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MULTILATERAL EVALUATION MECHANISM (MEM)

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

Guatemala

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

2021



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**Evaluation Report on Drug Policies:
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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 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.

Guatemala has drug demand reduction policies that include programs in the areas of health promotion, prevention, treatment, care, rehabilitation, social integration and recovery, as well as other initiatives and measures aimed at minimizing the adverse public health and social consequences of drug abuse. However, the country's policies do not include programs in the area of early intervention.

Area	Policies / Programs
Health promotion	<ul style="list-style-type: none"> - National Policy on Drugs and Addictions 2019-2030 (carried out by SECCATID) - Law against Drug Activity - Great National Crusade for Nutrition led by the Secretariat for Food and Nutritional Security (SESAN) - Project of the Ministry of Public Health and Social Welfare (MSPAS) - Social programs of the Ministry of Social Development (MIDES): <ul style="list-style-type: none"> o MIDES Public Policy o <i>Bono Social</i> Program o <i>Mi Bolsa Segura</i> Program o <i>Mi Comedor Seguro</i> Program - FUNDAZUCAR Foundation: <ul style="list-style-type: none"> o "<i>Mi Salud Primero</i>" Program o "<i>Mejores Familias</i>" Program o "<i>Comunidades en Desarrollo</i>" Program
Prevention	<ul style="list-style-type: none"> - Prevention Directorate Programs on the SECCATID website: <ul style="list-style-type: none"> o Prevention Program: <i>Mis Primeros Pasos</i> o Prevention Program: PRONEPI o Prevention Program: Community Prevention o Prevention Program: Workplace Prevention o Prevention Program: <i>Familias Fuertes</i> o Prevention Program: Lions Quest o Prevention Program: <i>Por un Mundo Libre de Drogas</i> o Prevention Program: Community Coalitions

¹ Community includes ethnicity, among others.

	<ul style="list-style-type: none"> ○ Pro-health videos and audiovisual material developed by SECCATID, for social networks (YouTube, Facebook, Instagram) - Unit for Community Prevention of Violence (UPCV) of the Ministry of Government: <ul style="list-style-type: none"> ○ Awareness sessions on Alcohol and Drug Use Prevention ○ Drug Use Prevention, Risk and Protective Factors ○ Drug use prevention rally ○ “Yo Vivo Sin Drogas” Marathon ○ Chat on “Raising Awareness on Preventing Alcohol and Drug Use” ○ “Un Mundo sin Drogas” degree ○ Workshop on “Drug Use Myths and Realities” ○ Training in “Drug Prevention and Social Networks”
Treatment	<ul style="list-style-type: none"> - Directorate of Treatment, Rehabilitation, and Reintegration in SECCATID - Comprehensive Care Centers for People with Addictions (CAIPAS) - Center for Comprehensive Mental Health Care, coordinated by the Guatemalan Social Security Institute (IGSS) - Federico Mora National Hospital for Mental Health, which is part of the Ministry of Public Health and Social Assistance
Care	<ul style="list-style-type: none"> - Directorate of Treatment, Rehabilitation, and Reintegration in SECCATID - Comprehensive Care Centers for People with Addictions (CAIPAS)
Rehabilitation	<ul style="list-style-type: none"> - Directorate of Treatment, Rehabilitation, and Reintegration in SECCATID - Comprehensive Care Centers for People with Addictions (CAIPAS)
Social integration	<ul style="list-style-type: none"> - Directorate of Treatment, Rehabilitation, and Reintegration in SECCATID - Comprehensive Care Centers for People with Addictions (CAIPAS) - Social Welfare Secretariat (SBS) that manages reintegration programs: <ul style="list-style-type: none"> ○ Deprivation of Liberty Program ○ Deprivation of Liberty Program for Adolescents in Conflict with Criminal Law ○ Socio-educational Measures Program ○ Tertiary Prevention Directorate
Recovery	<ul style="list-style-type: none"> - Directorate of Treatment, Rehabilitation, and Reintegration in SECCATID - Comprehensive Care Centers for People with Addictions (CAIPAS)
Other initiatives/measures for minimizing adverse public health and social consequences	<ul style="list-style-type: none"> - Videos and audiovisual material developed by SECCATID, for social networks (YouTube, Facebook, Instagram)

The programs described above include the gender, age, community, and cultural context approaches.

