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# MULTILATERAL EVALUATION MECHANISM (MEM)

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

## Chile

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

2021





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# CHILE

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

EIGHTH EVALUATION ROUND

2021

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## PREFACE

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

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

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

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

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

Specifically, the GEG's work for the thematic assessment for the area of "Measures for Prevention, Treatment, and Recovery Support" was conducted during 2021, and covers the 2019 to 2021 period (unless otherwise specified). This work was adapted to the COVID-19 pandemic

with the use of technology and virtual tools, as well as taking it into consideration in the evaluation assessments.

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

**OBJECTIVE**
**1**

**ESTABLISH COMPREHENSIVE AND INTEGRATED DRUG DEMAND REDUCTION POLICIES WITH A PUBLIC HEALTH FOCUS, THAT ARE EVIDENCE-BASED, MULTIDISCIPLINARY, MULTISECTORAL, RESPECTFUL OF HUMAN RIGHTS, THAT CONSIDER THE GENDER PERSPECTIVE AND COMMUNITY,<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.

Chile has drug demand reduction policies that include programs in the areas of prevention, early intervention, treatment, care, rehabilitation, social integration, and recovery support. Those policies do not, however, include programs in the area of health promotion.

Area	Program name
Prevention	<ul style="list-style-type: none"> <li>- <i>Elige Vivir sin Drogas</i></li> <li>- PrePARA2</li> <li>- Parenting for the Prevention of Alcohol and Other Drug Use</li> <li>- Prevention in Workplaces (Working with Quality of Life)</li> </ul>
Early intervention	<ul style="list-style-type: none"> <li>- PrePARA2</li> </ul>
Treatment	<ul style="list-style-type: none"> <li>- Treatment and Rehabilitation for Children and Adolescents with Problem Alcohol and Other Drug Use</li> <li>- Integral Treatment for Adolescents and Youths Admitted under Law N°20.084 with Problem Alcohol and Drug Use</li> <li>- Treatment and Rehabilitation for Adult Population with Problem Drug and Alcohol Use</li> <li>- Treatment for Drug and Alcohol Users on Probation and treatment for Adult Offenders with Problem Alcohol and Drug Use</li> </ul>
Care	<ul style="list-style-type: none"> <li>- Drugs and Alcohol Hotline</li> </ul>
Rehabilitation	<ul style="list-style-type: none"> <li>- Treatment and Rehabilitation for Children and Adolescents with Problem Alcohol and Other Drug Use</li> <li>- Integral Treatment for Adolescents and Youths Admitted under Law N°20.084 with Problem Alcohol and Drug Use</li> <li>- Treatment and Rehabilitation for Adult Population with Problem Drug and Alcohol Use</li> <li>- Treatment for Drug and Alcohol Users on Probation</li> <li>- Treatment for Adult Offenders with Problem Alcohol and Drug Use</li> </ul>
Social integration	<ul style="list-style-type: none"> <li>- Chile Integra Social Integration</li> </ul>
Recovery support	<ul style="list-style-type: none"> <li>- Chile Integra Social Integration</li> </ul>

<sup>1</sup> Community includes ethnicity, among others.

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

**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.

Chile does not develop, strengthen, or implement coordination mechanisms for collecting, analyzing, disseminating, or accessing information on treatment, rehabilitation, recovery, or social reintegration services.

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

Chile has monitoring instruments for its drug demand reduction programs.

The country has conducted the following evaluation of its drug demand reduction programs:

Program evaluated	Title of the evaluation	Type of evaluation	Year of program evaluation
Treatment for Adult Offenders with Problem Alcohol and Drug Use	Results evaluation of the treatment and rehabilitation programs of the National Service for the Prevention and Rehabilitation of Drug and Alcohol Consumption (SENDA)	Mid-term results evaluation	2020
Treatment for Drug and Alcohol Users on Probation			
Treatment and Rehabilitation for Adults with Problem Drug and Alcohol Use			
Treatment and Rehabilitation of Adolescents in General			
Treatment and Rehabilitation of Adolescent Offenders			
Chile Integra			

Chile has not conducted impact evaluations of its drug use prevention 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.

Chile 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.

