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MULTILATERAL EVALUATION MECHANISM (MEM)

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

Mexico

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.

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

Area	Policies / Programs
Health promotion	- “Modelo de Prevención y Atención de la Salud Mental y Adicciones en los Centros de Atención Primaria en Adicciones”: <ul style="list-style-type: none"> o “Estrategia Nacional de Prevención de Adicciones” o “Clubes preventivos” o “Para vivir sin adicciones” Preventive Model
Prevention	
Early intervention	- “Programa para la Prevención y Atención Integral del Consumo de Sustancias Psicoactivas” - “Modelo de Prevención y Atención de la Salud Mental y Adicciones en los Centros de Atención Primaria en Adicciones”
Treatment	
Care	
Rehabilitation	
Social integration	
Recovery	
Other initiatives/measures to minimize adverse public health and social consequences	“Guía breve para la implementación del enfoque de reducción de riesgos y daños con usuarios de drogas”

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

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.

Mexico develops, strengthens, and implements coordination mechanisms to collect, analyze, disseminate, and access information on prevention, treatment, rehabilitation, and recovery services. However, it does not develop, strengthen, or implement these mechanisms for social reintegration services.

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

Mexico has monitoring instruments for drug demand reduction programs.

The country has carried out the following evaluations of its drug demand reduction programs:

Program evaluated	Title of evaluation performed	Type of evaluation performed	Year of program evaluation
Addiction prevention and care	"Monitoreo 2019-2020 Prevención y Atención de las Adicciones. Consejo Nacional de Evaluación de la Política de Desarrollo Social (CONEVAL)"	Process	2020
"Centros de Integración Juvenil"	Self-evaluation report January-December 2020. Centros de Integración Juvenil	Process	2020
Outpatient clinic program	Evaluation of the outpatient clinic treatment program for 2019 cycle	Outcome	2019
Hospital treatment program	Evaluation of the outpatient clinic treatment program for 2019 cycle	Outcome	2019
Day care center program	Evaluation of the outpatient clinic treatment program for 2019 cycle	Outcome	2019

Mexico has performed the following evaluations on drug use prevention programs:

Evaluated program	Title of research performed or underway	Year of publication	Institution / Responsible
“Dejando Huellitas en tu vida”, for primary school children in 5 th and 6 th grade	“Dejando Huellitas en tu vida”. Intervention with children on preventing drug use and mental health problems. Evaluation model for 5th and 6th grade primary school	2020	- “Instituto Nacional de Psiquiatría Ramón de la Fuente Muñiz. Dirección de Investigaciones Epidemiológicas y Psicosociales.” <ul style="list-style-type: none"> o Ma. de Lourdes Gutiérrez o Jorge Villatoro
Intervention Program: “Beber menos”	Effectiveness of the revised version of “Beber menos”. An online self-help intervention to reduce harmful use of alcohol. A transnational randomized controlled trial	2019	- “Instituto Nacional de Psiquiatría Ramón de la Fuente Muñiz. Dirección de Investigaciones Epidemiológicas y Psicosociales.” <ul style="list-style-type: none"> o Marcela Tiburcio o Nora A. Martínez
“Modelo de Prevención de conductas de riesgo”	“Evaluación de un modelo escolar para la prevención integral de conductas de riesgo en escolares a partir del desarrollo de habilidades sociales y de prácticas de parentalidad positiva en niños y sus cuidadores” (National Problems)	2020	- Jorge Villatoro - Nancy Amador - Ma. de Lourdes Gutiérrez
“Mantente REAL”	“Mantente REAL en México. Ensayo clínico aleatorizado en múltiples escenarios”	2019	- “Instituto Nacional de Psiquiatría Ramón de la Fuente Muñiz. Dirección de Investigaciones Epidemiológicas y Psicosociales” <ul style="list-style-type: none"> o María Elena Medina Mora (Emeritus Researcher) o Tania Real
“Desarrollo de Competencias con jóvenes”	Evaluation of preventive program “Desarrollo de competencias con jóvenes” 2017 – 2020. 3rd Follow-up	2020	- Centros de Integración Juvenil, A.C. People responsible: <ul style="list-style-type: none"> o David Bruno Diaz Negrete o Lourdes María López Granados o Collaborators: o Isaías Castillo Franco o Alberto Córdova Alcaraz o Patricia Caballero Hernández

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.

