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# MULTILATERAL EVALUATION MECHANISM (MEM)

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

## Peru

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

2021





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# PERU

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

EIGHTH EVALUATION ROUND

2021

**OEA/Ser.L/XIV.2.70**  
**CICAD/doc.2600/21**

**ISBN 978-0-8270-7406-4**

## 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,<sup>1</sup> 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.

Peru has drug demand reduction policies that include programs in the areas of prevention, early intervention, treatment, care, and rehabilitation, as well as other initiatives and measures to minimize the adverse public health and social consequences of drug abuse. The country's policies do not, however, include programs in the areas of health promotion, social integration, or recovery support.

Area	Policies / Program
<b>Prevention</b>	<ul style="list-style-type: none"> <li>- Vice-Ministerial Resolution N°212-2020-MINEDU</li> <li>- Ministerial Resolution N°281-2016-MINEDU</li> <li>- Joint intervention with the National Commission for Development and Life without Drugs (DEVIDA) of the program to prevent psychoactive substances in the school population</li> <li>- Ministry of Education (MINEDU)–DEVIDA agreement</li> </ul>
<b>Early intervention</b>	<ul style="list-style-type: none"> <li>- Budgetary Program for Drug Use Prevention and Treatment</li> </ul>
<b>Treatment</b>	<ul style="list-style-type: none"> <li>- Budgetary Program N°0131 for Mental Health Oversight and Prevention</li> </ul>
<b>Care</b>	<ul style="list-style-type: none"> <li>- Technical Health Standard – Community Mental Health Centers</li> <li>- Budgetary Program for Drug Use Prevention and Treatment</li> </ul>
<b>Rehabilitation</b>	<ul style="list-style-type: none"> <li>- National Prison Policy</li> </ul>
<b>Other initiatives and measures to minimize adverse public health and social consequences</b>	<ul style="list-style-type: none"> <li>- Supreme Decree. N°008-2017-IN Safe Neighborhood Multisectoral Strategy (EMBS)</li> <li>- Supreme Decree N°013-2019-IN - National Citizen Security Plan 2019–2023</li> </ul>

These programs include gender, age, and community-based approaches, but not the cultural context.

<sup>1</sup> 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.

Peru develops, strengthens, and implements coordination mechanisms for collecting, analyzing, disseminating, and providing access to information on prevention and treatment services. It does not, however, have such mechanisms for rehabilitation, recovery, or social reintegration services.

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

Peru does not have monitoring instruments for its 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.

Peru develops and implements coordination mechanisms to support the development and implementation of drug demand reduction programs that allow for participation by and coordination with civil society and other actors.

**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).

Peru promotes national prevention, treatment, care, recovery, rehabilitation, and social integration measures and programs, with a comprehensive and balanced drug demand reduction approach and, in this regard, it promotes national standards recognized by member states. However, the country does not promote 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,<sup>2</sup> 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.**

Peru develops and implements the following prevention strategies and programs:

Population group	Estimated coverage		Strategy / Program	Program type
	Target population	Coverage rate		
<b>School children and university students:</b>				
• Secondary	Students in secondary grades 1 to 5	13.3%	Program to prevent psychoactive substances in the student population	Universal and selective
<b>Incarcerated individuals</b>	16,434	3%	Intervention Program for Persons with Use of and Dependency on Psychoactive Substances Incarcerated in Peruvian Prison Facilities	Indicated

The country does not implement specific programs for the following population groups: pre-school children; primary school students; university and tertiary level students; street population; family; gender (male/female); LGBTIQ+ population; community; indigenous population; migrants and refugees; or people in the workplace.

**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.**

Peru has developed and strengthened situational assessments to identify specific needs, risk, and protective factors of its drug use prevention programs for secondary-school students, through the National Study on Drug Prevention and Consumption among Secondary Students, published in 2017.

<sup>2</sup>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 2.3:** 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).

Peru does not promote the exchange of research, experiences, or best practices to improve the effectiveness of its 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).**

Peru has the following comprehensive and inclusive care, treatment, rehabilitation, recovery, and social integration programs and services in its public health and social protection network: early intervention, crisis intervention, various treatment and social integration mechanisms, and recovery support services. However, the country has no dual pathology (co-morbidity) programs or services.