**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).

Chile 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, the “International Standards on Drug Use Prevention,” and 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.**

Chile 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>				
• Preschool	341,542	8.71%	- Ongoing Prevention: <i>Descubriendo el Gran Tesoro</i>	Universal
• Primary	1,386,512	38.02%	- Ongoing Prevention: <i>Aprendamos a Crecer</i>	Universal
			- PrePARA2 Program	Selective and Indicated
• Secondary	1,301,246	32.46%	- Ongoing Prevention: <i>La Decisión es Nuestra</i>	Universal
			- PrePARA2 Program	Selective and Indicated
<b>Family</b>	-	-	- Parenting Program	Environmental and Universal
			- PrePARA2 Program	Selective and Indicated
<b>Gender</b>	-	-	PrePARA2 Program	Environmental, Universal, Selective, and Indicated
<b>LGBTIQ+</b>	-	-	PrePARA2 Program	Environmental and Universal Selective and Indicated

<sup>2</sup>.Populations in vulnerable situations can be: women, children, adolescents, LGBTIQ+ persons, incarcerated persons, indigenous groups, migrants, drug users, people living on the streets, and other socially disadvantaged groups.

Community	-	-	Community Mobilization Initiative	Environmental and Universal
Indigenous population	-	-	PrePARA2 Program	Environmental, Universal, Selective, and Indicated
Migrants and refugees	-	-	PrePARA2 Program	Environmental, Universal, Selective, and Indicated
People in the workplace	58,422	99.99%	Prevention in the Workplace ( <i>Trabajar con Calidad de Vida</i> )	Environmental and Universal

The country does not implement specific programs for students at the university or tertiary level, street population, or incarcerated individuals.

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

Chile has conducted and strengthened situational assessments between 2017 and 2019 to identify the specific needs, risks, and protective factors of the secondary school population and the population aged 12 to 65. It has not, however, conducted such assessments for the following groups: preschool, primary school, family, LGBTIQ+, community, indigenous populations, migrants and refugees, or persons in the workplace.

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

Chile does not 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 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).

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

These programs and services take into account gender, human rights, and public health approaches.

For the inclusion of the gender perspective in these programs and services, the country has carried out activities such as:

- Introducing variables into the Treatment Registry System (SISTRAT) to generate evidence of unequal recovery processes between men and women.
- Creating specific plans for women within the framework of the technical and financial partnership agreement between SENDA and the Ministry of Health.
- Identifying the particular needs of each person in the design of the programmatic social integration services offered to people in treatment.
- Conducting internal training on gender issues for support professionals and executing teams.
- Developing an external consultancy for gender mainstreaming in the social integration and opportunities area.

Chile’s programs and services take into account the WHO/UNODC “International Standards for the Treatment of Drug Use Disorders.” Thus, treatment programs are evaluated annually on the following dimensions of quality: technical aspects, human resources, networking, records and data analysis system, user rights and satisfaction, and infrastructure.

Likewise, the SISTRAT information system monitors other indicators, such as waiting times and treatment retention and effectiveness.

The country does not use 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.**

Chile 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 gender and human rights perspectives, age, and cultural context during the evaluation and monitoring of care, treatment, rehabilitation, recovery, and social integration programs and comprehensive public and private facilities, through the Regulations for Treatment and Rehabilitation Centers for Persons with Harmful Use or Dependence on Alcohol and/or Drugs.

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

Chile has mechanisms in place to protect the rights of persons undergoing treatment in treatment programs and services. Thus, the country’s Law N°20.584, along with its regulations, stipulates the rights and duties of individuals in relation to actions related to their health care.

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.**

Through the following programs, Chile has early intervention, care, treatment, rehabilitation, recovery, and social integration service alternatives for criminal offenders who use drugs:

- Program for Adolescents and Young People Admitted under Law N°20.084 with Problem Alcohol and Drug Use and Other Mental Health Disorders.
- Program for adult problem drug and alcohol users serving simple and intensive probation sentences (Law N°18.216).
- Drug Treatment Court program (TTD).
- Program for incarcerated adult offenders who are problem drug and alcohol users.

- Socio-labor Guidance Device for the labor inclusion of adults who are in treatment programs.

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

Chile offers early intervention, care, treatment, rehabilitation, recovery, and social integration programs for incarcerated drug users. Thus, it implements the following programs:

- Program for Adolescents and Young People Admitted under Law N°20.084 with Problem Alcohol and Drug Use and Other Mental Health Disorders.
- Program for Incarcerated Adult Offenders Who are Problem Drug and Alcohol Users.

