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MULTILATERAL EVALUATION MECHANISM (MEM)

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

Bolivia

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

ISBN 978-0-8270-7386-9

PREFACE

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

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

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

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

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

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

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

OBJECTIVE
1

ESTABLISH COMPREHENSIVE AND INTEGRATED DRUG DEMAND REDUCTION POLICIES WITH A PUBLIC HEALTH FOCUS, THAT ARE EVIDENCE-BASED, MULTIDISCIPLINARY, MULTISECTORAL, RESPECTFUL OF HUMAN RIGHTS, THAT CONSIDER THE GENDER PERSPECTIVE AND COMMUNITY,¹ AND TAKE INTO ACCOUNT THE GUIDELINES AND/OR RECOMMENDATIONS OF SPECIALIZED INTERNATIONAL AND/OR REGIONAL ORGANIZATIONS.

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

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

Area	Policies / Programs
Health promotion	- “Ley 913 de Lucha Contra el Tráfico Ilícito de Sustancias Controladas del 2017, capítulo 5 (Prevención integral, tratamiento, rehabilitación y reintegración de personas con adicciones y su entorno)” - “Resolución Ministerial N°398 - Ministerio de Salud” - “Estrategia Contra el Tráfico Ilícito de Sustancias Controladas y Control de la Expansión de Cultivos de Coca (2021-2025)” - “Programa Nacional de Prevención y Tratamiento de Adicciones (PNPTA)”
Prevention	
Early intervention	
Treatment	
Care	
Rehabilitation	
Social integration	
Other initiatives and measures to minimize the adverse public health and social consequences of drug abuse	- “Estrategia de lucha contra el narcotráfico y control de cultivos excedentarios de coca 2016-2020”

These programs include the gender, age, and community approaches. However, they do not take into account the cultural context approach.

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.

Bolivia develops, strengthens, and implements coordination mechanisms to collect, analyze, disseminate, and access information on prevention, treatment, rehabilitation services; however, it does not have these mechanisms for recovery or social reintegration services.

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

Bolivia has monitoring instruments for its drug demand reduction programs; however, at present, it does not have an evaluation tool.

The country has not conducted 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.

Bolivia has not developed or implemented coordination mechanisms to support the development or implementation of drug demand reduction programs that allow for participation or coordination with civil society or 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).

Bolivia promotes national prevention, treatment, care, recovery, rehabilitation, and social integration measures and programs, with a comprehensive and balanced drug demand reduction approach and, in that regard, promotes national standards recognized by the member states, the “International Standards on Drug Use Prevention,” and the “International Standards for the Treatment of Drug Use Disorders,” both developed jointly by the WHO and UNODC.

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.

Bolivia implements the following prevention strategies or programs:

Population group	Estimated coverage		Strategy / Program	Program type
	Target population	Coverage rate		
School children and university students:				
<ul style="list-style-type: none"> Secondary 	Teachers and secondary-school students aged 12 to 18	-	“Protocolo de prevención y actuación ante la presencia, tenencia, consumo y micro tráfico de drogas en las unidades educativas”	Universal

Bolivia does not develop indicated or selective prevention strategies or programs, nor it implements specific programs for the following populations: preschool, primary, university, tertiary education; street population; family; gender; LGBTIQ+; community; indigenous population; migrants and refugees; individuals in the workplace; or incarcerated individuals.

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, risk, and protective factors of each target population of drug use prevention programs.

Bolivia has developed and strengthened situational assessments to identify specific needs, risk, and protective factors for the general population and the school population of its 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).

Bolivia promotes the exchange of research findings, experiences, and best practices to improve the effectiveness of prevention programs, taking into consideration the “International Standards for 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).

Bolivia does not have comprehensive or inclusive care, treatment, rehabilitation, recovery, or social integration programs and services in the public health or social protection network.

The country does not take into account the “International Standards on 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 the 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.

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

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

Bolivia does not have mechanisms to protect the rights of people in treatment programs or services, nor it has protocols to protect the confidentiality of information provided by service recipients that include the provision of adequate treatment information or 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.

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

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

Bolivia does not offer early intervention, care, treatment, rehabilitation, recovery, or social integration alternatives 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.

Bolivia does not implement cooperation mechanisms with social or community actors that provide social or community support services to contribute to the 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.

Bolivia does not promote regional or international cooperation, nor it shares best practices to increase access to and availability of evidence-based treatment or recovery services, including access to naloxone and other medicines used in the treatment of substance use disorders.

Priority Action 3.8: Promote measures to address the stigma and social marginalization associated with substance use disorders, which may deter individuals from seeking, accessing, and/or completing demand reduction services.

Bolivia 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.

Bolivia does not implement ongoing competency-based training in the areas of prevention, treatment, or rehabilitation.

