



**OAS | CICAD**



**MULTILATERAL EVALUATION  
MECHANISM  
(MEM)**

**EVALUATOR'S MANUAL**

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

**EIGHTH EVALUATION ROUND**

## **INTRODUCTION**

This manual is a guide to support the work of the Governmental Expert Group (GEG) that carries out the eighth round of the Multilateral Evaluation Mechanism (MEM).

This group's task is to assess the progress made by countries in the implementation of the guidelines issued in the Hemispheric Plan of Action on Drugs (POA) 2021-2025, benchmarking the principles of the OAS Hemispheric Drug Strategy (HDS) 2020, identifying the objectives to meet and priority actions to achieve them.

### **Purpose and characteristics**

Accordingly, the purpose of this manual is to assist experts in assessing the fulfillment level of each member state in implementing the objectives of the POA of the HDS.

This Manual is a component of the evaluation process in addition to the Evaluation Questionnaire. The Questionnaire is the key instrument of the process, serving as the means to collect information and data that enable the experts in assessing the situation in each country. While taking into account their national reality, domestic legislation, and the stage of development of the public policies.

The eighth round will evaluate the thematic areas over a three-year period, and a comprehensive evaluation in the fourth year. For 2021, the Manual includes the objectives for the area of Measures of Prevention, Treatment, and Recovery Support and its corresponding priority actions. There are interpretative notes for each priority action to assist experts in the assessment of each objective.

### **2021 Evaluation process documents**

In this stage of the eighth evaluation round, along with the Evaluator's Manual, the following components are part of the process:

- a) Evaluation Questionnaire: This component is the key instrument of the evaluation process. It contains the questions that the countries must respond to, providing the necessary information allowing the GEG to analyze the reality of the country in each of the areas that make up the HDS and its POA. The evaluation period for this thematic area will cover the years 2019 to 2021.
- b) Procedural Manual: This Manual contains a description on the operational process of the MEM, the actors involved in the evaluation process and their respective roles, as well as the general aspects for the GEG's preparation of the reports.
- c) Calendar of Activities: This component outlines the activities for the evaluation process for the MEM eighth round, including deadlines, such as information submitted by member states, activities of the MEM independent technical consultants, GEG meetings, training activities, and official publications.

## **The evaluation process**

The assessment of the drug problem in each country is mainly based on analyzing the responses to the Evaluation Questionnaire by each country. Thus, the first stage of the process is drafting the narrative documents, prepared by the MEM Unit, seeking to organize and systematize the information sent by each country. Based on these narrative documents, the MEM independent technical consultants conduct an initial review of the responses to the questionnaire, and draft a base document with recommendations for the GEG to use in their analysis.

The GEG analyzes and assesses the situation in each country for the thematic area evaluated in 2021, while considering the interpretative notes of each priority action in this Manual, the information included in the national reports from previous rounds of this Mechanism, as well as other relevant information sources.

The thematic national reports seek to outline marked progress, setbacks, and shortcomings, taking into account their material, financial and human capabilities, to provide an objective panorama of the current situation in addressing the drug problem in each country for the corresponding thematic area.

CICAD Commissioners consider and approve the draft thematic national reports at their regular sessions.

## **Thematic national reports**

The main characteristics of these reports aim to be:

- Evaluative and objective.
- Relevant to the country and, specifically, to the drug problem in each country.
- Concise and include the information necessary to fulfill the two previous characteristics.
- Readable and understandable without consulting other reference documents.
- Specific and technical, using clear language, and accurately reflecting information and data.

It is highly important that these thematic national reports include assessments, highlighting the necessary reinforcements and strengthening needed to address the drug problem in each country.

## 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.

**Priority Action 1.1:** Establish and/or update evidence-based programs in the areas of health promotion, prevention, early intervention, treatment, care, rehabilitation, social integration, and recovery and related support services, as well as initiatives and measures aimed at minimizing the adverse public health and social consequences of drug abuse, taking into account gender, age, community, and cultural context, and establish budgetary mechanisms for such programs. (Question 1)

#### **Interpretive Note:**

The country provides documented proof of the establishment or update of evidence-based programs, concerning health promotion, prevention, early intervention, treatment<sup>2</sup> care, rehabilitation, social integration<sup>3</sup>, and recovery and related support services, as well as initiatives and measures aimed at minimizing the adverse public health and social consequences of drug abuse, that take into account gender, age<sup>4</sup>, community, and cultural context, and have established budgetary mechanisms for such programs.

**Priority Action 1.2:** Develop, strengthen, and/or implement, as appropriate, coordination mechanisms for collecting, analyzing, and disseminating information on drug use prevention, treatment, rehabilitation, recovery, and social reintegration service availability, utilization, and outcomes, for the general public and different target populations, with support, as needed, from civil society, academic and research institutions, as appropriate. (Question 2)

#### **Interpretive Note:**

With the participation of universities, research centers, and/or civil society, as appropriate, the country develops, strengthens, and/or implements mechanisms for disseminating and ensuring

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

<sup>2</sup> High-quality treatment tailored to the individual needs of each person that is directly and others that are indirectly (family or individuals who live with and support persons who use drugs) affected by alcohol and other drug use, always using the inpatient modality as the last therapeutic recourse and when it is duly justified. It can be offered either by/or in coordination with community/neighborhood centers, primary care centers, detox centers and services, centers specialized in acute management and clinical stabilization, outpatient approach centers, halfway houses, low-threshold centers and inpatient facilities. Rehabilitation is a component of treatment.

