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MULTILATERAL EVALUATION MECHANISM (MEM)

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

Canada

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

2021



MULTILATERAL EVALUATION MECHANISM (MEM)

CANADA

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

EIGHTH EVALUATION ROUND

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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.

Canada 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 and related support services.

Area	Policies / Programs
Health promotion	<ul style="list-style-type: none"> - Canadian Drugs and Substances Strategy (CDSS) - National Native Alcohol and Drug Abuse Program - National Youth Solvent Abuse program
Prevention	
Early intervention	
Treatment	
Care	
Rehabilitation	
Social integration	
Recovery support	
Other initiatives/measures to minimize adverse public health and social consequences	

These programs include gender, age, community, and cultural context approaches.

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.

Canada develops, strengthens, and implements coordination mechanisms for the collection, analysis, and dissemination of and access to information on drug use prevention, treatment,

¹ Community includes ethnicity, among others.

rehabilitation, recovery, and social reintegration services.

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

Canada has monitoring instruments for drug demand reduction programs.

The country has not carried out evaluations, at the national level, of its drug demand reduction programs over the evaluation period.

Canada has conducted the following impact evaluation related to current studies on drug consumption prevention programs:

Evaluated program	Title of study performed or underway	Year of publication of research findings	Carried out by
Pathways to opioid misuse in New Brunswick: Seeking solutions through research, education, prevention, and treatment	Pathways to opioid misuse in New Brunswick: Seeking solutions through research, education, prevention, and treatment	January 18, 2019, to September 30, 2021	Government of New Brunswick Addiction and Mental Health Services - Department of Health

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.

Canada develops and implements 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.

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

Canada 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 member states on drug use preventions, the "International Standards on Drug Use Prevention," or the "International Standards on Treatment of Drug Use Disorders," both developed jointly by 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.

Canada implements prevention strategies and programs, at the provincial level, for the following population groups: school children and university students (elementary/primary, junior high & high school (secondary school), university/tertiary education); street population (Boys/girls, Youths, Adults); family; gender (women, men); LGBTIQ+; community; indigenous people; individuals in the workplace; and incarcerated individuals. However, the country does not implement prevention strategies or programs for migrants or refugees.

For universal prevention programs, in Canada, health is a provincial jurisdiction. Services are provided for problematic substance use issues, including treatment and rehabilitation or medical interventions such as detoxification or maintenance therapies are provided by the provincial level authorities. Health services are provided by the federal government in the territories and on reserves.

Canada recognizes that the social determinants of health are often at the root of problematic substance use. These include gender, income, education, housing, social cohesion, community development. Reducing discrimination, trauma, and violence is an important step to prevent problematic substance use or to delay the early onset of substance use.

To address the root causes of this problem, Canada believes that it is important to address underlying risk factors, while supporting protective factors. Reducing risk factors associated with problematic substance use can include addressing risky behavioral traits associated with substance use (such as low self-esteem), a lack of parental support and supervision, exposure to substance use, abuse or violence, a low sense of connection to one's community, and a lack of stable housing and employment.

² 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.

Strengthening protective factors against problematic substance use can include fostering positive personal traits, such as self-control and resilience; strong social bonds with peers; a supportive family environment; pro-social activities, such as sports or other group activities; having access to adequate income, housing, and education; and safe, healthy communities in which to grow up.

Canada has taken various actions thus far in this direction, including:

- New investments and programs to reduce chronic homelessness, with a focus on prioritizing the most vulnerable Canadians under the National Housing Strategy.
- National consultation to develop Canada's Poverty Reduction Strategy.
- Providing funding for community-based prevention projects, through the federal government's Substance Use and Addictions Program, for example the Strengthening Families for Parents and Youth program in Ontario, which supports parents and at-risk teens to develop trust and mutual respect, and to strengthen teen resiliency.

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.

Canada has not carried out or strengthened situational assessments to identify the specific needs, risk, or protective factors of each target population for 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).

Canada does not promote the exchange of research findings, experiences, or best practices to improve the effectiveness of prevention programs, that take into consideration the "International Standards on Drug Use Prevention," jointly developed by 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).