The Executive Secretariat of the Commission against Addictions and Illicit Drug Trafficking (SECCATID) published the 2019-2030 National Policy on Drugs and Addictions focused on health promotion, which describes all activity directly and indirectly related to addictions, illicit actions linked with drug trafficking in all its forms.

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. (Question 2)

Guatemala develops, strengthens, and implements coordination mechanisms for collecting, analyzing, disseminating, and accessing information on prevention, treatment, rehabilitation, recovery, and social reintegration services. SECCATID's National Observatory on Drugs (OND) manages national and international strategic information relating to drugs and other psychoactive substances and is responsible for collecting, documenting, organizing, classifying, systematizing, analyzing, safeguarding, providing, and disseminating information and statistics on the subject of drugs. Thus, it has been publishing Annual Bulletins since 2017, in which it disseminates information on SECCATID's outpatient treatment centers, on prevention, information on incineration provided by delegates from the Ministry of Government, information on the Judicial Branch, and analysis on anti-narcotic information, in addition to videos and audiovisual material developed by SECCATID on the different topics, for publication on social networks such as YouTube, Facebook, and Instagram.

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

Guatemala has monitoring instruments for drug demand reduction programs. However, it has not carried out impact, process, or outcome evaluations of its drug demand reduction programs.

Priority Action 1.4: Develop and/or implement, as appropriate, coordination mechanisms with civil society, academic and research institutions, and other stakeholders to support the development and implementation of demand reduction programs.

Guatemala develops and implements coordination mechanisms to support the development and implementation of drug demand reduction programs allowing for participation and coordination with civil society and other stakeholders.

SECCATID has signed various cooperation agreements and letters of understanding with institutions, non-governmental organizations, universities, foundations, and associations. In addition, it has the Community Prevention Program that promotes strategies among community leaders, youth leaders, organization members, and the general public, so that they can organize community alliances. The objective is to establish a community to work collectively toward a common goal, and build a safe and healthy community focused on preventing drug use. It also implements the Community Coalitions Program, reaching formal arrangements for collaboration among groups or sectors of the community, wherein each group maintains its identity but all agree to work collectively toward a common goal and to create safe and drug-free communities.

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).

Guatemala promotes 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, promotes national standards recognized by the 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 WHO and UNODC.

SECCATID promotes national prevention, treatment, care, recovery, rehabilitation, and social integration programs, in accordance with international standards, such as:

- *Familias Fuertes* Prevention Program (UNODC)
- Lions Quest Prevention Program (UNODC)
- MhGAP Intervention Guide Version 2.0 (PAHO/WHO) used by SECCATID’s Outpatient Treatment Center (CTA)
- Pan-American Health Organization Guatemala (PAHO Guatemala)
- Universal Treatment Curriculum (UTC) – International Society of Substance Use Professionals (ISSUP), implemented by the Directorate for Treatment, Rehabilitation, and Reintegration, at the SECCATID Outpatient Treatment Center (CTA).
- UTC 1, 2, and 3 Training in Guatemala (ISSUP)
- UTC 4 and 5 Training in Guatemala (ISSUP)
- UTC 6, 7 and 8 Training in Guatemala (ISSUP)
- Minimum Standards of Care

**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.

Guatemala develops and implements the following prevention strategies and programs:

Population group	Estimated Coverage		Name of program	Type of program
	Target population	Coverage rate		
School children and university students:				
• Pre-school	-	Individuals: 2020: 358 2019: 17,921	<i>Mis primeros pasos</i>	Universal
• Primary	-	Individuals: 2020: 626 2019: 986	National Comprehensive Preventive Education Program (PRONEPI)	Universal
• Secondary	-	Individuals: 2020: 1,277 2019: 2,134	PRONEPI	Universal
Family	-	Individuals: 2020: 2,158 2019: 19,973	- PRONEPI - <i>Familias Fuertes</i> - Lions Quest	Universal
Community	-	Individuals: 2020: 4,707 2019: 6,933	Community prevention	Universal and Selective
Individuals in the workplace	-	Individuals: 2020: 1,506 2019: 2,630	Workplace prevention	Universal and Selective

The country does not develop indicated prevention strategies or programs, nor does it implement specific programs for the following population groups: university population, street

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.

population, male/female gender; LGBTIQ+ population; indigenous population; migrants and refugees; or incarcerated individuals.

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.

Guatemala has not conducted or strengthened situational assessments to identify specific needs, risk, and protective factors of each target population of drug use prevention programs.

Priority Action 2.3: Promote the exchange of research findings, experiences, and best practices to improve the effectiveness of prevention programs, taking into consideration the “International Standards on Drug Use Prevention,” developed jointly by the World Health Organization (WHO) and United Nations Office on Drugs and Crime (UNODC).

Guatemala does not promote the exchange of research, experiences, and best practices to improve the effectiveness of prevention programs, taking into consideration the “International Standards on Drug Use Prevention,” developed jointly by the WHO and UNODC.

OBJECTIVE
3

ESTABLISH AND STRENGTHEN, AS APPROPRIATE, NATIONAL CARE, TREATMENT, REHABILITATION, RECOVERY, AND SOCIAL INTEGRATION SYSTEMS FOR PEOPLE WHO USE DRUGS, THAT ARE INTEGRATED WITH HEALTH SYSTEMS, AND THAT RESPECT HUMAN RIGHTS, AND OFFER GENDER-SPECIFIC SERVICES, AND THAT, TO THE EXTENT POSSIBLE, ARE DESIGNED AND ADMINISTERED IN ACCORDANCE WITH INTERNATIONALLY ACCEPTED QUALITY STANDARDS.

Priority Action 3.1: Implement and strengthen comprehensive and inclusive care, treatment, rehabilitation, recovery, and social integration programs and services in the public health care network, and/or social protection, taking into account the “International Standards on Treatment of Drug Use Disorders” and the Technical Guide for countries to set targets for universal access to HIV prevention, treatment, and care for injecting drug users, issued by the World Health Organization (WHO), the United Nations Office on Drugs and Crime (UNODC), and the Joint United Nations Program on HIV/AIDS (UNAIDS).

Guatemala 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: various treatment modalities, dual pathology (co-morbidity) and social integration and services related to recovery support. With respect to early intervention services, the Outpatient Treatment Center (CTA) provides some short-term interventions and counseling by telephone, but its services focus on complete treatment, rehabilitation, and social reintegration programs on an outpatient basis. The country does not have crisis intervention programs or services.

These programs and services take into account the gender, human rights, and public health approaches. In this regard, through its CTA, SECCATID provides some short-term interventions and counseling by telephone, but its services focus on complete treatment, rehabilitation, and social reintegration programs on an outpatient basis.

With regard to consideration of the gender perspective in these programs and services, SECCATID’s CTA, through all its programs and services, provides comprehensive care that takes into account the individual’s specific needs according to gender, as in the case of women, who represent an at-risk group requiring special care.

Consistent with the guidelines of the 2019-2030 National Policy on Drugs and Addictions, CTA programs and services take into account aspects of gender, ethnicity, and age ranges, from the perspective of public health, with a multi-disciplinary, multisectoral, balanced, scientific evidence-based approach and with full observance of human rights, promoting treatment, rehabilitation, and reintegration targeting at-risk populations.

