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MULTILATERAL EVALUATION MECHANISM (MEM)

Evaluation Report on Drug Policies:

Measures of Prevention, Treatment, and Recovery Support

United States of America

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

2021

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UNITED STATES OF AMERICA

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

EIGHTH EVALUATION ROUND

2021

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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 COMMUNITY[1], 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.

The United States of America (U.S.) 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, as well as other initiatives and measures aimed at minimizing the adverse public health and social consequences of drug abuse.

Area	Policies / Programs[2]
Health promotion	- Federal Commission on School Safety (FCSS)
Prevention	- Drug-Free Workplace Programs - Talk. They Hear You. Campaign - Faith-Based and Community Initiatives (FBCI) - Prevention Technology Transfer Center (PTTC) Network
Early intervention	- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
Treatment	- Medication-assisted Treatment (MAT) - Opioid Treatment Program - Treatment locators online system
Care	- National Suicide Prevention Lifeline - Section 223 Demonstration Program for Certified Community Behavioral Health Clinics - Substance Abuse and Mental Health Services Administration – Health Resources & Services Administration (SAMHSA-HRSA) Center for Integrated Health Solutions (CIHS)
Rehabilitation	- Adult Treatment Drug Courts and Tribal Healing to Wellness Courts - Offender Reentry Program
Social integration	- Transforming Lives Through Supported Employment (SE) Program

[1] Community includes ethnicity, among others.

[2] In November 2021, the U.S. informed that the Residential Substance Abuse Treatment (RSAT) in jails and prisons (treatment), the Substance Abuse Prevention and Treatment (SAPT) Block Grant (care), and Juvenile Courts (rehabilitation) are programs also implemented by the country.

Recovery support	- Recovery-Oriented Systems of Care (ROSC) and recovery support systems - Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS)
Other initiatives/measures to minimize adverse public health and social consequences	- Syringe Services Programs - Overdose Data to Action cooperative agreement

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.

The U.S. develops, strengthens, and implements coordination mechanisms for the collection, analysis, and dissemination of and access to 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.

The U.S. has monitoring instruments for drug demand reduction programs.

The U.S. has carried out the following process and outcome evaluations of its drug demand reduction programs:

Program evaluated	Title of evaluation performed	Type of evaluation performed	Year of program evaluation
Prevention for States/Data Driven Prevention Initiative	- Evaluation of Prescription Drug Overdose Prevention for States Program - Final Program Evaluation Annual Report	Short-term, intermediate-term, and long-term outcomes through the end of December 2018	2020
Overdose Data to Action	- Cross-Site Evaluation of Overdose Data to Action Program	Process evaluation and short-term, intermediate-term, and long-term outcomes through the end of December 2024	Multi-year 2020-2024
Substance Abuse and Mental Health Services Administration (SAMHSA) Discretionary Grants	- SAMHSA's Standard Operating Procedure (SOP) for Program Evaluations:	Process and outcome	Ongoing (quarterly reporting)

	○ Program Evaluation SOP ○ SAMHSA GRPA (Government Performance and Results Act) data collection and reporting tools		
National Drug Control Strategy Implementation	- Annual Budget and Performance Summary, which includes data/outcomes from Office of National Drug Control Policy Performance Reporting System (PRS) – Most recent version is from prior presidential administration	Implementation process and outcome	Formerly annual, every 24 months as of 2020
Bureau of Justice Assistance (BJA)-funded programs	- BJA's Center for Research Partnerships and Program Evaluation (CRPPE)	Various forms of scientific program evaluation	2016
SAMHSA Substance Abuse Prevention and Treatment Block Grant services	- Grantee reporting requirements	Process and outcome	24 months

The U.S. has conducted the following impact evaluations or any other related and current studies on drug consumption prevention programs:

Evaluated program	Title of study performed or underway	Year of publication of research findings	Carried out by:
SAMHSA discretionary grants	SAMHSA Government Performance and Results Act (GRPA) data collection and reporting tools.	Ongoing – quarterly reporting by grantees	N/A
Drug-Free Communities (DFC) Program	DFC National Evaluation	Annual	- Evaluation conducted under contract with ICF (independent third-party evaluator) by: National Evaluation Team ○ Barbara K. O'Donnel, PhD ○ Jason Schoeneberger, PhD ○ James Demery, PhD ○ Samantha Salvador, MA ○ Kelle Falls, MA ○ Jeremy Goldbach, PhD ○ Erica McCoy, MPA ○ Jennifer Newton, BS, CPS ○ Kathleen Calcerano, BA ○ Lauren Kennedy, BA

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.

