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MULTILATERAL EVALUATION MECHANISM (MEM)

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

Paraguay

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 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.

Paraguay has drug demand reduction policies that include programs in the areas of health promotion, prevention, early intervention, treatment, care, rehabilitation, social integration, 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 recovery support programs.

Area	Policies / Programs
Health promotion	- Paraguay’s National Drugs Policy 2017-2022. Strategic Policy Guidelines and Demand and Supply Reduction Plan of Action - Office of the Director General of Health Promotion
Prevention	- “Seamos Ciudadanos-Construyendo Convivencia” - “Ore Vale” Care Strategy for Adolescents aged 14-17
Early intervention	- Comprehensive Care Program for Street Children and Adolescents (PAINAC)
Treatment	- Addictions Center – CENPTRA - Psychiatric Hospital - National Mental Health Unit
Care	- National Anti-drugs Secretariat (National Care and Rehabilitation Directorate)
Rehabilitation	- Addictions Center – CENPTRA - Psychiatric Hospital - National Mental Health Unit - National Anti-drugs Secretariat (National Care and Rehabilitation Directorate) - Protection and Rehabilitation Center at Punta Porã
Social integration	- Addictions Center – CENPTRA - Psychiatric Hospital - National Mental Health Unit - PAINAC

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

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.

Paraguay is not developing, strengthening, or implementing coordination mechanisms for collecting, analyzing, disseminating, and acceding to information on drug use prevention, treatment, rehabilitation, and social reintegration.

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

Paraguay does not have tools for monitoring drug demand reduction programs.

The country has not carried out impact, process, or outcome evaluations of its 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.

Paraguay is developing and implementing coordination mechanisms to support the development and implementation of demand reduction programs providing 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 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).

Paraguay is promoting 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, promoting nationally recognized standards by member states, the “International Standards on Drug Use Prevention,” and the “International Standards for the Treatment of Drug Use Disorders,” both developed jointly by the 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.

Paraguay is developing and implementing the following prevention strategies and programs:

Population group	Estimated coverage		Name of the program	Type of Program
	Target population	Coverage rate		
Schoolchildren and university students:				
• Primary	1,800 in 10 educational facilities in Asunción and the Metropolitan Area	10%	Lions Quest	Universal
Family	1,000 parents	-	- <i>Familias Fuertes Amor y Límites</i> - National Commission for Development and Life without Drugs (DEVIDA) - Peru	Indicated
	6,575	-	- PAINAC program	Selective
Indigenous population	30	-	-	Selective
Incarcerated individuals	Adolescents in Conflict with Criminal Law (ACLP)	96%	Addiction Treatment and Rehabilitation Unit (ULTRA)	Selective

The country is not implementing specific programs for the following segments of the population: pre-school students; secondary school students; university or tertiary-level students; street population; Gender (male/female); LGBTIQ+ population; communities; migrants and refugees; or persons in the workplace.

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.

Priority Action 2.2: Develop and strengthen situational assessments to identify specific needs, risks, and protective factors of each target population of drug use prevention programs.

Paraguay has not conducted or strengthened situational assessments to identify specific needs, risks, 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).

Paraguay 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 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).

Paraguay has the following comprehensive and inclusive care, treatment, rehabilitation, recovery, and social integration programs and services in the public health care and/or social protection network: various forms of early intervention, crisis intervention, treatment, dual pathology (co-morbidity), social integration, and recovery support-related services.

The early intervention programs and services take human rights and public health perspectives into account, but not the gender perspective.

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

The country takes into account 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, to establish targets relating to universal access to HIV prevention, treatment, and care.

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.

Paraguay does not implement mechanisms for continuous monitoring and evaluation of 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.

Paraguay does not have measures to protect the rights of persons undergoing treatment in treatment programs and services, nor does it have protocols for protecting the confidentiality of data provided by persons receiving these services and include the process to follow to provide appropriate information on 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.

Paraguay offers alternative services 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. Thus, the National Restorative Juvenil Justice Program coordinates with the Ministry of Justice's National Adolescent Offenders Care Service (SENAAI), which, in turn, coordinates the involvement of bodies responsible for prevention, justice, and treatment of youths at odds with the Criminal Law in Paraguay, such as the Secretariat for Children and Adolescents, the Ministry of the Interior, the Ministry of Public Defense, the Public Prosecutors' Office, the Judiciary, the Ministry of Justice, and civil society organizations, with a view to reaching consensus on an integrated policy shared by the various stakeholders in the juvenile criminal justice system.

The Ministry of Justice's Mental Health and Addiction Prevention Plan also envisages opening a Unit for the Addiction Treatment and Rehabilitation (UTRA) at the Itauguá Educational Center.

Alternatives are also established in the National Adolescent Offenders Policy (PONACOL).

