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MULTILATERAL EVALUATION MECHANISM (MEM)

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

Nicaragua

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

2021



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NICARAGUA

**Evaluation Report on Drug Policies:
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EIGHTH EVALUATION ROUND

2021

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PREFACE

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

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

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

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

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

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

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

OBJECTIVE
1

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

Nicaragua 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 to minimize the adverse consequences of drug abuse for public health and society.

Area	Policies / Programs
Health promotion	<ul style="list-style-type: none"> - "Plan Mi Vida Sin Drogas: Paz y Porvenir 2020" – Ministry of Education (MINED) - "Instituto contra el Alcoholismo y la Drogadicción (ICAD)" - "Estrategia Nacional Antidrogas 2018-2021" - "Normativa 008 Norma de atención a usuarios de Sustancias Psicoactivas - Ministerio de Salud (MINSa)"
Prevention	<ul style="list-style-type: none"> - ICAD - "Estrategia Nacional Antidrogas 2018-2021" - "Plan Trienal 2019-2021 ICAD - Prevención Universal" - "Normativa 008 Norma de atención a usuarios de Sustancias Psicoactivas – MINSa" - "Sistema Penitenciario Nacional (DGSPN)" - "Programa de Atención Integral para Presos/as con problemas de adicción a las drogas" - "Programa Interinstitucional de Atención y Desarrollo Integral de la Adolescencia y Juventud para la Promoción de una Cultura de Paz 2020"
Early intervention	<ul style="list-style-type: none"> - "Estrategia Nacional Antidrogas 2018-2021 - Numeral 11. Principios y Valores Rectores de la Estrategia" - "Normativa 008 Norma de atención a usuarios de Sustancias Psicoactivas – MINSa" - "Programa Interinstitucional de Atención y Desarrollo Integral de la Adolescencia y Juventud para la Promoción de una Cultura de Paz"
Treatment	<ul style="list-style-type: none"> - "Estrategia Nacional Antidrogas 2018-2021" - "Normativa 122 Práctica clínica para el manejo inicial hospitalario del paciente adulto con agitación psicomotriz – MINSa" - "Normativa 008 Norma de atención a usuarios de Sustancias Psicoactivas – MINSa"

¹ Community includes ethnicity, among others.

Care	<ul style="list-style-type: none"> - ICAD - “Programa de Apoyo a la Familia con problemas de adicción para su diagnóstico y referencia a los programas de tratamiento y rehabilitación” - “Programa Interinstitucional de Atención y Desarrollo Integral de la Adolescencia y Juventud para la Promoción de una Cultura de Paz” - “Programa Mi Vida sin Drogas Paz y Porvenir”
Rehabilitation	<ul style="list-style-type: none"> - ICAD - “Estrategia Nacional Antidrogas 2018-2021, Objetivo Estratégico 2.5” - “Normativa 089 – MINSa” - “Normativa 008 Norma de atención a usuarios de Sustancias Psicoactivas – MINSa” - “Estrategia Nacional Antidrogas 2018-2021” - “Ley 370, Ley Creadora del Instituto Contra el Alcoholismo y la Drogadicción”
Social integration	<ul style="list-style-type: none"> - “Protocolo de Prevención y Atención Integral de las Adicciones a Drogas,” page 27 - “Programa Interinstitucional de Atención y Desarrollo Integral de la Adolescencia y Juventud para la Promoción de una Cultura de Paz – MINSa” - “Normativa 008 Norma de atención a usuarios de Sustancias Psicoactivas – MINSa”
Recovery	<ul style="list-style-type: none"> - ICAD - “Grupos de autoayuda de Narcóticos Anónimos y de Alcohólicos Anónimos” - “Ley 370, Ley creadora del Instituto Contra el Alcoholismo y la Drogadicción” - “Estrategia Nacional Antidrogas 2018-2021” - “Normativa 008 Norma de atención a usuarios de Sustancias Psicoactivas – MINSa”
Other effective initiatives/measures to minimize the adverse consequences for public health and society	<ul style="list-style-type: none"> - “Ley de Tránsito” (Law 431) and its amendments.

These programs include gender, age, 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.

Nicaragua 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.² Nevertheless, it does take steps to disseminate some of these services.

