involvement of young people, drug users and clients of drug-related services in policy development. The strategy outlines a model for EU drugs policy that is *integrated*, combining all aspects of drugs activities; *balanced*, concentrating equally on demand and supply reduction measures; and *evidence-based*, drawing on scientific findings. Two consecutive four-year action plans will translate the strategic priorities into specific actions with a timetable, responsible parties, indicators and assessment tools. The first of these action plans, for 2013–16, was adopted on 6 June 2013. It is structured around two policy areas: drug demand reduction and drug supply reduction; and three cross-cutting themes: coordination; international cooperation; and information, research, monitoring and evaluation. The European Commission will assess the implementation of this action plan every two years and will organise a final external evaluation in 2016.

Over the years, the steering of European drug policy has been carried out, within the framework of the EU Council of Ministers, by a group of experts — the Horizontal Drugs Group

— representing the countries, the European institutions and the agencies involved. The monthly meetings have served as a drafting committee, review board and assessment group for EU legislation, policy position and strategies and plans. In addition, since 2005 a biannual meeting of the national drugs coordinators has provided a forum for informal dialogue at a high political level. The European Commission, using its power of initiative, has often steered European drug policy towards the Union's principles and values, with the EMCDDA and other agencies, such as Europol, playing an active role in informing and contributing to the decision-making process with specific data and analyses.

Findings

The analysis of regional drug strategies is interesting because, from an international drug policy perspective, these documents introduce a third political dimension, located between national plans, which aim to address purely national or local issues, and policy declarations at the UN level, which represent a very large consensus, often on a wide scale. This paper, comparing regional approaches, highlights specificities that do not emerge in the UN context and which are too varied to be analysed at national level.

It is too soon to say if and how these regional initiatives will influence drug control internationally, and that, in any case, is not the purpose of this paper, but undoubtedly they represent an interesting policy development within the international drugs policy scene, and well worth a look.

Overall support to international drug control principles

This paper reveals the existence of *official* overall support, in all regions analysed, for the main international foundations of drug policy, in other words the three main UN Conventions and the successive UN political declarations and action plans. The reduction of demand and of supply of drugs are objectives addressed by all drugs strategies and plans. The language in these texts is overall in line with the UN commitment, enshrined by the 1998 UN plan and restated in the political declaration of 2009, of *eliminating* or *significantly reducing* the phenomenon. In some strategies the emphasis is more towards the *elimination* of the phenomenon; in others, the expressed aim is more towards its measurable *reduction*. In both cases, there is coherence between UN guidance and regional strategies.

Regional drugs strategies as part of a wider integration process

Regional action plans and drug strategies did not arise spontaneously from the will of countries of a same region sharing similar social or security problems. Instead they were born of a wider process of integration, often of an economic nature, undertaken by a group of neighbouring countries within the boundaries of an intergovernmental organisation after a wide range of policy reforms in the areas of trade, environment, immigration or culture.

It is not by chance that the first *European action plan on drugs* appeared 30 years after the creation of the EEC, and that the first *Anti-drug strategy* in the OAS was adopted almost 40 years after that organisation's creation. The same can be said for the ECOWAS, the AU, ASEAN and the SCO ([16]). Regional drug policy can therefore be considered as one of those policy areas which are developed at a certain point in the life of an intergovernmental organisation and need to be understood within the level of integration among its members.

Regional strategies as tools for common views on drugs

An interesting feature inherent to the process of drafting a regional drugs strategy or drugs plan is the commitment to a unified regional vision on drugs among countries which often have not only different views but also different legislations and policies.

It seems that the mere act of engaging in the drafting negotiations for a new regional drugs plan or strategy creates the conditions for participating countries to share objectives, agree on definitions and commit to joint activities. Inevitably, this leads to a process of confrontation of beliefs, concepts, effective practice and ideological stance, in which positions, at first divergent, must eventually be combined into common concepts and views.

This developmental process is particularly visible in those strategies and plans that have been regularly renewed. Indeed, the debates and the preparatory work generated around the draft of a new document can create opportunities for new ideas, new trends and new approaches to find their place.

([16]) The European Economic Community changed its name to the European Union in 1993, The African Union was established in 2000 on the basis of the dissolved Organisation of African Unity. The Shanghai Cooperation Organisation was founded in 2001 on the basis of the Shanghai Five, which was founded in 1996.

