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MULTILATERAL EVALUATION MECHANISM (MEM)

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

Ecuador

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

2021



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ECUADOR

**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.

Ecuador has drug demand reduction policies that include programs in the areas of health promotion, prevention, early intervention, treatment, care, rehabilitation and social reintegration. However, the country’s policies do not include recovery support.

Area	Policies / Programs
Health promotion	<ul style="list-style-type: none"> - National plan for the comprehensive prevention and control of the social phenomenon of drugs 2017 – 2021 - Beginning sports classes: “<i>Mi primer deporte</i>” and “<i>Actividades Físicas, Rítmicas y Recreativas</i>,” 2019
Prevention	<ul style="list-style-type: none"> - National plan for the comprehensive prevention and control of the social phenomenon of drugs 2017 – 2021 - Beginning sports classes: “<i>Mi primer deporte</i>” and “<i>Actividades Físicas, Rítmicas y Recreativas</i>,” 2019 - Directives for the formulation and implementation of programs for the comprehensive prevention of the use of alcohol, tobacco and other drugs in the workplace in both the public and private sectors, 2019
Early intervention	<ul style="list-style-type: none"> - National plan for the comprehensive prevention and control of the social phenomenon of drugs 2017 – 2021 - Intervention program for incarcerated persons
Treatment	<ul style="list-style-type: none"> - National plan for the comprehensive prevention and control of the social phenomenon of drugs 2017 – 2021
Care	<ul style="list-style-type: none"> - Model for comprehensive intensive outpatient care and treatment for problem use of alcohol and other drugs in primary care facilities of the Ministry of Public Health
Rehabilitation	<ul style="list-style-type: none"> - National plan for the comprehensive prevention and control of the social phenomenon of drugs 2017 – 2021
Social integration	<ul style="list-style-type: none"> - National plan for the comprehensive prevention and control of the social phenomenon of drugs 2017 – 2021 - National Model for Hospital and Home Care Education

¹ Community includes ethnicity, among others.

These programs include gender, age, community, cultural context, health, rights, inclusion, continuing education and comprehensive care approaches.

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.

Ecuador does not develop, strengthen, or implement coordination mechanisms for collecting, analyzing, disseminating and accessing information on prevention, treatment, rehabilitation, recovery support or social reinsertion services.

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

Ecuador has instruments with which to monitor its drug demand reduction programs.

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

Program evaluated	Title of the evaluation conducted	Type of evaluation conducted	Year of the evaluation of the program
Program for the comprehensive prevention of the use of alcohol, tobacco and other drugs in the workplace in both the public and private sectors. (Ministry of Labor).	Report on specialized health and safety inspections at the national level, and fulfillment of the indicators of the Program of comprehensive prevention of the use of alcohol, tobacco, and other drugs in the workplace in both the public and private sectors.	Process evaluation	2019 2020

Ecuador did not conduct impact evaluations (best practices) or any other studies 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.

Ecuador does not develop or implement coordination mechanisms to support the development and implementation of drug demand reduction programs with the participation of and coordination with civil society and other stakeholders.

Priority Action 1.5: Promote national prevention, treatment, care, recovery, rehabilitation, and social integration measures and programs, with a comprehensive and balanced drug demand reduction approach and, in that regard, promote nationally recognized standards by member states 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).

Ecuador promotes national prevention, treatment, care, recovery, rehabilitation and social integration measures and programs, with a comprehensive and balanced drug demand reduction approach, and thus promotes national standards recognized by 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.

Ecuador develops and conducts the following prevention strategies and programs:

Population group	Estimated Coverage		Strategy / Program	Type of program
	Target population	Coverage rate		
School children and university students:				
• Pre-school	Students enrolled in each school year	100%	Ministry of Education Curriculum (MIES)	Universal
• Primary	Students enrolled in each school year	100%	MIES Curriculum	Universal
	11,530 children and adolescents	78.46%	Program for the Eradication of Child Labor. Protocol and road map for action in situations of drug use (MIES)	Selective
Secondary (junior high and high school)	Students enrolled in each school year	100%	Ministry of Education Curriculum	Universal
	11,530 children and adolescents	78.46%	Program for the Eradication of Child Labor. Protocol and road map for action in situations of drug use (MIES)	Selective
• University/ tertiary education	Those responsible for the Institutional Welfare Units of higher education institutions 80 higher education institutes	125%	- Training for higher education institutes and conservatories in the	Universal

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.