² Nicaragua reports that it implements inter-institutional coordination mechanisms to collect and analyze information on prevention, treatment, rehabilitation, recovery, or social reintegration services, according to the following documents: “Informe de Evaluación de ICAD, 2019-2020”; the “Censo Nacional para determinar problemas de adicción 2019”; “Informe Cualitativo y Cuantitativo 2019-2020”; e “Impacto del programa interinstitucional.”

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

Nicaragua has monitoring instruments for its drug demand reduction programs.

The country has not conducted impact, process, or outcome evaluations of its 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.

Nicaragua 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).

Nicaragua promotes national prevention, treatment, care, recovery, rehabilitation, and social integration measures and programs, with a comprehensive and balanced drug demand reduction approach. However, 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,”³ both developed jointly by the World Health Organization (WHO) and the United Nations Office on Drugs and Crime (UNODC).

³ Nicaragua reports that it takes into account the International Standards for the Treatment of Drug Use Disorders of the WHO and UNODC, based on Regulations 089 and 008.

**OBJECTIVE
2**

ESTABLISH OR STRENGTHEN AN INTEGRATED SYSTEM OF EVIDENCE-BASED UNIVERSAL, SELECTIVE, AND INDICATED DRUG USE PREVENTION PROGRAMS THAT PRIORITIZE AT-RISK POPULATIONS,⁴² 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.

Nicaragua 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:				
<ul style="list-style-type: none"> Pre-school, primary, and secondary 	1,794,913 Students	100%	- "Asignatura Creciendo en Valores"	Universal
	1,020,618 students	100%	- "Programa de Consejería de las Comunidades Educativas"	
<ul style="list-style-type: none"> Primary 	68,898 students 529 educational facilities nationwide	100%	"Programa Educativo Prevención al Consumo de Drogas, desde la escuela, familia y comunidad" Prioritized schools	Universal
<ul style="list-style-type: none"> Secondary 	31,257 students 300 educational facilities nationwide	100%	"Programa Preventivo para la Educación Secundaria Resisto y Prevengo el Ingreso a Grupos en Riesgo, desde la escuela, familia y comunidad" Prioritized schools	Universal
<ul style="list-style-type: none"> Secondary 	552 students	100%	"Centro Juventud, Modelo Educativo Camino al Desarrollo Humano y ocupacional para jóvenes en situación de riesgo"	Selective

⁴ At-risk populations may include: women, children, adolescents, LGBTIQ+ persons, prison population, indigenous groups, migrants, drug users, homeless individuals, and other socially disadvantaged groups.

<ul style="list-style-type: none"> University, tertiary education 	<u>2019 and 2020</u> 2,246	198.7% 4,463 students covered	“Plan Mi vida sin drogas, paz y porvenir” “Sistema de Información del Gobierno de Reconciliación y Unidad Nacional (SIGRUN)”	Universal
Gender:				
Female	68	76.4%	“Programa de Atención a la Familia”	Indicated
Male	1,290	18.3%		
LGBTIQ+	184 participants	100%	“Estrategia de Promoción y Ejecución”	Selective
Community:				
Boys/girls	<u>2020</u> 16,846	100%	“Plan Mi Vida Sin Drogas: Paz y Porvenir”	Universal
<ul style="list-style-type: none"> Youth 	<u>2020</u> 34,726	100%	- “Mi vida sin drogas, paz y porvenir”	Universal Looking after young people in neighborhoods and communities
	<u>2019</u> 9,800	95.4%	- “Escuela en Valores”	
	<u>2020</u> 9,800	91.2%	- “Escuela en Valores”	
	449,908	100 %	- “Programa Interinstitucional de Atención y Desarrollo Integral de la Adolescencia y Juventud para la Promoción de una Cultura de Paz”	
	<u>2019 y 2020</u> 807,444	98,95 %	- “Política de Estado para una Cultura de Paz y Reconciliación” – “Sistema de Información del Gobierno de Reconciliación y Unidad Nacional (SIGRUN)”	
<ul style="list-style-type: none"> Adults 	<u>2020</u> 36,928	100%	- “Mi vida sin drogas, paz y porvenir”	Universal Looking after young people in neighborhoods and communities
	<u>2019</u> 10,000	93.5%	- “Consejerías Familiares”	
	<u>2020</u> 10,000	89.1%	- “Consejerías Familiares”	
Family	4,116 adults	Underway	“Escuela de valores a padres de familia con problemas de entendimiento”	Selective
Indigenous population	200	100%	“Estrategia Promoción y Ejecución”	Selective
Incarcerated individuals	<u>2019</u> 17,922	18.0%	“Programa de atención integral para presos y presas con	Universal
	<u>2020</u>			

