



OAS

More rights for more people

MULTILATERAL EVALUATION MECHANISM (MEM)

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

Costa Rica

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

2021



OAS | CICAD



MULTILATERAL EVALUATION MECHANISM (MEM)

COSTA RICA

**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 978-0-8270-7391-3

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.

Costa Rica 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, together with other 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 Strategy on Drugs and Related Offenses (ENDDA), 2020-2030 - Programs for schools - Institute on Alcoholism and Drug Dependence (IAFA) - Programs for parents and caregivers - IAFA - Cooperation agreement between IAFA and the Ministry of Public Education, to implement the <i>Aprendo a Valerme por Mí Mismo</i> program - <i>Aprendo a Valerme por Mí Mismo</i> program - Comprehensive model approach to the use of psychoactive substances from a health standpoint – IAFA - Program for the prevention, detection and early intervention of the use of tobacco, alcohol and other drugs - <i>Habilidades para Vivir: Formación para Padres, Madres y Personas Encargadas</i> program – IAFA - Strategy for the prevention of the use of psychoactive substances – IAFA |
| Prevention | <ul style="list-style-type: none"> - National Strategy on Drugs and Related Offenses (ENDDA), 2020-2030 - Cooperation agreement between IAFA and the Ministry of Public Education, to implement the <i>Aprendo a Valerme por Mí Mismo</i> program - <i>Aprendo a Valerme por Mí Mismo</i> program - Comprehensive model approach to the use of psychoactive substances from a health standpoint – IAFA - Program for the prevention, detection and early intervention of the use of tobacco, alcohol and other drugs - <i>Habilidades para Vivir: Formación para Padres, Madres y Personas Encargadas</i> program – IAFA - Strategy for the prevention of the use of psychoactive substances – IAFA |
| Early intervention | <ul style="list-style-type: none"> - National Strategy on Drugs and Related Offenses (ENDDA), 2020-2030 |

¹ Community includes ethnicity, among others.

| | |
|---|---|
| | <ul style="list-style-type: none"> - Health sector policy on the treatment of people with problems caused by the use of alcohol, tobacco and other drugs in Costa Rica - Comprehensive model approach to the use of psychoactive substances from a health standpoint - IAFA |
| Treatment | <ul style="list-style-type: none"> - National Strategy on Drugs and Related Offenses (ENDDA), 2020-2030 - Policy on the treatment of the addictions – IAFA - Comprehensive model approach to the use of psychoactive substances from a health standpoint - IAFA |
| Care | <ul style="list-style-type: none"> - Policy on the treatment of the addictions – IAFA - Comprehensive model approach to the use of psychoactive substances from a health standpoint - IAFA |
| Rehabilitation | |
| Social integration | <ul style="list-style-type: none"> - Comprehensive model approach to the use of psychoactive substances from a health standpoint - IAFA |
| Recovery support | <ul style="list-style-type: none"> - Comprehensive model approach to the use of psychoactive substances from a health standpoint – IAFA - Policy on the treatment of the addictions - IAFA |
| Other initiatives and measures aimed at minimizing the adverse public health and social consequences of drug abuse | <ul style="list-style-type: none"> - Comprehensive model approach to the use of psychoactive substances from a health standpoint - IAFA |

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.

Costa Rica develops, strengthens and implements coordination mechanisms for collecting, analyzing, and disseminating 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.

Costa Rica has instruments with which to monitor drug demand reduction programs.

The country has conducted the following evaluations of its drug demand reduction programs:

| Program evaluated | Title of evaluation performed | Type of evaluation performed | Year of program evaluation |
|---|--|--|----------------------------|
| Court-supervised treatment program (PTDJ) | Evaluation of the court-supervised treatment program | Process | 2019 |
| Creativity Lifeline | Evaluation of the Creativity Lifeline program | Process | 2020 |
| 55 programs of non-governmental organizations supported by IAFA | Application of Regulation N°35383-S and Regulation N°37326-S, Regulations for approval of the technical operations of the specialized programs on treatment of the use of alcohol and other drugs, for adults and minors, respectively | Evaluation of compliance with the essential criteria on technical quality and human rights | 2019-2020 |

Costa Rica conducted the following survey on drug use prevention programs:

| Program evaluated | Title of study performed or under way | Year of publication | Carried out by |
|---------------------------------------|---|---------------------|------------------------|
| <i>Aprendo a valerme por mí mismo</i> | V National Survey on Drug Use among Secondary School Students | 2019 | Research Process, IAFA |

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.

