



**OAS | CICAD**



**MULTILATERAL EVALUATION  
MECHANISM  
(MEM)**

**EVALUATION QUESTIONNAIRE**

**Measures of Prevention, Treatment, and  
Recovery Support  
2021**

**EIGHTH EVALUATION ROUND**

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## Measures of Prevention, Treatment, and Recovery Support

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*Establish comprehensive and integrated drug demand reduction policies with a public health focus, that are evidence-based, multidisciplinary, multisectoral, respectful of human rights, that consider the gender perspective and community, and take into account the guidelines and/or recommendations of specialized international and/or regional organizations.*

**Objective 2** ..... 7  
*Establish or strengthen an integrated system of evidence-based universal, selective, and indicated drug use prevention programs that prioritize at-risk populations, as well as environmental prevention, that incorporate a human rights, gender, age, and multicultural perspective.*

**Objective 3** ..... 10  
*Establish and strengthen, as appropriate, national care, treatment, rehabilitation, recovery, and social integration systems for people who use drugs, that are integrated with health systems, and that respect human rights, and offer gender-specific services, and that, to the extent possible, are designed and administered in accordance with internationally accepted quality standards.*

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*Foster ongoing training and certification of prevention, treatment, and rehabilitation service providers.*

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*Establish and/or strengthen government institutional capacities to regulate, enable, accredit, and supervise prevention programs and care, treatment, rehabilitation, and reintegration services.*

## OBJECTIVE 1

**OBJECTIVE  
1**

**ESTABLISH COMPREHENSIVE AND INTEGRATED DRUG DEMAND REDUCTION POLICIES WITH A PUBLIC HEALTH FOCUS, THAT ARE EVIDENCE-BASED, MULTIDISCIPLINARY, MULTISECTORAL, RESPECTFUL OF HUMAN RIGHTS, THAT CONSIDER THE GENDER PERSPECTIVE AND COMMUNITY<sup>1</sup>, AND TAKE INTO ACCOUNT THE GUIDELINES AND/OR RECOMMENDATIONS OF SPECIALIZED INTERNATIONAL AND/OR REGIONAL ORGANIZATIONS.**

1. Does your country have drug demand reduction policies that include programs<sup>2</sup> in the areas of health promotion, prevention, early intervention, treatment<sup>3</sup>, care, rehabilitation, social integration,<sup>4</sup> and recovery support and related support services, as well as initiatives and measures aimed at minimizing the adverse public health and social consequences of drug abuse?

Area	Yes	No	If yes, please attach the corresponding document or web link
Health promotion			
Prevention			
Early intervention			
Treatment			
Care			
Rehabilitation			
Social integration			
Recovery support			
Other initiatives/measures to minimize adverse public health and social consequences			

<sup>1</sup> Community includes ethnicity, among others.

<sup>2</sup> A program should include the following minimum components: objectives, activities, timeline, work plan, identified and assigned resources, target population, definition of a location, space, and a time frame for its execution. The brief and sporadic activities, actions or talks are not considered a program.

<sup>3</sup> Quality treatment and adapted to the needs of everyone that is directly or indirectly affected by drug and alcohol use, always using hospitalization as a last therapeutic resource and when it is properly justified. It can be provided in coordination with community and/or neighborhood centers, primary health care centers, detoxification units, devices specialized in acute care and clinical stabilization, outpatient approaches, full or half-day care centers, halfway alternatives, and residential treatments. Rehabilitation is considered as a stage of the treatment process.

<sup>4</sup> Any social intervention with the aim of integrating former or current problem drug users into the community. The three 'pillars' of social integration are (1) housing, (2) education and (3) employment (including vocational training). May also be referred to as "social re-integration or social re-insertion."

# OBJECTIVE 1

If yes:

1.a. Please indicate if these programs include the following approaches:

Approach	Yes	No	If yes, please attach the corresponding document or web link
Gender			
Age <sup>5</sup>			
Community <sup>6</sup>			
Cultural context <sup>7</sup>			
Others (specify): _____			

2. Does your country develop, strengthen, and/or implement coordination mechanisms for the collection, analysis, and dissemination of and access to information<sup>8</sup> on drug use prevention, treatment, rehabilitation, recovery, and social reintegration services?

Services	Yes	No	If yes, please attach the corresponding document or web link
Prevention			
Treatment			
Rehabilitation			
Recovery support			
Social reintegration			

3. Does your country have monitoring instruments<sup>9</sup> for demand reduction programs?

Yes  
No

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<sup>5</sup> Age difference approach refers to the needs during different life stages: childhood, adolescence, adulthood.