Canada 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.

Canada’s programs and services do not take into account the "International Standards for the Treatment of Drug Use Disorders" of the WHO and UNODC.

Canada does not 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.

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.

Canada does not implement mechanisms, at the national level, to continuously monitor or 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

Canada has mechanisms to protect the rights of persons in treatment programs and services. This is the responsibility of provinces and territories, which deliver treatment services and have mechanisms in place to ensure the rights of individuals are protected when receiving treatment

services. At the federal level, the Constitution and other legislation protect the rights of individuals.

Canada does not have protocols, at the national level, to protect the confidentiality of the information provided by those receiving these services and include the process of providing adequate information about 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.

Canada has alternatives of early intervention, care, treatment, rehabilitation, recovery, and social integration services for criminal offenders who use drugs. In this regard, the Good Samaritan Drug Overdose Act provides an exemption to individuals seeking emergency medical or law enforcement assistance because that person, or another person, is suffering from an overdose, or who is at the scene upon the arrival of the assistance. Canadian drug treatment courts (DTC) began as a response to large numbers of offenders being incarcerated for drug-related offences and continuing to re-offend due to underlying drug dependency.

In Canada, Justice Canada delivers the Drug Treatment Court Funding Program (DTCFP), which is designed to support the provincial/territorial administration of DTC sites as well as build knowledge and awareness among criminal justice, health and social service practitioners, and the general public about DTCs. The DTCFP provides approximately \$3.6 million annually to provinces and territories to support DTCs in their respective jurisdictions. There are currently 13 active DTC sites (Vancouver, Edmonton, Calgary, Regina, Winnipeg and Brandon – MB, Toronto, Ottawa, Montreal, Kentville - NS, St. John's, Whitehorse and Yellowknife) that receive funding support from the DTCFP.

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

Canada offers early intervention, care, treatment, rehabilitation, recovery, and social integration services for incarcerated individuals who use drugs. The majority of these programs are delivered by provinces and territories. The types of programs, scope, and coverage varies by provinces. In federal prisons, the following programs are delivered by Correctional Services Canada (CSC):

- High Intensity National Substance Abuse Program
- Moderate Intensity National Substance Abuse Program
- High Intensity Aboriginal Offender Substance Abuse Program
- Moderate Intensity Aboriginal Offender Substance Abuse Program
- National Pre-release Substance Abuse Program

- National Substance Abuse Maintenance Program

The goal of these programs is to help offenders avoid criminal behavior and cope with challenging and stressful situations without using drugs and/or alcohol.

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).

Canada implements the following cooperation mechanisms with social or community actors that provide social and community support services, which contribute to the social integration of people who use drugs:

Organizations	Programs
Indigenous Services Canada	Healthcare for First Nations and Inuit populations in Canada
	National Native Alcohol and Drug Abuse Program

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.

Canada 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 disorders. Through engagement at the United Nations Commission on Narcotic Drugs, Canada shares experiences and best practices related to treatment and harm reductions services with other countries. Canada also works closely with the United Nations Office on Drugs and Crime Prevention, Treatment and Rehabilitation Team on these issues.

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.

Canada promotes measures to address the stigma and social marginalization associated with substance use disorders. The Government of Canada’s actions to address stigma have focused on engaging people with lived/living experience in program and policy development and encouraging other sectors who influence their wellbeing to do the same (e.g. correctional institutions, health care providers and law enforcement), working to change attitudes and

behaviors of the public and in target populations, and encouraging individuals to seek and support treatment.

Since 2018, the Government of Canada has invested over \$18 million to address stigma towards people who use drugs, including a national anti-stigma campaign, which was launched in early 2019, to help inform the public about stigma and what they can do to help reduce it. This includes a “Know More Campaign” that targets high school and post-secondary students across Canada. Additionally, Public Safety Canada developed a drug stigma awareness training for law enforcement, which was launched in September 2020 and is available to Canadian law enforcement members via the Canadian Police Knowledge Network website. Funds also went towards expanding the Government of Canada’s networks with people with lived/living experience of substance use to increase their involvement in policy development and program design. In late 2020, a “People with Lived and Living Experience” Advisory Council was established, whose mandate is to provide Health Canada with advice reflecting their diverse personal lived or living experience with the realities, conditions, and impacts of substance use. The Council’s advice will inform the development and implementation of the Government of Canada’s program, policy, science, and regulatory approaches to drug policy issues.