Mexico develops and implements coordination mechanisms to support the development and implementation of drug demand reduction programs that allow 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 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).

Mexico promotes national prevention, treatment, care, recovery, rehabilitation, and social integration measures and programs, with a comprehensive and balanced drug demand reduction approach and, in this sense, promotes national standards recognized by the member states, the “International Standards for the Treatment of Drug Use Disorders,” 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.

Mexico develops and 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:	24,331,021	18,392,034	75.5	- “Modelo de Prevención y Atención de la Salud Mental y Adicciones en los Centros de Atención Primaria de Adicciones” - “Para vivir sin adicciones” Prevention Program	Universal, selective, and Indicated
• Pre-school	4,734,627	109,169	2.31		Universal
• Elementary/primary	13,862,321	3,017,760	21.7		Universal
• Junior high & high school (secondary school)	6,407,056	11,936,207	186		Selective
• University/tertiary education	4,061,644	3,328,898	81.9		Selective
Gender:					
• Women	64,540,634	17,589,913	27.5	- “Modelo de Prevención y Atención de la Salud Mental y Adicciones en los Centros de Atención Primaria de Adicciones” - “Para vivir sin adicciones” Preventive Program	Universal, selective, and indicated
• Men	61,473,390	15,533,000	25.27		

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			
Community	-	3,657,663	-	- “Modelo de Prevención y Atención de la Salud Mental y Adicciones en los Centros de Atención Primaria de Adicciones” - “Para vivir sin adicciones” Preventive Program	Universal, selective, and indicated
Indigenous people	7,364,645	1,518	0.02		Selective and indicated
Migrants and refugees	-	7,124	-		Selective and indicated
Individuals in the workplace	61,121,324	451,453	0.74		Universal, selective, and indicated

Mexico does not implement specific programs for the following population groups: girls/boys, youth, adults in street situations; family; LGBTQ+; 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.

Mexico has conducted and strengthened situational assessments to identify specific needs, risk, and protective factors in the adolescent population between the ages of 12 and 17 and the adult population between the ages of 18 and 65, through the “Encuesta Nacional de Consumo de Drogas, Alcohol y Tabaco,” published in 2017 and the general population through assessments in 334 communities in 261 municipalities, where the “Unidades Médicas Especializadas - Centros de Atención Primaria en Adicciones (UNEME-CAPA)” are located, published in 2020.

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).

Mexico 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 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).

Mexico has the following comprehensive and inclusive care, treatment, rehabilitation, recovery, and social integration programs and services in the public health network and social protection: early intervention (brief intervention, counseling), crisis intervention, various treatment modalities, dual pathology (co-morbidity), and social integration, as well as services related to recovery support.

These programs and services take into account the gender, age group, and human rights approaches.

These programs/services take into account the gender perspective. In this regard, the interventions are gender-sensitive during case assessment and in the proposed treatment plan established with the patient.

Mexico’s programs and services take into account the “International Standards for the Treatment of Drug Use Disorders” of the WHO and UNODC. In this regard, in addition to incorporating the standards in its intervention programs, the “Comisión Nacional contra las Adicciones” has a monitoring procedure to evaluate compliance with regulatory criteria applicable to residential treatment centers. These criteria integrate elements of international standards.

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

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

Mexico implements mechanisms to continuously monitor and evaluate the results of care, treatment, rehabilitation, recovery, and social integration programs and comprehensive public and private facilities.

These mechanisms take into account the inclusion of the human rights, age, and cultural context approaches during the evaluation and monitoring of care, treatment, rehabilitation, recovery and social integration programs and comprehensive public and private facilities. In this regard, care programs are gender sensitive. For example, in residential centers Mexican regulations require the delimitation of separate spaces for men and women so that the latter develop in a safe environment and are cared for according to their specific needs. With respect to human rights, the regulations also require that programs must clearly inform patients and their families regarding the procedures in which they are going participate. There is also surveillance to ensure that in the context of treatment, patients are not violated or assaulted under any circumstances, and that they are free to leave the treatment when they decide to do so.