The U.S. 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).

The U.S. promotes national prevention, treatment, care, recovery, rehabilitation, and social integration measures and programs, with a comprehensive and balanced drug demand reduction approach, and promotes nationally recognized standards by member states on drug use preventions, the "International Standards on Drug Use Prevention," and the "International Standards for the 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,[3] 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.

The U.S. implements the following prevention strategies or programs:

Population group	Estimated Coverage		Strategy / Program	Type of program
	Target population	Coverage rate		
School children and university students:				
• Pre-school	-	-	- Principles of Substance Abuse Prevention for Early Childhood: A Research-Based Guide - Adverse Childhood Experiences (ACEs)	Universal
• Elementary/primary	-	-	Adverse Childhood Experiences (ACEs)	Universal
• Junior high & high school (secondary school)	Young adults	-	Substance Misuse Prevention for Young Adults	Universal, selective, and indicated
• School aged children (Middle and High School)	18 and under	-	Drug-Free Communities Support Program	Universal
• University/tertiary education	College students	-	Campusdrugprevention.org	Universal
Street Population:				
• Boys/girls	-	-	Substance Misuse Prevention for Young Adults. Evidence-Based Resource Guide Series	Selective
• Youths	High-risk teens	-	- Teens Linked to Care (TLC)	Selective and Indicated
	-	-	- Substance Misuse Prevention for Young Adults. Evidence-Based Resource Guide Series	Universal, selective, and indicated

[3] 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.

Family	-	-	Substance Misuse Prevention for Young Adults. Evidence-Based Resource Guide Series	Universal, selective, and indicated
Gender:				
• Women	-	-	- Preventing the Use of Marijuana: Focus on Women and Pregnancy - Training and Technical Assistance Program to Promote Gender-Specific Programming for Female Juvenile Offenders and At-Risk Girls	Selective and indicated
LGBTIQ+	-	-	Preventing Substance Abuse Among LGBTQ Teens	Selective
Community	-	-	Preventing Drug Use among Children and Adolescents: A Research-Based Guide for Parents, Educators, Community Leaders	Universal, selective, and indicated
Indigenous people	Tribal population	-	- Prevention Programs – American Indian & Alaska Native Communities - Injury Prevention in American Indian and Alaska Native Communities	Universal, selective, and indicated
Migrants and refugees	-	-	- Refugee Behavioral Health - SAMHSA - Office of Refugee Resettlement – Network Resources - International Society of Substance Use Prevention and Treatment Professionals (ISSUP)	-
Individuals in the workplace	Employer based	-	- Drug Free Workplace Programs - Workplace Supported Recovery (WSR)	-
Incarcerated individuals	Justice-involved population	-	- Principles of Community-based Behavioral - Health Services for Justice-involved Individuals: A Research-based Guide - Overdose Response Strategy	Indicated
Others: Prevention Practitioners	-	-	Selecting Best-fit Programs and Practices: Guidance for Substance Misuse Prevention Practitioners	Universal, selective, and indicated

The U.S. does not implement prevention strategies or programs for the following population groups: adult street population[4] and male gender[5].

[4] In November 2021, the U.S. informed that the Centers for Disease Control and Prevention (CDC) administers the Overdose Data to Action (OD2A) program and provides the Interim Guidance on People Experiencing Unsheltered Homelessness to target the adult street population.

[5] In November 2021, the U.S. informed that many of the prevention strategies implemented may not target males specifically, but men do make up a substantial proportion of the population impacted by various strategies being carried out.

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.

