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CONTROL COMMISSION  
CICAD**

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**MEXICAN PROGRAM FOR TRAINING AND CERTIFICATION OF ADDICTION COUNSELORS**

**PROCCER MEXICO**



# Mexican Program for Training and Certification of Addiction Counselors

## PROCCER MEXICO

**Nora Frías Melgoza**  
**National Commission Against Addictions**

**April de 2017**



Surface **1 960 189 Km<sup>2</sup>**



## Population

**119 million 530 thousand 753** inhabitants  
The eleventh most populous country in the world, in the Americas only below US and Brazil

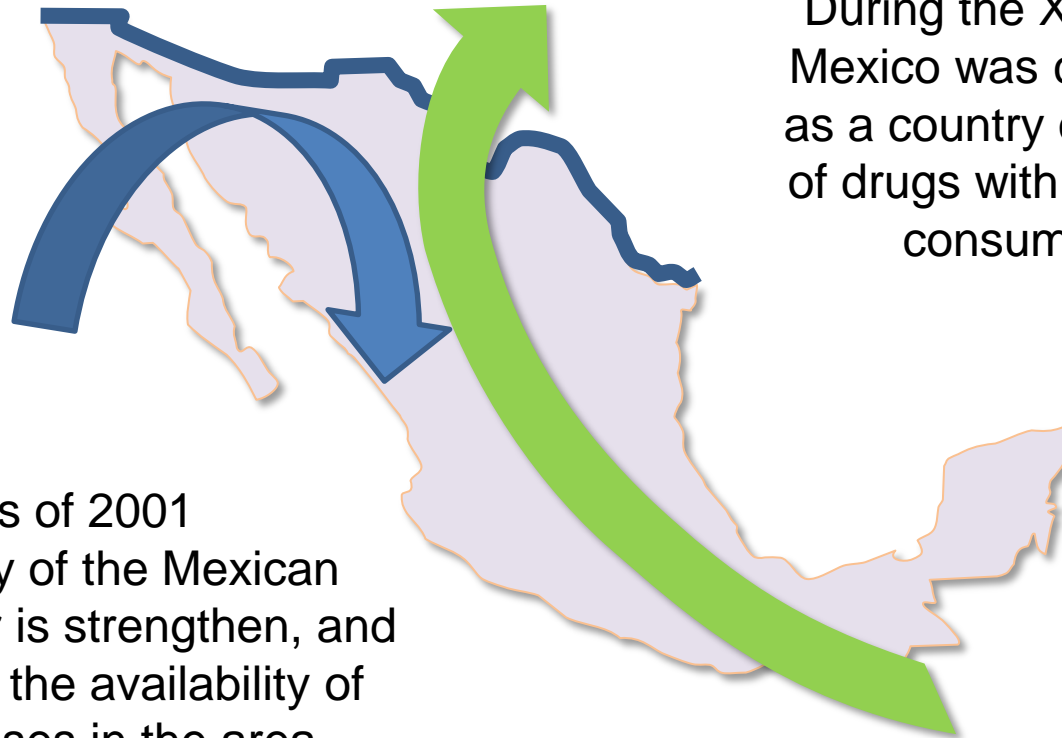
### Population by Groups

0 a 9 years	<b>9.0%</b>
10 a 19 years	<b>9.1%</b>
20 a 29 years	<b>8.7%</b>
30 a 64 years	<b>69.5%</b>
65 years and more	<b>3.7%</b>

## Political Organization

Mexico is a **representative**, democratic, federal republic, composed of 32 free and sovereign states in all matters concerning its internal regime, but united in a federation.

## Consumption in Mexico



During the XX century  
Mexico was considered  
as a country of passage  
of drugs with a very low  
consumption

### Events of 2001

The security of the Mexican  
northern border is strengthen, and  
consequently, the availability of  
drugs increases in the area.