Population group	Estimated Coverage		Strategy / Program	Type of program
	Target population	Coverage rate		
	55 Universities and polytechnic schools	98%	comprehensive prevention and control of drug use. - Training for universities and polytechnic schools in the comprehensive prevention of drug use	Universal
Individuals in the workplace	800 civil servants in the MIES	13.75%	Protocol and road map for action in situations of drug use (MIES)	Selective
	Full-time public and private sector employees.	-	Program for the comprehensive prevention of the use of alcohol, tobacco and other drugs in the workplace in both the public and private sectors	Selective
Other: Users of the MIES services	49,500 users sensitized to drug use prevention	6.88%	Protocol and road map for action in situations of drug use (MIES)	Selective

The country does not conduct indicated prevention programs or strategies and does not implement specific programs for the following population groups: street population; the family; gender male/female; LGBTIQ+ population; community; indigenous population; migrants or refugees; 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.

Ecuador did not develop or strengthen situational assessments to identify the specific needs or the risk and protective factors of each target population of drug use prevention programs during the evaluation period.

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).

Ecuador promotes the exchange of research findings, experiences and good 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).

Ecuador has the following comprehensive and inclusive care, treatment, rehabilitation, recovery and social integration programs and services in the public health care network and social protection:

Programs/Services	Approaches taken into account
Early intervention (brief intervention, counselling)	Gender, rights, intercultural, intergenerational, inclusivity, educational, and wellbeing
Crisis intervention	Gender, rights, intercultural, intergenerational, inclusivity, educational, and wellbeing
Treatment modalities	Human rights, public health, gender, intercultural, intergenerational
Dual pathology (co-morbidity)	Human rights. Rights of children and adolescents, inclusive, gender, intercultural, ecological context, wellbeing, continuing education
Social integration and recovery support services)	Human rights. Rights of children and adolescents, inclusive, gender, intercultural, ecological context, wellbeing, continuing education

Regarding the consideration of a gender perspective in these programs and services, in the area of education, the country takes a gender perspective into account as an analytic approach to the differences between men and women that society has constructed in terms of their relationships and division of labor.

Ecuador’s programs and services take into account the WHO/UNODC “International Standards on Treatment of Drug Use Disorders,” and also uses Guidelines for the Supervision of Mental Health Services for facilities that provide outpatient care and intensive outpatient care in hospital-based residential mental health units, as well as the plan of action and intervention of the Julio Endara Psychiatric Hospital.

Ecuador takes 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.

Priority Action 3.2: Monitor and evaluate the results of care, treatment, rehabilitation, recovery, and social integration programs in public and private facilities, taking into account the gender perspective, age, and cultural context, as appropriate.

Ecuador implements mechanisms for continuous monitoring and evaluation of the outcomes of care, treatment, rehabilitation, recovery and social integration programs in comprehensive public and private facilities.

These mechanisms take into account the inclusion of gender and human rights approaches, age and cultural context in the evaluation and monitoring of care, treatment, rehabilitation, recovery and social integration programs and comprehensive public and private facilities, by means of:

- National Plan for the Comprehensive Prevention and Control of the Social Drugs Phenomenon 2017 – 2021.
- Health regulations for the supervision and monitoring of health care facilities that provide treatment services for people with problem use of alcohol and other drugs (ESTAD).

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

Ecuador has mechanisms to protect the rights of persons in treatment programs and services, by means of the Protocol for comprehensive care for harmful use of alcohol, tobacco and other drugs (Ministerial Order N°00000030).

These mechanisms have protocols to protect the confidentiality of the information provided by the recipients of these services, and include the provision of adequate 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.

Ecuador does not have alternative services for providing early intervention, care, treatment, rehabilitation, recovery or social integration for criminal offenders who use drugs.

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

Ecuador offers the following early intervention, care, treatment, rehabilitation, recovery and social integration programs for incarcerated persons who use drugs:

- National Model for Hospital and Home Care Education.
- National Model of Educational Services in Centers for Adolescent Offenders (CAI).
- Model implementation of educational services for persons in detention in Ecuador.
- Intervention Program for Incarcerated Persons.
- Pilot Therapeutic Community Program in prisons.

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.

Ecuador has the following cooperation mechanism with social and community actors that provide social and community support services in order to contribute to the social integration of people who use drugs:

Organization	Program
Metropolitan Secretariat of Health of the City of Quito	Comprehensive Addictions Prevention System of Quito (SIPAQ)

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 disorders.

Ecuador 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, and provides training in prevention and treatment to health care professionals (CICAD, WHO, PAHO, UNODC, and others.)