<sup>6</sup> Community includes ethnicity, among others.

<sup>7</sup> Including the cultural diversity and the needs related to it in designing health programs and services, while respecting, accompanying and valuing cultural differences in practice and from a viewpoint of community actors.

<sup>8</sup> Mechanisms for dissemination of and access to information are tools for the promotion and dissemination of prevention, treatment, and social integration services. Examples of dissemination of and access to information mechanisms are: social networks, mass media publicity, brochures, toll-free phone lines, information published in governmental web portals, dissemination through publicity and communication campaigns.

<sup>9</sup> The instruments referred to are those of diagnostics, process, results, and audits. The mode of collecting information could be quantitative and/or qualitative, for example: structured surveys, in-depth interviews, etc.

## OBJECTIVE 1

4. Has your country carried out any impact, process,<sup>10</sup> or outcome<sup>11</sup> evaluations of drug demand reduction programs?

Yes       No

If yes:

4.a. Please provide the following information:

Program evaluated	Title of evaluation performed <sup>12</sup>	Type of evaluation performed	Year of program evaluation	Please attach the corresponding document or web link

5. Has your country conducted impact evaluations<sup>13</sup> (best practices) or any other related and current study of drug consumption prevention programs?

Yes       No

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<sup>10</sup> **Process evaluation:** includes documenting each step of the design of a specific intervention, to determine its efficacy, efficiency, and effectiveness. It seeks to determine whether the intervention efficiently meets its short-term goals, has successfully reached the target population, and the materials used are appropriate.

<sup>11</sup> **Intermediate outcome evaluation:** assesses the effectiveness of the program; that is, what the project is expected to change. The outcome may include changes in behavior, status, attitude, or certification of the beneficiaries after receiving the program's goods or services. The importance of the intermediate outcome evaluation lies in the expectation that the results will drive the outcome (impact) of the program or project.

<sup>12</sup> **Title of evaluation performed:** Please indicate the title of the evaluations, the institutions that carried out the evaluations and bibliographical references.

<sup>13</sup> **Impact evaluation:** This is an assessment of the final outcomes of key actions or inputs relative to the intervention. These results indicate a change in the conditions of the target population directly attributable to these actions. In some instances, it is difficult to carry out these measurements, due to the difficulty in isolating the effects of other external variables and/or because many of these effects are long term.

## OBJECTIVE 1

If yes:

5.a. Please complete the table below:

Evaluated program	Title of study performed or underway	Year of publication of research findings	Carried out by [specify research institution(s) or individual researcher(s)]	Please attach the corresponding document or web link

6. Is your country developing and/or implementing, as appropriate, coordination mechanisms to support the development and implementation of demand reduction programs, allowing for the participation of and coordination with civil society and other stakeholders?<sup>14</sup>

Yes
No

If yes:

6.a. Please provide the corresponding means of verification.

7. Does your country promote national prevention, treatment, care, recovery, rehabilitation, and social integration measures and programs, with a comprehensive and balanced drug demand reduction approach and, in that regard, promote nationally recognized standards by member states on drug use preventions and/or the “International Standards on Drug Use Prevention,” and the “International Standards for the Treatment of Drug Use Disorders,” both developed jointly by WHO and UNODC?

Yes
No

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<sup>14</sup> **Other stakeholders:** local stakeholders, neighborhood referents, social movements, community organizations, neighborhood meetings, non-governmental organizations (NGO) and other civil society associations (including women’s organizations).

## OBJECTIVE 1

If yes:

7.a. Please provide the corresponding means of verification.

## OBJECTIVE 2

### OBJECTIVE 2

**ESTABLISH OR STRENGTHEN AN INTEGRATED SYSTEM OF EVIDENCE-BASED UNIVERSAL, SELECTIVE, AND INDICATED DRUG USE PREVENTION PROGRAMS THAT PRIORITIZE AT-RISK POPULATIONS,<sup>15</sup> AS WELL AS ENVIRONMENTAL PREVENTION, THAT INCORPORATE A HUMAN RIGHTS, GENDER, AGE, AND MULTICULTURAL PERSPECTIVE.**

8. Does your country develop or implement prevention strategies and/or programs in the following target populations?

Yes	No	Population group	Estimated Coverage		Name of program	Type of program (universal, selective, indicated) <sup>18</sup>
			Target population <sup>16</sup>	Coverage rate <sup>17</sup>		
		<b>School children and university students:</b>				
		• Pre-school				
		• Elementary/primary				
		• Junior high & high school (secondary school)				

<sup>15</sup> At-risk populations may include: women, children, adolescents, LGBTIQ+ persons, people who use drugs, prison population, indigenous groups, migrants, homeless individuals, and other socially disadvantaged groups.