Regional drug strategies: legally or politically binding?

The issue of the accountability of these documents and the 'obligations' they put on members of a regional organisation is not easy to assess. It is clear that governments that endorse these documents are politically bound to them. However, countries maintain a large degree of national autonomy in the field of drugs. Indeed, legally speaking, these documents are not binding, and the lack of binding power has been at times criticised as providing leeway for countries to agree on something and disregard expectations once a new government with another perspective comes to power. While this possibility cannot be completely avoided, it seems that regional drug strategies and plans — even non-binding ones — do have a value. Over time they may fulfil a normative function and, in the short term, they facilitate policy dialogue and support consensus-building among the members of the inter-governmental organisation and between member states and third countries.

Rebalancing towards a qualitative health-orientated drug policy

The words of the Commissioner for Social Affairs of the AU, presenting the new AU plan of action on drug control, succinctly describes the increased attention to health and social aspects in drug policy: 'While drug control in Africa has tended to focus more attention on supply reduction this Plan proposes to restore the balance and pay greater attention to health and other social consequences of drug use, while not neglecting law enforcement approaches' ([17]).

In addition, in Africa, the fourth plan of the AU (2013–17) focuses on expanding evidence-based services to improve health and social conditions, stressing the need to counter drug trafficking and related challenges in accordance with human rights principles. Other important issues are the increased attention to food security and poverty reduction linked to alternative development, which is infused by social and development issues in the AU strategy. This new health-orientated approach is not exclusive to AU drug policy but is an important feature that cuts across several strategies. The recent drug strategies adopted in the Americas (2011) and in Europe (2013) share this feature, which seems to reflect (at least in part) a steady process that, strategy after strategy, is increasing the role of health and social policies in the field of drugs.

The hemispheric drug strategy of the OAS makes extensive use of demand reduction concepts and promotes measures to reduce the negative consequences of drug use. In particular, the change in the title of the strategy from *Anti-drug strategy* (1997) to the new *Hemispheric drug strategy (2011)* represents, in the words of the OAS General Secretary, a renewed emphasis on the health and social components of the strategy. In the EU, where the principle of a balanced approach has been followed since the first plans in the mid-1990s, the new drugs strategy (2013–20) includes a reduction in drug-related health and social risks and harms among its main policy objectives, related, conceptually, to the main policy objectives of reducing drug demand and supply.

At the same time, this development must not be read as taking attention away from drug control, which remains a priority, and, in fact, control of drugs is increasingly seen as part of a broader security agenda in several regions.

Monitoring and understanding for better decisions

Another relevant trend worth mentioning is the increased attention given to the understanding the drug phenomenon and to the measurability of the responses to tackle it. In almost all strategies analysed, the importance of monitoring systems to collect data, analyse trends and support decision-making towards evidence-based policies is emphasised.

Very prominent are references to quality standards, the need to share best practice and the development of indicators to assess the performance of demand reduction, and increasingly supply reduction, interventions. This approach is key in the EU, where the new strategy promotes a *balanced*, *integrated*, but above all, *evidence-based* approach, but also in the OAS's Hemispheric strategy and in the AU's strategy, which promotes the establishment of national observatories, the adoption of scientific quality standards and the implementation of more evidence-based policies.

Evaluation of strategies and action plans

As far as the assessment of the implementation of these texts is concerned, all propose some sort of assessment mechanism such as annual reports or — in a few cases — mid-term or final evaluations. It is less clear, however, what form these assessments will take. A few documents identify the authorities in charge of assessing progress by means of annual or biennial reports. But the scope and the objective of these assessments are rarely explicitly mentioned, for instance whether the assessment will look at the impact of the action or at its execution. Some documents offer more scope than others for the assessment of their implementation because of the way in which they are drafted. For instance, the AU and EU action plans explicitly envisage the objectives and actions and also performance indicators, dates for achievements and in some cases actors and expected

([17]) Foreword of the AU plan of action on drug control, CAMDC/exp/2(V), submitted for consideration by the 5th session of the Africa Union Conference of Ministers of drug control (CAMDC5).