Costa Rica develops and implements coordination mechanisms with civil society and other stakeholders to support the development and implementation of drug demand reduction programs.

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).

Costa Rica promotes national prevention, treatment, care, recovery, rehabilitation, and social integration measures and programs, with a comprehensive and balanced drug demand reduction approach, and promotes national standards recognized by member states, 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).

**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.

Costa Rica develops and implements the following prevention strategies and programs:

| Population group | Estimated coverage | | Strategy / Program | Type of program |
|---|---|---------------|---|-----------------|
| | Target population | Coverage rate | | |
| School children and university students: | | | | |
| • Pre-school | At risk and high risk | - | Integrated, Intersectoral Network of Children's Developmental Care Services (RISA) | Selective |
| | Children aged 3-6 | - | <i>Sembrando Semillitas Inspiradoras</i> project | Universal |
| | At risk and high risk | - | RISA | Selective |
| | High-risk school-age children from marginal urban neighborhoods | - | <i>Fundación Oratorio Sor María Romero</i> in co-ordination with the Ministry of Public Education (MEP) | Selective |
| • Primary | At risk and high risk | - | RISA | Selective |
| | High-risk school-age children from marginal urban neighborhoods | - | <i>Fundación Oratorio Sor María Romero</i> in co-ordination with the Ministry of Public Education (MEP) | Selective |
| • Secondary | Students at high risk and teachers | - | Program for the prevention, detection and early intervention of the use of tobacco, alcohol and other drugs | Selective |

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.

| | | | | |
|---|--|------|---|------------------------------------|
| | Risk and high risk | - | Educational Centers addressing Crime Prevention (CEPREDE) | Selective |
| | Risk and high risk | - | Network of Comprehensive Psychoactive Substance Care Services for Minors (CONASPE) | Selective |
| <ul style="list-style-type: none"> University/tertiary education | <ul style="list-style-type: none"> Staff and professors of the National University Staff and professors of the National Technical University at Alajuela | - | Program for the prevention, detection and early intervention of the use of tobacco, alcohol and other drugs | Selective |
| Street population: | | | | |
| <ul style="list-style-type: none"> Boys/girls | Children at high risk | - | Model for a Comprehensive Approach to Psychoactive Substance Use from a Public Health Standpoint | Indicated |
| <ul style="list-style-type: none"> Youths | Youth at high risk | - | Model for a Comprehensive Approach to Psychoactive Substance Use from a Public Health Standpoint | Indicated |
| <ul style="list-style-type: none"> Adults | At risk and high risk | - | <ul style="list-style-type: none"> National Policy for the Comprehensive Care of Abandoned and Street People Model for a Comprehensive Approach to Psychoactive Substance Use from a Public Health Standpoint | Indicated |
| Family | | | | |
| | At risk and high risk | - | Transformational Families | Universal |
| | Families at high risk | - | <ul style="list-style-type: none"> National Policy for the Comprehensive Care of Abandoned and Street People Model for a Comprehensive Approach to Psychoactive Substance Use from a Public Health Standpoint | Indicated |
| Gender: | | | | |
| <ul style="list-style-type: none"> Women | Total females | 100% | National treatment policy | Universal, selective and indicated |
| | Women at risk or high risk | - | <ul style="list-style-type: none"> National Policy for the Comprehensive Care of Abandoned and Street People Model for a Comprehensive Approach to Psychoactive Substance Use from a Public | Indicated |

| | | | Health Standpoint | |
|-----------------------|-------------------------------|------|--|-------------------------------------|
| • Men | Men at risk or high risk | - | - National Policy for the Comprehensive Care of Abandoned and Street People - Model for a Comprehensive Approach to Psychoactive Substance Use from a Public Health Standpoint | Indicated |
| | Total males | 100% | National treatment policy | Universal, selective and indicated |
| LGBTIQ+ | Persons at risk and high risk | - | - National Policy for the Comprehensive Care of Abandoned and Street People - Model for a Comprehensive Approach to Psychoactive Substance Use from a Public Health Standpoint | Indicated |
| | Total LGBTIQ+ | 100% | National treatment policy | Universal, selective and indicated |
| Community | Total community | - | Communities in Action | Universal |
| | Total Community | 100% | National treatment policy | Universal, selective and indicated |
| | Persons at risk or high risk | - | - National Policy for the Comprehensive Care of Abandoned and Street People - Model for a Comprehensive Approach to Psychoactive Substance Use from a Public Health Standpoint | Indicated |
| Indigenous population | Persons at risk or high risk | - | - Model for a Comprehensive Approach to Psychoactive Substance Use from a Public Health Standpoint - Turrialba Network for the Prevention and Treatment of Family Violence - <i>Estar Bien</i> project | Indicated |
| | Total indigenous population | - | National treatment policy | Universal, selective, and indicated |