<sup>16</sup> **Target population:** population group that the program seeks to address. The size of the target population will depend on the type of program that is to be implemented. In the case of universal prevention programs, it will be the entire population group, while selective or indicated prevention programs will target the population “at risk” or at “high risk.”

<sup>17</sup> **Coverage rate:** population group actually served by a program expressed as a percentage of the target population.

$$\frac{\text{Size of population served}}{\text{Size of target group}} \times 100 \text{ (or appropriate population unit)}$$

Example: Target population = all primary school children in the country = 10,000

Population served = primary school children in the country to whom the prevention program was delivered during the year = 1,000

$$\text{Coverage rate} = \frac{1,000}{10,000} \times 100 = 10\%$$

<sup>18</sup> **Type of program:**

**Universal prevention:** targets the general population, such as all students in a school. This level of prevention strengthens values, attitudes, knowledge, and abilities that allow the child or youth to lead a healthy and drug-free lifestyle.

**Selective prevention:** targets at-risk groups or subgroups of the general population, such as children of drug-users or poor school achievers.

**Indicated prevention:** designed for people who are already experimenting with drugs or who exhibit other risky behaviors.

*CICAD’s Hemispheric Guidelines on School-based Prevention* (Washington, D.C., 2005).



## OBJECTIVE 2

Yes	No	Population group	Estimated Coverage		Name of program	Type of program (universal, selective, indicated) <sup>18</sup>
			Target population <sup>16</sup>	Coverage rate <sup>17</sup>		
		<ul style="list-style-type: none"> <li>University/tertiary education</li> </ul>				
		<b>Street Population<sup>19</sup>:</b>				
		<ul style="list-style-type: none"> <li>Boys/girls</li> </ul>				
		<ul style="list-style-type: none"> <li>Youths</li> </ul>				
		<ul style="list-style-type: none"> <li>Adults</li> </ul>				
		Family				
		<b>Gender</b>				
		<ul style="list-style-type: none"> <li>Women</li> </ul>				
		<ul style="list-style-type: none"> <li>Men</li> </ul>				
		LGBTIQ+				
		Community				
		Indigenous people <sup>20</sup>				
		Migrants and refugees				
		Individuals in the workplace <sup>21</sup>				
		Incarcerated individuals				
		Others <sup>22</sup> (Please specify: ____)				

<sup>19</sup> **Street Population:** Children and young people who are not in school and who either live on the street or who, while living at home, spend their time in the streets, and to adults who live on the street (homeless people) in socially precarious conditions.

<sup>20</sup> **Indigenous people:** According to the United Nations, indigenous peoples are the holders of unique languages, knowledge systems and beliefs and possess invaluable knowledge. Also, hold their own diverse concepts of development, based on their traditional values, visions, needs, and priorities.  
[http://www.un.org/esa/socdev/unpfii/documents/5session\\_factsheet1.pdf](http://www.un.org/esa/socdev/unpfii/documents/5session_factsheet1.pdf)

<sup>21</sup> Workplace drug prevention programs may include drug and alcohol abuse prevention and education for employees and management; employee assistance programs; referral to and/or financial assistance for treatment for substance abuse; on-site facilities made available for Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) groups; and written policies about non-use of alcohol and other licit and illicit drugs on the job.

<sup>22</sup> **Other groups at risk:** Each member state should determine those population groups that may, in that country, be at higher risk for the use of drugs. These high-risk groups might include sex workers, migrants, HIV-positive individuals, homeless people, street youth, and injecting drug users.

## OBJECTIVE 2

8.a. Please provide the corresponding means of verification for universal prevention programs listed on the table.

9. Has your country carried out and/or strengthen situational assessments<sup>23</sup> to identify specific needs, risk, and protective factors of each target population of drug use prevention programs?

Yes

No

If yes:

9.a. Please provide the corresponding means of verification.

10. Does your country promote the exchange of research findings, experiences, and best practices to improve the effectiveness of prevention programs, taking into consideration the "International Standards on Drug Use Prevention," developed jointly by the WHO and UNODC?

Yes

No

If yes:

10.a. Please provide the corresponding means of verification.

11. Please provide the corresponding means of verification for selective<sup>24</sup> prevention programs listed under question eight.