The United States has carried out and strengthened situational assessments to identify the specific needs, risks and protection factors for the following target populations of drug use prevention programs: school aged children (middle and high school); school children and university students: pre-school; elementary/primary; elementary/primary; junior high & high school (secondary school); university/tertiary education; boys/girls; youths; family; women; LGBTIQ+; community; indigenous people; migrants and refugees; individuals in the workplace and incarcerated individuals.

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).

The U.S. promotes the exchange of research findings, experiences, and 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).

The U.S. 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.

Early intervention (brief intervention, counseling), dual pathology (co-morbidity) and social integration services and services related to recovery support take into account the public health approach. Crisis intervention and diverse treatment modalities services take into account a gender, human rights, and public health approaches.

The country's programs and services consider factors such as gender, age, and culture. These are embedded as cross-cutting principles in care guidelines and approaches.

The U.S.' programs and services take into account the "International Standards for the Treatment of Drug Use Disorders" of the WHO and UNODC. In this regard, the state governments are responsible for licensing specialty substance use disorder treatment programs and other healthcare providers and the regulation of practice.

State licensing requirements typically include program/agency accreditation requirements, staffing levels, credentials, and services required at specific levels of care. The U.S. federal government only funds treatment services that are appropriately licensed and meet other criteria. Services funded by the U.S. federal government through Medicaid, Medicare, the Substance Abuse Prevention and Treatment Block Grant, discretionary grants, and other services are evaluated in an ongoing way through a combination of services and program data and program evaluations. Organizations that provide substandard care may face sanctions, including loss of funding.

In addition, the U.S. federal government plays an active role in ensuring that opioid treatment programs (OTPs) comply with regulatory and accreditation requirements. This evaluation determines whether the surveyed and accredited OTPs complied with the Federal opioid treatment standards and also provides an opportunity to evaluate accreditation body performance.

Compliance officers also work directly with the Drug Enforcement Administration (DEA) and State Opioid Treatment Authorities (SOTAs) to ensure OTPs meet all federal and state requirements to provide care for individuals with opioid use disorders under the Certification of Opioid Treatment Programs, 42 Code of Federal Regulations (CFR) 8.

The U.S. 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 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.

The U.S. implements mechanisms to continuously 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 the gender or human rights approaches, age, and cultural context during the evaluation and monitoring of care, treatment, rehabilitation, recovery, and social integration programs and comprehensive public and private facilities. In this regard, Government Performance and Results Modernization Act, 2010 (GPRA) data submitted by discretionary grant recipients tracks race, ethnicity, and gender of service recipients and provides a mechanism to examine outcomes for various sub-groups.

The 2019 National Survey on Drug Use and Health (NSDUH) covers residents of households and people in on institutional group quarters (e.g., shelters, boarding houses, college dormitories, migratory workers' camps, halfway houses). NSDUH is a face-to-face household interview survey conducted in two phases: the screening phase and the interview phase.

Data is analyzed at the national level as well as at the sub-population level including: women, lesbian, gay, and bisexual adults, and by race and ethnicity.

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

The U.S. has mechanisms to protect the rights of persons in treatment programs and services, as outlined in the 42 CFR Part 2 (regulation governing the confidentiality of substance use disorder treatment records) and the Health Insurance Portability and Accountability Act (HIPAA).

These mechanisms have protocols 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.

The U.S. has alternatives of early intervention, care, treatment, rehabilitation, recovery, and social integration services for criminal offenders who use drugs. In this regard, the Sequential Intercept Model (SIM) details how individuals with mental and substance use disorders come into contact with and move through the criminal justice system.

The SIM mapping process brings together leaders and different agencies and systems to work together to identify strategies to divert people with mental and substance use disorders away from the justice system into treatment.

The Drug Court model was developed in the U.S. and is utilized nationally to divert people with substance use disorder (SUD) from the criminal justice system to treatment utilizing both pre- and post-adjudication models.

Additionally, a wide range of first-responder “deflection” initiatives have emerged to divert people with SUD to treatment and related services in lieu of arrest. The majority of these involve law enforcement, while some are principally operated by fire departments. The U.S. Department of Justice has begun to fund such initiatives.

