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MULTILATERAL EVALUATION MECHANISM (MEM)

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

Haiti

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

2021



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

EIGHTH EVALUATION ROUND

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PREFACE

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

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

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

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

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

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

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

OBJECTIVE
1

ESTABLISH COMPREHENSIVE AND INTEGRATED DRUG DEMAND REDUCTION POLICIES WITH A PUBLIC HEALTH FOCUS, THAT ARE EVIDENCE-BASED, MULTIDISCIPLINARY, MULTISECTORAL, RESPECTFUL OF HUMAN RIGHTS, THAT CONSIDER THE GENDER PERSPECTIVE AND COMMUNITY¹, AND TAKE INTO ACCOUNT THE GUIDELINES AND/OR RECOMMENDATIONS OF SPECIALIZED INTERNATIONAL AND/OR REGIONAL ORGANIZATIONS.

Priority Action 1.1: Establish and/or update evidence-based programs in the areas of health promotion, prevention, early intervention, treatment, care, rehabilitation, social integration, and recovery and related support services, as well as initiatives and measures aimed at minimizing the adverse public health and social consequences of drug abuse, taking into account gender, age, community, and cultural context, and establish budgetary mechanisms for such programs.

Haiti has drug demand reduction policies that include programs in the areas of health promotion, prevention, early intervention, treatment, care, rehabilitation, and recovery support, as well as other initiatives and measures to minimize adverse public health and social consequences. However, the country does not have programs in social integration.

Area	Policies / Programs
Health promotion	- Antidrug Coalition of the commune of Carrefour (CADCA)
Prevention	- Campaign for raising awareness and prevention in school settings
Early intervention	- Interventions with Cognitive-Behavioral Therapy (CBT)
Treatment	- Minimum Standards for Treatment of Drug Addiction
Care	
Rehabilitation	
Recovery support	- Mutual aid groups: <ul style="list-style-type: none"> o Alcoholics Anonymous (AA) o Alcoholics Anonymous Family Groups (ALANON) and (ALATEEN) o Co-Dependents Anonymous (CODA)
Other initiatives/measures to minimize adverse public health and social consequences	- Drug Free World - Raising awareness of the adverse effects of drugs, by "Fondation Connaissance et Liberté" (FOKAL)

Early intervention, treatment, care, rehabilitation, and recovery support programs include gender, age, community, and cultural context approaches. However, Haiti's prevention programs do not consider these approaches.

¹ Community includes ethnicity, among others.

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.

Haiti develops, strengthens, and implements coordination mechanisms for the collection, analysis, and dissemination of and access to information on drug use prevention, treatment, rehabilitation, and recovery, through an annual report on drugs for the 2019-2020 period, as well as a report on a survey on drug use prevalence in the population, with the help of the higher education institution called the “Centre Techniques de Planification et d’Économie Appliquée” (Center on Planning Techniques and Applied Economics). Moreover, Haiti collects information from centers that provide care to drug addicts. Three reports will be submitted to confirm these data. However, the country does not have mechanisms for social reintegration services.

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

Haiti has monitoring instruments for drug demand reduction programs. The country 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.

Haiti 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).

Haiti promotes minimum standards for treatment, care, recovery, and rehabilitation services, but not for prevention or social integration services at the national level. Moreover, the country does not promote nationally recognized standards by member states on drug use preventions, the “International Standards on Drug Use Prevention,” or 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,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.

Haiti 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:	18 to 30 years	58% 13% 37%	- Youth against drugs	Universal
	At risk	15%	- Info Drogue	Selective
• Elementary/primary	9 to 13 years	10%	"Association pour la Prévention de l'Alcoolisme et Autres Accoutumances Chimiques" (APAAC)	Universal
• Junior high & high school (secondary school)	At high risk	33%	Zero drugs	Selective
• University/tertiary education	At risk	51%	Education on drugs and their adverse effects	Universal
Street Population:	At high risk	67%	Zero drugs	Universal
• Boys/girls	-	67%	Youth against drugs	Universal
• Youths	-	30%	Info Drogue	Universal
Gender:	At high risk	-	-	Universal
• Women	-	53%	-	-
• Men	-	40%	-	-
LGBTIQ+	At high risk	48%	Zero drugs	Selective
Individuals in the workplace	At high risk	12%	Information on drugs and their adverse effects	Universal
Others (Sex workers)	At high risk	24%	Sex workers	Universal

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.