The early intervention programs and services take into account gender, human rights, and public health approaches; and the crisis intervention programs and services, various treatment and social integration mechanisms, and recovery support services take into account the public health approach.

Regarding the inclusion of the gender perspective in these programs and services, the country has been strengthening the competencies of professionals to provide care for women who use psychoactive substances, taking into account their specific problems and needs.

Peru’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.**

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

These mechanisms take into account the inclusion of approaches based on gender, human rights, age, and cultural context during the evaluation and monitoring of care, treatment, rehabilitation, recovery, and social integration programs and comprehensive public and private facilities. Thus, there is a regulatory document that includes policy guidelines for the mental health sector, which contains recommendations for understanding the needs of different population groups with specific mental health needs.

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

Peru has mechanisms in place to protect the rights of persons being treated by treatment programs and services. Thus, Law N°30947 on Mental Health and its regulations, according to Supreme Decree N°007-2020-SA, establish the legal framework to ensure access to mental health services, promotion, prevention, treatment, and rehabilitation, as conditions for the full exercise of the right to health and the welfare of the individual, the family, and the community. The law is defined under a quality approach, meaning that the State guarantees that the services provided in health facilities, according to their resolution capacity and levels of care, are carried out by trained personnel, with the resources available to address mental health problems in a more efficient and timely manner.

These mechanisms have protocols in place to protect the confidentiality of information provided by people receiving those services, including the provision of adequate treatment information 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.**

Peru has early intervention, care, treatment, rehabilitation, recovery, and social integration service alternatives for criminal offenders who use drugs. Thus, the country is developing a Restorative Youth Justice pilot project with the support of CICAD-OAS and the Embassy of the United States.

The National Juvenile Center Program (PRONACEJ) is an executing unit attached to the Ministry of Justice and Human Rights and is responsible for administering the National Social Reinsertion

System and implementing socio-educational measures imposed on adolescents in conflict with criminal law.

A considerable number of the adolescents admitted to Juvenile Centers have problems of legal and illegal substance use or abuse associated with offending behavior; the need for specialized interventions with this population in order to help reduce recidivism in offending behavior has therefore been noted.

In the closed environment (Juvenile Diagnostic and Rehabilitation Centers). Administrative Resolution N°050-2011-GG-PJ, issued by the General Management of the Judicial Branch on February 14, 2011, adopted the “Handbook of the Closed Environment Therapeutic Intervention Program for Adolescents in Conflict with Criminal Law with Problems of Alcohol and Other Drug Use and Dependence in Juvenile Centers of the Judicial Branch.”

The Handbook’s objective is to provide Interdisciplinary Technical Team members at Juvenile Diagnostic and Rehabilitation Centers with the theoretical and practical knowledge for the therapeutic treatment of adolescents in conflict with criminal law who report problems with alcohol and other drugs.

In the open environment (Adolescent Guidance Services). The incorporation of adolescents in conflict with criminal law into the Therapeutic Justice Program with a Restorative Approach, in order to provide comprehensive interconnections between health, justice, and social reintegration services for adolescents through the active participation of the judge through periodic judicial follow-up.

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

Peru offers early intervention, care, treatment, rehabilitation, recovery, and social integration programs for incarcerated drug users. Thus, it carries out the Intervention Program for Persons with Use of and Dependency on Psychoactive Substances Incarcerated in Peruvian Prison Facilities, the *Chasca* program and the *Reto* program.

**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.**

Peru implements the following cooperation mechanism with social and community actors that provide social and community support services to contribute to the social integration of drug users:

Organizations	Programs
Neighborhood councils, community, educational institutions, children, adolescents in EMBS-targeted neighborhoods	<ul style="list-style-type: none"> <li>- Safe Neighborhood Multisectoral Strategy (EMBS)</li> <li>- 2019–2023 National Citizen Security Plan</li> </ul>

**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.

Peru promotes regional and international cooperation and shares best practices to increase access to and availability of evidence-based recovery and treatment services.

Thus, the country promotes regional and international cooperation through bilateral or joint commissions organized by the Drug Control Directorate of the Peruvian Ministry of Foreign Affairs in coordination with the DEVIDA Global Engagement Directorate.

It should be noted that the cooperation promoted has not included access to naloxone or other medications used to treat 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.