	16,416	38.1%	problemas de adicción a las drogas”	
Others: Tertiary prevention	920 youths	Underway	“Control y seguimiento a jóvenes con medidas alternas a la privación de Libertad”	Selective Indicated

Nicaragua does not implement specific programs for the following population groups: street population (boys/girls, youths, adults);⁵ migrants or refugees; or individuals in the workplace.

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

Nicaragua has not conducted or strengthened situational assessments to identify specific needs, risks, or protective factors of each target population of drug use prevention programs.⁶

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).

Nicaragua 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.⁷

⁵ Nicaragua reports that there is no significant problem with respect to the street population.

⁶ Nicaragua reports that, through the “Informe Cualitativo y Cuantitativo 2020”; the “Censo Institucional Interno y Estadística DGSPN 2019-2020”; and the “Estudio de Jóvenes en Situación de Riesgo Social en León, 2019 (Universidad Nacional Autónoma de León, Centro de Investigación en Demografía y Salud, CIDS);” aims to collect information to develop and strengthen situational assessments, which are the basis for knowing the main aspects that will help meet the needs of the people to whom the programs are directed.

⁷ Nicaragua reports that it participates permanently in the discussion, work, and exchange of experiences, good practices, and lessons learned, within the context of CICAD-OAS, UNODC, and COPOLAD.

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).

Nicaragua has the following comprehensive and inclusive care, treatment, rehabilitation, recovery, and social integration programs and services in the public health care and/or social protection network: early intervention (brief intervention, counselling), crisis intervention, diverse treatment modalities, dual pathology (co-morbidity), and social integration and recovery support-related services. These programs and services take into account the gender, human rights, and public health approaches.

These programs/services take into account the gender perspective. Thus, as part of the “Programa de Consejería de las Comunidades Educativas” of the Ministry of Education (MINED), gender equality and equity are rights restitution principles of the “Gobierno de Reconciliación y Unidad Nacional.” All the actions undertaken promote and foster leadership and protagonism with equity, in all aspects, and recognize women’s special needs. For that reason, different activities are organized, such as workshops, chats, meetings, and in-person and virtual forums for women. On the other hand, all “Ministerio de Salud (MINSAL)” services throughout the national territory, as well as all State institutions taking part in the restitution of rights for the population, contemplate the gender perspective, through axes of the “Programa Nacional de Desarrollo Humano, Desarrollo Social,” section B.1 of Law 648 on Equal Rights and Opportunities.

The programs and services of Nicaragua take into account the “International Standards on Treatment of Drug Use Disorders” of the WHO and UNODC. Thus, under Regulation 089, the “Ministerio de Salud,” through the “Instituto Contra el Alcoholismo y la Drogadicción” must guarantee observance of patients’ human rights and compliance with the “International Standards for the Treatment of Drug Use and Disorders” of the WHO and UNODC in all health care units (clinics and drug-user rehabilitation centers).

Nicaragua 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.

Nicaragua implements mechanisms for monitoring, but not for continuous evaluation of the results of care, treatment, rehabilitation, recovery, and social integration programs and comprehensive public and private facilities.

These mechanisms ensure the inclusion of the gender, age, and cultural context approaches during the monitoring of care, treatment, rehabilitation, recovery, and social integration programs and comprehensive public and private facilities. In this regard, during supervision, based on the guide to “Ministerio de Salud” Regulation 089, inspectors check compliance with the provisions regarding gender, age, customs, and cultural context to be followed in each treatment and rehabilitation center.

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

Nicaragua has mechanisms in place to protect the rights of persons in treatment programs and services. In this regard, during supervision, pursuant to guidelines based on “Ministerio de Salud” Regulation 089, specific provisions 2, 5, and 8, and Regulation 008, supervisors verify compliance with provisions regarding gender, age, customs, and cultural context to be observed in each treatment and rehabilitation center.

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.