Some unique specificities

The OAS strategy is the only one to explicitly define and recognise drug dependence as a chronic relapsing disease. The strategy calls on member states to integrate drug treatment into national public health systems. The ASEAN and SCO texts are the only ones to envisage a quantitative target (a drug-free region and a drastic reduction of the phenomenon, respectively) and a date (2015 and 2017, respectively) for the achievement of the main goal of their strategies. The AU plan is the only one that recognises that in the past drug control has tended to focus more on supply reduction and now aims at restoring the balance with demand reduction. The ECOWAS plan is the only one to include an annex giving the estimated budget for each action. The EU is the only region that expressly addresses harm (and risk) reduction as a policy objective and that will entrust an external party to assess the implementation of its eight-year strategy in 2020.

outputs. The ECOWAS and the AU drugs plans include an implementation matrix as an annex.

In general, however, it appears that the evaluation of these plans is left rather vague. For example, a common feature of all the action plans is a failure to identify the resources that will be allocated to their implementation and warning mechanisms if objectives are not achieved. In addition, in most cases the actors and schedule of implementation are not specified and nor is the scope of the expected outcomes.

Concluding remarks

In terms of content, the background to the analysed texts is the same, coherently reflecting the UN conventions, declarations and plans. However, heterogeneity of approach is more apparent in the field of demand reduction than in the area of supply reduction, where the approach is relatively more uniform.

Preventing drug use is the key area shared by all texts, but the measures described to achieve this goal are diverse, ranging from mass media campaigns to interventions tailor-made to address specific risk factors or populations. In the area of treatment, the majority of texts analysed call for evidence-based practice. The goal of drug treatment is always the same, i.e. to treat addiction and promote social reintegration. The recovery from addiction and the full reintegration and resocialisation of drug addicts into society is the objective most often mentioned. Moreover, some strategies focus their attention on improving the effectiveness of treatments through better access to treatment, wider coverage and better quality of services provided. The policy of reducing harm (and risk) caused by drugs is specifically addressed only in the EU strategy. It is referred to in the OAS strategy, albeit with different wording — a reduction of the adverse consequences of drug abuse — and is not mentioned in the other strategies and plans analysed.

Supply reduction approaches adopt a common paradigm of doing 'more and better'. More collaboration among national law enforcement services, more intelligence-led activities and more exchange of data and intelligence are among the measures most often mentioned. The quest for more effectiveness, meaning better results, in reducing, or in some cases eliminating, the illicit supply of drugs is evident across plans and strategies. The intention to monitor law enforcement and supply reduction activities and their results, as mentioned in a few texts, appears to be an interesting innovation.

Finally it can be argued that policy plans and strategies are nothing more than words on paper. It is their implementation into concrete actions on the ground that matters. However, these plans and strategies hold in themselves an important symbolism. They represent the commitment of a group of governments to go in a certain direction in the field of drugs, choosing rhetoric and language, objectives and actions. This paper brings to the attention of professionals and decision-makers the many similarities and the important differences existing among these documents.

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TD-AU-14-002-EN-N

Acknowledgements

Author: Danilo Ballotta

While the author is solely responsible for the analysis, this study benefited from the valuable commentaries, suggestions and inputs from experts around the world. In particular we would like to thank Ms Jane Marie Ongolo, of the African Union Secretariat; Ms Khine Myat Chit, of the ASEAN Secretariat; Ms Sintiki Tarfa Ugbe, of the ECOWAS Commission; Ms Marya Hynes and Mr Francisco Cumsille, of CICAD-OAS.

We also thank Ms Giovanna Campello of the UNODC for her assistance in selecting sources, EEAS colleagues, Ann Vanhout and Antonio Rodriguez de Lievana for their assistance, professor Henri Bergeron for his comments on the initial idea and preliminary version and the input of EMCDDA colleagues: Liesbeth Vandam, Eoghan Quigley, Marica Ferri, Paul Griffiths, Brendan Hughes and Alessandra Bo.

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The European Monitoring Centre for Drugs and Drug Addiction is the hub of drug-related information in Europe. Its mission is to provide the European Union and its Member States with 'factual, objective, reliable and comparable information' on drugs and drug addiction and their consequences. Established in 1993, it opened its doors in Lisbon in 1995, and is one of the European Union's decentralised agencies. The Centre offers policymakers the evidence base they need for drawing up drug laws and strategies. It also helps professionals and researchers pinpoint best practice and new areas for analysis.

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Luxembourg: Publications Office of the European Union
doi: 10.2810/28797 | ISBN 978-92-9168-688-9

This publication is available only in electronic format.

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