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

Paraguay offers care, treatment, and rehabilitation programs for incarcerated drug users. However, it does not provide early intervention, recovery, and social integration programs for that segment of the population. Thus, under an agreement with the Ministry of Justice, the Fundación Remar Paraguay has been working in prisons since 2000, starting at the Tacumbú Penitentiary in Asunción working on the rehabilitation of inmates and restoration of the prison wings that Remar Paraguay administers. Remar Paraguay is currently working in the Tacumbú and Emboscada prisons, in addition to visiting and providing spiritual support services in the Buen Pastor Prison for Women.

These programs are also envisaged in the National Adolescent Offenders Policy (PONACOL).

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.

Paraguay does not implement cooperation mechanisms with social and community actors that provide social and 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.

Paraguay promotes regional and international cooperation and shares best practices in increasing access to and availability of evidence-based treatment and recovery services, including access to naloxone and other medicines used in the treatment of substance use disorder. Thus, it coordinates at the bilateral level with countries in the region through so-called mixed commissions which agree on joint demand reduction actions.

It also works with institutions in cooperating States, such as Peru and Argentina, with the programs from DEVIDA and the “*Habla Franco*” program, through the American Network for Intervention in Situations of Social Suffering (RAISSS), and the Community Meeting Points (PEC) of the Secretariat of Comprehensive Policies on Drugs of the Argentine Nation (SEDRONAR).

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.

Paraguay does not promote 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.

Paraguay provides competency-based training in prevention, treatment, and rehabilitation as follows:

- A Universal Treatment Curriculum (UTC) diploma course offered by the Colombo Plan through universities (Universidad Tecnológica Intercontinental UTIC, Catholic University).
- Colombo Plan.
- The “Paraguay, un país armónico con conciencia inclusiva” project, which seeks to bolster protection mechanisms for adolescents in junior and senior high school. Resolution N°3936/16.
- “360° Education” training was provided for teachers of children and adolescents in vulnerable segments of the population. Resolution N°475/2019.

Paraguay participates in the following prevention and treatment training program offered by specialized international organizations:

International Organizations	Type of program	Name of the program	Approaches taken into account
DEVIDA - Perú	Prevention	<i>Familias Fuertes Amor y Límites</i>	Public health
Lions Club International Foundation (LCIF)	Prevention	Lions Quest	Public health
DEVIDA - Perú	Treatment	- “LLAMAME 172” - Care, guidance, and counselling over the phone - Colombo Plan	Public health
National University of Mexico (UNAM)	Treatment	Diploma in treatment	Counselling
Colombo Plan	Treatment	Universal Treatment Curriculum	Counselling

These programs incorporate the gender perspective throughout its contents.

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).

Paraguay certifies personnel working in treatment services, as per the following table:

Services	Certification level	Organization/institution responsible for certification
Treatment	Specialization in Psychiatry and Clinical Psychology	Universities licensed by the Public Health Ministry and Social Welfare, with the corresponding registration

The country does not certify personnel working in prevention, 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.

Paraguay has not conducted situational assessments to identify training needs of prevention, early intervention, care, treatment, rehabilitation, recovery, or social integration service providers.

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

Paraguay 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.**

Priority Action 5.1: Establish and implement regulatory measures that include quality criteria for the accreditation of prevention programs and care and treatment services.

Paraguay does not have regulatory measures for accrediting prevention programs.

The country has an accreditation process for care and treatment services. The Superintendency of Health is the body responsible for accreditation and quality control of the services provided by the National Health System. To that end, it conducts:

- **National Registration of Health Services Providers (EPSS):** Mandatory registration of existing and proposed Health Service Providers.
- **Classification:** Mandatory process for classifying health facilities, based on levels of complexity and functional features for meeting the health needs of the beneficiary population.
- **Accreditation:** Set of processes implemented on a voluntary and periodic basis by health facilities that are designed to corroborate gradual compliance with quality levels that surpass the mandatory minimum requirements for health care, subject to Health Superintendency inspection, surveillance, and oversight.
- **Audits:** Set of procedures for inspection, examination, and critical, systematic, and objective analysis of medical, accounting, and legal aspects of health care services providers.
- **Medical Audit** of the quality of all aspects of medical care (diagnoses, therapeutic procedures, use of resources, and clinical outcomes).
- **Legal Audit** of contractual obligations to users, health facilities, and health professionals and of compliance with those obligations.
- **Accounting Audit** of financial statements and accounting records.

At the same time, the Directorate General for Oversight of Health Professionals, Establishments, and Technology pursues the following objectives:

- Authorizing the practice of health sciences professions at the university, technical, ancillary, and other levels, through inscription in the health professions registry.
- Keeping the data on all health professionals registered in the country and providing any information needed regarding them.

Paraguay uses 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.