Haiti does not develop indicated prevention strategies or programs, nor does it implement specific programs for the following population groups: pre-school; adults in street population; family; community; indigenous people; 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.

In 2018, Haiti carried out a situational assessment to identify the specific needs, risk, and protective factors for the following target populations of drug use prevention programs: elementary/primary school children, boys, girls, and youth in the street population, men and women, LGBTIQ+, and individuals in the workplace.

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).

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

OBJECTIVE**3**

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

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

Haiti 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: diverse treatment modalities, dual pathology (co-morbidity) and social integration and services related to recovery support. These programs and services take into account a public health and human rights approach. However, the country does not have programs and services in early intervention (brief intervention, counseling) or crisis intervention. The country does not take into account gender in their programs or services.

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

The country does not take into account the use of the “Technical Guide for countries to set targets for universal access to HIV prevention, treatment, and care for injecting drug users,” issued by WHO, UNODC, and UNAIDS.

Priority Action 3.2: Monitor and evaluate the results of care, treatment, rehabilitation, recovery, and social integration programs and comprehensive public and private facilities, taking into account the gender perspective, age, and cultural context, as appropriate.

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

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

Haiti has mechanisms to protect the rights of persons in treatment programs and services, which

is outlined in the document “Mental Health Component” of the National Health Policy.

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.

Haiti does not have alternatives of 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.

Haiti does not offer early intervention, care, treatment, rehabilitation, recovery, or social integration services for incarcerated individuals who use drugs.

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.

Haiti does not implement cooperation mechanisms with social or community actors that provide social or community support services to contribute to social integration of people who use drugs.

Priority Action 3.7: Promote regional and international cooperation and share best practices in increasing access to and availability of evidence-based treatment and recovery services, including access to naloxone and other medicines used in the treatment of substance use disorder.

Haiti does not promote regional or international cooperation or share best practices in increasing access to and availability of evidence-based treatment or recovery services, including access to naloxone or 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.

Haiti does not promote measures to address the stigma or 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.

Haiti implements ongoing competency-based training in the areas of prevention, treatment, and rehabilitation as follows:

- National Commission on the Fight Against Drugs (CONALD) officials regularly participate in training sessions offered in the areas of prevention, treatment, and rehabilitation by Cooperation Programme between Latin America, Caribbean, and the European Union on Drugs Policies (COPOLAD), the World Health Organization (WHO), and other institutions.
- Level: Certificate

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

International organizations	Type of program	Name of program	Approaches taken into account
COPOLAD	Treatment Prevention	- The public health approach in drug policies - Alcohol and other drug use evidence-based prevention	Public health
Pan American Health Organization (PAHO) / WHO	Treatment	- Mental Health and Psychosocial Support (MHPSS) - Coordination in Humanitarian Emergencies	Public health and human rights
Colombo Plan Drug Advisory Program / Universal Prevention Curriculum (UPC)	Treatment	UPC Core Training of Trainers (TOT) / Francophone Africa Session (online) The Colombo Plan / Drug Advisory Program	Public health
CICAD/Pompidou Group	Prevention	Gender Sensitive Drug Policy Responses CICAD/Pompidou group	Gender
Inter-American Program for Strengthening Gender Equality in Counterdrug Law Enforcement Agencies (GENLEA) / CICAD	Prevention	GENLEA/ CICAD Strategies and good practices for strengthening gender equality in counterdrug law enforcement agencies	Gender and human rights

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).

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

Priority Action 4.3: Conduct a situational assessment to identify training needs of prevention, early intervention, care, treatment, rehabilitation, recovery, and social integration service providers.

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

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

Haiti does not develop specialized programs in response to training needs identified by situational assessments.

The senior management personnel of the CONALD have had a number of training courses provided by various international agencies. They then replicate these trainings with social and medical personnel, engaging at an appropriate moment as they monitor the situation.

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.

Haiti does not have regulatory measures for accrediting prevention programs. The country does not have an accreditation process for care and treatment services.

Haiti does not use CICAD's Indispensable Criteria for the opening and operating of drug use disorders treatment centers, rather the authorization to operate and the minimum standards of treatment are adopted by the Ministry of Public Health.

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.

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

The country does not have supervisory mechanisms to ensure that the standards of international quality criteria of the public or private treatment and rehabilitation services are met.

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

Haiti has conducted activities related to assessing the needs and supply of primary care, treatment, and reintegration services at the national level since 2017, including an annual report on drugs for the 2019-2020 period, a survey report on drug use in the population, and information collected from services providing care to drug addicts.