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

Mexico has mechanisms to protect the rights of persons in treatment programs and services. In this regard, during the supervision of the care units, the protection of patients' rights is monitored with respect to safety, care, food, non-isolation, etc. In addition, service users are usually interviewed to identify the dignified treatment and total respect for human rights.

These mechanisms have protocols to protect the confidentiality of the information provided by those who receive these services and include the process of providing 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.

Mexico has early intervention, care, treatment, rehabilitation, recovery, and social integration alternatives for criminal offenders who use drugs. In this regard, through legally mandated referrals to treatment, those offenders who meet the legal requirements for accessing the alternative solution mechanisms and who have a substance use disorder, may access a comprehensive treatment that will address not only the use, but their physical and psychiatric comorbidities; this as an alternative to criminal proceedings or a custodial sentence.

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

Mexico offers the program “Modelo de Comunidad Terapéutica en los Centros Penitenciarios” for early intervention, care, treatment, rehabilitation, recovery, and social integration for incarcerated drug users.

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

Mexico implements the following cooperation mechanisms with social and community actors that provide social and community support services to contribute to social integration of people who use drugs:

Organizations	Programs
“Central Mexicana de Servicios Generales de Alcohólicos Anónimos A.C.”	“Implementación de grupos en los Centros de Atención Primaria en Adicciones”
“Centros de Integración Juvenil Asociación Civil”	“Colaboración conjunta para la atención de consumidores de sustancias psicoactivas y sus familias”

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.

Mexico promotes regional and international cooperation and shares best practices in increasing access to and availability of evidence-based recovery and treatment services, including access to naloxone and other medications used in the treatment of substance use disorders. In this regard, since 2020, a collaboration was carried out with the Executive Secretariat of the Inter-American Drug Abuse Control Commission (ES-CICAD), to train service providers in Federal Entities on the adoption of care measures consistent with the International Standards for the Treatment of Drug 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.

Mexico promotes measures to address the stigma and social marginalization associated with substance use disorders. In this regard, every week, the “Comisión Nacional contra las

Adicciones” broadcasts weekly programs on its social networks, which address various topics for health professionals and the general public, such as the prevention of discrimination for suffering from mental health or substance use problems.

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.

Mexico implements ongoing competency-based training mechanisms in the areas of prevention, treatment, and rehabilitation as follows:

- Skills standards: the “Comisión Nacional contra las Adicciones” and the “Centros de Integración Juvenil” continuously train and evaluate personnel who implement prevention and counseling programs to evaluate them later and certify their skills.
- Addictions Counseling.
- Implementation of preventive interventions for the use of psychoactive substances in school settings.
- Teaching programs:
 - Professional training in addictions 2019 (“Centros de Integración Juvenil”)
 - Professional training in addictions 2020 (“Centros de Integración Juvenil”)
 - Specialization in Psychiatry | Specialization in Mental Health Nursing (“Ramón de la Fuente Muñiz” National Institute of Psychiatry)
 - Highly Specialized Post-Graduate Courses in Psychiatry. Addiction Management
 - Master’s and Doctoral Program in Psychology. School of Psychology
 - Residence in addictions in the Master’s Program in Psychology

Mexico participates in the following prevention and treatment programs offered by specialized international organizations:

International organizations	Type of program	Name of program	Approaches taken into account
UNODC	Prevention and treatment	“Diseño de políticas de prevención y tratamiento de los trastornos por consumo de drogas con base en evidencia científica”	Gender and human rights
Colombo Plan	Treatment	“Capacitación para formación de formadores en tratamiento básico de consumo de drogas”	Gender and human rights
CICAD-OAS	Treatment	Universal Treatment Curriculum	Gender and human rights

These programs take into account the gender perspective. In this regard, the programs consider the physiological consequences and impact of drug use in men and women on a differentiated basis. On the other hand, in the context of prevention and intervention, it is possible to propose

intentionally directing and benefiting specific groups of women or men, while considering their specific needs and possible results of the interventions.

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).

Mexico certifies personnel who work in prevention and treatment services, as shown in the following table:

Services	Level of certification	Organization/Institution responsible for certification
Prevention	Basic	“Centros de Integración Juvenil”
Treatment	Basic	“Comisión Nacional contra las Adicciones”

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.