| | | | | |
|-------------------------------------|------------------------------------|------|---|------------------------------------|
| Migrants and refugees | Individuals at risk or high risk | - | <ul style="list-style-type: none"> - National Policy for the Comprehensive Care of Abandoned and Street People - Model for a Comprehensive Approach to Psychoactive Substance Use from a Public Health Standpoint | Indicated |
| | Total Migrants and refugees | 100% | National treatment policy | Universal, selective and indicated |
| Individuals in the workplace | Individuals at risk or high risk | - | <ul style="list-style-type: none"> - Model for a Comprehensive Approach to Psychoactive Substance Use from a Public Health Standpoint - Master's Degree Program in Development Project Management | Indicated |
| | Total individuals in the workplace | 100% | National treatment policy | Universal, selective and indicated |
| Incarcerated individuals | Total incarcerated individuals | 100% | National treatment policy | Universal, selective and indicated |
| Other: | - | - | Comprehensive analysis of psychoactive substance use among women living with HIV | - |

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.

Costa Rica has carried out and strengthened situational assessments to identify specific needs, and the risk and protective factors in drug use prevention programs for secondary school students.

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).

Costa Rica promotes the exchange of research findings, experiences, and good 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.

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).

Costa Rica 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, counselling), crisis intervention, different treatment modalities, and dual pathology (co-morbidity). These programs and services take human rights and public health approaches into account.

The country also has social integration and recovery support services and programs.

For Costa Rica, the gender perspective is of great importance nation-wide and it runs through all government programs. All of the non-governmental organization programs that are regulated and supported by IAFA must use a gender approach.

Programs and services in the country take into account the WHO/UNODC “International Standards on Treatment of Drug Use Disorders.” The country issued Executive Orders N°35383-S and N°37326-S based on those Standards, as well as guidelines for harm reduction programs.

Costa Rica does not use the Technical Guide for countries to set targets for universal access to HIV prevention, treatment, and care for injecting drug users, published 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.

Costa Rica implements mechanisms to monitor and evaluate the results of care, treatment, rehabilitation, recovery, and social integration programs and comprehensive public and private facilities.

These mechanisms take into account gender, human rights, age and cultural context approaches during the evaluation and monitoring of the care, treatment, rehabilitation, recovery, and social integration programs and comprehensive public and private facilities. In the case of human rights, programs must comply with the regulations established by the Ministry of Health and IAFA as the lead technical agency. The age aspect is governed by the provisions of the Code on Childhood and Adolescence and supervised by the National Trust for Early Childhood.

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

Costa Rica has measures to protect the rights of persons in treatment programs and services. The country has Executive Orders N°35383-S and N°37326-S based on the WHO/UNODC International Standards on Treatment of Drug Use Disorders. The regulations are applied to public and private programs by means of visits to treatment centers to verify compliance.

These measures have protocols to protect the confidentiality of the information provided by people receiving these services. They also include providing appropriate information on the treatment offered, as well as 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.

Costa Rica has alternative means for providing early intervention, care, treatment, rehabilitation, recovery, and social integration services for criminal offenders who use drugs.

Since drug use *per se* is not criminalized, the crimes that come up in the court-supervised treatment program are robbery/theft, reckless driving and other minor crimes.

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

Costa Rica offers early intervention, care, treatment, rehabilitation, recovery, and social integration programs for incarcerated individuals who use drugs. The country offers a court-supervised drug treatment program (PTDJ), treatment programs in penitentiaries, and IAFA-backed programs that allow people sentenced to prison to enter alternative programs, such as rehabilitation, when so ordered by a judge, through the Restorative Justice Project.

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.

Costa Rica implements the following 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:

| Organizations | Programs |
|---|--|
| <i>Nueva Oportunidad</i> Foundation | <i>Del no al si</i> |
| Governmental and Non-Governmental Organizations | Treatment, prevention, harm reduction, half-way houses |

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 disorders.

Costa Rica 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. It does so by participating in meetings and the sharing of good practices promoted by international organizations and government and non-governmental organizations.

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.

Costa Rica promotes measures to address the stigma and social marginalization associated with substance use disorders. In this regard, the country has a National Harm Reduction Network coordinated by IAFA and the Costa Rican Institute against Drugs (ICD). This network has defined and implements a harm reduction model, by means of low-threshold facilities, including tents, listening centers, and mobile units.

