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MULTILATERAL EVALUATION MECHANISM (MEM)

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

Colombia

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

2021



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**Evaluation Report on Drug Policies:
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EIGHTH EVALUATION ROUND

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PREFACE

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

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

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

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

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

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

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

OBJECTIVE

1

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

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

Colombia has drug demand reduction policies that include programs in the areas of health promotion, prevention, early intervention, treatment, care, rehabilitation, social integration, and recovery support, as well as other initiatives and measures aimed at minimizing the adverse public health and social consequences of drug abuse.

Area	Policies / Programs
Health promotion	<ul style="list-style-type: none"> - Comprehensive Policy to Address the Drug Problem "Ruta Futuro" - Comprehensive policy to prevent and provide care for psychoactive substance use - Mental health promotion strategy
Prevention	
Early intervention	
Treatment	
Care	
Rehabilitation	
Social integration	
Recovery support	
Other initiatives and measures aimed at minimizing the adverse public health and social consequences of drug abuse	

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

¹ Community includes ethnicity, among others.

Priority Action 1.2: Develop, strengthen, and/or implement, as appropriate, coordination mechanisms for collecting, analyzing, and disseminating information on drug use prevention, treatment, rehabilitation, recovery, and social reintegration service availability, utilization, and outcomes, for the general public and different target populations, with support, as needed, from civil society, academic and research institutions, as appropriate.

Colombia develops, strengthens, and implements coordination mechanisms for collecting, analyzing, disseminating, and acceding to information on drug use prevention, treatment, rehabilitation, and recovery services.

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

Colombia has tools for monitoring drug demand reduction programs.

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

Program evaluated	Title of the evaluation	Type of evaluation conducted	Year in which the program was evaluated
Psychoactive substance use prevention program for incarcerated individuals in the custody of the National Penitentiary and Prison Institute (INPEC)	Evaluation of the psychoactive substance use program for incarcerated individuals in the custody of the National Penitentiary and Prison Institute (INPEC)	Assessment of the program's efficiency using a joint (qualitative and quantitative), pre-experimental methodology.	2019

Colombia has not conducted impact, or any other related and current, assessments of 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.

Colombia develops and implements coordination mechanisms with civil society and other stakeholders to support the development and implementation of demand reduction programs.

Priority Action 1.5: Promote national prevention, treatment, care, recovery, rehabilitation, and social integration measures and programs, with a comprehensive and balanced drug demand reduction approach and, in that regard, promote nationally recognized standards by member states and/or the “International Standards on Drug Use Prevention,” and the “International Standards for the Treatment of Drug Use Disorders,” both developed jointly by the World Health Organization (WHO) and United Nations Office on Drugs and Crime (UNODC).

Colombia promotes national prevention, treatment, care, recovery, rehabilitation, and social integration measures and programs, with a comprehensive and balanced drug demand reduction approach in accordance with national standards recognized by member states, the “International Standards on Drug Use Prevention,” and “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.

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

Population group	Estimated coverage		Strategy / program	Type of Program
	Target population	Coverage rate		
Schoolchildren and university students:				
<ul style="list-style-type: none"> Secondary 	647,498 children and adolescents	-	- <i>Emociones Conexión Vital</i> (Ministry of National Education)	Universal
	Students, teachers, administrative personnel, and families	-	- Healthy Lifestyles Strategy	Universal
	508,000	106.6%	- Step by Step (Ministry of National Education)	Universal
	Adolescents between 10 and 14 years of age. (Parents and children)	109.7%	- School prevention program (National Police)	Universal
	6,500 families in 2019 and 2020	-	- <i>Familias Fuertes: Amor y Límites</i> program (Ministry of Justice)	Universal
<ul style="list-style-type: none"> University, tertiary education 	21 universities nationwide	100%	- Technical framework governing Psychoactive Substance Use Reduction Actions in a University Setting - Guidelines for University Counselling Units - Teachers' Implementation Adapter Kit (Ministry of Justice)	Universal and Selective

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.