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.

Canada implements the following ongoing competency-based training in the areas of prevention, treatment, and rehabilitation:

Problematic substance use treatment programs at the national level, carried out by:

- Accreditation Canada
- Commission on Accreditation of Rehabilitation Facilities (CARF) Canada
- Council on Accreditation (COA)
- Conseil québécois d'agrément (CQA)

Employee Assistance Programs (EAP), carried out by:

- The Employee Assistance Society of North America (EASNA)

Problematic substance use and allied professionals (aim of providing protection to clients and recognition of practitioners), carried out by:

- Canadian Addiction Counsellors Certification Federation (CACCF)
- Canadian Centre for Accreditation (CCA)
- Canadian Council of Professional Certification (CCPC)
- Canadian Counselling and Psychotherapy Association (CCPA)
- Canadian Society of Addiction Medicine (CSAM)
- Employee Assistance Professionals Association (EAPA)
- First Nations Wellness/Addictions Counsellor Certification Board (FNWACCB)

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).

Canada does not certify, at the national level, personnel working in prevention, treatment, rehabilitation, or social integration services.

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.

Canada does not carry out situational assessments to identify the training needs of personnel working in prevention, early intervention, care, treatment, rehabilitation, recovery, or social integration programs.

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

Canada does not develop 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.**

Canada does not have regulatory measures for accrediting prevention programs at the national level.

Canada has an accreditation process for care and treatment services. The organizations responsible for related certification and accreditation in Canada are the following:

Problematic substance use treatment programs at the national level:

- Accreditation Canada
- Commission on Accreditation of Rehabilitation Facilities (CARF) Canada.
- Council on Accreditation (COA).
- Conseil québécois d'agrément (CQA).

Employee Assistance Programs (EAP):

- The Employee Assistance Society of North America (EASNA).

Problematic substance use and allied professionals (aim of providing protection to clients and recognition of practitioners):

- Canadian Addiction Counsellors Certification Federation (CACCF).
- Canadian Centre for Accreditation (CCA).
- Canadian Council of Professional Certification (CCPC).
- Canadian Counselling and Psychotherapy Association (CCPA).
- Canadian Society of Addiction Medicine (CSAM).
- Employee Assistance Professionals Association (EAPA).
- Indigenous Certification Board of Canada (ICBoC).

Canada does not use CICAD's Indispensable Criteria for the opening and operating of drug use disorders treatment centers. In Canada, prevention, treatment, and recovery services are under the purview of provinces and territories. As such, the Government of Canada cannot apply CICAD's Indispensable Criteria for the opening and operating of drug use disorders treatment centers. Currently, there are no national treatment standards that exist at the federal level.

- In Canada, substance use treatment services are delivered in a variety of settings and operate both publicly and privately, including mixed funding models.
- Constructing a national picture of treatment centers and services is challenging, as prevention, treatment, and recovery are not defined uniformly across Canada.

- The criteria to operate treatment centers varies widely. For example, there is a large variation in the percentage of residential substance use treatment facilities that are accredited across provinces and territories.
- Some provinces and territories possess their own standards and mandate some oversight on private treatment centers. Quebec is the only province that requires accreditation for all in-patient facilities.
- Health Canada supports evidence-based research to garner a better picture of the landscape of treatment centres in Canada, including supporting the provision of guidelines for substance use disorders. For example, the Canadian Research Institute in Substance Misuse (CRISM) released national guidance for the management of substance use disorders, including in residential treatment settings and residential treatment centres on-reserve who serve First Nation people in Canada.

Accreditation Canada has some standards for delivery of care in treatment facilities, and some PTs also have their own provincial standards that can be applied to operate a facility, but the application of these standards varies by province.