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.

Ecuador does not promote measures to address the stigma and social marginalization associated with substance use disorders.

OBJECTIVE
4
FOSTER ONGOING TRAINING AND CERTIFICATION OF PREVENTION, TREATMENT, AND REHABILITATION SERVICE PROVIDERS.
Priority Action 4.1: Implement ongoing competency-based training mechanisms, in collaboration with academic institutions and other specialized organizations.

Ecuador implements ongoing competency-based training in the areas of prevention, treatment and rehabilitation by giving workshops on the comprehensive prevention of drug use in the sphere of higher education. As part of the work on comprehensive drug use prevention carried out in 2019 and 2020 with universities and higher technical institutes in the country, training was conducted using the operating guidelines on comprehensive prevention of drug use in the sphere of higher education. These guidelines were developed by the Ministry of Public Health as a tool to guide prevention activities in higher education facilities, always respecting the independence of each institution as stipulated in Article 17 of the Law on Higher Education.

The country participates in the following training programs in prevention, treatment, early intervention, and interventions for mental disorders offered by specialized international organizations:

International Organizations	Type of program	Name of program	Approaches taken into account
International Society of Substance Use Professionals (ISSUP)	Prevention	Universal Substance Use Prevention Curriculum	Family, school, work and community
ISSUP The Colombo Plan	Treatment	Universal Treatment Curriculum	Health, social, economic approach, vulnerable populations, gender, children and adolescents, and persons in recovery
Pan American Health Organization (PAHO)	Treatment	Mental Health Gap Action Program (mhGAP)	Communication, assessment, treatment and monitoring, human rights, wellbeing
World Health Organization (WHO) / Pan-American Health Organization (PAHO)	Treatment Early intervention	- Self-paced courses on human rights and health. - Training course in the administration of the ASSIST-DIT Tool for the Detection and Brief Intervention of Hazardous and Harmful Substance Use	Human rights and health
World Health Organization (WHO)	Intervention for mental disorders	mhGAP Intervention Guide for mental, neurological and substance use disorders in non-specialized health care settings	Human rights and health

All of these programs take a gender perspective 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).

Ecuador certifies the personnel who work in prevention and treatment services, as shown in the table below:

Services	Level of certification	Organization/Institution responsible for certification
Prevention	Basic	ISSUP
Treatment	Basic	ISSUP CICAD-OAS The Colombo Plan

The country does not certify personnel who work in rehabilitation or social integration services.

Priority Action 4.3: Conduct a situational assessment to identify training needs of prevention, early intervention, care, treatment, rehabilitation, recovery, and social integration service providers.

Ecuador has not conducted situational assessments to identify the need for training of personnel working in prevention, early intervention, care, treatment, rehabilitation, recovery or social integration service providers.

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

Ecuador has not developed specialized programs in response to the training needs identified in the 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.

Ecuador does not have regulatory measures to accredit prevention programs.

The country has a process for the accreditation of care and treatment services. Firstly, the health care facilities of the Ministry of Public Health are conducting quality management programs in the health services, the cross-cutting focus of which is patient safety and satisfaction. These consist of self-evaluation of quality criteria related to care processes, organizational structure, and patient safety, which are supervised by the Area Coordinators under the direction of the National Bureau for Quality in Health Care Services.

Second, Continuous Quality Improvement Teams have been formed to measure and carry out rapid improvements on the basis of the results of the assessments of the care and/or treatment programs.

Lastly, through the Agency to ensure the Quality of Health Care Services and Prepaid Medicine (ACESS), the Ministry of Public Health monitors/supervises the health care facilities that provide treatment services to people with problem use of alcohol and other drugs (ESTAD). To do so, it uses a licensing process that covers four areas: infrastructure, equipment, human talent, and regulations, mandatory compliance with the minimum quality standards required to operate this type of facility.

Ecuador uses CICAD's Indispensable Criteria for the opening and operating of centers for the treatment of drug use disorders.

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.

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

The country has the following supervisory mechanisms to ensure that public and private treatment and rehabilitation services meet international quality standards:

- Supervisory guide to assess the professional performance of psychologists.

- Operating guidelines for supervision of the Mental Health Services in the facilities of the Ministry of Public Health.

These supervisory mechanisms do not specify sanctions or actions to be taken if the international quality standards are not met.

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

Ecuador has not conducted a national, regional or local level assessment to determine the need for care, treatment or reintegration services during the evaluation period.

