



OAS

More rights for more people

MULTILATERAL EVALUATION MECHANISM (MEM)

*Evaluation Report on Drug Policies:
Measures of Prevention, Treatment, and
Recovery Support*

Brazil

Inter-American Drug Abuse Control Commission (CICAD)
Secretariat for Multidimensional Security (SMS)

2021



MULTILATERAL EVALUATION MECHANISM (MEM)

BRAZIL

**Evaluation Report on Drug Policies:
Measures of Prevention, Treatment, and
Recovery Support**

EIGHTH EVALUATION ROUND

2021

OEA/Ser.L/XIV.2.70
CICAD/doc.2600/21

ISBN 978-0-8270-7387-6

PREFACE

The Multilateral Evaluation Mechanism (MEM), established by a mandate from the Second Summit of the Americas (Santiago, Chile - 1998), is a unique multilateral evaluation tool designed to measure the progress made and challenges faced by the member states of the Organization of American States (OAS) in implementing the Hemispheric Plan of Action on Drugs of the OAS Hemispheric Drug Strategy, currently in force.

The Inter-American Drug Abuse Control Commission (CICAD) of the Secretariat for Multidimensional Security (SMS) is the OAS specialized agency in charge of implementing this Mechanism.

The current MEM round is based on the objectives of the Hemispheric Plan of Action on Drugs 2021-2025 of the Hemispheric Drug Strategy 2020 and their respective priority actions. These documents take into account the recommendations of the outcome document of the United Nations General Assembly Special Session on the World Drug Problem (UNGASS 2016) and the United Nations 2030 Agenda on Sustainable Development, as well as cross-cutting issues, such as the gender perspective and human rights, cultural context, and social inclusion approaches, among others.

Seven evaluation rounds have been completed from 1998 to 2019 and, during 2020, the MEM Intergovernmental Working Group (IWG), composed of member state delegates, agreed on a new methodology for the eighth round, consisting of annual thematic evaluations with the support of independent technical consultants, as follows: 2021 – Measures for Prevention, Treatment, and Recovery Support; 2022 – Measures to Control and Counter the Illicit Cultivation, Production, Trafficking, and Distribution of Drugs, and to Address their Causes and Consequences; 2023 – Institutional Strengthening; Research, Information, Monitoring, and Evaluation; International Cooperation; and 2024 – Comprehensive Evaluation based on updated information from all thematic areas.

MEM evaluations are carried out based on information provided by the member states' National Coordinating Entities (NCEs), which is analyzed by the MEM Governmental Expert Group (GEG), composed of experts designated by the countries, who do not participate in their own country's evaluation, thus ensuring the transparency and impartiality of the process. The GEG is always supported by the group of independent technical consultants and the MEM Unit. The eighth round represents a more rigorous evaluation process, in which countries are requested to provide valid means of verification to support the information submitted and ensure compliance of each priority action.

Specifically, the GEG's work for the thematic assessment for the area of "Measures for Prevention, Treatment, and Recovery Support" was conducted during 2021, and covers the 2019 to 2021 period (unless otherwise specified). This work was adapted to the COVID-19 pandemic with the use of technology and virtual tools, as well as taking it into consideration in the evaluation assessments.

Finally, it should be noted that one of the main purposes of MEM evaluation reports is to serve as a useful diagnostic tool to identify opportunities for improvement in drug policies and strategies, both at the national and regional levels.

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 COMMUNITY¹, 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.

Brazil has drug demand reduction policies that include programs in the areas of health promotion, prevention, early intervention, treatment, care, rehabilitation, social integration, and recovery support services, as well as initiatives and measures aimed at minimizing the adverse public health and social consequences of drug abuse.

Area	Policies / Programs
Health promotion	<ul style="list-style-type: none"> - National Drug Policy - Guidelines for Strengthening the Psychosocial Care Network (RAPS) - National Health Promotion Policy
Prevention	<ul style="list-style-type: none"> - National Drug Policy - Guidelines for Strengthening the RAPS - Health at School Program (PSE) - PSE Directives
Early intervention	<ul style="list-style-type: none"> - National Drug Policy - Family Health Support Center (NASF)
Treatment	<ul style="list-style-type: none"> - National Drug Policy - Guidelines for Strengthening the RAPS - RAPS
Care	
Rehabilitation	
Social integration	<ul style="list-style-type: none"> - National Drug Policy - Guidelines for Strengthening the RAPS
Recovery support	<ul style="list-style-type: none"> - National Drug Policy - Guidelines for Strengthening the RAPS - RAPS
Other initiatives and measures aimed at minimizing the adverse public health and social consequences	<ul style="list-style-type: none"> - National Drug Policy - Guidelines for Strengthening the RAPS

¹ Community includes ethnicity, among others.