Street population:				
• Adults	Six (6) of Colombia's territories: 600 beneficiaries	119%	Community-based strategies, focusing in particular on risk and harm reduction, in strategic partnership with civil society organizations	Selective
Family	1,400 Families	103%	Strategic Family-School Partnership	Universal
Indigenous population	115	105%	<i>Recomponiendo el camino de vuelta a casa</i> (Office of the High Commissioner for Peace)	Selective
	1,070	4.28%		
Incarcerated Individuals	Persons held in confinement	84%	- Psychoactive substance use care program for the prison population in INPEC custody	Universal
	Persons held in confinement	84%	- Psychoactive substance use reduction program or therapeutic community in prisons	Indicated
	Female and male population confined in 2 prison facilities	100%	- Community arrangements/devices for psychoactive substance use reduction - Listening Centers (Prison yard devices)	Selective
Others:				
Adolescents and young people in the Criminal Liability System for Adolescents (SRPA)	196	2.4%	- Development and implementation of preventive strategies. "Guide to formulating psychoactive substance use reduction strategies for adolescents and young people in the Criminal Liability System" (Ministry of Justice and ICBF)	Selective and indicated
Young people	2,659	100%	- Program for preventing drug use by young people – training in life skills.	Selective

The country is not implementing specific programs for the following population groups: pre-school students; primary school students; Street children and youths; Gender (males/females); LGBTIQ+ population; communities; migrants and refugees; or persons in the workplace.

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

Colombia has conducted and strengthened situational assessments to identify specific needs, risks, and protective factors of some population groups targeted by drug use prevention programs, through the National Study of Psychoactive Substance Use in Colombia 2019, and the Study on HIV prevalence and risk factors, hepatitis B and C, and syphilis, among injecting drug users in two Colombian cities. However, those diagnostic assessments do not specifically cover

other important segments of the population, such as the homeless (street) population, the indigenous population, and secondary school, university or tertiary education students.

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).

Colombia promotes 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 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).

Colombia has the following comprehensive and inclusive care, treatment, rehabilitation, recovery, and social integration programs and services: early intervention (brief intervention, counselling); crisis intervention, various forms of treatment, dual pathology (co-morbidity), social integration, and recovery support-related services. Those programs and services are comprehensive and inclusive in the public health and social protection network for persons with drug use issues and take human rights and public health approaches, but not the gender perspective, into account.

The care, treatment, rehabilitation, recovery, and social integration programs and services for persons with drug use issues also take the WHO and UNODC “International Standards on Treatment of Drug Use Disorders” into account, through the Mandatory Health Guarantee System, the technical regulation governing the authorization of health services, and the care services established in the Health Benefits Plan for the Colombian Population, which determine the care services related to psychoactive substance use included in those regulations.

Colombia takes into account the “Technical Guide for countries to set targets for universal access to HIV prevention, treatment, and care for injecting drug users,” issued by the WHO, UNODC, and UNAIDS.

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.

Colombia 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 provide for incorporation of gender, human rights, age, and cultural context perspectives in the evaluation and monitoring of care, treatment, rehabilitation, recovery, and social integration programs and of comprehensive public and private facilities. Accordingly, health care stakeholders provide health care protocols, national technical guidelines, and technical assistance for adapting and implementing policies and the technical guidelines.

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

Colombia has mechanisms to protect the rights of persons undergoing treatment in treatment programs and services, whereby a series of stakeholders guarantee service supply and networks, monitor implementation of that supply of services, and safeguard the right to health.

These mechanisms have protocols for protecting the confidentiality of data provided by persons receiving these services and include the process to follow to provide appropriate information on treatment and informed consent.

Priority Action 3.4: Promote and offer alternative means for providing early intervention, care, treatment, rehabilitation, recovery, and social integration services for criminal offenders who use drugs, as an alternative to criminal prosecution and/or imprisonment.

Colombia has alternatives of early intervention, care, treatment, rehabilitation, recovery, and social integration services for criminal offenders who use drugs. Accordingly, since 2016, the country has been developing a process for implementing model Drug Treatment Courts in the Criminal Liability of Adolescents System. That Model is currently being consolidated in nine Colombian territories.

Under this model, an adolescent who has committed a crime following problematic use of drugs is not incarcerated, but rather enrolled in a comprehensive drug user treatment course under judicial supervision. During that process, he or she is also provided with social integration options allowing him or her to forge a crime- and drug-free life.

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

Colombia provides early intervention, care, treatment, rehabilitation, recovery, and social integration programs for persons deprived of liberty who use drugs, through the Ministry of Health and Social Protection (MSPS), which is the entity responsible for keeping track of, directing, evaluating, and steering the health-care social security system, by formulating policies, plans, and programs, intersectoral coordination and arrangements among healthcare stakeholders to improve the quality, timeliness and access to healthcare services, and maintain

the system over time, while increasing the levels of satisfaction experienced by patients, families, communities, and other inhabitants of Colombia.