Peru promotes measures to address the stigma and social marginalization associated with substance use disorders. Thus, the country has the Guiding recovery of women (GROW) project, targeting women that are substance users in the country’s 25 regions, which is aimed at strengthening the skills of professionals who care for users with substance use and dependence problems among women; and the Intersection of Substance Use and Sexual Orientation and Gender Identity (SOGI) program for the LGBTIQ+ population.

**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.

Peru implements ongoing competency-based training in the areas of prevention, treatment, and rehabilitation. Thus, training with institutional certification and certification from the Universidad Peruana Cayetano Heredia is provided in the Specialized Curriculum Guiding the Recovery of Women Who Use Psychoactive Substances.

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

International organizations	Type of program	Program name	Approaches taken into account
National Autonomous University of Mexico (UNAM) / CICAD-OAS	Treatment and rehabilitation	Universal Treatment Curriculum (UTC)	Gender, human rights, public health
CICAD-OAS and INL (U.S.A.)	Prevention	Universal Prevention Curriculum for substance use (UPC)	Gender, human rights, public health

**Priority Action 4.2:** Develop and utilize criteria for certification of drug use prevention, treatment, rehabilitation, and social integration service providers that recognize tiered (e.g., basic, intermediate, and advanced) levels and/or specialized competencies (e.g., Co-occurring substance use and mental health disorder credentials).

Peru certifies its personnel working in prevention and treatment services as shown on the table below:

Services	Certification level	Certifying organization/institution
Prevention	Intermediate	- DEVIDA - Drug demand reduction training program
	Advanced	- CICAD-OAS / UNAM
		- DEVIDA - Drug demand reduction training program
Treatment	Intermediate	- Health Ministry (MINSa) / Embassy of the United States of America / DEVIDA / CARE Perú
	Advanced	

However, the country does not certify personnel working in 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.**

Peru has not conducted 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.**

Peru has not developed specialized programs in response to the 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.**

Peru has no regulatory measures to accredit prevention programs.

The country has an accreditation process for care and treatment services, conducted by the National Health Superintendency (SUSALUD), an agency of the Ministry of Health.

SUSALUD, through Resolution N°53-2015-SUSALUD, establishes that, in order to provide health services, entities must be registered with SUSALUD through the "National Registry of Health Service Provider Institutions" (RENIPRESS) application.

Article N°100 of the Health Facilities and Medical Support Services Regulations, approved by Supreme Decree N°013-2006-SA, establishes that health facilities and medical support services must undergo classification and reclassification processes; the validity of their respective IPRESS classifications lasts three years, so the legal representative is obliged to request the renewal of the classification months in advance of its expiration.

Article 9° of the Regulations for the National Registry of Health Service Provider Institutions (RENIPRESS), approved by Superintendency Resolution N°053-2015-SUSALUD/S, establishes that: "IPRESS's are required to keep their registration information up to date. Any inconsistency between the information contained in the RENIPRESS and the actual state of facts will be subject to administrative sanctions in accordance with the applicable regulations."

Health Service Provider Institutions (IPRESS) that have not undertaken their communication of initiation of activities, registration with RENIPRESS, and the applicable classification process are not covered by Supreme Decree N°035-2017-SA, which amends the ninth final complementary provision of the SUSALUD Infractions and Sanctions Regulations. Thus, providing services without the classification awarded by the Health Authority constitutes a serious infraction, as provided by the SUSALUD Infractions and Sanctions Regulations, approved by Supreme Decree N°031-2014-SA.

Peru does not use the CICAD Indispensable Criteria for the opening and operation of drug use disorder treatment centers. Instead, the service provided promotes the health, safety, and human rights of patients.

**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.

Peru does not have supervisory mechanisms to ensure its prevention programs comply with international quality standards.

The country does not have supervisory mechanisms to ensure its public or private treatment or rehabilitation services comply with 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.

Peru conducted two nationwide assessments in 2017 to determine care, treatment, and reintegration service needs: the National Study on Drug Prevention and Consumption among Secondary Students, and the study “State of the Public Supply of Addiction Treatment.” The latter study reveals a significant increase in the public outpatient supply of specialized addiction treatment in the country over the previous four years. The supply mainly comprises treatment at health facilities of the Ministry of Health with the participation of the Regional Health Directorates and the Regional Health Managements, in 18 of the country’s total 25 regions.

