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MULTILATERAL EVALUATION MECHANISM (MEM)

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

El Salvador

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

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EL SALVADOR

**Evaluation Report on Drug Policies:
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Recovery Support**

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.

1

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.

El Salvador has drug demand reduction policies that include programs in the areas of health promotion, prevention, early intervention, treatment, care, rehabilitation, and recovery support. However, the country's policies do not include programs in the area of social integration.

Area	Programs/Polices
Health promotion	- "Guías metodológicas de promoción de la salud y el abordaje de los factores de riesgo de enfermedades no transmisibles para niñas y niños de primera infancia, educación, básica y educación media: Temas de prevención del consumo de tabaco, consumo de alcohol y consumo de drogas"
Prevention	- "Estrategia Nacional Antidrogas 2016-2021" - "Programas Educativos de la asignatura de Moral, Urbanidad y Cívica para estudiantes de los niveles: I, II Ciclo de Educación Básica; III Ciclo de Educación Básica y Educación Media" - "Programa de estudios de Orientación para la Vida para estudiantes de educación media"
Early intervention	- "Guías clínicas para la atención en salud mental y psiquiatría"
Treatment	- "Estrategia Nacional Antidrogas 2016-2021" - "Fondo Solidario para la Salud (FOSALUD)" - "Plan Estratégico para la Prevención y Atención Integral de las Personas con Problemas de Consumo de Sustancias Psicoactivas"
Care	- "Lineamientos Técnicos para la Atención Integral de Personas con Problemas de Consumo de Sustancias Psicoactivas" - "Guías clínicas para la atención en salud mental y psiquiatría" - "Programa de Atención para Niños, Niñas y Adolescentes en Riesgo de Consumo y con Consumo de Sustancias Psicoactivas"
Rehabilitation	- "Estrategia Nacional Antidrogas 2016-2021" - "Plan Estratégico para la Prevención y Atención Integral de las Personas con Problemas de Consumo de Sustancias Psicoactivas" - "Lineamientos Técnicos para la Atención Integral de Personas con Problemas de Consumo de Sustancias Psicoactivas"

¹ Community includes ethnicity, among others.

	- “Guías clínicas para la atención en salud mental y psiquiatría”
Recovery	- “Fondo Solidario para la Salud (FOSALUD)”

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

El Salvador does not develop, strengthen, or implement coordination mechanisms for collecting, analyzing, disseminating, and accessing to information on drug use prevention, treatment, rehabilitation, recovery, or social reintegration services.

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

El Salvador does not have monitoring instruments for its drug demand reduction programs.

El Salvador has not conducted impact, process, or outcome evaluations of its drug demand reduction programs.

Priority Action 1.4: Develop and/or implement, as appropriate, coordination mechanisms with civil society, academic and research institutions, and other stakeholders to support the development and implementation of demand reduction programs.

El Salvador develops and implements coordination mechanisms to support the development and implementation of drug demand reduction programs providing for 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 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).

El Salvador promotes national prevention, treatment, care, recovery, and rehabilitation measures and programs, with a comprehensive and balanced drug demand reduction approach, but not in the area of social integration. Moreover, the country does not promote national standards recognized by member states, the “International Standards on Drug Use Prevention,” or 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.

El Salvador implements the following prevention strategies or programs:

Population group	Estimated coverage		Strategy / Program	Type of program
	Target population	Coverage rate		
School children and university students:				
• Pre-school	334,866	54.5	- "Programa Nacional de Primera Infancia" - "Programa de Educación Inicial y Parvularia, reforzando la educación a la familia"	Universal
• Primary	682,854	80.2	"Programas Educativos de la asignatura de Moral, Urbanidad y Cívica para estudiantes de los niveles: I y II Ciclo de Educación Básica; Programas educativos de la asignatura Ciencia, Salud y Medio Ambiente: I y II Ciclo de Educación Básica"	Universal

² At-risk populations may include: women, children, adolescents, LGBTIQ+ persons, prison population, indigenous groups, migrants, drug users, homeless individuals, and other socially disadvantaged groups.