These programs include the gender, age, community, and cultural context approaches. They also take into account human rights, LGBTI, pregnancy, street population, persons at social risk, persons with co-morbidities, incarcerated individuals, and sex workers.

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.

Brazil develops, strengthens, and implements coordination mechanisms for collecting, analyzing, disseminating, and accessing information on drug use prevention, treatment, rehabilitation, recovery, and social reintegration services.

Priority Action 1.3: Carry out impact, process, and outcome evaluations of demand reduction programs.

Brazil has monitoring instruments for drug demand reduction programs.

The country has not carried out impact, process, or outcome evaluations of its demand reduction 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.

Brazil has not developed or implemented coordination mechanisms to support the development or implementation of demand reduction programs, allowing for the participation of and coordination with civil society or other stakeholders.

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 prevention 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 World Health Organization (WHO) and United Nations Office on Drugs and Crime (UNODC).

Brazil promotes national prevention, treatment, care, recovery, rehabilitation, and social integration measures and programs, with a comprehensive and balanced drug demand reduction

approach. However, it does not promote nationally recognized standards by member states on drug use prevention, the “International Standards on Drug Use Prevention,” or the “International Standards for the Treatment of Drug Use Disorders,” both developed jointly by the WHO and UNODC.

**OBJECTIVE
2**

ESTABLISH OR STRENGTHEN AN INTEGRATED SYSTEM OF EVIDENCE-BASED UNIVERSAL, SELECTIVE, AND INDICATED DRUG USE PREVENTION PROGRAMS THAT PRIORITIZE AT-RISK POPULATIONS,² 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.

Priority Action 2.4: Implement selective prevention programs aimed at at-risk populations, in particular at 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.

Brazil is developing and implementing the following prevention strategies and programs:

Population group	Estimated coverage		Strategy / Program	Type of Program
	Target population	Coverage rate		
School children and university students:				
<ul style="list-style-type: none"> Public school students <p>Size of population served x 100 (or appropriate population unit)</p> <p>All public-school students covered by the PSE x 100</p> <p>All students enrolled in public schools</p>	56,400,000	40%	School Health Program (PSE)	Selective
<ul style="list-style-type: none"> Primary 	N/A*	N/A*	Drug and Violence Resistance Education Program (PROERD)	Selective
<ul style="list-style-type: none"> Secondary 	N/A*	N/A*	PROERD	Selective

*PROERD: Coverage rates vary from state to state partly because of differences in methods and target population.

The country does not implement universal or indicated prevention strategies or programs and does not carry out specific programs for the following population groups: pre-school students, university or tertiary education students; the street population; family; Gender (male/female); LGBTIQ+ population; communities; indigenous population; migrants and refugees; persons in the workplace; or incarcerated individuals.

² At-risk populations may include: women, children, adolescents, LGBTIQ+ persons, the prison population, indigenous groups, migrants, people who use drugs, homeless individuals, and other socially disadvantaged groups.

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.

Brazil has not carried out or strengthened situational assessments, at the federal level, to identify specific needs, risks, and protective factors of each target population of drug use prevention programs.

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).

Brazil promotes 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.

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).

Brazil has the following comprehensive and inclusive care, treatment, rehabilitation, recovery, and social integration programs and services in the public health care and social protection network: early intervention (brief intervention, counseling), crisis intervention, diverse treatment modalities, dual pathology (co-morbidity), and social integration and services related to recovery support. These programs and services take into account the gender, age, human rights, and universal access to public health perspectives.

These programs and services take the gender perspective into account in the following manner: the gender perspective entails recognizing that drug policies have a differential impact on women and men and that, if those differences are not specifically addressed, they tend to reproduce and accentuate existing inequalities in human development produced by a patriarchal and male-oriented (androcentric) society. Embracing a gender perspective means that drug policy-related actions contribute to the goal of closing gender gaps. In Brazil, drug programs and policies incorporate a gender perspective and ensure that women participate at all stages of their design, implementation, monitoring, and evaluation, by formulating and disseminating measures that take women’s and girls’ specific needs and circumstances into account in connection with the global drug problem. The gender perspective is mainstreamed into all programs, with a view to training professionals to work appropriately with women.

Brazil’s programs and services take the WHO and UNODC “International Standards on Treatment of Drug Use Disorders” into account. Given the federative organizational structure of the country, the State and municipalities share the task of monitoring them. The actions envisaged in regulations issued by Psycho-Social Care Establishments are authorized by the Ministry of Health and Ministry of Citizenship decrees and ordinances.