As part of coordination among the various stakeholders in the Criminal Liability System for Adolescents (SRPA), there is a program for judicial monitoring of drug treatment in the SRPA, which is an alternative to prosecution and the excessive use of incarceration for adolescents who commit crimes as a consequence of problematic drug use.

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.

Colombia does not 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.

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.

Colombia 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.

This cooperation is conducted through joint commissions with other countries in the region, which share progress with implementing public policy or matters of mutual interest with other countries. In addition, in 2019, in connection with the COPOLAD program, Colombia, together with Uruguay and the Czech Republic, led the drafting of the Manual for Implementation of Early Warning Systems.

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.

Colombia promotes measures to address the stigma and social marginalization associated with substance use disorders. Accordingly, Colombia has strengthened procedures for training health professionals in the contents of the program for reducing gaps in mental health care. In that program, the essential health care practices module points to factors for reducing stigma for

people resorting to those services and specifically addresses that issue in the module on drug use disorders.

The subject is also addressed in connection with the training of health care professionals in the universal treatment curriculum and territorial and institutional psychological first aid health care professionals and teams.

In addition, Colombia is currently drawing up a paper to guide health care social security stakeholders implementing actions, with a gender and LGBTIQ+ perspective, tending to reduce stigma and discrimination toward persons using psychoactive substances.

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.

Colombia is implementing ongoing competency-based training mechanisms in the areas of prevention, treatment, and rehabilitation. In this regard, the Ministry of Health and Social Protection, the Ministry of Justice and Law, the National Penitentiary and Prison Institute, the Ministry of National Education, and the National Police, inter alia, conduct a range of training activities at all educational levels.

The country is participating in the following prevention, treatment, and rehabilitation programs run by specialized international organizations:

International Organizations	Type of program	Name of the program	Approaches taken into account
WHO-PAHO	Prevention, treatment, rehabilitation	Program for overcoming mental health care gaps (MhGAP)	Human rights-based development Course of life Public health
the International Society of Substance Use Professionals (ISSUP) - Colombo Plan	Treatment, rehabilitation	Universal treatment curriculum	Human rights-based development Course of Life Public health Gender
CICAD/OAS	Prevention, treatment, investigation	Sundry	Gender Human rights Public health

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

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).

Colombia 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.

Colombia has not conducted situational assessments to identify 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.

Colombia has developed specialized programs in response to training needs identified through field work. Based on that, it develops human talent skills in basic and specialized health care.

**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.**

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

The country has an accreditation process for care and treatment services. Thus, the accreditation process is one of the components of the mandatory system for guaranteeing quality in health care, comprising four components namely: the Single Authorization System, the Program for Auditing Quality Enhancement, the Single Accreditation System, and the Health Care Quality Information System.

The key aspect is authorization of health care services, which uses standards that health care providers are obliged to meet to guarantee patient safety. Those standards must also be met by those inspecting and supervising those services, and by the Departmental and District Health Secretariats that authorize them. The National Superintendency of Health's functions also include directing, coordinating, and executing inspection, supervision, and oversight policies of the General Health Care Social Security System.

In Colombia, accreditation of health care services is voluntary and is currently performed by the Colombian Institute of Technical Standards and Certification (ICONTEC).

The country does not use the CICAD Indispensable Criteria for opening and operating drug use disorder treatment centers. While it uses similar criteria, the standard for health care services is set by Resolution N°3100 of 2019 of the Ministry of Health and Social Protection.

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.

Colombia has supervisory mechanisms to ensure that prevention programs meet international quality standards, thanks to technical assistance provided by the Ministry of Health and Social Protection for implementing the national guidelines on prevention of psychoactive substance use.

The country has supervisory mechanisms to ensure that public or private treatment and rehabilitation services meet international quality standards, by complying with the authorization provision and inspections, surveillance, and oversight of health care providers by the National Superintendency of Health. It also has Circular N°002, which establishes the responsibilities of

health care system stakeholders to guarantee comprehensive care for persons using psychoactive substances and to report compliance with those requirements.

As for actions undertaken regarding public and private treatment and rehabilitation services that do not comply with international quality standards, improvement plans are made to overcome the inconsistencies in the technical regulations for authorization. If the improvement plan is not followed, the health institution concerned is penalized by withdrawal of its authorization to continue providing services.