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

<sup>4</sup> Age difference approach refers to the needs during different life stages: childhood, adolescence, adulthood.

## OBJECTIVE 1

access to scientific evidence on drug use and its consequences, as well as on prevention, treatment, rehabilitation, recovery, and social reintegration services for general and specific populations.

**Priority Action 1.3:** Carry out impact, process, and outcome evaluations of demand reduction programs. (Questions 3, 4, 5)

### **Interpretive Note:**

Countries can perform different evaluations<sup>5</sup> like impact, process, and outcome, among others, to assess their demand reduction programs. It is essential to have continuous reports regarding the activities carried out, their products, results, and impact. Countries need to carry out the evaluations periodically to measure progress towards programs' goals and targets. The information generated should be widely available to relevant actors, including those who design and implement programs.

**Priority Action 1.4:** Develop and/or implement, as appropriate, coordination mechanisms with civil society, academic and research institutions, and other stakeholders to support the development and implementation of demand reduction programs. (Question 6)

### **Interpretive Note:**

The country has in place coordination mechanisms for the development and implementation of demand reduction programs, the participation and engagement of the civil society, academic and research institutions, and other stakeholders. These coordination mechanisms may be formal or informal, as long as there is proof of their regular use.

**Priority Action 1.5:** 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

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<sup>5</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.

**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 final outcome (impact) of the program or project.

**Impact evaluation:** This is an assessment of the final outcomes of key actions or inputs relative to what would have occurred in the absence of an 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

jointly by the World Health Organization (WHO) and United Nations Office on Drugs and Crime (UNODC). (Question 7)

**Interpretive Note:**

The country promotes 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, promotes 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 the WHO and UNODC.

## 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>6</sup> AS WELL AS ENVIRONMENTAL PREVENTION, THAT INCORPORATE A HUMAN RIGHTS, GENDER, AGE, AND MULTICULTURAL PERSPECTIVE.

**Priority Action 2.1: Develop and implement evidence-based drug use prevention strategies and/or programs in the school, family, work, and community settings. (Question 8)**

**Interpretive Note:**

The country provides proof of any drug use prevention strategies and/or programs from different modalities (universal, and/or selective, and/or indicated) with target populations in the school, family, work, and community settings.

**Priority Action 2.2: Develop and strengthen situational assessments to identify specific needs, risk, and protective factors of each target population of drug use prevention programs. (Question 9)**

**Interpretive Note:**

The situational assessment methodology<sup>7</sup> combines qualitative and quantitative data collection techniques from a variety of data sources to identify specific needs, risk, and protective factors of each target population of drug use prevention programs. The conclusions allow the understanding of nature, extent, and trends of specific health and social problems (such as drug use consequences), detecting the presence or absence of structures and services to address those problems, aimed at developing ways to respond to and deal with them.

**Priority Action 2.3: 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 World Health Organization (WHO) and United Nations Office on Drugs and Crime (UNODC). (Question 10)**

**Interpretive Note:**

The country takes part in either formal or informal activities to 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 WHO and UNODC.

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<sup>6</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>7</sup> United Nations International Drug Control Programme. Demand Reduction Section. (1999). Drug abuse rapid situation assessments and responses. Office.

## OBJECTIVE 2

**Priority Action 2.4:** Implement selective prevention programs aimed at at-risk populations,<sup>8</sup> in particular at children, adolescents, youth, and women. (Question 11)

**Interpretive Note:**

The country implements evidence-based selective<sup>9</sup> prevention programs, which target at-risk populations, such as children, adolescents, youth, and women.

**Priority Action 2.5:** Develop and strengthen indicated prevention programs aimed at individuals at increased risk of developing substance use disorders. (Question 12)

**Interpretive Note:**

The country implements evidence-based indicated prevention programs aimed at individuals who are already experimenting with drugs, or who exhibit other risk-related behaviors.

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<sup>8</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>9</sup> *CICAD Hemispheric Guidelines on School-Based Prevention* (Washington D.C., 2005).



## 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.

**Priority Action 3.1:** Implement and strengthen comprehensive and inclusive care, treatment, rehabilitation, recovery, and social integration programs and services in the public health care network, and/or social protection, taking into account the “International Standards on Treatment of Drug Use Disorders” and the Technical Guide for countries to set targets for universal access to HIV prevention, treatment, and care for injecting drug users, issued by the World Health Organization (WHO), the United Nations Office on Drugs and Crime (UNODC), and the Joint United Nations Program on HIV/AIDS (UNAIDS).<sup>10</sup> (Questions 13, 14, 15)

**Interpretive Note:** The country has documented evidence of existing comprehensive and inclusive care, treatment, rehabilitation, recovery, and social integration programs and services in the public health care network, and/or social protection. The corresponding documentation shows that those elements align with the “International Standards on Treatment of Drug Use Disorders” and the “Technical Guide for countries to set targets for universal access to HIV prevention, treatment, and care for injecting drug users,” issued by the WHO, UNODC, and UNAIDS.