The country takes 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 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.

Brazil does not apply mechanisms to continuously monitor and evaluate the results of care, treatment, rehabilitation, recovery, or social integration programs or comprehensive public and private facilities.

Priority Action 3.3: Promote measures to protect the rights of persons in treatment.

Brazil has mechanisms to protect the rights of persons in treatment in its treatment programs and services. Thus, the country offers the following:

- Objectives and core features of Brazil’s drug policy:
 - Guarantee the right to intersectoral, inter-disciplinary, and cross-cutting assistance, based on a holistic vision of the human being, along with treatment, reception, follow-up, and other services, for persons with problems derived from the use or abuse of, or addiction to, alcohol or other drugs.
 - Guarantee the right to intersectoral, inter-disciplinary, and cross-cutting assistance, based on a holistic vision of the human being, by implementing and maintaining the integrated public and private care network, along with treatment, acceptance in the therapeutic community, follow-up, support, mutual assistance, and reinsertion into society, for persons with problems derived from the use or abuse of, or addiction to, alcohol or other drugs, and to prevent them in the population as a whole, especially among the most vulnerable.
 - Ensure, through administrative, legislative, and legal measures relating to children’s and adolescents’ right to protection, that they and other young people have access, inter alia via the media, to information and material geared to promoting their social, spiritual, and moral wellbeing and their physical and mental health; and foster the development of appropriate standards for protecting children, adolescents, and young people from harmful information and material, especially regarding both legal and illegal drugs.
 - Pay special heed to guaranteeing the rights of children, adolescents, and young people to a healthy life and to preventing drug use in age groups known to be at greatest risk, including support for initiatives and services provided by citizens and nonprofit private institutions.
- Legislation and regulations:
 - Drugs Act:
 - Law N°13.840, Drug Policy
 - Decree N°9.761 of April 11, 2019 - Psychosocial Care Network (RAPS).
 - Law N°10.216 of April 6, 2001.
 - Oversight bodies:
 - Federal and State Public Prosecutors’ Office.

- Ombudsperson of the Union and States.
- Federal and state health councils.

These mechanisms have protocols to protect the confidentiality of the information provided by the recipients of these services and include the provision of appropriate information regarding treatment and informed consent.

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.

Brazil has the following alternatives of early intervention, care, treatment, rehabilitation, recovery, and social integration services for criminal offenders who use drugs:

- **Therapeutic Justice:** Since 2020, Brazil has been working on a proposal to regulate, at the national level, strategies for referring drug users and addicts who have committed minor and moderately serious criminal offenses to health services or educational programs. That strategy is already proving quite effective in some states in Brazil.

Brazil's Drug Policy aims to steer public sector performance in all spheres, one of its tenets being differentiation between drugs users, addicts, and traffickers.

Thus, even in the absence of protocols or other kind of standardization, in the Judiciary several initiatives are under way to refer persons in conflict with the law to educational and even treatment programs. It is worth pointing out that the aforementioned programs do not apply solely to the offense of possessing drugs for a person's own consumption; they also extend to other criminally defined offenses directly or indirectly related to the use of legal or illegal psychoactive substances. While they are to be found in a variety of States in the Federation, these initiatives have certain features in common, and are referred to as "therapeutic justice." One feature they share is their ability to overcome the crime-punishment duality by focusing no longer on the criminally defined offense, but rather on the offender and the circumstances that, in theory, could have a bearing on the illicit practice, especially the use of drugs. Those circumstances may act as an offense or as the motive for its commitment.

The strategy of referring offenders to educational, support, mutual assistance, and treatment programs originated in Drug Tribunals in the United States in the early 1990s as an alternative to incarceration, that enabled offenders to opt to undergo some kind of treatment or attend a program on the subject. Worth noting is the fact that implementation of that practice resulted in a considerable decline in the number of repeat offenders in the areas concerned.

- **Ministry of Health:** As regards persons at odds with the law, Brazil has two comprehensive health policies and one follow-up strategy: the National Comprehensive Health Care Policy

for Persons Deprived of Liberty in the Penitentiary System (PNAISP), the Comprehensive Care Policy focusing on the health of adolescents at odds with the law in the socio-educational system (PNAISARI), and the Service for Evaluation and Follow-up of Therapeutic Measures for Persons at odds with the law who have Mental Disorders (EAP). In terms of general guidelines, national policies focus on comprehensive care, including conditions related to chemical dependency, but the impact of the aforementioned teams on the population treated for drug use issues will depend on local ties/coordination among different levels of the Health Care Network (HCN) and the Psycho-social Care Network (RAPS).