## 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 Peru has drug demand reduction policies that include programs in the areas of prevention, early intervention, treatment, care, and rehabilitation. The country's policies do not, however, include programs in the areas of health promotion, social integration, or recovery. These programs include gender-, age-, and community-based approaches, but not the cultural context. CICAD also notes that the country develops, strengthens, and implements coordination mechanisms for collecting, analyzing, and disseminating information on prevention and treatment services. It does not, however, have such mechanisms for rehabilitation, recovery, or social reintegration services. Additionally, CICAD notes with concern that Peru does not have monitoring instruments for its drug demand reduction programs and has not conducted impact, process, or outcome evaluations of its drug demand reduction programs. CICAD notes with satisfaction that the country develops and implements coordination mechanisms to support the development and implementation of drug demand reduction programs that allow for participation and coordination with civil society and other actors. In addition, CICAD notes that Peru promotes national prevention, treatment, care, recovery, rehabilitation, and social integration measures and programs, with a comprehensive and balanced drug demand reduction approach and thus promotes national standards recognized by the member states. However, CICAD notes that the country does not promote 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, as well as environmental prevention, that incorporate a human rights, gender, age, and multicultural perspective.**

CICAD notes that Peru develops and implements drug prevention programs for various population groups. It does not, however, implement specific programs for other important population groups. CICAD further notes that the country has developed and strengthened situational assessments to identify specific needs, risks, and protective factors among secondary school students. Such diagnoses are not, however, available for other key population groups. CICAD further notes with concern that Peru 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.**

CICAD notes that Peru has comprehensive and inclusive care, treatment, rehabilitation, recovery, and social integration programs and services in the public health care and social protection network, which take into consideration the gender, human rights, and public health approaches. However, the country has no dual pathology (co-morbidity) programs or services. CICAD also notes that the country does not take into account the “International Standards for the Treatment of Drug Use Disorders” of the WHO and UNODC and 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. CICAD also notes with satisfaction that Peru implements mechanisms to continuously monitor and evaluate the results of care, treatment, rehabilitation, recovery, and social integration programs and comprehensive public and private facilities. These mechanisms take into account the inclusion of the gender and human rights approaches, age, and cultural context. CICAD also notes with satisfaction that the country has mechanisms to protect the rights of people receiving treatment at treatment programs and services, which have protocols to protect the confidentiality of information provided by those receiving services and include the provision of adequate information about treatment and informed consent. In addition, CICAD notes with satisfaction that Peru has early intervention, care, treatment, rehabilitation, recovery, and social integration service alternatives for criminal offenders who use drugs. CICAD notes with satisfaction that the country offers early intervention, care, treatment, rehabilitation, recovery, and social integration program for incarcerated drug users. CICAD also notes with satisfaction that Peru implements a cooperation mechanism with social and community actors that provide social and community support services to contribute to the social integration of people who use drugs. CICAD also notes with satisfaction that the country promotes regional and international cooperation and shares best practices to increase access to and availability of evidence-based recovery and treatment services, but not including access to naloxone and other medications used in the treatment of substance use disorders. CICAD also notes with satisfaction that Peru promotes measures to address the stigma and social marginalization associated with substance use disorders.

### **Objective 4**

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

CICAD notes with satisfaction that Peru implements ongoing competency-based training in the areas of prevention, treatment, and rehabilitation, and it participates in training programs in prevention, treatment, and rehabilitation offered by specialized international agencies. CICAD also notes that the country certifies personnel working in prevention and treatment services;

however, it does not certify personnel working in rehabilitation or social integration services. CICAD also notes with concern that Peru has not conducted situational assessments to identify the training needs of personnel working in prevention, early intervention, care, treatment, rehabilitation, recovery, or social integration programs and has not therefore developed specialized programs in response to the 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 that Peru has no regulatory measures to accredit prevention programs, but it does have an accreditation process for care and treatment services. However, it does not use the CICAD Indispensable Criteria for the opening and operation of drug use disorder treatment centers. Additionally, CICAD notes with concern that the country does not have supervisory mechanisms to ensure compliance with international quality standards in prevention programs, nor does it have supervisory mechanisms to ensure compliance with international quality standards in public or private treatment or rehabilitation services. CICAD also notes with satisfaction that Peru conducted nationwide assessments to determine care, treatment, and reintegration service needs in 2017.





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