Population group	Estimated coverage		Strategy / Program	Type of program
	Target population	Coverage rate		
<ul style="list-style-type: none"> Secondary 	757,689	54.1	“Programas Educativos de la asignatura de Moral, Urbanidad y Cívica para estudiantes de III Ciclo de Educación Básica y Educación Media. Programa de Educación para la Vida (Bachillerato)”	Universal
<ul style="list-style-type: none"> Primary and secondary 	-	8667 students	- “Educación y Entrenamiento en resistencia a las pandillas (GREAT)”	Universal
		17022 students	- “Liga atlética policial”	Universal
		11,450 students	- “Policía escolar”	Universal
		58 students	- “Prevención de delitos en el uso de tecnologías TIC”	Universal

El Salvador does not conduct selective or indicated prevention strategies or programs, nor does it implement specific programs for the following populations: university or tertiary education; girls/boys, youths, or adults in street situations; family; male/female gender; LGBTIQ+ population; community; indigenous people; migrants and refugees; individuals in the workplace; or incarcerated individuals.

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.

El Salvador has conducted and strengthened situational assessments to identify specific needs, risk, and protective factors of each population targeted by the drug use prevention programs.

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

El Salvador does not promote the exchange of research findings, experiences, or best practices to improve the effectiveness of prevention programs, taking into consideration the “International Standards on Drug Use Prevention,” developed jointly by the WHO and UNODC.

OBJECTIVE**3**

ESTABLISH AND STRENGTHEN, AS APPROPRIATE, NATIONAL CARE, TREATMENT, REHABILITATION, RECOVERY, AND SOCIAL INTEGRATION SYSTEMS FOR PEOPLE WHO USE DRUGS, THAT ARE INTEGRATED WITH HEALTH SYSTEMS, AND THAT RESPECT HUMAN RIGHTS, AND OFFER GENDER-SPECIFIC SERVICES, AND THAT, TO THE EXTENT POSSIBLE, ARE DESIGNED AND ADMINISTERED IN ACCORDANCE WITH INTERNATIONALLY ACCEPTED QUALITY STANDARDS.

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).

El Salvador has the following comprehensive and inclusive care, treatment, and rehabilitation programs and services in the public health care and social protection network: early intervention (brief intervention, counselling), crisis intervention, diverse treatment modalities, dual pathology (co-morbidity). However, the country does not have recovery or social integration programs.

These programs and services take into account the human rights and public health approaches, as well as the gender perspective.

The country’s programs and services take into account the WHO/UNODC “International Standards on the Treatment of Drug Use Disorders.” Through its Office on Mental Health, the Ministry of Health supervises compliance with international standards, and conducts regular inspections of care, treatment, and recovery services. The “Fondo Solidario para la Salud” developed the “Manual de Funcionamiento de los Centros de Prevención y Tratamiento de Adicciones,” which standardizes the care provided. In compliance with standards for the treatment of drug use disorders, operations are monitored every trimester with follow-up reports. The “Comisión Nacional Antidrogas” monitors and assesses shelters and homes for people with substance use disorders, by applying a the “Sello de Buenas Prácticas” program, developed based on international standards. Since 2019, the “Comisión Nacional Antidrogas” has issued a national report on key issues.

El Salvador does not take into account the use 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 the 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.

El Salvador does not implement mechanisms to continuously monitor or evaluate the results of care, treatment, rehabilitation, recovery, or social integration programs.

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

El Salvador has the following mechanisms in place to protect the rights of persons in treatment programs and services:

- Law on the duties and rights of patients and health care providers
- Mental Health Law
- National Mental Health Policy
- Law for the Integral Protection of Children and Adolescents

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.

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

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

El Salvador does not have early intervention, care, treatment, rehabilitation, recovery, and social integration services for incarcerated individuals.

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.

El Salvador does not implement cooperation mechanisms with social or community actors that provide social or community support services 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.

El Salvador does not promote regional and international cooperation or share best practices in increasing access to and availability of evidence-based recovery and treatment services, including access to naloxone and other medicines used in the treatment of substance use disorders.

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

El Salvador does not promote measures to address the stigma or social marginalization associated with substance use disorders.

