OAS | CICAD

Inter- American Drug Abuse Control Commission

Multilateral Evaluation Mechanism (MEM)

7th Round Findings – 2019
Demand Reduction

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August 26 2019

MEM - Background

- 1998 – Established by the Second Summit of the Americas in Santiago, Chile
- Country leaders turned the concept of multilateral evaluation into a mandate

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MEM - Background

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- Hemispheric tool to evaluate the progress on drug policies in member states (MS)
- Built on mutual trust, dialogue, and hemispheric cooperation
- 6 Evaluation Rounds have been completed

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MEM – Main Objectives

- Achieve full implementation of CICAD's Hemispheric Drug Strategy, and the objectives and the priority actions of the Plan of Action
- Measure individual and collective progress of MS
- Encourage the development of technical assistance and of training, experiences, and best practices

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MEM – Characteristics

- Governmental and objective process
- Transparent and impartial peer review
- Constructive process without sanctions
- Evaluation rounds: produces national and hemispheric reports
- Unique evaluation process

- All evaluations are conducted in a collective manner by all MS
- All MS evaluate and are evaluated
- No country participates in its own evaluation
- Constantly improving with time

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CICAD Hemispheric Drug Strategy

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- Hemispheric Drug Strategy (HDS) – 2010 addresses the global drug problem as a complex, dynamic and multi-causal phenomenon, requiring a comprehensive, balanced and multidisciplinary approach.

- Covers 5 thematic areas:
  - Institutional Strengthening
  - Demand Reduction
  - Supply Reduction
  - Control Measures
  - International Cooperation

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Plan of Action, 2016-2020

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- Covers 2016-2020 – serves as a support guide for the implementation of the HDS.
- Establishes 30 objectives and 129 priority actions.
- MEM assesses the level of compliance of these objectives in each MS.
- Takes into account the operational recommendations of UNGASS 2016 and the Sustainable Development Goals (SDGs) of the 2030 Agenda of the United Nations.

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Action Plan, 2016-2020
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- 5 objectives and 17 priority actions
- Some priority actions were not considered, because they were covered in another objective or due to difficulties in the evaluation process.
- 7th Round – 33 MS participated

Objective 1:

Establish demand reduction policies with a public health focus that are evidence-based, multidisciplinary, multisectoral and respectful of human rights, considering the guidelines and/or recommendations of specialized international organizations.

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Priority Action 1.1: Content of DR programs

- All of the MS have prevention programs in their demand reduction policies.
- Most MS have treatment and social integration programs (32 and 31 countries, respectively).
- Some of Demand Reduction programs do not take into account all approaches, such as human rights, intercultural, generational and gender.

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Priority Action 1.1: Content of DR programs

- Most of the MS take into account the guidelines and recommendations of international organizations specialized in their prevention, treatment and social integration programs (21, 22 and 17 respectively).

- 6 of the MS did not specify the type of programs.

Priority Action 1.3: Program Evaluation

- Only 7 MS have conducted impact evaluations (not 26 countries).
- More than half of MS carry out process or intermediate outcome evaluations (approx. 20 countries), but 13 countries do not.
- Around 1/3 of MS do not conduct any evaluations (11 countries).

Priority Action 1.4: Coordination with other actors

- 28 MS implement coordination mechanisms with civil society and other social actors, academic and research institutions to develop and implement Demand Reduction programs.

- 5 MS do not it.

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<u>Priority Action 1.5</u>: Measures to reduce adverse consequences

- 23 MS implement measures to minimize the adverse consequences of drug abuse for society and public health, using the technical guide of WHO, UNODC and the Joint United Nations Program for HIV/AIDS (UNAIDS).

- 10 MS do not implement these types measures.

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<u>Objective 2</u>:

Establish and/or strengthen an integrated system of universal, selected and indicated prevention programs on drug use, giving priority to vulnerable and at-risk populations, evidence-based and incorporating a human rights, gender, age and multicultural approach.

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Priority Action 2.1: Prevention Strategies / Programs Coverage

- The greatest coverage of prevention programs takes place at primary and secondary school levels (31 MS cover both levels).
- Coverage at various levels, such as Family, Incarcerated individuals, Community and Individuals in the workplace, is given in 21, 19, 18 and 17 MS respectively.