Nicaragua does not have early intervention, care, treatment, rehabilitation, recovery, or social integration options for criminal offenders that use drugs.⁸

⁸ Nicaragua reports that with the “Programa de Atención Integral para Presos/as (infractores de la ley penal) con Problemas de Adicción a las Drogas,” which contains activities aimed at providing early intervention, care, treatment, rehabilitation, recovery and social integration; and the “Plan mi Vida Sin Drogas Paz y Porvenir,” which provides workshops on drug use prevention and other derivatives with inmates of the prison system.

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

Nicaragua offers the nationwide “Programa de Atención Integral para Presos/as con Problemas de Adicción a las Drogas” at a national level, which provides early intervention, care, treatment, rehabilitation, recovery, and social integration services to 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.

Nicaragua implements the following mechanisms for cooperation with social and community actors providing social and community support services for the social integration of drug users:

Organization	Programs
“Comisión Inter Institucional de Ejecución y Seguimiento del Plan”	“Plan Mi Vida Sin Drogas Paz y Porvenir”
“Comisión Inter Institucional de Ejecución y Seguimiento del Plan”	“Plan Mi Vida Sin Drogas Paz y Porvenir”
“Movimiento Comunal Nicaragüense”	“Salud desde la comunidad”
“Red Comunitaria de Brigadistas, Parteras y promotores de salud”	“Modelo de Salud Familiar y Comunitaria”
“Gabinetes de la Familia Comunidad y Vida”	“Modelo de Salud Familiar y Comunitaria”
“Gabinetes de la Familia Comunidad y Vida”	“Estrategia Nacional Antidrogas”
“Comité de Prevención Social del Delito”	“Modelo de Policía Comunitario y Proactivo PCP”

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.

Nicaragua does not promote regional or international cooperation or 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.⁹

⁹ Nicaragua reports that it does not have a significant population of cases of people with problematic consumption problems or addictions that require the application of therapies that include the use of naloxone.

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.

Nicaragua does not promote specific measures to address the stigma or social marginalization associated with substance use disorders.¹⁰

¹⁰ Nicaragua reports that it has Regulations 008, 126 and Law 820, which contain measures related to public policies aimed at restoring the rights of the most vulnerable sectors of the population, including those who may be affected by addictions.

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.

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

- “Ministerio de Educación” (MINED)
 - Refresher and Continuing Education for Teachers course through “Encuentros Pedagógicos de Inter aprendizaje” (EPI), addressing the Training Module on Values for a Culture of Peace, to contribute to the development of educational strategies conducive to harmonious co-existence and the prevention of risk situations, including addictions.
- The “Plan Mi Vida Sin Drogas: Paz y Porvenir” considers strengthening territorial leadership capabilities, social movements, youth movements, families, and public servants, geared to promoting and practicing values for a life without drug addiction; Training for primary health care personnel and mental health teams; and training for personnel working in psychoactive substance addiction rehabilitation centers. Periodically, the “Ministerio de Salud” and the “Instituto contra el Alcoholismo y la Drogadicción” provide refresher courses and certification of addiction counseling degrees, as well as training for staff of other institutions.
- “Ministerio de Salud” (MINSa)
 - Training of primary healthcare personnel and mental healthcare teams, and training for personnel working in psychoactive substance addiction rehabilitation centers.
 - Periodically, the “Ministerio de Salud” and the “Instituto contra el Alcoholismo y la Drogadicción” provide refresher courses and certification of addiction counseling degrees.
 - The “Universidad Nacional Autónoma de Nicaragua” (UNAN) Managua and UNAN León, in coordination with the “Ministerio de Salud,” conduct degree and other courses for healthcare personnel on crisis intervention and community mental health, including addiction care.
 - Refresher and Continuing Education for Teachers course through “Encuentros Pedagógicos de Inter aprendizaje” (EPI), addressing the Training Module on Values for a Culture of Peace, to contribute to the development of educational strategies conducive to harmonious co-existence and the prevention of risk situations, including addictions.