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

El Salvador implements ongoing competency-based training in the areas of prevention and treatment, as follows:

The “Comisión Nacional Antidrogas” coordinates the “Programa de Capacitación y Certificación de Recursos Humanos en Tratamiento y Prevención de Trastornos por Consumo de Drogas (PROCCTRAP).” This program trains and certifies health care professionals as socio-therapeutic practitioners in drug dependence. As part of this program, the “Universidad Salvadoreña Alberto Masferrer” offers a basic-level course to certify human resources as socio-therapeutic practitioners, a six-month university diploma course that has been taught virtually since 2020.

The country does not implement this type of training in the area of rehabilitation.

El Salvador participates in the following prevention training programs, offered by specialized international organizations:

International Organizations	Type of program	Name of the program	Approaches taken into account
“Vida sin Drogas”	Prevention	“La Verdad sobre las Drogas”	Public health
“Instituto regional de policía comunitaria de la Universidad de St. Petersburg Florida, EEUU”	Prevention	“Curso básico de Policía Escolar”	Human rights
“Oficina de Asuntos Antinarcóticos y de Aplicación de la LEY (INL) de la Embajada de los Estados Unidos en El Salvador y la Policía Nacional Civil”	Prevention	“Curso GREAT”	Human rights
United Nations Children's Fund (UNICEF), “Instituto Salvadoreño para el Desarrollo de la Niñez y la Adolescencia (ISNA),” and “Fundación Educación y Cooperación (EDUCO)”	Prevention	“También soy persona” (TSP)	Human rights

The country does not participate in 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).

El Salvador certifies the personnel working in prevention, treatment, and rehabilitation, as per the following table:

Services	Certification level	Organization/Institution responsible for certification
Prevention	Basic	"Comisión Nacional Antidrogas"
Treatment	Basic, intermediate, advanced	"Comisión Nacional Antidrogas"
Rehabilitation	Basic, intermediate, advanced	"Comisión Nacional Antidrogas"

The country does not certify personnel working in 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.

El Salvador has not conducted situational assessments to identify the training needs of prevention, early intervention, care, treatment, rehabilitation, recovery, or social integration services providers.

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

El Salvador has developed specialized programs in response to training needs identified by a situational assessment carried out in 2018.

**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.**

El Salvador has regulatory measures that include quality criteria for the accreditation of prevention programs. In this regard, the Ministry of Education, Science, and Technology accredits the country's educational institutions, and accredits the courses in accordance with the established curriculum. Educational programs of any nature are accredited by means of applications, according to the educational levels served, from kindergarten to higher education.

The country does not have a process for accrediting care and treatment services. As of now, there is only a process for registering health facilities conducted by the "Unidad de Registro de Establecimientos de Salud del Consejo Superior de Salud Pública," which includes facilities referred to as centers for the care of the addictions, level I (outpatient), II (day hospital), III (residential), and shelters. The country is currently participating in the UNODC "Quality Guarantee" project, which it is hoped can be used to develop official processes for accrediting care and treatment services.

El Salvador uses CICAD's Indispensable Criteria for opening and operating 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.

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

The country has supervisory mechanisms to ensure that public and private treatment services meet international quality standards. In this regard, the Ministry of Health's Mental Health Office conducts regular monitoring visits to health facilities, which are chosen at random on an annual basis, using a checklist of issues on the "Normativa Institucional" provided earlier.

With respect to actions taken with public and private treatment and rehabilitation services that do not meet international quality standards, reports are made with recommendations that must be corrected within a period of three to six months by the device.

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

El Salvador has not conducted a national, regional, or local assessment to determine needs in terms of care, treatment, or reintegration services.

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 El Salvador has drug demand reduction policies that include programs in the areas of health promotion, prevention, early intervention, treatment, care, rehabilitation, and recovery, which include the age, gender, community, and cultural context approaches. However, CICAD observes that the country's policies do not include programs in the area of social integration. Moreover, CICAD notes that El Salvador does not develop, strengthen, or implement coordination mechanisms to gather, analyze, disseminate, or access information on prevention, treatment, rehabilitation, recovery, or social reintegration services. Additionally, CICAD notes that the country does not have monitoring instruments for drug demand reduction programs, nor has it conducted impact, process, or outcome evaluations of its drug demand reduction programs. However, CICAD notes that El Salvador 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. On the other hand, CICAD notes that the country promotes national measures and programs for prevention, treatment, care, recovery, and rehabilitation, with a comprehensive and balanced drug demand reduction approach, however, El Salvador does not have social integration programs and does not promote national standards recognized by the member states, the "International Standards on Drug Use Prevention," or the "International Standards for the Treatment of Drug Use Disorders," both developed jointly by WHO and UNODC.