The country’s programs and services take into account the “International Standards for the Treatment of Drug Use Disorders” of the WHO and UNODC. The Department of Health Institution Regulation, Accreditation, and Control (DRACES) of the Ministry of Public Health and Social

Welfare, is the entity responsible for monitoring compliance with Health Standards in the Comprehensive Care Centers for People with Addictions (CAIPAS), which are private residential centers that care for patients with drug use problems. In addition, there are minimum standards for the Centers Caring for Persons with Problems Due to the Use of Addictive Substances, the supervision of which is the responsibility of the Ministry of Public Health and Social Welfare. The Commission against Addictions and Illicit Drug Trafficking (CCATID) is the entity charged with supervisory compliance with the standards used in the SECCATID's CTA.

Guatemala takes into account the use of the “Technical Guide for countries to set targets for universal access to HIV prevention, treatment, and care for injecting drug users, issued by the WHO, UNODC, and UNAIDS.”

This is achieved through the use of national institutions that provide these services, such as the Association for Family Welfare (APROFAM), a private, non-profit association without political or religious ties, founded to meet comprehensive family needs with quality products and services, with emphasis on the sexual and reproductive health of families. In addition, the Ministry of Public Health and Social Welfare is also responsible for monitoring HIV care, prevention, and treatment.

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.

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

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

Guatemala has mechanisms to protect the rights of persons in treatment programs and services.

In this regard, SECCATID's CTA protects the privacy and rights of persons receiving treatment, rehabilitation, and social reintegration programs and services. In addition, persons who enter a treatment process in this Center must sign an informed consent, and there is full compliance with its regulations.

In addition, the CAIPAS, private residential centers treating patients with drug use problems, must be continuously supervised to guarantee the rights of those in treatment. By legal mandate, the regulation and control of the CAIPAS is the responsibility of the DRACES of the Ministry of Public Health and Social Welfare. Supervision of the CAIPAS occurs once a year in the capital city and once every two years in Guatemala's interior.

In addition, the country has the 2007-2015 Mental Health Policy in Guatemala of the Ministry of Public Health and Social Welfare (MSPAS).

These mechanisms have protocols to protect the confidentiality of the information provided by those who receive these services and include the process of providing sufficient information on treatment and informed consent. The CTA (SECCATID) provides information on treatment and informed consent with respect to the rights of users, including the obligations they must meet.

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.

Guatemala does not have alternatives providing early intervention, care, treatment, rehabilitation, recovery, or social integration services for criminal offenders who use drugs.

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

Guatemala does not offer early intervention, care, treatment, rehabilitation, recovery, or social integration programs for incarcerated individuals who are drug users.

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.

Guatemala implements the following 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:

Organizations	Programs
Capital Municipality	Capital Municipality Workshop School - Continuing basic level studies
Municipalities	Office for Women
National Association against Child Abuse (CONACMI)	Street population
Unit for Community Prevention of Violence and Crime (UPCV)	Community Unit
"Padre Bartolomé Ambrosio SDB" Professional Training Center	Professional Training Center

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.

Guatemala does not promote regional or international cooperation nor does it share best practices in increasing access to and availability of evidence-based recovery and treatment services, including access to naloxone and other medicines used in the treatment of 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.

Guatemala 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.

Priority Action 4.1: Implement ongoing competency-based training mechanisms, in collaboration with academic institutions and other specialized organizations.

Guatemala implements ongoing competency-based training mechanisms in the areas of prevention, treatment, and rehabilitation and is included within the Guidelines of the 2019-2030 National Policy on Drugs and Addiction.

There are two related (postgraduate) master's programs, the Master's in Addictions Sciences from the Galileo University and the Master's in Prevention and Comprehensive Care of Addictive behaviors from the University of San Carlos. Training has also been offered in the Universal Treatment Curriculum (UTC) – (ISSUP), by the Directorate of Treatment, Rehabilitation, and Reintegration at SECCATID's CTA.