Nicaragua participates in the following training programs offered by specialized international organizations:

International Organizations	Type of programs	Name of the program	Approaches taken into account
Cooperation Programme between Latin America, Caribbean and the European Union on Drugs Policies (COPOLAD)	Harm reduction, prevention, and drug demand reduction	“Abordaje integral para la prevención y reducción de las consecuencias adversas del uso de drogas en poblaciones en situación de alta vulnerabilidad: una estrategia de salud pública”	Public health, gender, and human rights
COPOLAD	Prevention and drug demand reduction	“Buenas prácticas sobre la atención del problema de las Drogas con Equidad de Género”	Gender and human rights

These programs take into account the gender perspective. In this regard, the COPOLAD course takes a comprehensive public health approach to care for problematic drug users, with an emphasis on groups in vulnerable situations from a health and social perspective. Gender and diversity factors are included in the approach to problematic drug use in high-risk contexts and harm reduction programs are studied with a view to enhancing their use for children and young people.

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).

Nicaragua certifies the personnel working in prevention, treatment, rehabilitation, and social integration services, as per the following table:

Services	Certification level	Organization/Institution responsible for certification
Prevention	Basic and intermediate	ICAD, MINED, “Instituto Nacional Tecnológico” (INATEC)
	Advanced	UNAN MANAGUA
Treatment	Intermediate and advanced	ICAD MINSA
	Intermediate	UNAN Managua

Rehabilitation	Basic, intermediate, and advanced	ICAD MINSA UNAN Managua
Social integration	Intermediate	INATEC
	Intermediate	UNAN Managua

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.

Nicaragua has not conducted situational assessments to identify the needs of providers of prevention, early intervention, care, treatment, rehabilitation, recovery, or social integration services.¹¹

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

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

¹¹ Nicaragua reports that it does not have situational assessments to identify the training needs of personnel working in care, treatment, and rehabilitation programs. However, as of 2019 and effective as of 2020, it has the “Manual de Procedimientos de Planificación y Programación de los Recursos Humanos” of the Ministry of Health, which presents the concepts to be taken into account to carry out a situational assessment to identify the training needs of Ministry of Health staff in the provision of services in all aspects of health, including staff working in the care of programs linked to addictions.

**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.**

Nicaragua has regulatory measures for the accreditation of prevention programs. In this regard, the “Ministerio de Salud” (MINSa) is the entity responsible for accrediting and authorizing addiction health care provider units and it is supported by the “Instituto Contra el Alcoholismo y la Drogadicción” (ICAD), in accordance with Regulation 089, Chapters VII Purpose of the Regulation, VIII Field of Application, and IX Scope of the Provision. In addition, through the Office of the Director General of Sanatory Regulations, the “Ministerio de Salud” (MINSa) is the body responsible for accrediting and authorizing addiction health care provider units. Pursuant to Regulation 080, Article 55, and Regulation 80 of the “Manual de Habilitación de Establecimientos Proveedores de Servicios de Salud.”

Nicaragua has an accreditation process for care and treatment services. In this regard, the “Ministerio de Salud” (MINSa) is the body responsible for accrediting and authorizing addiction healthcare provider units, pursuant to Regulation 80 of the “Manual de Habilitación de Establecimientos Proveedores de Servicios de Salud.”

Nicaragua uses CICAD’s Indispensable Criteria for opening and operating drug-use disorder 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.

Nicaragua has supervisory mechanisms to ensure that prevention programs meet international quality standards. In this regard, through Regulation 089 of the “Ministerio de Salud” for carrying out activities for the treatment and rehabilitation of addictive substance users and ICAD supervision and monitoring guidelines for each rehabilitation center, the supervision mechanism addresses tertiary or indicated prevention programs run by Instituto Contra el Alcoholismo y la Drogadicción (ICAD). These supervision activities are conducted in accordance with an annual schedule for all Nicaragua’s addiction health units by an ICAD team, using supervision guidelines and monitoring guidelines for each center based on techniques for interviewing key informants, observation of participants and the gathering of photographic evidence. Based on the findings, a report is drawn up containing observations and recommendations.

Nicaragua has supervisory mechanisms to ensure that public or private treatment and rehabilitation services meet international quality standards. In this regard, the “Instituto Contra

el Alcoholismo y Drogadicción” is responsible for implementing and monitoring Regulation 089 of the “Ministerio del Poder Ciudadano para la Salud.” The “Ministerio de Salud” is responsible for guaranteeing the quality of the care provided in addiction treatment and rehabilitation programs, with the support of the “Instituto Contra el Alcoholismo y Drogadicción” for implementation and monitoring of Regulation 089 of the “Ministerio del Poder Ciudadano para la Salud,” Ministerial Decision 209-2012.