- In Mexico, the consumption of psychoactive substances constitutes one of the main problems of public health
- Recent studies refer to tendencies that point to two aspects
  - The starting age is decreasing
  - Increased availability of drugs
- In 2014, the Student Consumption Survey (**ENCODE**) was carried out, during this survey data was collected on girls and boys from 10 to 12 years old (5th and 6th grade) \*

## The 2014 ENCODE, revealed that

- There is a growth of consumption in women (for every 6 there are 7 men who use)
- Out of 10 students, 7 experimentally use\*
- Of secondary and high school students (12 to 17 years), **17.2 percent** (1'798,400) **reported ever taking any type of drug**
  - 18.6 percent for men
  - 15.9 percent for women
- Alcohol is the most common used legal drug
- Among illegal drugs, the most consumed are:
  1. Marihuana
  2. Inhalation
  3. Cocaine

\* Have tried substances between one and five times

- **Alcohol consumption is reported in 5'562,493 (53.2%) highschool students**
  - Of these, **1, 516,093 (14.5%) reported excessive use\***
- The **average age of initial alcohol** consumption can be as early as 10.6 years old
- **Of the students in grades 5 and 6, 110,677 (2.4%) have abused alcohol**

- **Tobacco consumption** is reported in **3'177,132** (30.4%) middle and high school students
  - Of these, **1'157,060** (11.1%) smoked in the *last month*
- **301,197** (6.5%) students in grade 5 and 6, have ever smoked in their lives
  - Of these, **115,348** (2.5%) reported having smoked in the last month.