**Priority Action 3.2:** Monitor and evaluate the results of care, treatment, rehabilitation, recovery, and social integration programs and comprehensive public and private facilities, taking into account the gender perspective, age, and cultural context, as appropriate. (Question 16)

**Interpretive Note:**

The country has in place mechanisms for continuously monitoring and evaluating the results of care, treatment, rehabilitation, recovery, and social integration programs and comprehensive public and private facilities, considering gender, age, and cultural context, as appropriate.

**Priority Action 3.3:** Promote measures to protect the rights of persons in treatment. (Questions 17, 18, 19, 20)

**Interpretive Note:**

The country promotes measures to protect the rights of persons in treatment who are receiving professional care.

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<sup>10</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

**Priority Action 3.4:** Promote and offer alternative means for providing early intervention, care, treatment, rehabilitation, recovery, and social integration services for criminal offenders who use drugs, as an alternative to criminal prosecution and/or imprisonment. (Question 21)

**Interpretive Note:**

The country promotes and offers alternatives for early intervention, care, treatment, rehabilitation, recovery, and social integration services for criminal offenders who use drugs, as an alternative to criminal prosecution and/or imprisonment.

**Priority Action 3.5:** Establish early intervention, care, treatment, rehabilitation, recovery, and social integration programs for incarcerated individuals. (Question 22)

**Interpretive Note:**

The country has established early intervention, care, treatment, rehabilitation, recovery, and social integration programs for incarcerated individuals who use drugs.

**Priority Action 3.6:** Design and 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, particularly at-risk populations,<sup>11</sup> in an ongoing, sustainable, and recovery-oriented manner. (Question 23)

**Interpretive Note:**

The country has formally, systematically, and sustainably designed and implemented 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, particularly at-risk populations, in an ongoing, sustainable, and recovery-oriented manner.

**Priority Action 3.7:** 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 disorder. (Question 24)

**Interpretive Note:**

The country promotes 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 disorder.

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<sup>11</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.

## OBJECTIVE 3

**Priority Action 3.8:** 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. (Question 25)

**Interpretive Note:**

The country addresses the stigma and social marginalization associated with substance use disorders by promoting specific measures aimed at improving access to treatment, and achieve the therapeutic goals of the people that request demand reduction services.

## OBJECTIVE 4

### OBJECTIVE

4

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

**Priority Action 4.1:** Implement ongoing competency-based training mechanisms, in collaboration with academic institutions and other specialized organizations. (Questions 26, 27)

**Interpretative Note:**

The country implements ongoing competency-based training mechanisms through recognized academic institutions/universities in the prevention, treatment, and rehabilitation areas.

**Priority Action 4.2:** Develop and utilize criteria for certification of drug use prevention, treatment, rehabilitation, and social integration service providers that recognize tiered (e.g. basic, intermediate, and advanced) levels and/or specialized competencies (e.g. Co-occurring substance use and mental health disorder credentials). (Question 28)

**Interpretative Note:**

The country develops and utilizes criteria for the certification of personnel who provide prevention, treatment, rehabilitation, and social integration services. The country offers certification at the basic, intermediate, and advance levels and/or specialized competencies in these areas.

**Priority Action 4.3:** Conduct a situational assessment to identify training needs of prevention, early intervention, care, treatment, rehabilitation, recovery, and social integration service providers. (Question 29)

**Interpretative Note:**

The country conducts a situational assessment to identify the training needs of personnel working in the prevention, early intervention, care, treatment, rehabilitation, recovery, and social integration programs.

**Priority Action 4.4:** Develop specialized programs in response to training needs identified by the situational assessment. (Question 30)

**Interpretative Note:**

The country develops specialized programs in response to training needs identified by situational assessments.

## 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.

**Priority Action 5.1:** Establish and implement regulatory measures that include quality criteria for the accreditation of prevention programs and care and treatment services. (Questions 31, 32, 33)

**Interpretive Note:**

The country consistently establishes and implements regulatory measures that include quality criteria for the accreditation of the prevention programs and care and treatment services.

**Priority Action 5.2:** Establish supervisory mechanisms to ensure that prevention programs and public and private treatment services meet the standards of international quality criteria recognized by the member states. (Questions 34, 35)

**Interpretive Note:**

The country establishes supervisory mechanisms to ensure that the standards of international quality criteria of the prevention programs and public and private treatment services are met.

**Priority Action 5.3:** Assessment, at the national, regional, and local levels, of the needs and supply of primary care, treatment, and reintegration services. (Question 36)

**Interpretive Note:**

The country conducts an assessment at the national, regional, and local levels to determine the needs regarding primary care, treatment, and reintegration services.