EVALUATIVE SUMMARY

Objective 1

Establish comprehensive and integrated drug demand reduction policies with a public health focus, that are evidence-based, multidisciplinary, multisectoral, respectful of human rights, that consider the gender perspective, community and take into account the guidelines and/or recommendations of specialized international and/or regional organizations.

CICAD notes that Ecuador has drug demand reduction policies that include programs in the areas of health promotion, prevention, early intervention, treatment, care, rehabilitation and social integration. However, these policies do not include programs in the area of recovery support. These programs adopt gender, age, community, cultural context, health, rights, inclusion, continuing education and comprehensive care approaches. However, CICAD notes that the country does not develop, strengthen, or implement coordination mechanisms for collecting, analyzing, and accessing information on prevention, treatment, rehabilitation, recovery, or social reintegration services. CICAD further notes that Ecuador has instruments with which to monitor its drug demand reduction programs and has conducted a process evaluation of one of its drug demand reduction programs. However, the country did not conduct impact evaluations of drug use prevention programs. CICAD notes with concern that the country does not develop or implement coordination mechanisms to support the development and implementation of drug demand reduction programs with the participation of and in coordination with civil society and other stakeholders. CICAD also notes that Ecuador promotes national prevention, treatment, care, recovery, rehabilitation and social integration measures and programs, with a comprehensive and balanced drug demand reduction approach, and thus promotes national standards recognized by 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 Ecuador develops and implements drug prevention strategies and programs for a variety of population groups. However, it does not implement specific programs for other major population groups. CICAD also notes that during the evaluation period, the country did not conduct or strengthen situational assessments to identify the specific needs, risks, and protective factors of each population group targeted by drug use prevention programs. CICAD further notes that Ecuador promotes the exchange of research findings, experiences and good 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 Ecuador has comprehensive and inclusive care, treatment, rehabilitation, recovery, and social integration programs and services in the public health care and social protection network, all of which take a gender perspective into account. CICAD also notes that the country takes into account the WHO/UNODC “International Standards for the Treatment of Drug Use Disorders,” as well as 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, to set goals with regard to universal access to the prevention, treatment and care of HIV infections. CICAD further notes that the country implements mechanisms for the continuous monitoring and evaluation of the outcomes of care, treatment, rehabilitation, recovery, and social integration programs in comprehensive public and private facilities. These mechanisms take into account the inclusion of gender and human rights approaches, age, and cultural context. CICAD also notes that Ecuador has mechanisms to protect the rights of persons in treatment programs and services, which have protocols to protect the confidentiality of the information provided by the recipients of these services and include the provision of adequate information on treatment and informed consent. CICAD also notes that the country does not have alternative services for providing early intervention, care, treatment, rehabilitation, recovery, or social integration for criminal offenders who use drugs. Further, CICAD notes that Ecuador offers early intervention, care, treatment, rehabilitation, recovery, and social integration programs for incarcerated persons who use drugs. CICAD also notes that the country implements a cooperation mechanism with social and community actors that provide social and community support services, in order to contribute to the social integration of people who use drugs. In addition, CICAD notes that Ecuador 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 observes with concern that the country does not promote measures to address the stigma and social marginalization associated with substance use disorders that may deter individuals from seeking, accessing, or completing demand reduction services.

Objective 4**Foster ongoing training and certification of prevention, treatment, and rehabilitation service providers.**

CICAD notes that Ecuador implements ongoing competency-based training in the areas of prevention, treatment, and rehabilitation by giving workshops on the comprehensive prevention of drug use, and participates in training programs in prevention, treatment, early intervention, and interventions for mental disorders offered by specialized international organizations, all of which take a gender perspective into account. CICAD also notes that the country certifies the personnel who work in prevention and treatment services. However, it does not certify personnel who work in rehabilitation or social integration services. CICAD further notes that Ecuador has not conducted situational assessments to identify the training needs of personnel working in prevention, early intervention, care, treatment, rehabilitation, recovery, or social integration services. CICAD also notes that the country has not developed specialized programs in response to the training needs identified in the 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 Ecuador does not have regulatory measures to accredit prevention programs, but has a process of accreditation for care and treatment services, and uses CICAD's Indispensable Criteria for the opening and operating of centers for the treatment of drug use disorders. CICAD also notes that the country does not have supervisory mechanisms to ensure that prevention programs meet international quality standards. It does, however, have supervisory mechanisms for treatment services in public and private facilities. Lastly, CICAD notes that during the evaluation period, Ecuador did not conduct a national, regional, or local level assessment to determine the need for care, treatment, or reintegration services.



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