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

Brazil has the following policies for early intervention, care, treatment, rehabilitation, recovery, and social integration programs for incarcerated individuals who use drugs:

- The National Comprehensive Health Care Policy for Adolescents at Odds with the Law, subject to Provisional Internment (PNAISARI), which partners with local networks of persons needing prevention and care measures with respect to alcohol and other drugs.
- The National Comprehensive Health Care Policy for Persons Deprived of Liberty in the Penitentiary System (PNAISP).

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, in an ongoing, sustainable, and recovery-oriented manner.

Brazil does not 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.

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.

Brazil promotes regional and international cooperation and shares 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. Thus, the country has played an active part in the international agenda, exchanging information via bilateral commissions and cooperation agreements regarding best evidence-based practices.

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.

Brazil does not promote measures, at the federal level, to address the stigma and social marginalization associated with substance use disorders.

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.

Brazil implements ongoing competency-based training in the areas of prevention, treatment, and rehabilitation. Accordingly, the country has invested heavily in training processes and courses, with a view to guaranteeing best practices in prevention, treatment, and reinsertion into society. Thus far, the Federal Government has approved two entities offering training courses for therapeutic community professionals, thereby guaranteeing the quality of their courses. Consequently, the Federal Government established quality criteria for training courses for therapeutic community professionals in the country, run by “third sector” entities, and began certifying them. Likewise, the Ministry of Health also offers courses for interested health workers, as does the Universidad Aberta de SUS (UNA-SUS).

The country participated in a prevention and treatment training program, with a gender and human rights perspective, run by a specialized international organization known as the training program of the United Nations Office on Drugs and Crime (UNODC) for officials responsible for policies on the nature, prevention, and treatment of drug addiction.

In particular, this program takes the gender perspective into account in connection with the treatments offered, where specific factors need to be addressed, including the gender-related context.

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).

Brazil does not certify personnel working in prevention, treatment, rehabilitation, or social integration services.

As regards certification of personnel working in drug-use related areas, the country has been working on providing training opportunities for them since 2002. Some of those workers have already been certified the International Society of Substance Use Professionals of Brazil (ISSUP Brasil) geared to helping the country meet all its needs in this field and developing a professional labor force equipped with the skills required to provide high quality, ethical, and evidence-based prevention and treatment services.

Moreover, irrespective of their certification, the Federal Government, through Ordinance N°563 of March 19, 2019, established the register for accrediting therapeutic communities and entities

for prevention, support, mutual assistance, psycho-social care, and re-incorporation into society of alcohol and other drug addicts and their families and set rules and procedures for accreditation.

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.

Brazil has not conducted a situational assessment to identify training needs of prevention, early intervention, care, treatment, rehabilitation, recovery, and social integration service providers.

Priority Action 4.4: Develop specialized programs in response to training needs identified by the situational assessment.

Brazil has not developed specialized programs in response to training needs identified by situational assessments.

**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.

Brazil does not have regulatory measures for the accreditation of prevention programs.

The country does have an accreditation process for care and treatment services. Establishments are accredited by the Ministry of Health and the Ministry of Citizenship (Therapeutic Communities) and, under certain circumstances, by other federative bodies (states and municipalities). The process relies on negotiations and regional agreements, followed by the presentation of technical projects uploaded into systems, which are then analyzed by government technical staff for approval (or rejection) and financing.

Brazil uses all of CICAD's Indispensable Criteria for the opening and operating of Drug Use Disorders Treatment Centers: infrastructure and facilities; ethical principles and rights of users/program beneficiaries; regulatory aspects; financial aspects; human resources; organizational aspects; information and documentation systems; and mechanisms for collaboration and coordination.

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.

Brazil has no supervisory mechanism to ensure that prevention programs meet international quality standards.

The country has the following supervisory mechanisms to ensure that prevention programs and public and private treatment and rehabilitation services meet the standards of international quality criteria:

- Resolution N°29 of June 30, 2011
- Resolution N°1 of August 19, 2015 – CONAD
- “Psycho-Social Care Network” - RAPS

When public services do not follow international standards and are detected by some oversight body, they receive three notifications requiring corrective measures. If they do not adapt their practices, they may be disqualified and have their funding subsidies cut off. When irregularities are detected in private services, those services receive a notification from the health authorities, and if the irregularities persist, they may be intervened.

Priority Action 5.3: Assessment, at the national, regional, and local levels, of the needs and supply of care, treatment, and reintegration services.

Brazil did not conduct an assessment, at the national, regional, or local levels, of the needs and supply of care, treatment, and reintegration services during the evaluation period.

EVALUATIVE SUMMARY

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, community and take into account the guidelines and/or recommendations of specialized international and/or regional organizations.