Paraguay does not have supervisory mechanisms to ensure that prevention programs meet international quality standards.

The country does not have supervisory mechanisms to ensure that public or private treatment and rehabilitation services meet international quality standards.

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

Paraguay did not conduct an assessment, at the national, regional, and local levels, of the needs for care, treatment, and reintegration services during the evaluation period.

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 Paraguay has drug demand reduction policies that include programs in the areas of health promotion, prevention, early intervention, treatment, care, rehabilitation, and social integration, which include age, gender, community, and cultural context perspectives. However, those policies do not include recovery programs. CICAD also notes with concern that the country is not developing, strengthening, or implementing coordination mechanisms for gathering, analyzing, disseminating, or accessing information on prevention, treatment, rehabilitation, recovery, and social integration services. CICAD further notes that Paraguay also lacks instruments for monitoring drug demand reduction programs and has not conducted impact, process or results evaluations of its drug demand reduction programs. CICAD notes with satisfaction that the country is developing and implementing coordination mechanisms to support the formulation and execution of drug demand reduction programs that allow for the participation of, and coordination with, civil society and other stakeholders. Finally, CICAD observes that Paraguay is promoting national prevention, treatment, care, and rehabilitation measures and programs, with a comprehensive and balanced drug demand reduction focus and, in that sense, is fostering national standards recognized by the member states, the “International Drug Use Prevention Standards,” and the “International Standards for the Treatment of Drug Use Disorders,” both of which are 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 observes that Paraguay is conducting universal, selective, and indicated drug use prevention programs for families and incarcerated individuals. However, it notes with concern that it is not conducting specific programs for other important segments of the population. CICAD further notes that the country has not conducted situational diagnoses to identify the specific needs, risks, and protection factors for each population targeted by drug use prevention programs. CICAD likewise notes with concern that Paraguay is not promoting 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 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 Paraguay has comprehensive and inclusive care, treatment, and rehabilitation programs and services in the public health and social protection network, which take a human rights and public health perspective into account. However, CICAD notes with concern that the country does not include the gender perspective, nor does it take into account “International Standards for the Treatment of Drug Use Disorders” of WHO and UNODC, although it does consider the WHO, UNODC, and UNAIDS’ “Technical Guide for countries to set targets for universal access to HIV prevention, treatment, and care for injecting drug users.” In addition, CICAD notes with concern that Paraguay is not implementing mechanisms to continuously monitor and evaluate results of care, treatment, and rehabilitation programs. CICAD also notes with concern that the country lacks mechanisms for protecting the rights of individuals in treatment programs and services, nor does it have protocols for protecting the confidentiality of the information provided by those receiving these services. Those mechanisms include the process of providing appropriate information regarding treatment and informed consent. On the other hand, CICAD views with satisfaction that Paraguay has alternative early intervention, care, treatment, rehabilitation, recovery, and social integration services for criminal offenders who use drugs. Likewise, CICAD notes that the country provides care, treatment, and rehabilitation programs for incarcerated drug users. However, Paraguay does not provide early intervention, recovery, or social integration programs for that segment of the population. It is important to point out that CICAD notes with concern that the country does not implement cooperation mechanisms with social and community stakeholders who provide social and community support to ensure the social integration of drug users. Nonetheless, CICAD welcomes the fact that Paraguay is promoting regional and international cooperation and shares best practices for increasing access to, and the availability of, evidence-based recovery and treatment services, including access to naloxone and other medications used to treat substance use disorders. Finally, CICAD notes with concern that the country does not foster measures to address the stigma and social marginalization associated with substance use disorders.

Objective 4

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

CICAD notes that Paraguay provides ongoing competency-based training in the areas of prevention, treatment, and rehabilitation. CICAD further notes that the country participates in prevention and treatment training programs provided by specialized international organizations, that incorporate a gender and public health perspective. However, that training does not include rehabilitation programs. These programs take a gender and public health perspective into

account. On the other hand, CICAD notes with concern that Paraguay does not certify staff working in prevention, treatment, rehabilitation, or social integration services. In addition, CICAD notes that the country has not conducted situational assessments to identify the training needs of staff working in prevention, early intervention, care, treatment, rehabilitation, recovery, or social integration programs. For that reason, it has not conducted specialized programs to address 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 Paraguay lacks regulations regarding the accreditation of prevention programs but does certify care and treatment services. However, it does not use CICAD's Indispensable Criteria for establishing and operating drug use disorder treatment centers. CICAD likewise observes with concern that the country does not have oversight mechanisms to ensure compliance with international quality standards in prevention programs or for public and private treatment and rehabilitation services. Similarly, CICAD notes with concern that Paraguay has not conducted a national, regional, or local evaluation to ascertain needs with respect to care, treatment, and reintegration services.



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