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

Colombia did not conduct an assessment, at the national, regional, or local level, of needs with respect to care, treatment, or reintegration services during the evaluation period. However, in 2020, it drew up the study entitled “Therapeutic Communities and Treatment Centers,” the contents of which are currently being analyzed in preparation for a final report.

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 Colombia has drug demand reduction policies that include programs in the areas of health promotion, prevention, early intervention, treatment, care, rehabilitation, social integration, and recovery, which include gender, age, community, and cultural context approaches. In addition, CICAD notes that the country develops, strengthens, and implements coordination mechanisms to collect, analyze, disseminate, and access information on prevention, treatment, rehabilitation, and recovery services. At the same time, CICAD notes that Colombia has monitoring instruments for INPEC's drug demand reduction programs. However, it observes that the country has not conducted impact evaluations or any other related study on drug use prevention programs. CICAD likewise notes that the country develops and implements coordination mechanisms with civil society and other actors to support the formulation and implementation of drug demand reduction programs. In addition, CICAD notes that Colombia promotes national measures and programs for prevention, treatment, care, recovery, rehabilitation, and social integration, with a comprehensive and balanced drug demand reduction approach, in accordance with 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 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 Colombia develops and implements drug use prevention programs for various population groups. However, its programs do not specifically cover other important population groups. In addition, CICAD observes that the country has conducted and strengthened situational diagnoses to identify the specific needs, risks, and protective factors of some target populations of drug use prevention programs. However, CICAD notes that those diagnoses do not specifically cover other important population groups. On the other hand, CICAD notes that Colombia promotes the exchange of research, 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 the United Nations Office on Drugs and Crime (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 Colombia has comprehensive and inclusive care, treatment, rehabilitation, recovery, and social integration programs and services in the public health and social protection network, which take human rights and public health approaches into consideration. However, CICAD observes that other approaches, such as the gender perspective, are not taken into consideration. It is also noted that the country takes into account the "International Standards for the Treatment of Drug Use Disorders of WHO and UNODC and uses 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. At the same time, CICAD notes 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 care to include gender, human rights, age, and cultural context approaches. In addition, CICAD notes that Colombia has mechanisms in place to protect the rights of persons undergoing treatment in treatment programs and services that involve different actors, guarantee the supply of services and networks, monitor their implementation, and safeguard the right to health. These mechanisms have protocols in place to protect the confidentiality of information provided by those receiving these services and include the process of providing adequate information regarding treatment and informed consent. Furthermore, CICAD notes that the country has alternatives of early intervention, care, treatment, rehabilitation, recovery, and social integration services for criminal offenders who use drugs. CICAD also notes that Colombia offers early intervention, care, treatment, rehabilitation, recovery, and social integration programs for drug users deprived of their liberty. On the other hand, CICAD notes that the country does not implement cooperation mechanisms with social or community actors that provide social or community support services that contribute to the social integration of drug users. However, CICAD notes with satisfaction that Colombia promotes regional and international cooperation and shares best practices to increase access to, and availability of, evidence-based recovery and treatment services, including access to naloxone and other medications used to treat substance use disorders. Additionally, Colombia 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 Colombia conducts skills-based continuous training courses in the areas of prevention, treatment, and rehabilitation. In addition, it notes that the country participates in

several training programs on prevention, treatment, and rehabilitation offered by specialized international organizations. At the same time, CICAD notes that the country does not certify staff working in prevention, treatment, rehabilitation, or social integration services. Moreover, CICAD observes that Colombia has not conducted situational assessments to identify training needs of personnel working in prevention, early intervention, care, treatment, rehabilitation, recovery, or social integration programs. On the other hand, CICAD notes that the country has developed specialized programs addressing the training needs identified through field work.

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 Colombia lacks regulatory measures for accrediting prevention programs but does have an accreditation process for care and treatment services. In addition, the country does not use CICAD's Indispensable Criteria for opening and operating drug use disorder treatment centers, although it does have similar criteria. CICAD likewise observes that the country has supervision mechanisms to ensure compliance with international quality standards in prevention programs and also has supervision mechanisms to ensure compliance with international quality standards in public and private treatment and rehabilitation services. At the same time, CICAD notes with concern that Colombia did not conduct a national, regional, or local evaluation to determine needs as regards care, treatment, or reintegration services during the evaluation period.



**ORGANIZATION OF AMERICAN STATES (OAS)
INTER-AMERICAN DRUG ABUSE CONTROL COMMISSION (CICAD)**

1889 F Street NW
Washington, D.C. 20006
www.cicad.oas.org