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

The U.S. offers early intervention, care, treatment, rehabilitation, recovery, and social integration services for incarcerated individuals who use drugs. The U.S. Department of Justice supports state, local and tribal detention, and correctional facilities in providing evidence-based SUD to incarcerated individuals through its Residential Substance Abuse Treatment (RSAT) program. The purpose of the RSAT for State Prisoners Program is to break the cycle of drug addiction and violence by reducing the demand for, use, and trafficking of illegal drugs. The Federal Bureau of Prisons’ drug abuse treatment strategy has grown and changed as advances have occurred in

substance treatment programs. Collectively, these outcomes represent enormous safety and economic benefits to the public.

SAMHSA promotes early intervention and treatment as healthier alternatives to detaining people with behavioral health conditions in the U.S. justice system, recognizing the balance of public health and public safety priorities. The GAINS Center focuses on expanding access to services for people with mental and substance use disorders who come into contact with the criminal justice system. SAMHSA's SSI/SSDI (Supplemental Security Income/Social Security Disability Insurance) Outreach, Access, and Recovery program increases access to Social Security disability benefits for eligible individuals who are experiencing or at risk of homelessness and have a serious mental illness and co-occurring substance use disorder.[6]

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.

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

Organizations	Programs
Multiple funded by SAMHSA	Emergency COVID 19 Programs
Multiple funded by SAMHSA	Promoting Integration of Primary and Behavioral Health Care
Multiple funded by SAMHSA	Recovery Community Services Program
Multiple funded by SAMHSA	Building Communities of Recovery
Multiple funded by U.S. Department of Justice	Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) Peer Recovery Support Services Mentoring Initiative (PRSSMI)

[6] In November 2021, the U.S. informed that the Department of Justice (DOJ) made a significant investment in state and local communities, through the Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) to provide treatment and other social supports as alternatives to arrest or incarceration. Additionally, the DOJ supports the Second Chance Act Grant to support services for persons returning to communities after incarceration.

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.

The U.S. promotes 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.

In this regard, the U.S. Department of State, through extensive partnerships with the Organization of American States, the United Nations Office on Drugs and Crime, the Colombo Plan, the African Union, the World Health Organization, governments, civil society organizations, universities, and a multitude of other partners, has supported the development and dissemination of evidence-based drug demand reduction initiatives, including the Universal Prevention Curriculum (UPC), the Universal Treatment Curriculum (UTC), and the peer recovery support specialist curriculum currently being piloted. In addition, the U.S. Department of State supports the Global Centre for Credentialing & Certification (GCCC), the International Society of Substance Use Professionals (ISSUP), and the International Consortium of Universities for Drug Demand Reduction to connect professionals, practitioners, academia, and policy makers to share best practices and experience.

Addiction Technology Transfer Center: Collaboration among domestic and internationally-based ATTCs facilitates the exchange of evidence-based best practices that inform both domestic and international substance use disorder treatment practices, as well as the development of peer recovery programs, for HIV prevention, care, and treatment in the context of co-occurring physical, mental, and substance use disorders.

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.

The U.S. promotes measures to address the stigma and social marginalization associated with substance use disorders. In this regard, the Prevention Technology Transfer Center Network (PTTC) includes an overview of stigma and its impact on substance use disorders. Additionally, through the “Spotlight on Stigma” series, there are targeted resources for specific professionals such as faith leaders and first responders.

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.

The U.S. implements ongoing competency-based training in the areas of prevention, treatment, and rehabilitation. In this regard, the Center for Substance Abuse Treatment (CSAT) published the document titled, "Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice (The Competencies) as Technical Assistance Publication (TAP) 21." This publication identifies 123 competencies that are essential to the effective practice of counseling for psychoactive substance use disorders. The Competencies are called Proficiency Levels for Graduates of Academic Degree Programs. The document establishes proficiency targets for each knowledge, skill, and attitude included in the competencies at the associate's, bachelor's, and master's levels.