Mexico has conducted situational assessments to identify training needs of personnel who work in prevention, early intervention, care, treatment, and rehabilitations programs. However, the country does not conduct assessments for recovery or social integration programs.

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

Mexico has not developed specialized programs in response to training needs identified by situational assessments.

**OBJECTIVE
5****ESTABLISH AND/OR STRENGTHEN GOVERNMENT INSTITUTIONAL CAPACITIES TO REGULATE, ENABLE, ACCREDIT, AND SUPERVISE PREVENTION PROGRAMS AND CARE, TREATMENT, REHABILITATION, AND REINTEGRATION SERVICES.****Priority Action 5.1: Establish and implement regulatory measures that include quality criteria for the accreditation of prevention programs and care and treatment services.**

Mexico has regulatory measures to accredit prevention programs through the National “Comisión Nacional contra las Adicciones” of the Secretariat of Health. The “Programa de Aval Técnico de Programas Preventivos en materia de Adicciones” is a procedure that evaluates the level of compliance of associations, groups, or institutions that carry out actions to prevent the use of psychoactive substances, in relation to the “Estándares Nacionales para la Prevención del Consumo de Sustancias Psicoactivas.” When a program meets the criteria, it is granted the endorsement by CONADIC.

The country has an accreditation process for care and treatment services, through the General “Dirección General de Calidad y Educación en Salud” (DGCEs) of the Secretariat of Health. Accreditation is constituted as the external quality evaluation procedure that is carried out through self-evaluation and evaluation of health care facilities, to verify that they satisfactorily comply with capacity, quality, and safety criteria for the patient. This procedure is applicable to primary addiction care centers throughout the country.

Recognition from the “Comisión Nacional contra las Adicciones a Centros de Tratamiento Residencial” is achieved through ongoing supervision and verification of compliance with the criteria established by CONADIC, based on the “Norma Oficial Mexicana 028 para la Prevención, Tratamiento y Control de las Adicciones”, respect for human rights, and the International Treatment Standards.

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

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.

Mexico does not have supervisory mechanisms to ensure that prevention programs meet the standards of international quality criteria.

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

- “Secretaría de Salud. Dirección General de Calidad y Educación en Salud” (DGCES): accreditation is constituted as an external quality evaluation procedure that is carried out through self-evaluation and evaluation of health care facilities, to verify that they satisfactorily comply with criteria of capacity, quality, and safety for the patient. This procedure is applicable to primary addiction care centers throughout the country.
- Recognition from the “Comisión Nacional contra las Adicciones a Centros de Tratamiento Residencial” is achieved through ongoing supervision and verification of compliance with the criteria established by CONADIC, based on the “Norma Oficial Mexicana 028 para la Prevención, Tratamiento y Control de las Adicciones,” respect for human rights, and the International Treatment Standards.

With regard to actions taken with public and private treatment and rehabilitation services that do not comply with international quality standards, they are given feedback regarding areas for improvement. In this regard, they are advised to comply and are given support with training and monitoring actions to improve their processes and infrastructure, to be then visited with the prospect of reevaluate and obtain results that merit recognition or accreditation. In those cases where failure to comply is accompanied by significant omissions, including the violation of human rights, there is a closure visit conducted by the health authority, which in this case is the “Comisión Federal para la Protección contra Riesgos Sanitarios.”

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

Mexico has conducted assessments at a national and regional level to determine the needs for care, treatment, and reintegration services. In this regard, at a national level, the country conducted the “Encuesta Nacional de Consumo de Drogas, Alcohol y Tabaco” published in 2017. In addition, at a regional level, a study was conducted called “Caracterización de los Servicios para Personas que Consumen Heroína, Fentanilo y otros Opioides en la Frontera Norte de México,” the purpose of which was to evaluate care services for heroine, fentanyl, and other opioid users in three of Mexico’s border states: Baja California, Chihuahua, and Sonora. This study considered users’ needs through an analysis of the epidemiological situation in the use of heroine, fentanyl, and other opioids, in addition to identifying the characteristics of the care services offered in the region, identifying the professional profile and/or technical training of facilities operators, and analyzing other relevant aspects in treating use, such as the type of interventions, accessibility of treatment, barriers to care, and the response in cases of acute intoxication and withdrawal.