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<sup>23</sup> United Nations International Drug Control Programme. Demand Reduction Section. (1999). Drug abuse rapid situation assessments and responses. Office.

<sup>24</sup> *CICAD Hemispheric Guidelines on School-Based Prevention* (Washington D.C., 2005).

## OBJECTIVE 2

12. Please provide the corresponding means of verification for indicated prevention programs listed under question eight.

## OBJECTIVE 3

**OBJECTIVE  
3**

**ESTABLISH AND STRENGTHEN, AS APPROPRIATE, NATIONAL CARE, TREATMENT, REHABILITATION, RECOVERY, AND SOCIAL INTEGRATION SYSTEMS FOR PEOPLE WHO USE DRUGS, THAT ARE INTEGRATED WITH HEALTH SYSTEMS, AND THAT RESPECT HUMAN RIGHTS, AND OFFER GENDER-SPECIFIC SERVICES, AND THAT, TO THE EXTENT POSSIBLE, ARE DESIGNED AND ADMINISTERED IN ACCORDANCE WITH INTERNATIONALLY ACCEPTED QUALITY STANDARDS.**

13. Does your country have a comprehensive and inclusive care, treatment, rehabilitation, recovery, and social integration programs and services in the public health care network, and/or social protection?

Yes       No

If yes:

13.a. Please indicate if the national system includes the following:

Programs/Services	Yes	No	What type of approaches do these programs/services take into account (gender, human rights, public health)?	Please attach corresponding document or web link
Early intervention (brief intervention, counselling)				
Crisis intervention				
Diverse treatment modalities				
Dual pathology (co-morbidity)				
Social integration and services related to recovery support				

13.b. If any of these programs/services take into account gender, please describe how it is included.

### OBJECTIVE 3

14. Do the programs and services take into account the “International Standards for the Treatment of Drug Use Disorders” of the WHO and UNODC?

Yes      No

    

If yes:

14.a. Please explain how your country monitors compliance with these international standards.

14.b. Please provide the corresponding means of verification.

15. Does your country take into account the use of the “Technical Guide for countries to set targets for universal access to HIV prevention, treatment, and care for injecting drug users,” issued by WHO, UNODC, and UNAIDS,<sup>25</sup> to establish goals in relation to universal access to prevention, treatment, and care of HIV infection?

Yes      No

    

If yes:

15.a. Please provide the corresponding means of verification.

16. Does your country implement mechanisms to continuously monitor and evaluate the results of care, treatment, rehabilitation, recovery, and social integration programs and comprehensive public and private facilities?

Yes      No

    

If yes:

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<sup>25</sup> WHO, UNODC, UNAIDS, *Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users* (2012 revision). Available at: [http://www.who.int/hiv/pub/idu/targets\\_universal\\_access/en/](http://www.who.int/hiv/pub/idu/targets_universal_access/en/).

### OBJECTIVE 3

16.a. Please provide the corresponding means of verification.

16.b. Do these mechanisms take into account the gender and human rights approaches, age, and cultural context during the evaluation and monitoring of care, treatment, rehabilitation, recovery, and social integration programs and comprehensive public and private facilities?

Yes

No

If yes:

16.b.1. Please describe how the gender perspective and human rights approach, age, and cultural context is taken into account.

17. Does your country have mechanisms to protect the rights of persons in treatment programs and services?

Yes

No

If yes:

17.a. Please briefly describe these mechanisms.

18. Do these mechanisms have protocols to protect the confidentiality of the information provided by the recipients of these services?

Yes

No

### OBJECTIVE 3

19. Do these mechanisms include the process of providing adequate information on treatment and informed consent?

Yes  No

20. Please provide the corresponding means of verification for these mechanisms.

21. Does your country have alternatives for early intervention, care, treatment, rehabilitation, recovery, and social integration services for criminal offenders who use drugs?

Yes  No

If yes:

21.a. Please indicate those alternatives.

21.b. Please provide the corresponding means of verification.

22. Does your country offer early intervention, care, treatment, rehabilitation, recovery, and social integration programs for incarcerated individuals who use drugs?

Yes  No

If yes:

22.a. Please indicate those programs.

22.b. Please provide the corresponding means of verification.

### OBJECTIVE 3

23. Does your country implement cooperation mechanisms with social and community actors that provide social and community support services in order to contribute to social integration of people who use drugs?