- **Marihuana is the most used illicit drug**, both in middle and highschool
  - *Prevalence ever. 10.8 percent* (1'108,316 students)
    - 6.1 percent in middle school
    - 18.1 percent in high school
  
- **Inhalants is the second most used illicit drug**
  - *Prevalence ever. 6 percent* (606,437 students)
  
- **Cocaína, occupies the third place**
  - *Prevalence ever. 3.4 percent* (345,042 students)

- The **2016 National Addiction Survey (ENA)**, conducted in a population of 12 to 65 years of age revealed that
  - **49.1 percent have consumed alcohol** in the last year.
    - Adolescents are the main affected population
    - Beer is the preferred alcoholic beverage
  - **20.8 percent have used tobacco** in the last year
    - The average consumption is 7.3 cigarettes a day
    - The age of onset is 16.9 years
  - **2.9 percent have used any illegal drug** in the past year
    - The most used drug is marihuana

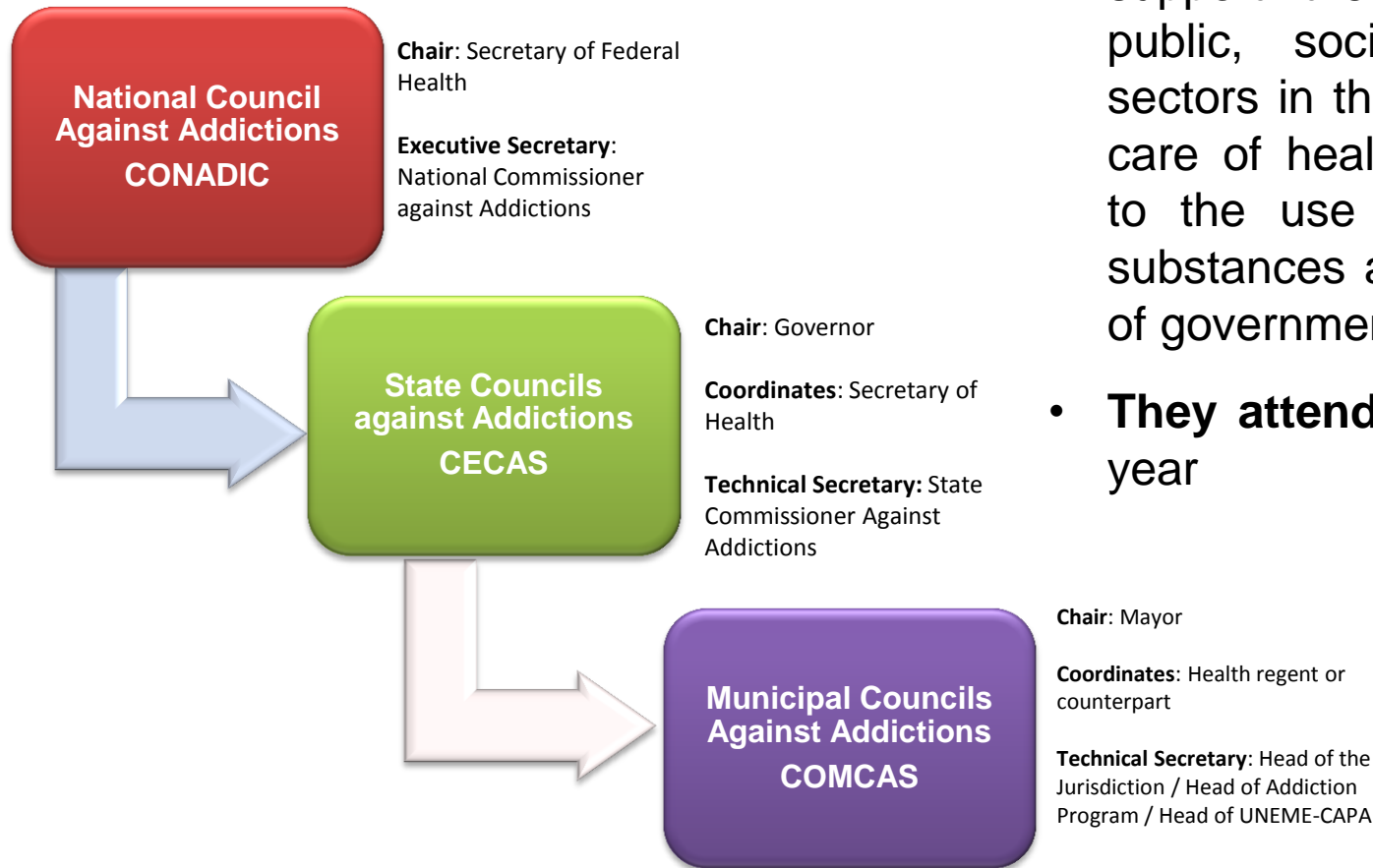
- Growing demand for governments to treat people with psychoactive substance use without adequate response in **Treatment Centers**
- **85%** of the services provided in the centers fall mainly in civil society groups
- They are managed and operated by former rehabilitated consumers who support the user through their own experience
- In **80%** of the cases they do not have specialized training
- En el 2002, the Federal Government, together with specialists, generated the first actions for the **regulation of these Centers**