The country participates in the following treatment and rehabilitation training program, offered by specialized international organizations:

International organizations	Type of program	Program name	Approaches taken into account
UNODC and the United Nations (UN)	Treatment and rehabilitation	“Programa de Atención Integral para Personas con Problemas de Consumo de Drogas”	Public health, gender, human rights, and age

Bolivia does not participate in prevention programs offered by specialized international organizations.

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).

Bolivia 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.

Bolivia 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.

Bolivia 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.

Bolivia does not have regulatory measures for the accreditation of prevention programs.

The country does not have an accreditation process for care and treatment services.

Bolivia does not use the CICAD Indispensable Criteria for the opening and operation of drug use disorder treatment centers. In this regard, the country does not have an official document for treatment centers, but work is underway on standards for them.

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.

Bolivia 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.

Bolivia has not conducted an assessment to determine the needs for care, treatment, or reintegration services at the national, regional, or local level.

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 Bolivia has drug demand reduction policies that include programs in the areas of health promotion, prevention, treatment, care, rehabilitation, and social integration, which include the age, gender, and community approaches, but not the cultural context approach. However, it does not have drug demand reduction policies in the area of recovery. CICAD also notes that the country develops, strengthens, and implements coordination mechanisms to collect, analyze, disseminate, and access information on treatment and rehabilitation services; however, it does not have such mechanisms for recovery or social reintegration services. On the other hand, CICAD notes that Bolivia has monitoring instruments for drug demand reduction programs; however, it does not have an evaluation instrument, nor has it conducted impact, process, or outcome evaluations of its drug demand reduction programs. Similarly, CICAD notes with concern that the country has not developed or implemented coordination mechanisms to support the formulation or execution of drug demand reduction programs that allow for participation or coordination with civil society and other actors. Finally, Bolivia promotes national prevention, treatment, care, recovery, rehabilitation, and social integration measures and programs, with a comprehensive and balanced drug demand reduction approach and, in that regard, promotes national standards recognized by the member states, the “International Standards on Drug Use Prevention,” and the “International Standards for the Treatment of Drug Use Disorders,” both developed jointly by the WHO and UNODC.

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 Bolivia carries out universal drug use prevention programs among different populations. However, it notes with concern that the country does not develop indicated or selective prevention strategies or programs, nor does it implement specific programs for other important population groups. CICAD also notes that Bolivia has conducted situational assessments to identify specific needs, risk, and protective factors for the general population and for the school population in drug use prevention programs. On the other hand, CICAD notes that the country promotes the exchange of research findings, experiences, and best practices to improve the effectiveness of prevention programs, taking into consideration the “International Standards for 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 with concern that Bolivia does not have comprehensive and inclusive care, treatment, rehabilitation, recovery, or social integration programs in the public health or social protection network. It also notes that the country does not take into account the “International Standards on 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 the WHO, UNODC, and UNAIDS. CICAD further notes that Bolivia does not implement mechanisms to continuously monitor or evaluate the results of care, treatment, rehabilitation, recovery, or social integration programs, or of comprehensive public and private facilities. CICAD also notes with concern that the country does not have mechanisms in place to protect the rights of individuals in treatment programs and services; neither does it have protocols in place to protect the confidentiality of information provided by people who receive these services, including the provision of adequate treatment information and informed consent. In addition, CICAD notes with concern that Bolivia does not have alternative early intervention, care, treatment, rehabilitation, recovery, or social integration services for criminal offenders who use drugs. CICAD also notes with concern that the country does not offer early intervention, care, treatment, rehabilitation, recovery, or social integration alternatives for incarcerated individuals who use drugs. On the other hand, CICAD notes that Bolivia does not implement cooperation mechanisms with social or community actors that provide social or community support services to contribute to the social integration of people who use drugs. Similarly, CICAD sees that the country does not promote regional or international cooperation, nor it shares best practices to increase 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. Finally, CICAD notes with concern that Bolivia 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 that Bolivia does not implement ongoing competency-based training in the areas of prevention, treatment, or rehabilitation. However, the country does participate in a treatment and rehabilitation training program offered by a specialized international organization, but not for the area of prevention. This program takes the gender perspective into account. CICAD further notes with concern that Bolivia does not certify personnel 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 personnel working in prevention, early intervention, care, treatment, rehabilitation, recovery, or social integration programs, nor has it developed specialized programs in response to training needs.

Objective 5

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

CICAD notes with concern that Bolivia does not have regulatory measures for the accreditation of prevention programs, nor does it have an accreditation process for care or treatment services. Moreover, the country does not use the CICAD Indispensable Criteria for the opening and operation of drug use disorder treatment centers. CICAD also notes with concern that Bolivia does not have supervisory mechanisms to ensure its public and private prevention, treatment, or rehabilitation programs comply with international quality standards. CICAD also notes that the country has not conducted an assessment to determine needs for care, treatment, or reintegration services at the national, regional, or local level.



**ORGANIZATION OF AMERICAN STATES (OAS)
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