Objective 2

Establish or strengthen an integrated system of evidence-based universal, selective, and indicated drug use prevention programs that prioritize at-risk populations, as well as environmental prevention, that incorporate a human rights, gender, age, and multicultural perspective.

CICAD notes that El Salvador carries out universal drug use prevention programs in the pre-school and school population groups. However, CICAD notes with concern that the country does not implement selective or indicated strategies or prevention programs, nor does it implement specific programs for other important population groups. CICAD also observes with satisfaction that El Salvador has conducted situational diagnoses to identify the specific needs, risk, and protective factors of each population targeted by drug use prevention programs. On the other hand, CICAD notes that the country does not promote the exchange of research, experiences, or 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 observes that El Salvador has comprehensive and inclusive care, treatment, and rehabilitation programs and services in the public health and social protection network, which take into account the human rights and public health approaches, as well as the gender perspective. However, the country does not have social integration or recovery services. Moreover, it is noted that the country takes into account the "International Standards for the Treatment of Drug Use Disorders" of WHO and UNODC, but not the use of 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. Moreover, CICAD observes with concern that El Salvador does not implement mechanisms to monitor or continuously evaluate the results of care, treatment, rehabilitation, recovery, or social integration programs. On the other hand, CICAD notes that El Salvador has mechanisms in place to protect the rights of persons in treatment programs and services, as well as protocols to protect the confidentiality of information provided by those receiving these services, including the process of providing adequate information about treatment and informed consent. Additionally, CICAD notes with concern that the country does not have alternative means for providing early intervention, care, treatment, rehabilitation, recovery, or social integration services for criminal offenders who use drugs. CICAD also observes with concern that El Salvador does not have early intervention, care, treatment, rehabilitation, recovery, or social integration services for incarcerated drug users. CICAD further ascertains that the country does not implement cooperation mechanisms with social or community actors that provide social or community support services contributing to the social integration of drug users. Moreover, CICAD notes with concern that El Salvador does not promote regional or international cooperation or shares best practices to increase access to, and the availability of, evidence-based recovery and treatment services, including access to naloxone and other medications used to treat substance use disorders. Finally, CICAD notes with concern that El Salvador does not promote measures to address the stigma or social marginalization associated with substance use disorders, which can deter individuals from seeking, accessing, or completing drug demand reduction services.

Objective 4

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

CICAD notes that El Salvador implements ongoing competency-based training in the areas of prevention and treatment. However, CICAD notes that the country does not offer these trainings for the area of rehabilitation. CICAD also notes that the country participates in prevention

training programs offered by specialized international organizations, which take into account the public health and human rights approach. On the other hand, CICAD views with satisfaction that El Salvador certifies personnel working in prevention, treatment, and rehabilitation services, but not the personnel working in social integration services. Moreover, CICAD notes that El Salvador has not conducted situational assessments to identify the training needs of personnel working in prevention, early intervention, care, treatment, rehabilitation, recovery, or social integration programs, but has developed specialized programs in response to training needs identified by a situational assessment that was conducted in 2018.

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 El Salvador has regulatory measures for the accreditation of prevention programs but notes that it does not have an accreditation process for care or treatment services, however, El Salvador uses CICAD's Indispensable Criteria for the opening and operation of drug use disorder treatment centers. Moreover, CICAD also notes that El Salvador does not have supervisory mechanisms to ensure compliance with international quality standards in prevention programs, although it does have such mechanisms for public and private treatment and rehabilitation services. On the other hand, CICAD notes with concern that El Salvador has not conducted an assessment at the national, regional, or local level to determine the needs for care, treatment, or reintegration services.



**ORGANIZATION OF AMERICAN STATES (OAS)
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