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.

Costa Rica implements ongoing competency-based training mechanisms in the areas of prevention, treatment, and rehabilitation. The country offers the Human Resources Training and Certification Program for the Treatment and Care for People with problems related to Problem Drug Use (PROCCERTRAD-CR); the Training Program for the Comprehensive Understanding of and Prevention Approach to the Drug Problem (CCAPRED); continuing education programs delivered by the Costa Rican Social Security Box (CCSS) Program for Standardization of Addictions Treatment, in conjunction with the Virtual Campus of the Center for Strategic Development and Health and Social Security Information (CENDEISSS); the Course “A Comprehensive Approach to People who use Psychoactive Substances”; the course “Comprehensive Prevention of Tobacco Use”, and the “Brief Course on a Comprehensive Approach to People Who Use Psychoactive Substances,” among others.

The country participates in the following training programs in prevention, treatment and rehabilitation offered by specialized international organizations:

| International organizations | Type of program | Name of program | Approaches taken into account |
|-----------------------------|--|---|-------------------------------------|
| COPOLAD | Prevention, treatment and rehabilitation | On-line courses | Gender, human rights, public health |
| CICAD-OAS | Court-supervised treatment | Training for court and health care personnel | Gender, public health, human rights |
| PAHO-WHO | Treatment | Virtual course: Capacity-building to operationalize and facilitate training - Program for overcoming mental health care gaps (MhGAP) – 2020/21. | Gender and public health |

The gender perspective is included throughout all the programs offered.

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).

Costa Rica certifies the personnel who work in prevention, treatment, rehabilitation and social integration services, as shown in the table below:

| Services | Level of certification | Organization/institution responsible for certification |
|--------------------|----------------------------------|---|
| Prevention | Intermediate | - CCSS - Center for Strategic Development and Information on Health and Social Security (CENDEISS) |
| Treatment | Basic, intermediate and advanced | - IAFA - CCSS - CENDEISS |
| Rehabilitation | Intermediate | - CCSS - CENDEISS |
| Social integration | Intermediate | - CCSS - CENDEISS |

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.

Costa Rica has conducted situational assessments to identify the training needs of prevention, early intervention, care, treatment, rehabilitation, recovery, and social integration service providers. The country views care programs as being part of prevention, early intervention and treatment programs, and sees recovery programs as part of rehabilitation.

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

Costa Rica has developed specialized programs in response to training needs identified by the 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.**

Costa Rica has regulatory measures for accrediting prevention programs. It has a management system developed by the Program Approval Unit of IAFA for carrying out procedures based on Standard ISO IEC 17020, on the quality of inspections processes. The Ministry of Public Education (MEP), as part of the Inter-Agency Commission of the Ministry of Education, IAFA and ICD, issues the guidelines on programs conducted in schools.

The country does not have a process for accrediting care and treatment services in the strict sense of the term. However, it does have a process of approval and regulation that enables public and private programs to receive technical authorizations to operate, having received a satisfactory evaluation under applicable rules, in accordance with Costa Rican law.

The body responsible is IAFA's Program Approval Department, which has an interdisciplinary team trained in the application of standards and decrees, including Standard ISO IEC 17020 on the quality of inspection processes.

Costa Rica does not use CICAD's Indispensable Criteria in order to open and operate centers for the treatment of drug use disorders. Instead, the country uses the provisions of Executive Orders N°35383-S and N°37326-S, open for public consultation in the Costa Rican Legal Information System (SINALEVI); the quality standards applicable to programs for minors; the quality standards that apply to programs for adults, and standards on structures and infrastructure, ethics and rights, regulations, finances, human resources, organizational matters, and information and documentation systems.

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.

Costa Rica has supervisory mechanisms to ensure that prevention programs meet international quality standards. The programs are audited at least twice a year by a regulatory team from IAFA, using a management system developed by the Program Approval Unit to conduct inspections based on Standard ISO IEC 17020 on the quality of inspection processes.

The country has supervisory mechanisms to ensure that public and private treatment and rehabilitation services meet international quality standards. IAFA's Department of Program Approval conducts two audits per year of those programs that are authorized under Executive

Orders N°35383-S and N°37326-S, opened for public consultation in the SINALEVI based on the WHO/UNODC International Standards for the Treatment of Drug Use Disorders.

Actions taken with respect to public and private treatment and rehabilitation services that do not meet international quality standards include interagency visits, in order to provide legal and technical training and support to the organizations so that they can comply with the law.