Yes  No

If yes:

23.a. Please indicate the organizations and programs:

Organizations	Programs	Please attach corresponding document or web link

24. Does your country promote regional and international cooperation and share best practices in increasing access to and availability of evidence-based treatment and recovery services, including access to naloxone and other medicines used in the treatment of substance use disorders?

Yes  No

If yes:

24.a. Please describe how your country promotes regional and international cooperation and share best practices for these services.

24.b. Please provide the corresponding means of verification.



### OBJECTIVE 3

25. Does your country promote measures to address the stigma and social marginalization associated with substance use disorders, which may deter individuals from seeking, accessing, and/or completing demand reduction services?

Yes

No

If yes:

25.a. Please describe the measures promoted (strategies, programs, awareness campaigns, etc.), and to whom they are addressed (professionals and/or the general population), and provide the corresponding means of verification.

## OBJECTIVE 4

**OBJECTIVE**

**4**

**FOSTER ONGOING TRAINING AND CERTIFICATION OF PREVENTION, TREATMENT, AND REHABILITATION SERVICE PROVIDERS.**

26. Does your country implement ongoing competence-based training in the areas of prevention, treatment, and rehabilitation?

Yes

No

If yes:

26.a. Please specify the training educational levels and provide the corresponding means of verification.

27. Does your country participate in prevention, treatment, and rehabilitation training programs offered by specialized international organizations?

Yes

No

If yes:

27.a. Please provide the following information:

International organizations	Training programs [prevention, treatment, rehabilitation]	Name of program	What type of approaches do these programs take into account (gender, human rights, public health)?	Please attach corresponding document or web link

27.b. If any of these programs take into account gender, please describe how it is included.

## OBJECTIVE 4

28. Does your country certify personnel that work on prevention, treatment, rehabilitation, and social integration services?

Services	Yes	No	Level of certification (basic, intermediate, advanced)	Organization/institution responsible for certification
Prevention				
Treatment				
Rehabilitation				
Social integration				

29. Has your country carried out situational assessments to identify the training needs of personnel working in prevention, early intervention, care, treatment, rehabilitation, recovery, and social integration programs?

Programs	Yes	No
Prevention		
Early intervention		
Care		
Treatment		
Rehabilitation		
Recovery		
Social integration		

30. Has your country developed specialized programs in response to training needs identified by situational assessments?

Yes      No

    

If yes:

30.a. Please specify the corresponding means of verification.

## OBJECTIVE 5

### OBJECTIVE 5

ESTABLISH AND/OR STRENGTHEN GOVERNMENT INSTITUTIONAL CAPACITIES TO REGULATE, ENABLE, ACCREDIT, AND SUPERVISE PREVENTION PROGRAMS AND CARE, TREATMENT, REHABILITATION, AND REINTEGRATION SERVICES.

31. Does your country have regulatory measures for accrediting prevention programs?

Yes

No

If yes:

31.a. Please indicate the entity(ies) that accredit and briefly describe the accrediting process.

31.b. Please specify the corresponding means of verification.

32. Does your country have an accreditation process for care and treatment services?<sup>26</sup>

Yes

No

If yes:

32.a. Please indicate the entity(ies) that accredit and briefly describe the accrediting process.

32.b. Please specify the corresponding means of verification.

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<sup>26</sup> **Treatment services:** Provision of structured interventions to treat psychosocial and health problems related to drug use, to improve health, and increase/improve social and personal welfare.

## OBJECTIVE 5

33. Does your country use CICAD's Indispensable Criteria for the opening and operating of drug use disorders treatment centers?

Yes

No

If no,

33.a. Please describe, which criteria, if any, are used.

34. Does your country have supervisory mechanisms in place to ensure that the standards of international quality criteria of prevention services are met?

Yes

No

If yes:

34.a. Please indicate the supervisory mechanisms used and who is responsible for overseeing them.

34.b. Please specify the corresponding means of verification.

35. Does your country have supervisory mechanisms to ensure that the standards of international quality criteria of the public and private treatment and rehabilitation services are met?

Yes

No

If yes:

35.a. Please indicate the supervisory mechanisms used and who is responsible for overseeing them.

## OBJECTIVE 5

35.b. Please describe briefly the actions taken with public and private treatment and rehabilitation services that do not comply with the standards of international quality criteria.

35.c. Please specify the corresponding means of verification.

36. Has your country conducted an assessment at the national, regional, and local levels to determine the needs regarding primary care, treatment, and reintegration services during the evaluation period?

Yes

No

If yes:

36.a. Please explain the results of the assessment.

36.b. Please specify the corresponding means of verification.