The XXI century launches a huge challenge to Mexico on drug use

- **Without adequate** legal regulation
- With insufficient physical treatment **infrastructure**
- With adapted treatment **models**
- With few adequately **trained professionals**
- In the midst of drug **violence**

# The Response of the Government of Mexico

# National Council Against Addictions



- **Objective:** To promote and support the actions of the public, social and private sectors in the prevention and care of health problems due to the use of psychoactive substances at all three levels of government
- **They attend** at least twice a year

- The **President of the Republic** attends the Council Sessions as **Guest of Honor**
  
- To reinforce the work, **CONADIC** has:
  - **32 State Councils** against Addictions
  - **299 Municipal Councils** against Addictions

- **Operational body** responsible for
  - Regulate **public policy** on addiction matters
  - **Coordinate the operation** of the Federal Public Administration in the matter of addictions
  - **Propose** national **strategies** for prevention and treatment
  - **Evaluate and monitor compliance with** actions within addiction programs
  - **Impose sanctions and apply security measures** in the area of its competence
  - **Coordinate the National Network for Addiction Care**

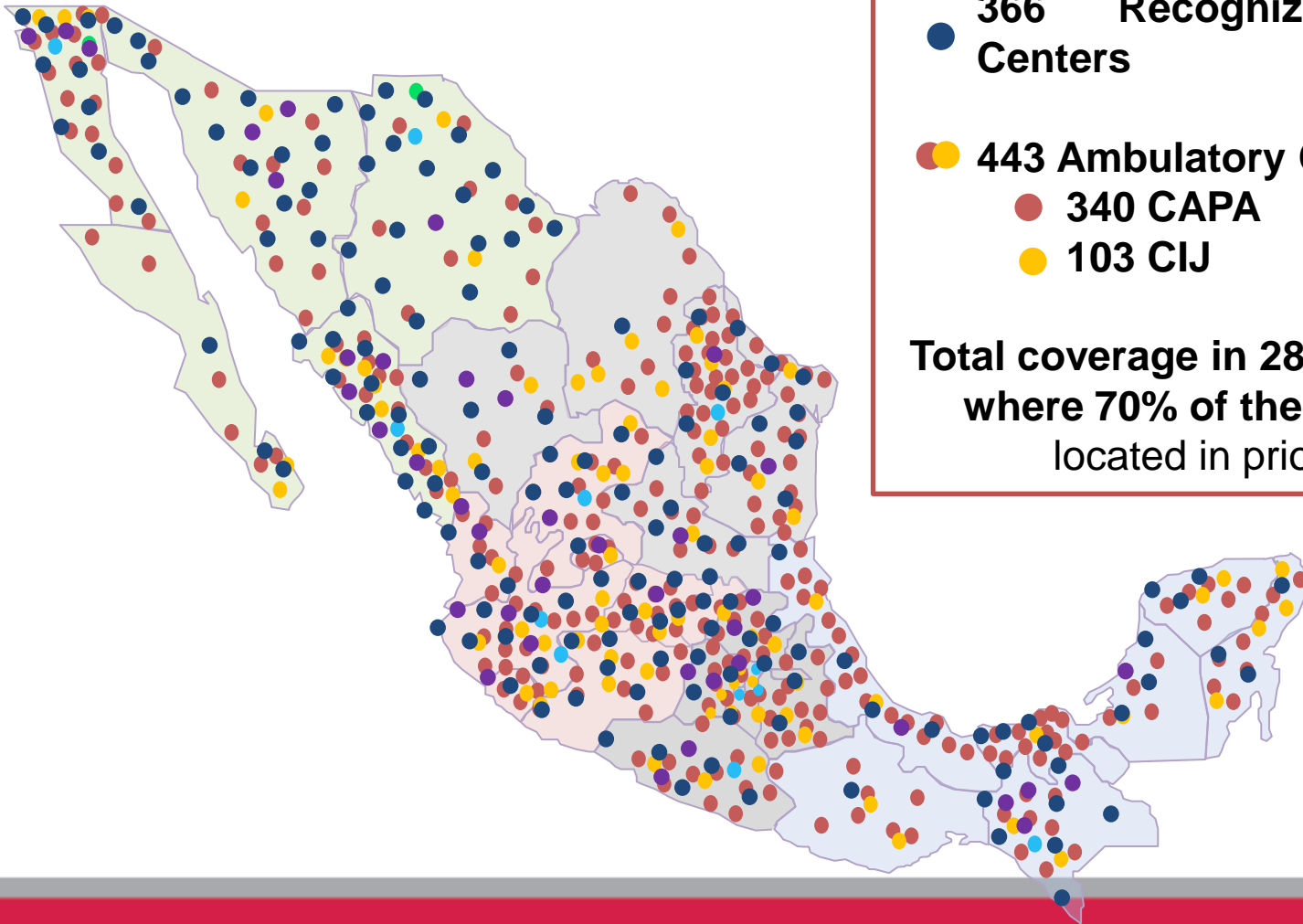


# National Addiction Care Network

## Network of Care Services 808 Centers

- 366 Recognized Residential Centers
- 443 Ambulatory Centers
  - 340 CAPA
  - 103 CIJ