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 Haiti has drug demand reduction policies that include programs in the areas of health promotion, prevention, early intervention, treatment, care, rehabilitation, and recovery support. However, CICAD also notes that Haiti does not have programs in social integration. Further, CICAD notes that gender, age, community, and cultural context approaches are taken into account for early intervention, treatment, care, rehabilitation, and recovery support programs, but not for prevention programs. CICAD notes with satisfaction that Haiti develops, strengthens, and implements coordination mechanisms for collecting, analyzing, disseminating, and accessing information on drug use prevention, treatment, rehabilitation, and recovery. However, the country does not have mechanisms for social reintegration services. In addition, CICAD notes that Haiti has monitoring instruments for drug demand reduction programs but has not conducted impact, process, or outcome evaluations of its drug demand reduction programs. Moreover, CICAD notes with satisfaction that Haiti 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 that Haiti promotes minimum standards for treatment, care, recovery, and rehabilitation services, but not for prevention or social integration services at the national level. Moreover, CICAD notes that the country does not promote nationally recognized standards by member states on drug use preventions, the “International Standards on Drug Use Prevention,” or 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 that Haiti 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. Further, CICAD notes that, in 2018 Haiti conducted a situational assessment to identify the specific needs, risk, and protective factors for the majority of target populations for drug use prevention programs. In addition, CICAD notes with concern that Haiti does not promote the exchange of research findings, experiences, or best practices to improve the effectiveness of prevention programs, taking into consideration the “International Standards on

Drug Use Prevention," developed jointly by WHO and UNODC.

Objective 3

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

CICAD notes that Haiti has comprehensive and inclusive care, treatment, rehabilitation, recovery, and social integration programs and services in the public health and social protection network, but they do not include programs and services in early intervention (brief intervention, counseling) or crisis intervention. These programs and services take into account the public health approach and human rights. However, CICAD notes that these programs and services do not take into account gender. CICAD also notes with concern that Haiti does not take into account the "International Standards for the Treatment of Drug Use Disorders" of the WHO and UNODC, or 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. CICAD observes with concern that Haiti does not implement mechanisms to monitor or evaluate the results of care, treatment, rehabilitation, recovery, or social integration programs or comprehensive public or private facilities. However, CICAD notes with satisfaction that mechanisms are in place to protect the rights of persons 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. On the other hand, CICAD notes with concern that Haiti does not have alternatives of early intervention, care, treatment, rehabilitation, recovery, or social integration services for criminal offenders who use drugs. Further, CICAD notes with concern that Haiti does not offer early intervention, care, treatment, rehabilitation, recovery, or social integration services for incarcerated drug users. CICAD observes with concern that Haiti does not implement cooperation mechanisms with social or community actors that provide social or community support services to contribute to social integration of people who use drugs. CICAD also notes with concern that Haiti does not promote regional or international cooperation or sharing of best practices to increase access or availability of evidence-based treatment or recovery services, including access to naloxone or other medications used in the treatment of substance use disorders. Further, CICAD notes with concern that Haiti does not promote measures to address the stigma or 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 Haiti implements ongoing competency-based training in the areas of prevention, treatment, and rehabilitation. Moreover, the country participates in prevention and treatment training programs, offered by specialized international organizations, but not for the area of rehabilitation. These programs take into account human rights, public health, and gender approaches. Further, CICAD notes with concern that Haiti does not certify personnel working in prevention, treatment, rehabilitation, or social integration services. In addition, CICAD observes with concern that Haiti does not carry out situational assessments to identify training needs of personnel working in prevention, early intervention, care, treatment, rehabilitation, recovery, or social integration programs. Further, CICAD notes with concern that the country has not developed specialized programs in response to training needs identified by situational assessments.

Objective 5**Establish and/or strengthen government institutional capacities to regulate, enable, accredit, and supervise prevention programs and care, treatment, rehabilitation, and reintegration services.**

CICAD notes with concern that Haiti does not have regulatory measures to accredit prevention programs nor an accreditation process for care and treatment services. Moreover, the country does not use CICAD's Indispensable Criteria for the opening and operating of drug use disorders treatment centers, rather the authorization to operate is issued by the Ministry of Public Health. CICAD also notes with concern that Haiti does not have supervisory mechanisms to ensure that the standards of international quality criteria of prevention or public or private treatment or rehabilitation services are met. However, CICAD notes that Haiti has conducted an assessment at the national level in 2017, to determine the needs and supply of primary care, treatment, and reintegration services.



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