Priority Action 2.1: Prevention Strategies / Programs Coverage

- Approximately 1/3 of MS cover the populations at preschool and university level, youth and adults in street situations and by gender (male and female).
- Only 9 MS cover boys and girls street population.
- LGBTI, indigenous and migrant peoples and refugees are those with the lowest coverage (5, 5 and 3 MS respectively).

Priority Actions 2.4/2.5: Types of prevention programs

- Most MS have universal prevention programs (32).
- A little over 2/3 of MS have selective prevention programs (23).
- Slightly less than 1/2 of MS have indicated prevention programs (15).

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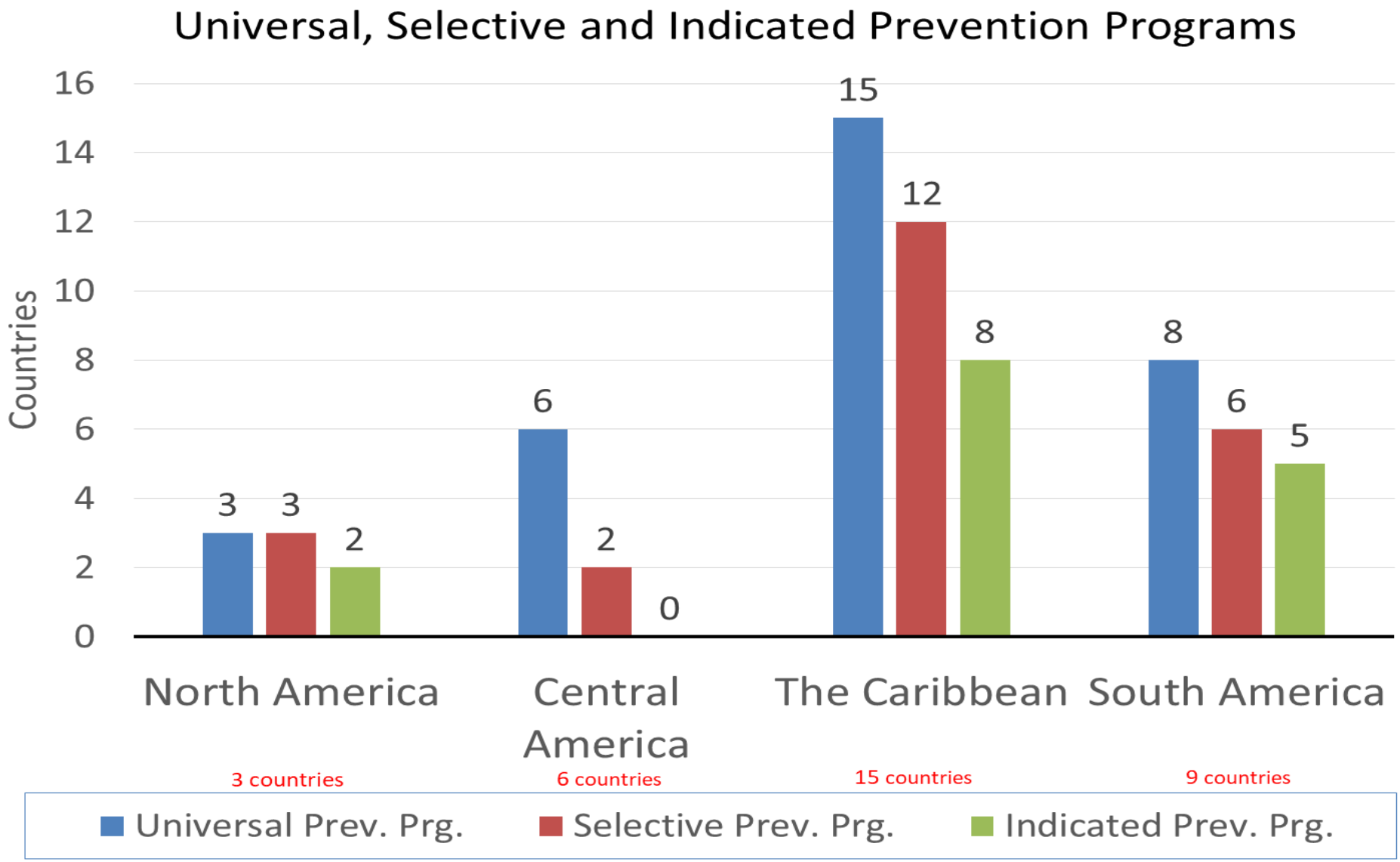

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Objective 3:

Establish and strengthen, as appropriate, a national treatment, rehabilitation and social reintegration system for people with problematic drug use, including a human rights and gender-based approach, taking into account internationally accepted quality standards.