**Total coverage in 281 Municipalities, where 70% of the population is located in priority areas**



## Integration and Coverage

### National Network for Addiction Care and Treatment

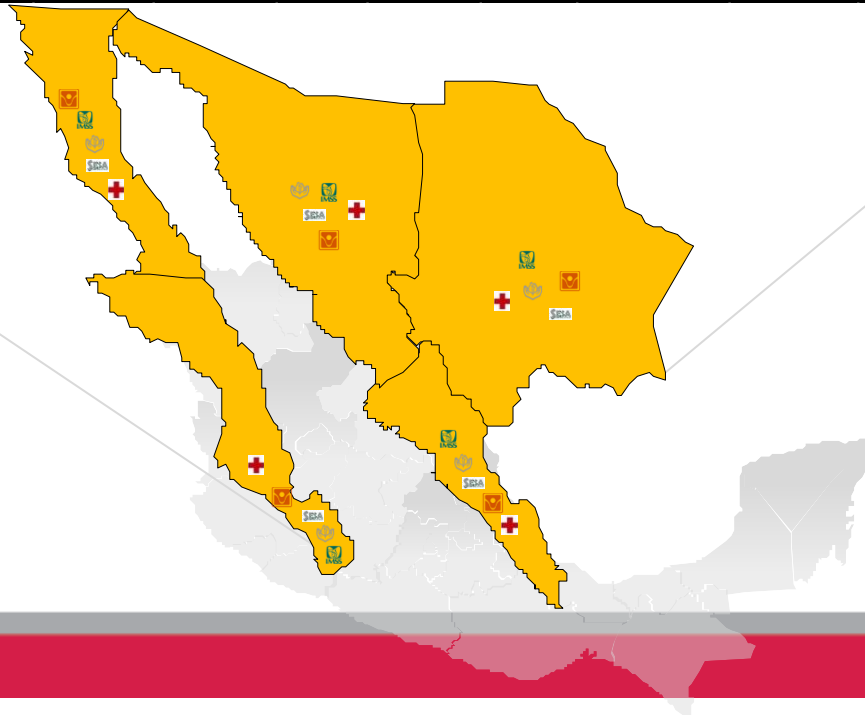
Region	Federal Entity	Service Centers											Municipalities Coverage
		Outpatient		Residential		IMSS	ISSSTE	SESA	SEDENA	SEMAR	Red Cross	Total Centers At'n	
		CAPA	CIJ	Public	Private								
Northwest	5	56	18	12	94	63	15	97	11	4	6	<b>376</b>	<b>40</b>
Northeast	5	63	13	5	25	63	18	166	8	1	7	<b>369</b>	<b>57</b>
West	8	59	37	13	56	95	25	178	15	4	7	<b>489</b>	<b>76</b>
Central	7	99	18	11	117	87	35	292	22	2	9	<b>692</b>	<b>79</b>
Southeast	7	63	17	6	27	78	20	125	17	8	5	<b>366</b>	<b>65</b>
<b>Total</b>	<b>32</b>	<b>340</b>	<b>103</b>	<b>47</b>	<b>319</b>	<b>386</b>	<b>113</b>	<b>858</b>	<b>73</b>	<b>19</b>	<b>34</b>	<b>2,292</b>	<b>317</b>
		<b>443</b>		<b>366</b>		<b>1,483</b>							

- Conformed by health units of the Ministry of National Defense, Ministry of Marine, Public Health Institutes (IMSS, ISSSTE) and Red Cross (social organization)
- Assist in the care of medical emergencies and detoxification of users.

## Northwest Region

Network for Care and Treatment for Adictions											
Federal Entity	CAPA	CIJ	Residentials		IMSS	ISSSTE	SESA	SEDENA	SEMAR	Red Cross	Total
			Public	Private							
BAJA CALIFORNIA	16	3	3	41	10	2	22	1	1	1	100
BAJA CALIFORNIA SUR	6	2	-	3	4	2	11	1	1	-	30
CHIHUAHUA	10	3	1	20	16	4	30	1	-	-	85
SINALOA	13	8	5	16	13	4	18	3	1	5	86
SONORA	11	2	3	14	20	3	16	5	1	-	75
<b>Subtotal</b>	<b>56</b>	<b>18</b>	<b>12</b>	<b>94</b>	<b>63</b>	<b>15</b>	<b>97</b>	<b>11</b>	<b>4</b>	<b>6</b>	<b>376</b>

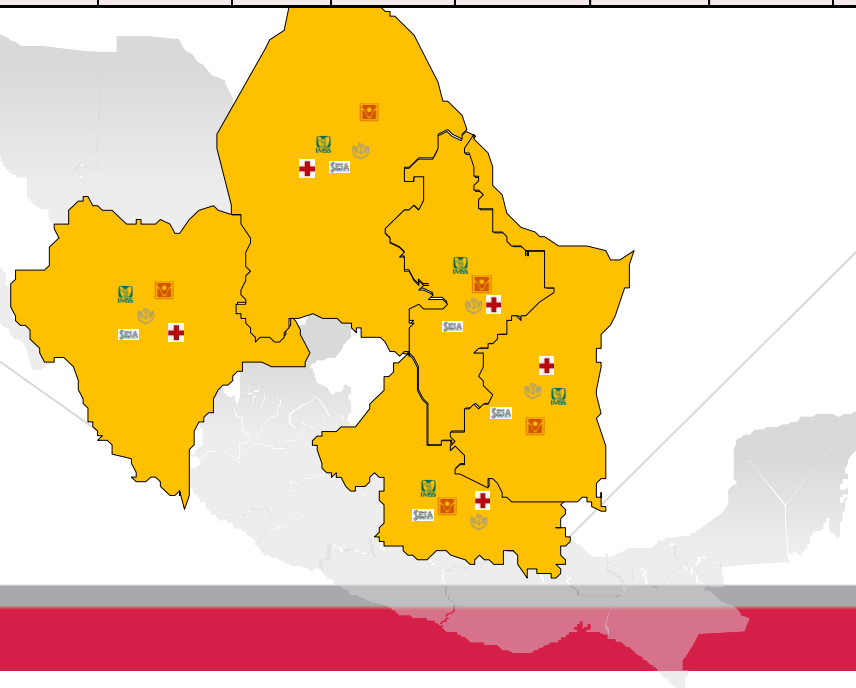
- CECAS /CAPA Centinela
- CIJ
- IMSS
- ISSSTE
- SESA
- SEDENA
- SEMAR
- Cruz Roja