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

International organizations	Training programs	Name of program	Approaches taken into account
International Centre for Credentialing and Education of Addiction Professionals (ICCE)	Evidence-based training for addiction professionals	- Universal Prevention Curriculum (UPC) - Universal Treatment Curriculum (UTC) - PEERS Training Course (in piloting)	Gender, human rights, and public health
Colombo Plan / Global Centre for Credentialing & Certification	Addiction certification and associated training	- Universal Prevention Curriculum (UPC) - Universal Treatment Curriculum (UTC) - PEERS Training Course (in piloting)	Gender, human rights, and public health
International Society of Substance Use Professionals (ISSUP)	Training, professional development, and professional networking	International Society of Substance Use Professionals (ISSUP)	Gender, human rights, and public health

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).

The U.S. certifies personnel working in prevention, treatment, rehabilitation, social integration, and other services, as presented in the following table:

Services	Level of certification	Organization/institution responsible for certification
Prevention	Basic	International Certification and Reciprocity Consortium (IC&RC)
Treatment	Basic, Intermediate, and advanced	IC&RC and National Certification Commission for Addiction Professionals (NCCAP)
Rehabilitation	Basic	Commission on Rehabilitation Counselor Certification
Social integration	Basic	Association of Reentry Professionals
Peer Recovery Support Services	Basic	IC&RC, NCCAP

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.

The U.S. carried out situational assessments to identify the training needs of personnel working in prevention, early intervention, care, treatment, rehabilitation, recovery, and social integration programs.

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

The U.S. develops 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.

The U.S. has regulatory measures for accrediting prevention programs and accreditation process for care and treatment services, by the following entities:

CARF International: the accreditation process begins with a thorough self-evaluation that applies the relevant CARF standards against the organization's practices. Once the organization is in conformance to the standards, a request for a CARF survey is submitted at least three full months in advance of the desired date for an on-site survey. By the date of the survey, the provider should be in conformance with the standards for at least six months.

Council on Accreditation (COA):

- Collection, in-depth review, and synthesis of all prominent published research and professional literature.
- Review of trends in the field with Standards Advisory Panels comprised of subject matter experts, agency leaders, and service providers.
- Collection and review of feedback solicited from hundreds of professionals in COA's network.
- Field testing, when necessary, with a cross-section of organizations and their Site Visit Peer Reviewers.
- Continuous quality improvement with ongoing review of field feedback and newly published literature.

The Joint Commission:

- Apply for accreditation.
- Address any identified gap areas.
- Prepare for on-site survey.
- Participate in first Joint Commission survey.
- Complete post survey follow-up.
- Maintain your survey readiness.

National Commission on Correctional Health Care (NCCHC): After NCCHC receives an accreditation application, NCCHC will send the applicant a self-survey questionnaire (SSQ), which is a self-assessment tool to determine compliance with the standards. Once the completed SSQ is reviewed by NCCHC staff and the facility is considered ready for a survey, dates can be scheduled. However, at least 12 months of documentation is required prior to being scheduled.

The U.S. does not use CICAD's Indispensable Criteria for the opening and operating of drug use disorders treatment centers.

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.

The U.S. has the following supervisory mechanisms to ensure that the standards of international quality criteria of prevention services are met:

- SAMHSA National Advisory Council: Advise, consult with, and make recommendations to the Secretary and the Administrator, Substance Abuse and Mental Health Services Administration, concerning matters relating to the activities carried out by and through the Agency and the policies respecting such activities.

The U.S. has the following supervisory mechanisms to ensure that the standards of international quality criteria of the public and private treatment and rehabilitation services are met:

- Interdepartmental Substance Use Disorders Coordinating Committee (ISUDCC): identify areas for improved coordination related to SUD research, services, supports, and prevention activities across all relevant federal agencies.

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

The U.S. conducted an assessment at the national, regional, and local levels of the needs and supply of primary care, treatment, and reintegration services during the evaluation period. In this regard, National Survey of Substance Abuse Treatment Services (N-SSATS) is an annual census of treatment facilities. Information is collected on the location, organization, structure, services, and utilization of substance abuse treatment facilities in The U.S. The data are used for program administration and policy analysis. Some key trends and findings can be reviewed in conjunction with state and local data on substance use prevalence collected and analyzed annually through the National Survey on Drug Use and Health.