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<u>Priority Action 3.1</u>: Specialized integral programs and devices

- **A large amount of MS have the following types of programs and devices:**
  - ✓ Early intervention: 28
  - ✓ Diverse treatment modalities: 28
  - ✓ Dual pathology: 27
  - ✓ Crisis intervention: 26
  - ✓ Social integration and services related to recovery support: 25
- **Programs/devices take into account the int'l standards of UNODC and WHO (26)**

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Priority Action 3.2: Access to and quality of treatment

- Almost all MS provide treatment services through the public health system (outpatient - 28 and residential - 25).
- Most MS provide services via private institutions (outpatient - 18 and residential - 20).
- Almost half of MS provide these services through NGOs (ambulatory - 17 and residential - 19), while religious institutions (outpatient and residential - 18 in both cases).

Priority Action 3.2: Access to and quality of treatment

- Almost 2/3 of MS offer treatment services that include a gender perspective (24).

- Almost 2/3 of MS maintain cooperative relationships with GOs/NGOs that provide services to integrate vulnerable populations (23).

Priority Action 3.2: Access to and quality of treatment

- Just over ½ of MS have mechanisms to monitor and evaluate programs of care, treatment and social integration (20).
- Almost ½ of MS consider human rights and gender in their monitoring and evaluation programs (17).
- 22 MS take into account supervisory mechanisms in establishments that offer treatment and rehabilitation services.

<u>Priority Action 3.3</u>: Protection of the rights of persons in programs and treatment services

- Most MS have mechanisms to protect the rights of people with problematic drug use in their treatment programs and services (24 MS).
- The majority of MS do NOT have mechanisms with protocols to safeguard the confidentiality of information provided by the recipients of these services. (5 MS).
- Only 3 MS contemplate providing adequate information about treatment and informed content.

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Objective 4:

Foster ongoing training and certification of human resources that provide prevention, treatment, rehabilitation and social reintegration services.

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Priority Action 4.1: Training programs

- More than half of the MS offer continuous training in prevention, treatment and social reintegration (25).
- A large group of MS participate in training programs in these 3 areas, offered by specialized int'l organizations.
- A small number of MS include a gender perspective in their trainings in these 3 areas (5). But, some did not answer this issue.

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<u>Priority Action 4.2</u>: Certification of human resources that provide prevention, treatment and social reintegration services

- Most of MS certify personnel providing services in prevention and treatment (21) & for social inclusion (11).
- Certification levels (basic, intermediate and advanced) vary among countries.
- Just under 1/3 of MS do not certify personnel (10).