## Northeast Region

Network for Care and Treatment for Addictions											
Federal Entity	CAPA	CIJ	Residentials		IMSS	ISSSTE	SESA	SEDENA	SEMAR	Red Cross	Total
			Public	Private							
COAHUILA	8	2	-	1	13	4	19	1	-	1	49
DURANGO	4	2	2	5	9	3	16	2	-	1	44
NUEVO LEÓN	26	5	1	5	17	3	74	2	-	1	134
SAN LUIS POTOSÍ	7	1	1	6	10	5	12	1	-	1	44
TAMAULIPAS	18	3	1	8	14	3	45	2	1	3	98
<b>Subtotal</b>	<b>63</b>	<b>13</b>	<b>5</b>	<b>25</b>	<b>63</b>	<b>18</b>	<b>166</b>	<b>8</b>	<b>1</b>	<b>7</b>	<b>369</b>

- CECAS /CAPA Centinela
- CIJ
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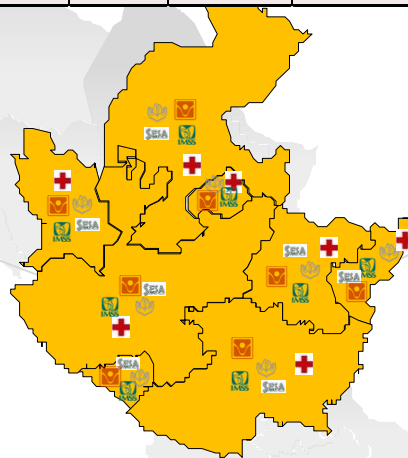


## Western Region

**Network for Care and Treatment for Addictions**

Federal Entity	CAPA	CIJ	Residentials		IMSS	ISSSTE	SESA	SEDENA	SEMAR	Red Cross	Total
			Public	Private							
AGUASCALIENTES	4	1	1	11	4	2	8	1	-	-	32
COLIMA	3	17	5	5	4	1	9	1	1	1	47
GUANAJUATO	9	8	2	12	12	4	40	3	-	1	91
JALISCO	20	2	2	7	35	5	47	5	1	2	126
MICHOACÁN	4	3	-	7	15	5	33	2	1	-	70
NAYARIT	6	1	2	2	7	3	8	1	1	2	33
QUERÉTARO	6	1	-	6	7	2	9	1	-	1	33
ZACATECAS	7	4	1	6	11	3	24	1	-	-	57
<b>Subtotal</b>	<b>59</b>	<b>37</b>	<b>13</b>	<b>56</b>	<b>95</b>	<b>25</b>	<b>178</b>	<b>15</b>	<b>4</b>	<b>7</b>	<b>489</b>