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 the U.S. 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. These programs include gender, age, community, and cultural context approaches. CICAD also notes that the U.S. develops, strengthens, and implements coordination mechanisms for collecting, analyzing, disseminating, and accessing information on drug use prevention, treatment, rehabilitation, recovery, and social reintegration services. In addition, CICAD notes that the U.S. has monitoring instruments for drug demand reduction programs and has carried out process and outcome evaluations of its drug demand reduction programs, as well as impact evaluations on drug consumption prevention programs. CICAD also notes that the U.S. 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. Further, CICAD notes with satisfaction that the U.S. promotes national prevention, treatment, care, recovery, rehabilitation, and social integration measures and programs, with a comprehensive and balanced drug demand reduction approach and, further, it promotes 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 the U.S. carries out drug use prevention programs in various population groups. However, CICAD observes that the country's programs do not specifically cover all important population groups[7]. On the other hand, CICAD notes that the U.S. has conducted situational assessments to identify the specific needs, risk, and protective factors of the majority of target populations for drug use prevention programs. In addition, CICAD notes with satisfaction that the

[7] In November 2021, the U.S. informed that the CDC administers the Overdose Data to Action (OD2A) program and provides the Interim Guidance on People Experiencing Unsheltered Homelessness to target the adult street population. The country also informed that many of the prevention strategies implemented may not target males specifically, but men do make up a substantial proportion of the population impacted by various strategies being carried out.

U.S. 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 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 the U.S. has comprehensive and inclusive care, treatment, rehabilitation, recovery, and social integration programs and services in the public health and social protection network, some programs and services take into account a gender, human rights, and public health approach. CICAD also observes that the U.S. takes into account the "International Standards for the Treatment of Drug Use Disorders" of the WHO and UNODC and 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 the U.S. implements mechanisms to continuously monitor and evaluate the results of care, treatment, rehabilitation, recovery, and social integration programs and comprehensive public and private facilities. Additionally, CICAD notes with satisfaction that the U.S. has mechanisms in place to protect the rights of persons in treatment in treatment programs and services including protocols to protect the confidentiality of information provided by people receiving these services and the process of providing adequate information about treatment and informed consent. CICAD also notes that the U.S. has alternatives of early intervention, care, treatment, rehabilitation, recovery, and social integration services for criminal offenders who use drugs. Moreover, CICAD notes with satisfaction that the U.S. offers early intervention, care, treatment, rehabilitation, recovery, and social integration services for incarcerated drug users. In addition, CICAD observes that the U.S. implements cooperation mechanisms with social and community actors that provide social and community support services that contribute to the social integration of drug users.[8] CICAD also notes with satisfaction that the U.S. promotes regional or international cooperation and sharing of 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. Further, CICAD notes that the U.S. promotes measures to address the stigma and social marginalization associated with substance use disorders.

[8] In November 2021, the U.S. informed that the Department of Justice (DOJ) made a significant investment in state and local communities, through the Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) to provide treatment and other social supports as alternatives to arrest or incarceration. Additionally, the DOJ supports the Second Chance Act Grant to support services for persons returning to communities after incarceration.

Objective 4

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

CICAD notes with satisfaction that the U.S. implements ongoing competency-based training in the areas of prevention, treatment, and rehabilitation. Also, the country participates in prevention, treatment, and rehabilitation training programs offered by specialized international organizations. Further, CICAD notes that the U.S. certifies personnel working in prevention, treatment, rehabilitation, social integration, and other services. In addition, CICAD notes with satisfaction that the U.S. has conducted situational assessments to identify training needs for personnel working in prevention, early intervention, care, treatment, rehabilitation, recovery, and social integration programs. Further, CICAD notes that the U.S. has 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 with satisfaction that the U.S. has regulatory measures for accrediting prevention programs and accreditation process for care and treatment services. However, CICAD notes that the U.S. does not use CICAD's Indispensable Criteria for the opening and operating of drug use disorders. CICAD also notes that the country has supervisory mechanisms to ensure that the international quality standards are met in prevention services as well as for public and private treatment and rehabilitation services. Further, CICAD notes that the U.S. has conducted an assessment at the national, regional, and local levels to determine the needs and supply of primary care, treatment, and reintegration services.

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