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 with satisfaction that Mexico 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 the gender, age, community, and cultural context approaches. CICAD also observes that the country develops, strengthens, and implements coordination mechanisms for collecting, analyzing, disseminating, and accessing information on prevention, treatment, rehabilitation, and recovery services. However, it does not develop, strengthen, or implement these mechanisms for social reintegration services. On the other hand, CICAD notes that Mexico has monitoring instruments for drug demand reduction programs and has carried out various evaluations of its drug demand reduction programs. In addition, CICAD observes that the country develops and implements coordination mechanisms to support the development and implementation of drug demand reduction programs that allow for the participation of and coordination with civil society and other stakeholders. CICAD also notes that the country promotes national prevention, treatment, care, recovery, rehabilitation, and social integration measures and programs, with a comprehensive and balanced drug demand reduction approach and, in that regard, promotes national standards recognized by the member states, the “International Standards on Drug Use Prevention,” and the “International Standards for the Treatment of Drug Use Disorders” both developed jointly by the WHO and UNODC.

Objective 2

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

CICAD notes that Mexico develops and implements drug use prevention programs in various population groups. However, it does not implement specific programs for other important population groups. CICAD also observes that the country has conducted community situational assessments to identify specific needs, risks, and protective factors in 334 communities of 261 municipalities. However, CICAD notes that the country does not have these assessments for other key population groups. In addition, CICAD observes that the country promotes the exchange of research, experiences, and best practices to improve the effectiveness of prevention programs, taking into account 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.

CICAD notes with satisfaction that Mexico has comprehensive and inclusive care, treatment, rehabilitation, recovery, and social integration programs and services in the public health network and in social protection, which take into account the gender, age group, and human rights approaches. CICAD also observes that the country takes into account the “International Standards for the Treatment of Drug Use Disorders” of the WHO and UNODC and 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 the WHO, UNODC, and UNAIDS. In addition, 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 into account the inclusion of the human rights, age, and cultural context approaches. In addition, CICAD observes that Mexico 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 those who receive these services and include the process of providing adequate information on treatment and informed consent. On the other hand, CICAD notes that Mexico has early intervention, care, treatment, rehabilitation, recovery, and social integration alternatives for criminal offenders who use drugs. CICAD also observes that the country offers a program for early intervention, care, treatment, rehabilitation, recovery, and social integration for incarcerated drug users. In addition, CICAD notes that Mexico implements cooperation mechanisms with social and community actors that provide social and community support services to contribute to the social integration of people who use drugs. CICAD also observes that Mexico promotes regional and international cooperation and shares best practices in increasing access to and availability of evidence-based recovery and treatment services, including access to naloxone and other medications used in the treatment of substance use disorders. In addition, CICAD notes that the country promotes measures to address the stigma and social marginalization associated with substance use disorders.

Objective 4

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

CICAD observes that Mexico implements ongoing competency-based training mechanisms in the areas of prevention, treatment, and rehabilitation, and participates in prevention and treatment training programs offered by specialized international organizations. These programs take into account the gender perspective. In addition, CICAD notes that the country certifies personnel who work in prevention and treatment services but does not certify personnel who work in

rehabilitation or social integration services. CICAD also notes that Mexico has conducted situational assessments to identify training needs of personnel who work in prevention, early intervention, care, treatment, and rehabilitations programs. However, the country has not conducted assessments for their recovery or social integration programs. In addition, CICAD observes that Mexico has not developed specialized programs in response to training needs identified by situational assessments.

Objective 5

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

CICAD observes that Mexico has regulatory measures to accredit prevention programs and care and treatment services. CICAD also notes that the country uses CICAD's Indispensable Criteria for the opening and operating of drug use disorders treatment centers. On the other hand, CICAD notes that the country does not have supervisory mechanisms to ensure that prevention programs meet the standards of international quality criteria. Nonetheless, the country has supervisory mechanisms to ensure that public and private treatment and rehabilitation services meet the standards of international quality criteria. In addition, CICAD observes with satisfaction that Mexico has conducted an assessment at the national level in 2017, as well as an evaluation at the regional level, to determine the needs for care, treatment, and reintegration services.



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