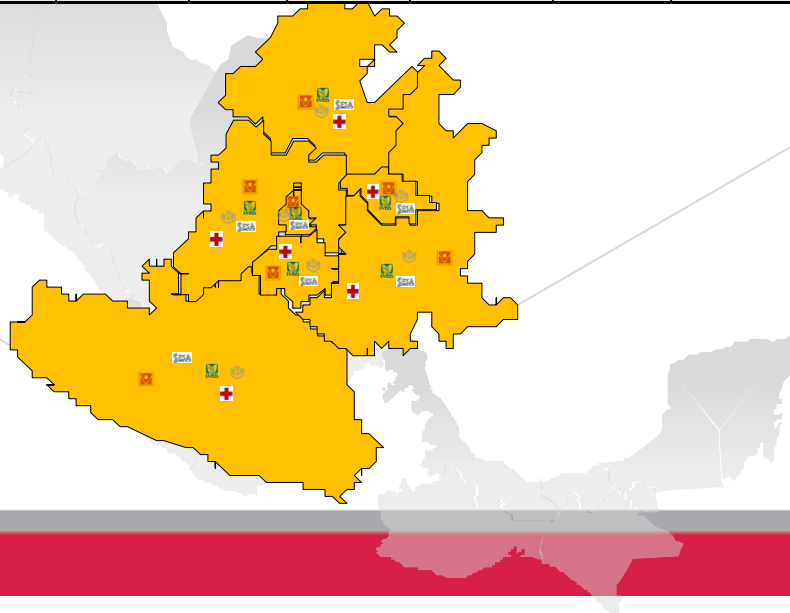
- CECAS /CAPA Centinela
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## Central Region

Network for Care and Treatment for Addictions											
Federal Entity	CAPA	CIJ	Residentials		IMSS	ISSSTE	SESA	SEDENA	SEMAR	Red Cross	Total
			Public	Private							
MEXICO CITY	32	2	3	37	20	13	75	-	1	1	184
GUERRERO	11	3	1	13	5	6	25	5	1	-	70
HIDALGO	5	3	2	5	5	3	12	1	-	1	37
MEXICO	32	6	4	42	30	5	62	10	-	6	197
MORELOS	6	1	-	13	7	1	41	1	-	-	70
PUEBLA	9	2	1	3	15	5	74	4	-	1	114
TLAXCALA	4	1	-	4	5	2	3	1	-	-	20
<b>Subtotal</b>	<b>99</b>	<b>18</b>	<b>11</b>	<b>117</b>	<b>87</b>	<b>35</b>	<b>292</b>	<b>22</b>	<b>2</b>	<b>9</b>	<b>692</b>

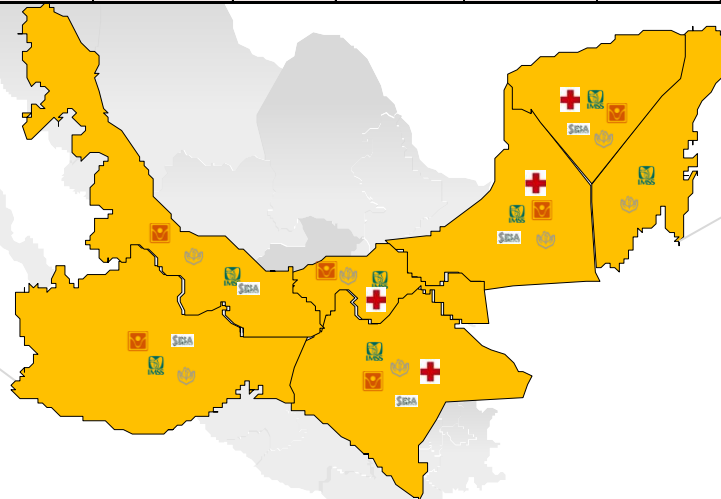
- CECAS /CAPA Centinela
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## Southeast Region

Network for Care and Treatment for Addictions											
Federal Entity	CAPA	CIJ	Residential		IMSS	ISSSTE	SESA	SEDENA	SEMAR	Red Cross	Total
			Public	Private							
CAMPECHE	4	1	1	3	3	1	4	1	1	1	20
CHIAPAS	8	5	4	9	9	2	28	1	1	2	69
OAXACA	7	2	-	1	9	3	21	5	1	-	49
QUINTANA ROO	8	4	-	3	4	1	11	2	1	-	34
TABASCO	13	1	-	4	10	4	14	2	1	1	50
VERACRUZ	17	2	1	4	35	7	39	4	2	-	111
YUCATÁN	6	2	-	3	8	2	8	2	1	1	33
<b>Subtotal</b>	<b>63</b>	<b>17</b>	<b>6</b>	<b>27</b>	<b>78</b>	<b>20</b>	<b>125</b>	<b>17</b>	<b>8</b>	<b>5</b>	<b>366</b>

- CECAS /CAPA Centinela
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# Private Residential Centers