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

Costa Rica conducted two national-level assessments to determine the need for care, treatment, and reintegration services during the evaluation period: the V National Survey on Drug Use among Secondary School Students, 2018; the study on the use of psychoactive substance among women living with HIV, 2019, and the document “Directory of Prevention, Treatment, Rehabilitation and Community Resources for Problems Associated with the Use of Psychoactive Substances,” 2021.

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 with satisfaction that Costa Rica has drug demand reduction policies that include programs in the areas of health promotion, prevention, early intervention, treatment, care, rehabilitation, social integration, and recovery, which all include gender, age, community, and cultural context approaches. CICAD also notes with satisfaction that the country develops, strengthens and implements coordination mechanisms for collecting, analyzing, and disseminating information on drug use prevention, treatment, rehabilitation, recovery and social reintegration services. CICAD further notes that Costa Rica has instruments to monitor drug demand reduction programs, and has conducted process evaluations of some of these, programs, as well as a survey on drug use prevention programs. CICAD also notes that Costa Rica develops and implements coordination mechanisms with civil society and other stakeholders to support the development and implementation of drug demand reduction programs. CICAD notes with satisfaction that Costa Rica promotes national prevention, treatment, care, recovery, rehabilitation, and social integration measures and programs, with a comprehensive and balanced drug demand reduction approach, and promotes national standards recognized by member states, 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).

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 with satisfaction that Costa Rica develops and implements drug use prevention programs for different population groups. CICAD also notes that the country has carried out and strengthened situational assessments to identify specific needs, and the risk and protective factors for secondary school students. CICAD further notes with satisfaction that Costa Rica promotes the exchange of research findings, experiences, and good practices to improve the effectiveness of drug use 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 Costa Rica has 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, counselling), crisis intervention, different treatment modalities, and dual pathology (co-morbidity). These programs and services take human rights and public health approaches into account. It notes that the country takes into account the WHO/UNODC “International Standards on Treatment of Drug Use Disorders.” However, the country does not use the Technical Guide for countries to set targets for universal access to HIV prevention, treatment, and care for injecting drug users, published by WHO, UNODC, and UNAIDS. CICAD also notes with satisfaction that Costa Rica implements mechanisms to monitor and evaluate the outcomes of care, treatment, rehabilitation, recovery, and social integration programs and comprehensive public and private facilities. These mechanisms take into account gender, human rights, age and cultural context approaches. CICAD also notes that the country has measures to protect the rights of persons in treatment programs and services, and that these measures have protocols to protect the confidentiality of the information provided by people receiving these services. They also include providing appropriate information on the treatment offered, as well as informed consent. CICAD also notes with satisfaction that Costa Rica has alternative means for providing early intervention, care, treatment, rehabilitation, recovery, and social integration services for criminal offenders who use drugs. CICAD further notes with satisfaction that the country offers early intervention, care, treatment, rehabilitation, recovery, and social integration programs for incarcerated individuals who use drugs. CICAD also observes that Costa Rica implements cooperation mechanisms with social and community actors that provide social and community support services in order to contribute to the social integration of people who use drugs. CICAD notes with satisfaction that the country promotes regional and international cooperation and shares best practices on 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. CICAD also notes with satisfaction that Costa Rica 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 with satisfaction that Costa Rica implements ongoing competency-based training mechanisms in the areas of prevention, treatment, and rehabilitation, and participates in training programs in prevention, treatment and rehabilitation offered by specialized international

organizations. CICAD also notes with satisfaction that the country certifies the personnel who work in prevention, treatment, rehabilitation and social integration services. Further, CICAD notes with satisfaction that Costa Rica conducted situational assessments to identify the training needs of prevention, early intervention, care, treatment, rehabilitation, recovery, and social integration service providers. CICAD also notes that the country has developed specialized programs in response to training needs identified by the 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 Costa Rica has regulatory measures for accrediting prevention programs. However, it does not have a process for accrediting care and treatment services in the strict sense of the term, but nevertheless, it does have a process of approval and regulation that enables public and private programs to receive technical authorizations to operate. The country does not use CICAD's Indispensable Criteria in order to open and operate centers for the treatment of drug use disorders. Instead, it uses its own national regulations. CICAD also notes that Costa Rica has supervisory mechanisms to ensure that prevention programs meet international quality standards and also has supervisory mechanisms to ensure that public and private treatment and rehabilitation services meet international quality standards. CICAD notes with satisfaction that during the evaluation period, Costa Rica conducted a national-level assessment to determine the need for care, treatment, and 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