**Priority Action 3.6: Design and implement cooperation mechanisms with social and community actors that provide social and community support services in order to contribute to social integration of people who use drugs, particularly at-risk populations, in an ongoing, sustainable, and recovery-oriented manner.**

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

Organizations	Programs
<b>Ministry of Education</b>	<ul style="list-style-type: none"> <li>- Undersecretariat of Education</li> <li>- Youth and Adult Education</li> <li>- Circular N°482 of the Superintendency of Education</li> </ul>
<b>Ministry of Labor and Social Welfare</b>	<ul style="list-style-type: none"> <li>- Labor Directorate</li> <li>- National Employment Exchange</li> </ul>
<b>Ministry of Social Development</b>	<ul style="list-style-type: none"> <li>- Social Household Registry</li> <li>- Adult Program</li> <li>- Indigenous Peoples Program</li> <li>- Family Program</li> <li>- Security and Opportunities Program</li> </ul>
<b>National Disability Service</b>	<ul style="list-style-type: none"> <li>- National Disability Registry</li> <li>- Labor Inclusion</li> </ul>
<b>National Service for Women and Gender Equity</b>	<ul style="list-style-type: none"> <li>- SENDA - National Service for Women and Gender Equality (SernamEG) Agreement - 2020</li> <li>- Violence Against Women Program</li> <li>- Women and Work Program</li> <li>- Women, Sexuality, and Motherhood Program</li> </ul>
<b>National Training and Employment Service</b>	<ul style="list-style-type: none"> <li>- Courses, subsidies, and employment</li> <li>- SENDA - Solidarity and Social Investment Fund (FOSIS) partnership agreement, Los Ríos Region</li> <li>- SENDA - National Training and Employment Service (SENCE) agreement, Los Ríos Region</li> </ul>

<b>Solidarity and Social Investment Fund</b>	<ul style="list-style-type: none"> <li>– Programs for entrepreneurship, work, access to microfinance, families</li> <li>– FOSIS - SENDA partnership agreement, Bío Bío Region and Los Ríos Region</li> <li>– FOSIS - SENDA agreement, Bío Bío Region</li> <li>– FOSIS - SENDA agreement, Los Ríos Region</li> </ul>
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**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.

Chile 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. In that regard, the country maintains collaborative ties with the Inter-American Drug Abuse Control Commission (CICAD/OAS), with the European Union–Latin America and the Caribbean Drug Cooperation Mechanism, and with the United Nations Office on Drugs and Crime (UNODC).

**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.

Chile promotes measures to address the stigma and social marginalization associated with substance use disorders. In this regard, piloting of the Stigma Prevention and Reduction Program began in 2019 and concluded in 2020. This pilot effort yielded observations and recommendations that will be useful for its future implementation. In addition, the social integration area carries out permanent local dissemination and awareness-raising activities with organizations and public and private institutions, in coordination with other areas of the service.

**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.

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

The country does not participate in prevention, treatment, or rehabilitation training 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).

Chile certifies personnel working in prevention, treatment, rehabilitation, and social integration services as shown on the following table:

Services	Certification level	Certifying organization/institution
Prevention	Basic and Intermediate	Universities / SENDA
Treatment	Basic and Intermediate	Universities / SENDA
Rehabilitation	Basic and Intermediate	Universities / SENDA
Social integration	Basic and Intermediate	Universities / SENDA

**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.

Chile has conducted situational assessments to identify the training needs of personnel working in prevention, early intervention, care, treatment, rehabilitation, recovery, and social integration programs.

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

Chile has 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.**

Chile has no regulatory measures for accrediting prevention programs.

The country has an accreditation process for care and treatment services, which is managed by the Ministry of Health (MINSAL).

Treatment programs are implemented through the signing of contracts for the execution of treatment services with public and private entities, in which the technical, administrative, and financial structure is determined. Treatment centers must comply with minimum requirements established in the specific regulations that apply to them (MINSAL Decree N°4 of 2009) as regards infrastructure and facilities, availability of certain technical documents, organization and technical management, staffing, and users' rights. The Ministry of Health, through its Regional Ministerial Health Secretariats (SEREMI), carries out the sanitary authorization process for treatment centers, a procedure that allows them to operate.

Each entity must submit documentation on its treatment programs, and the infrastructure must be free of structural risks, for both users and staff. In addition, they must have a therapeutic program, a work team, and other technical requirements.

Chile uses the CICAD Indispensable Criteria for the opening and operation of drug treatment centers. Ministry of Health (MINSAL) Decree N°4 of 2009 is the official document that regulates the operation, duties, and responsibilities of treatment and rehabilitation centers to provide care for people with harmful use or dependence on alcohol or drugs.

**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.**

Chile has no supervisory mechanisms to ensure that prevention programs comply with international quality criteria.