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.

Canada does not have supervisory mechanisms to ensure that the standards of international quality criteria of prevention services are met.

Canada does not have supervisory mechanisms to ensure that the standards of international quality criteria of the public or private treatment or rehabilitation 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.

Canada has not conducted an assessment at the national, regional, or local levels to determine the needs regarding primary care, treatment, or reintegration services.

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 Canada 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. The country's policies and programs include the gender, age, community, or cultural context approaches. CICAD also notes that Canada develops, strengthens, and implements coordination mechanisms for collecting, analyzing, disseminating, and accessing information on prevention, treatment, rehabilitation, recovery, and social reintegration services. In addition, CICAD notes that Canada has monitoring instruments for drug demand reduction programs and has conducted an evaluation of one of its drug consumption prevention programs, but has not carried out, at the national level, an evaluation of any drug demand reduction programs. CICAD also notes with satisfaction that Canada develops and implements coordination mechanisms to support the development and implementation of drug demand reduction programs with the participation of and coordination with civil society and other stakeholders. CICAD further recognizes that Canada 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 member states, including the "International Standards on Drug Use Prevention," or the "International Standards on Treatment of Drug Use Disorders," both developed jointly by 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 Canada carries out drug use prevention programs in most population groups. However, CICAD views with concern that the country's programs do not specifically cover migrants or refugees. In addition, CICAD notes with concern that Canada has not conducted a situational assessment to identify the specific needs, risk, or protective factors of each target population for drug use prevention programs. CICAD also notes that Canada does not promote the exchange of research findings, experiences, or 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.

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 Canada has comprehensive and inclusive care, treatment, rehabilitation, recovery, and social integration programs and services in the public health and/or social protection network. CICAD also notes that Canada does not take into account the "International Standards for the Treatment of Drug Use Disorders" of WHO and UNODC, nor 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. In addition, CICAD observes that Canada does not implement mechanisms, at the national level, to continuously monitor or evaluate the results of care and treatment, rehabilitation, recovery or social integration programs or comprehensive public and private facilities. Furthermore, CICAD notes with concern that Canada does not have mechanisms to protect specifically the rights of persons in treatment programs or services, nor does it have protocols to protect, at the national level, the confidentiality of information provided by people receiving these services, including the process of providing adequate information about treatment and informed consent. However, CICAD notes with satisfaction that the Canada has alternative early intervention, care, treatment, rehabilitation, recovery, and social integration services for criminal offenders who use drugs. Moreover, CICAD notes with satisfaction that Canada offers early intervention, care, treatment, rehabilitation, recovery, and social integration programs for incarcerated drug users. In addition, CICAD observes that Canada implements cooperation mechanisms with social and community actors that provide social and community support services that contribute to the social integration of drug users. Furthermore, CICAD views with satisfaction that Canada promotes regional and international cooperation and shares best practices to increase access and availability of evidence-based treatment and recovery services, including access to naloxone and other medications used in the treatment of substance use disorders. Even more, CICAD views with satisfaction that Canada promotes measures 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.

CICAD notes that Canada implements ongoing competency-based training in the areas of prevention, treatment, and rehabilitation. However, CICAD views with concern that Canada does not certify personnel, at the national level, working in prevention, treatment, rehabilitation, or social integration services. Furthermore, CICAD notes that Canada has neither conducted situational assessments to identify training needs for personnel working in prevention, early intervention, care, treatment, rehabilitation, recovery, or social integration programs, nor has

Canada 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.

CICAD notes that Canada does not have regulatory measures in place to accredit prevention programs but observes that it does have an accreditation process for care and treatment services. However, CICAD notes that the country does not use CICAD's Indispensable Criteria for the opening and operation of drug use disorder treatment centers. CICAD also notes that Canada does not have supervisory mechanisms to ensure compliance with international quality standards in prevention services or for public and private treatment and rehabilitation services. Furthermore, CICAD notes with concern that Canada has not conducted an assessment at the national, regional, or local levels to determine the needs for care, treatment, or reintegration services.



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

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