Guatemala participates in the following training programs on prevention and treatment offered by specialized international organizations:

International organizations	Program type	Name of program	Approaches taken into account
Cooperation Program between Latin America, the Caribbean and the European Union on Drugs Policies (COPOLAD)	Prevention	Comprehensive approach for prevention and reduction of the adverse consequences of drug use in high-risk populations: a public health strategy.	Public Health
CICAD-OAS	Treatment	Universal Treatment Program UTC	Gender, human rights, public health
UNODC	Treatment	Quality Assurance for Treatment Centers	Gender, human rights, public health
COPOLAD	Treatment	Basic Criteria Guideline	Gender, human rights, public health

The Quality Assurance Program for Treatment Centers takes the gender perspective into account, developing specific programs for women, considering the specific needs of this population group.

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).

Guatemala does not certify staff 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.

Guatemala has not conducted situational assessments to identify training needs of staff 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.

Guatemala has not developed specialized programs in response to training needs identified by situational assessments. However, the CTA is preparing quality assurance, taking into account the Minimum Standards of Care for Treatment Centers that date from the year 2006.

**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.**

Guatemala does not have regulatory measures for accrediting prevention programs. With regard to accreditation processes for care and treatment services, Guatemala has accreditation of the Treatment Centers carried out by DRACES, a division of the Ministry of Public Health and Social Welfare.

The function of that department is to “regulate the accreditation and control of the country’s health facilities, to ensure they comply with the requirements: of accreditation qualification and standards, in order to provide maximum quality of care to users of the service, which is supported by professionals and capable technical health staff, with experience and verified studies, in addition to suitable equipment and facilities necessary for operation. To regulate 100% of health facilities, guaranteeing quality of care to the user public as well as promoting the accreditation of quality in health facilities.”

The country does not use CICAD’s Indispensable Criteria for the opening and operation of treatment centers for drug use disorders. Instead, the country uses the minimum standards of care described in the document “Minimum Standards of Care for Centers Providing Services to Persons with Problems Due to the Use of Addictive Substances” of the Ministry of Public Health, as well as the “Standards of Care for the Treatment of Drug Dependence” of CICAD and PAHO/WHO, of December 1999.

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.

Guatemala does not have supervisory mechanisms to ensure compliance with the international quality standards in prevention programs. On the other hand, the country has the following supervisory mechanisms to ensure compliance with international quality standards in public and private treatment and rehabilitation services:

- The DRACES of the Ministry of Public Health and Social Assistance is the entity charged with supervising compliance with international quality standards in CAIPAS, which are the private residential centers caring for patients with drug use problems.
- There are minimum standards for the Centers Caring for People with Problems Due to the Use of Addictive Substances, the supervision of which is the responsibility of the Ministry of Public Health and Social Welfare.

- The CCATID is the entity charged with supervising compliance with the standards used in SECCATID's CTA.

With respect to actions taken with public and private treatment and rehabilitation services that do not comply with international quality standards, based on the supervisory visit, a determination is made as to whether the public (CTA) and private (CAIPAS) treatment and rehabilitation facilities are not complying with the minimum quality standards. In that case, the facility's license may be cancelled and the facility may be closed.

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

Guatemala has not made an assessment at the national, regional, or local levels to determine needs with regard to care, treatment, or reintegration services during the period of evaluation.

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 Guatemala has drug demand reduction policies that include programs in the areas of health promotion, prevention, treatment, care, rehabilitation, social integration, and recovery, which include the age, gender, community, and cultural context approaches. However, CICAD observes that the country's policies do not include programs in the area of early intervention. In addition, it notes that the country develops, strengthens, and implements coordination mechanisms for collecting, analyzing, disseminating, and accessing information on prevention, treatment, rehabilitation, recovery, and social integration services. In addition, CICAD observes that Guatemala has monitoring instruments for drug demand reduction programs. However, it has not carried out assessments of its drug demand reduction programs during the period of evaluation. Similarly, CICAD recognizes with satisfaction that the country implements coordination mechanisms to support the formulation or execution of drug demand reduction programs that allow for participation and coordination with civil society and other stakeholders, in addition to promoting national measures and programs on prevention, treatment, care, and rehabilitation, with a comprehensive and inclusive drug demand reduction approach and promotes national standards recognized by the 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 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 Guatemala carries out universal drug use prevention programs in various population groups. However, it notes with concern that it does not develop selective or indicated selective prevention strategies or programs, nor does it implement specific programs for other important population groups. In addition, CICAD observes that the country has not carried out updated situational assessments to identify the specific needs, risks, or protective factors of each target population group of drug use prevention programs. In addition, CICAD notes that Guatemala does not promote the exchange of research, experiences, and best practices to improve the effectiveness of prevention programs, taking into consideration the "International Standards on Drug Use Prevention," developed jointly by the WHO and UNODC.