CICAD notes that Brazil has drug demand reduction policies that include programs in health promotion, treatment, early intervention, treatment, care, rehabilitation, social integration, and recovery support, which include gender, age, community, and cultural context approaches. CICAD views with satisfaction that the country is developing, strengthens and implements coordination mechanisms for gathering, analyzing, disseminating, and accessing information on prevention, treatment, rehabilitation, recovery, and social reintegration services. At the same time, CICAD notes that Brazil has instruments for monitoring drug demand reduction programs but has not conducted impact, process or outcome evaluations of its drug demand reduction programs. CICAD likewise notes that the country has not developed or implemented coordination mechanisms to support the development and execution of drug demand reduction programs that allow for the participation of and coordination with civil society and other stakeholders. Finally, CICAD observes that Brazil promotes national prevention, treatment, care, recovery, rehabilitation, and social integration measures and programs, with a comprehensive and balanced drug demand reduction approach. However, it does not promote national standards recognized by the member states, the “International Standards on Drug Use Prevention,” or the “International Standards for the Treatment of Drug Use Disorders,” both developed jointly by the WHO and UNODC.

Objective 2

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.

CICAD notes that Brazil implements selective drug use prevention programs for several segments of the population. However, it observes with concern that it is not developing universal or indicated prevention strategies or programs, nor is it implementing specific programs for other major segments of the population. CICAD further observes that the country has not conducted situational assessments at the federal level to identify the specific needs, risks, and protection factors for each target population of the drug use prevention programs. CICAD likewise notes that Brazil promotes the sharing of research, experiences, and best practices for enhancing the effectiveness of prevention programs, taking into consideration the “International Standards on Drug Use Prevention,” developed jointly by the WHO and UNODC.

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.

CICAD notes that Brazil has comprehensive and inclusive care, treatment, rehabilitation, recovery, and social integration programs and services in the public health and social protection network, that take the gender, human rights, and public health approaches into consideration. It likewise observes that the country takes into account the WHO and UNODC “International Standards for the 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” published by the WHO, UNODC, and UNAIDS. However, CICAD notes that the country does not implement mechanisms to continuously monitor and evaluate the results of comprehensive care, treatment, rehabilitation, recovery, or social integration programs, or public and private establishments. On the other hand, CICAD observes with satisfaction that Brazil has mechanisms for protecting the rights of persons in treatment programs and services and has protocols for protecting the confidentiality of the information provided by those receiving such services, which cover the process of providing appropriate information regarding treatment and informed consent. In addition, CICAD notes that the country has alternative early intervention, care, treatment, rehabilitation, recovery, and social integration services for criminal offenders who use drugs. CICAD likewise notes that Brazil has early intervention, care, treatment, rehabilitation, recovery, and social integration policies for incarcerated individuals who use drugs. On the other hand, CICAD views with concern that the country does not implement cooperation mechanisms with social and community stakeholders that provide social support and community services and contribute to the social integration of drug users. Despite that, CICAD notes with satisfaction that Brazil is promoting regional and international cooperation and shares best practices for increasing access to, and the availability of, evidence-based recovery and treatment services, including access to naloxone and other medications used to treat substance user disorders. Finally, CICAD observes that the country does not promote federal measures to address the stigma and social marginalization associated with substance user disorders.

Objective 4

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

CICAD notes that Brazil provides ongoing skills-based training in prevention, treatment, and rehabilitation and participates in a prevention and treatment training program offered by a specialized international organization, which incorporates the gender perspective. On the other hand, CICAD notes with concern that the country does not certify staff working in prevention, treatment, rehabilitation, or social integration services. In addition, CICAD notes that Brazil has not conducted situational assessments to identify the training needs of staff working in

prevention, early intervention, care, treatment, rehabilitation, recovery, or social integration programs and, for that reason, has not developed specialized programs to address training needs.

Objective 5

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

CICAD notes with concern that Brazil does not have regulations for accrediting prevention programs. However, it does have an accreditation process for care and treatment services. It also uses CICAD's Indispensable Criteria for establishing and operating drug use disorder and treatment centers. CICAD further observes that the country does not have supervisory mechanisms to ensure compliance with international quality standards in prevention programs. However, it does have such mechanisms for its public and private treatment and rehabilitation programs. CICAD also notes that Brazil has not conducted a national, regional, or local evaluation to assess needs with respect to care, treatment, or reintegration services during the evaluation period.



**ORGANIZATION OF AMERICAN STATES (OAS)
INTER-AMERICAN DRUG ABUSE CONTROL COMMISSION (CICAD)**

1889 F Street NW
Washington, D.C. 20006
www.cicad.oas.org