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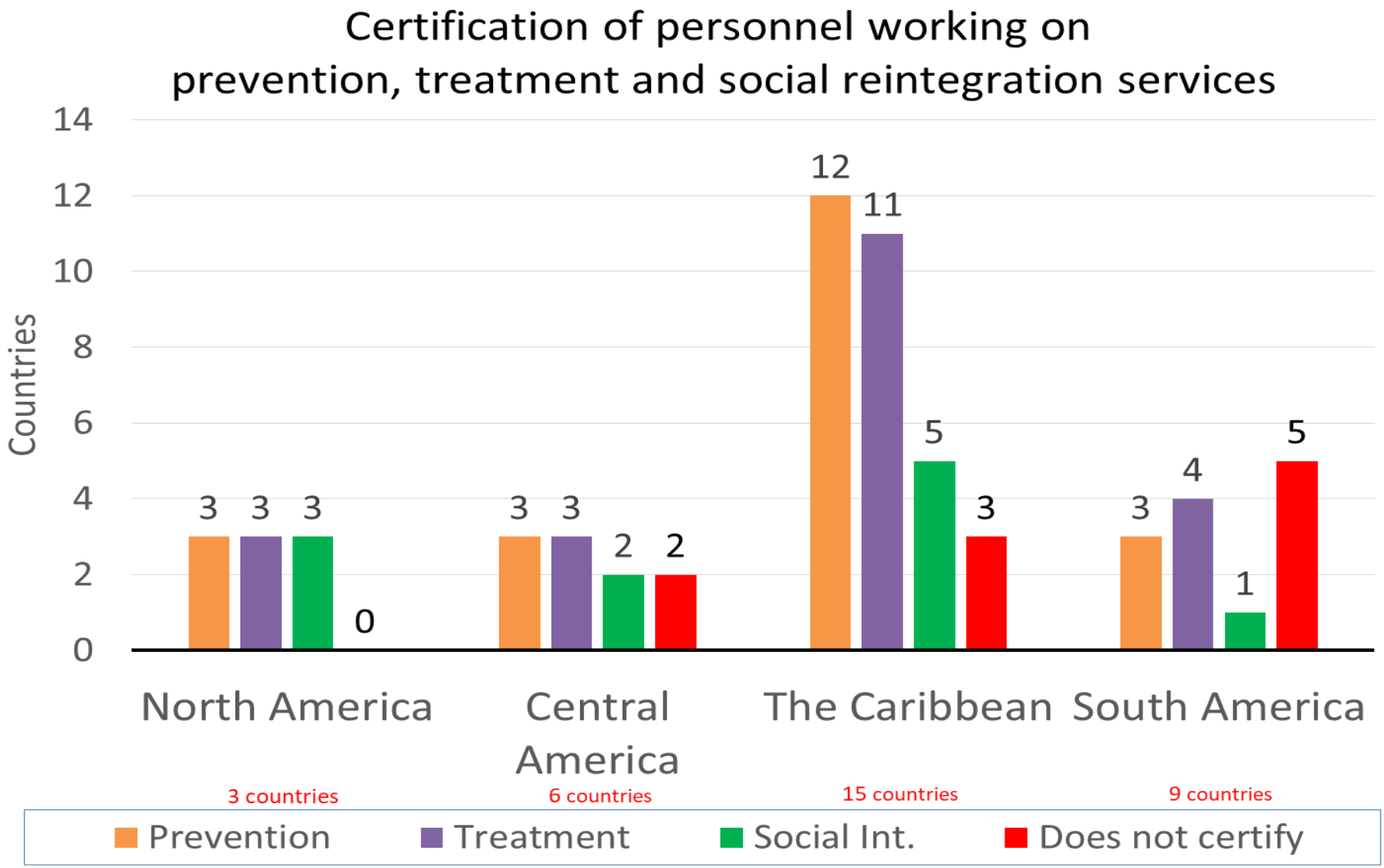

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<u>Objective 5</u>:

Establish and/or strengthen governmental institutional capacities to regulate, enable, accredit and supervise prevention programs and, care and treatment services.

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<u>Priority Action 5.1</u>: Accreditation of prevention programs and care and treatment services

- Only 7 countries have regulatory measures for accrediting these programs and services.
- 20 MS have an accreditation process for treatment centers:
  - North America – 3
  - Central America & Dom. Republic – 6
  - Caribbean – 3
  - South America - 8

<u>Priority Action 5.2</u>: Compliance with quality criteria for prevention programs and care and treatment services

- Almost ½ of MS have supervisory mec(s) to ensure this compliance with prevention prog(s) (15).
- Approx. ½ of MS have these mec(s) to ensure this compliance in care and treatment services (18):
  - North America – 2
  - Central America & Dom. Republic – 5
  - Caribbean – 2
  - South America - 9

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Priority Action 5.3: National needs and care and treatment services offered

- 16 MS have assessments to determine these needs and services offered:
  - North America – 2
  - Central America & Dom. Republic – 4
  - Caribbean – 2
  - South America - 8

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THANK YOU

Sofia I. Kosmas

Chief, Multilateral Evaluation Mechanism (MEM) Unit
Inter-American Drug Abuse Control Commission (CICAD)
Organization of American States (OAS)
skosmas@oas.org

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