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- They are a **strong operative arm within the offer of services of attention** to the addictions
- In most cases they are operated by Civil Society Organizations **without being formalized** within the legal framework
- Its operation is guided by the **12 step Program** and the **12 AA traditions**, without professional training
- They do not have a “work” scheme for the recovery, all functions are performed like a “**service**” without obtaining a full remuneration
- There are **deviations** where the proposal becomes a “business” from a sponsor that finds a way of living through it



## Institutional Response

As part of the binational efforts of Mexico and the United States to reduce drug demand, a Memorandum of Understanding (MOU) is signed, between CONADIC and CICAD / OAS (Inter-American Drug Abuse Control Commission of the Organization of American States), to implement a program for the training and certification of counselors (sponsors and volunteers)

## Mexican Program for Training and Certification of Counselors in Addictions

Training and evaluation process to demonstrate knowledge, abilities and skills with a high level of performance as defined by the Competency Standard EC0548 Addiction Counseling



## Achieved Commitments

1. **National Census** of Residential Treatment Centers and personnel working in them (mutual, mixed and professional help)
2. Design and validation of an “**Institutional Competence Standard**” to provide counseling at inpatient facilities
3. **Elaboration of manuals, didactic material and guides** for the training of counselors in addiction
4. **Training** for sponsors and volunteers in 16 federative entities, selected based on those who present greater demand for attention to addiction

## Achieved Commitments

5. Post-training evaluation of the counselors
6. Certification by CONADIC as Training and Evaluation Entity (ECE), in coordination with the Ministry of Public Education (SEP)
7. Establish a list of trained and certified counselors for public consultation of the citizens
8. Follow-up and monitoring of the impact of the practices of the certified counselors

## ADDICTION COUNSELORS

- General Directorate of Accreditation, Incorporation and Revalidation (DGAIR) - SEP
- Accredit labor competencies in counseling to issue certifications with official validity
- 144 hour Program of studies and practices, for the training of Counselors
- Printing training material for Counselors and teachers
- Elaboration and printing of the Counselor's ethic code of conduct

## ADDICTION COUNSELORS

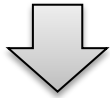
National Council for Standardization and Certification of Competencies  
CONOCER - SEP

The Competency Standard EC0548 of "Addiction Counseling" and its  
assessment instrument for certification

<b>Total Trained</b>	<b>1,310</b>
<b>Total Certified</b>	<b>837</b>

- In 2015, CONADIC is credited as an Evaluation and Certification Body to the CONOCER-SEP
- From 2015 to 2016, evaluations were carried out and 818 Counselors were certified.
- In March 2017, 19 Counselors were certified.
- The Register is consolidated with 837 certified Counselors.

## Train



## Evaluate



## Certify

- The **Committee on Management in Competences of CONADIC** authorizes the bodies in charge of training and evaluating candidates
- **Trainers and evaluators are experts** in health, addictions, trained in work skills and with teaching experience
- The candidates are **trained and evaluated by different experts** (not to be on both sides of the fence)

- The Ministry of Education issues the certificates to the Counselors that have been evaluated and determined as competent by the PROCCER Coordination.

**Judging Committee** (conformed of experts from the PROCCER Coordination of CONADIC and CICAD/OAS) **to ensure the transparency and quality of the assessments** by means of the detailed analysis of the candidate evaluation procedure, in a representative sample that is randomly chosen by the Ministry of Education.



- 1. Integrate the committee** that evaluates the impact and progress of the project, with the representation of:
  - American Embassy in Mexico
  - CICAD/OAS
  - CONADIC
  - CONOCER-SEP
  - NGOs and/or professional institutions
- 2. Start with the monitoring and measurement of the impact** of the actions of the Certified Counselors in the 16 federative entities.



- 3. Continue the training and certification of** Addiction Counselors in the 16 Federal Entities that have not participated in the project, giving priority to the Residential **Centers Accredited by CONADIC** (351)
- 4. Review the training material,** and if necessary carry out the updating and strengthening.
- 5. Develop** a training and certification **program for health professionals.**

# *Thank you*

**Nora Frías Melgoza**

nora.frias@salud.gob.mx



**+52 55 5062 1700**

**01 800 911 2000**



**Ceciadic Salud**



**@Ceciadic**