The country has supervisory mechanisms to ensure that public and private treatment and rehabilitation services comply with international quality criteria. Thus, each year, the regional treatment officers, together with the Regional Health Ministerial Secretariats (SEREMIs), evaluate their quality (technical aspects, human resources, networking, records and data analysis

system, user rights and satisfaction, and infrastructure); this constitutes joint supervision by SENDA and the Ministry of Health.

As regards the actions taken with public and private treatment and rehabilitation services that do not meet international quality standards, all public and private treatment services are technically advised and administratively supervised by SENDA teams, with professionals hired by their regional offices, who are known as quality managers and who, together with each treatment center, draw up an agreement and an annual advisory plan, based on the evaluation guidelines applied to each center in the final quarter of each year, in order to manage and improve the quality of the services provided. Private treatment centers receive public funds only if they are licensed to operate by the health authorities. Fines are imposed for contract breaches, and serious breaches can lead to the termination of the contract.

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

Chile has not conducted an assessment at the national, regional, or local levels to determine needs for care, treatment, or reintegration services during the assessment 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 Chile has drug demand reduction policies that include programs in the areas of prevention, early intervention, treatment, care, rehabilitation, social integration, and recovery; these policies do not, however, include programs in the area of health promotion. These programs include the gender, age and community approaches; however, they do not include the cultural context approach. CICAD also notes with concern that the country does not develop, strengthen, or implement coordination mechanisms to collect, analyze, disseminate, or access information on prevention, treatment, rehabilitation, recovery, or social reintegration services. In addition, CICAD notes that Chile has monitoring instruments for drug demand reduction programs and has conducted an evaluation of SENDA's drug demand reduction programs. However, the country has not conducted impact evaluations of its drug use prevention programs. In addition, CICAD recognizes 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 Chile 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 and the International Standards on Drug Use Prevention and 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 Chile develops and implements drug prevention programs for various population groups. It does not, however, implement specific programs for other important population groups. CICAD also recognizes that, during the 2017 to 2019 period, the country has conducted and strengthened situational assessments to identify specific needs, risks, and protective factors among the secondary school population and the population aged 12 to 65 years. CICAD notes, however, that these assessments are not available for other key population groups. CICAD also notes that Chile does not 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 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 Chile has comprehensive and inclusive care, treatment, rehabilitation, recovery, and social integration programs and services in the public health care and/or social protection network, which take into consideration the gender, human rights, and public health approaches. It also notes that the country takes into account the WHO/UNODC International Standards for the Treatment of Drug Use Disorders. However, it does not take into account the “Technical Guide for countries to set targets for universal access to HIV prevention, treatment, and care for injecting drug users,” published by WHO, UNODC, and UNAIDS. CICAD further recognizes that the country 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 that Chile has mechanisms to protect the rights of persons undergoing treatment in treatment programs and services, which 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. CICAD also recognizes that the country has early intervention, care, treatment, rehabilitation, recovery, and social integration alternatives for criminal offenders who use drugs, through various programs. CICAD also notes that Chile offers early intervention, care, treatment, rehabilitation, recovery, and social integration programs for incarcerated drug users. CICAD further notes that the country implements cooperation mechanisms with social and community actors that provide social and community support services that contribute to the social integration of drug users. CICAD notes that Chile 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 disorders. CICAD also notes with satisfaction that the country 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 that Chile does not implement ongoing competency-based training in the areas of prevention, treatment, or rehabilitation, nor does it participate in prevention, treatment, or

rehabilitation training programs offered by specialized international organizations. CICAD also notes that the country certifies personnel working in prevention, treatment, rehabilitation, and social integration services. CICAD further recognizes that Chile has conducted situational assessments to identify the training needs of personnel working in prevention, early intervention, care, treatment, rehabilitation, recovery, and social integration programs. In addition, CICAD notes that the country has 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 Chile has no regulatory measures to accredit prevention programs; however, it has an accreditation process for care and treatment services, managed by the Ministry of Health (MINSAL), and it uses the CICAD Indispensable Criteria for the opening and operation of drug treatment centers. CICAD also notes that the country has no supervisory mechanisms to ensure that prevention programs comply with international quality criteria. Chile does, however, have supervisory mechanisms in place to ensure compliance with international quality standards in public and private treatment and rehabilitation services. CICAD also notes that Chile has not conducted an assessment to determine needs for care, treatment, or reintegration services at the national, regional, and local levels during the evaluation period.





**ORGANIZATION OF AMERICAN STATES (OAS)  
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