Objective 3

Establish and strengthen, as appropriate, national care, treatment, rehabilitation, recovery, and social integration systems for people who use drugs, that are integrated with health systems, and that respect human rights, and offer gender-specific services, and that, to the extent possible, are designed and administered in accordance with internationally accepted quality standards.

CICAD observes that Guatemala has comprehensive and inclusive care, treatment, rehabilitation, recovery, and social integration programs and services in the public health and social protection network, which take into consideration the human rights, public health, and gender perspective approaches. In addition, it notes that the country takes into account the “International Standards for the Treatment of Drug Use Disorders” of the WHO and UNODC, and uses of the “Technical Guide for countries to set targets for universal access to HIV prevention, treatment, and care for injecting drug users,” issued by the WHO, UNODC, and UNAIDS.” However, CICAD observes that Guatemala does not implement mechanisms to continuously monitor and evaluate the outcomes of care, treatment, and rehabilitation programs. In contrast, CICAD observes that the country has mechanisms to protect the rights of individuals in treatment programs and services and protocols to protect the confidentiality of the information provided by those who receive these services, which include the process of providing adequate information on treatment and informed consent. Nonetheless, CICAD notes with concern that Guatemala does not have early intervention, care, treatment, rehabilitation, recovery, or social integration services for criminal offenders who use drugs, nor does it offer early intervention, care, treatment, rehabilitation, recovery, or social integration programs for incarcerated individuals who use drugs. In contrast, CICAD finds that the country implements cooperation mechanisms with social and community actors that provide social and community support services, which contribute to the social integration of drug users. However, CICAD notes with concern that Guatemala does not promote regional or international cooperation, nor does it share best practices to improve access to and availability of evidence-based recovery and treatment services, including access to naloxone and other medications used in the treatment of substance use disorders. From another perspective, CICAD notes with satisfaction that the country promotes measures to address the stigma and social marginalization associated with substance use disorders, which may deter individuals from seeking, accessing, and completing drug demand reduction services.

Objective 4

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

CICAD notes that Guatemala implements ongoing competency-based training in the areas of prevention, treatment, and rehabilitation. It also emphasizes that the country participates in prevention and training programs offered by specialized international organizations, which take into account the gender, public health, and human rights approach. In contrast, CICAD notes with concern that the country does not certify staff working in prevention, treatment, rehabilitation, or social integration services, and has not carried out situational assessments during the 2019-

2021 period to identify the training needs of staff working in prevention, early intervention, care, treatment, rehabilitation, recovery, or social integration programs, and thus has not developed specialized programs in response to training needs.

Objective 5

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

CICAD notes that Guatemala does not have regulatory measures to accredit prevention programs but it does have an accreditation process for care and treatment centers. However, it does not use the CICAD Indispensable Criteria for the opening and operation of treatment centers for drug use disorders. In addition, CICAD observes that the country does not have supervisory mechanisms to ensure compliance with international quality standards in prevention programs. However, it does have such mechanisms for public and private treatment and rehabilitation services. Finally, CICAD notes with concern that Guatemala has not carried out an assessment at the national, regional, or local level to determine needs in terms of care, treatment, and reintegration services during the period of evaluation.



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

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