Regarding actions undertaken with public and private treatment and rehabilitation services that fail to comply with international quality standards, the supervision of public and rehabilitation services, pursuant to Regulation 089 of the “Ministerio de Salud” and an annual schedule for all addiction healthcare units in Nicaragua, are conducted by a “Ministerio de Salud” and “Instituto Contra el Alcoholismo y Drogadicción” team, using supervision guidelines and monitoring guidelines for each Center. As a result of this supervision, each Center’s weaknesses with respect to compliance with Regulation 089 (which matches international quality standards), are identified. The director of each Center is notified in writing regarding the supervisor’s findings and a deadline is set for complying with the recommendations, pursuant to Regulation 089. Other measures are enforced by Sistemas Locales de Atención en Salud (SILAIS) throughout the country, which represent the MINSA at the local level and have their own technical teams to conduct supervision.

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

Nicaragua has not conducted an assessment at the national, regional, or local level to determine the needs with respect to care, treatment, or reintegration services.¹²

¹² Nicaragua reports that it has conducted a situational assessment in 15 rehabilitation centers to know and understand the conditions in which addiction care providers are located and thus determine the needs for care, treatment, and 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 Nicaragua has drug demand reduction policies that include programs in the areas of health promotion, prevention, early intervention, treatment, care, rehabilitation, social integration, and recovery, which include gender, age, community, and cultural context approaches. CICAD also notes that Nicaragua does not develop, strengthen, or implement coordination mechanisms to gather, analyze, disseminate, or access information on prevention, treatment, rehabilitation, recovery, or social reintegration services.¹³ However, Nicaragua does carry out dissemination activities for some of these services. On the other hand, CICAD notes that Nicaragua has monitoring instruments for drug demand reduction programs. However, the country has not conducted impact, process, or outcome evaluations of its drug demand reduction programs. In addition, CICAD notes that Nicaragua 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. Finally, CICAD notes that the country promotes national measures and programs for prevention, treatment, care, recovery, rehabilitation, and social integration, with a comprehensive and balanced drug demand reduction approach. However, the country 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,"¹⁴ 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 Nicaragua conducts universal, selective, and indicated drug use prevention programs for various population groups. However, CICAD notes with concern that it does not implement specific programs for other important population groups. CICAD likewise observes that Nicaragua has not conducted situational assessments to identify the specific needs, risk, or

¹³ Nicaragua reports that it implements interagency coordination mechanisms to collect and analyze information on prevention, treatment, rehabilitation, recovery, or social reintegration services, according to the following documents: "Informe de Evaluación de ICAD, 2019-2020;" the "Censo Nacional para determinar problemas de adicción 2019;" "Informe Cualitativo y Cuantitativo 2019-2020;" and "Impacto del programa interinstitucional."

¹⁴ Nicaragua reports that it takes into account the International Standards for the Treatment of Drug Use Disorders of the WHO and UNODC, based on Regulations 089 and 008.

protective factors of each population targeted by drug use prevention programs.¹⁵ Similarly, CICAD notes that Nicaragua 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.¹⁶

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 Nicaragua has comprehensive and inclusive care, treatment, rehabilitation, recovery, and social integration programs and services in the public health and social protection network, which take into account the gender, human rights, and public health approaches. It is also noted that the country takes into account the "International Standards for the Treatment of Drug Use Disorders" of WHO and UNODC and 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. At the same time, CICAD observes that Nicaragua implements mechanisms to monitor, but not to continuously evaluate the results of care, treatment, rehabilitation, recovery, and social integration programs and comprehensive public and private facilities, which ensure the inclusion of gender, age and cultural context approaches. CICAD likewise notes with satisfaction that the country 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. On the other hand, CICAD notes with concern that Nicaragua does not have alternatives for early intervention, care, treatment, rehabilitation, recovery, or social integration services for criminal offenders who use drugs.¹⁷ CICAD also notes that the country has a nationwide program providing early intervention, care, treatment, rehabilitation, recovery, and social integration services for drug users deprived of their liberty. CICAD further ascertains that Nicaragua implements cooperation mechanisms with social and community actors that provide social and community support services contributing to the social integration of drug users. Nevertheless, CICAD notes with

¹⁵ Nicaragua reports that, through the "Informe Cualitativo y Cuantitativo 2020;" the "Censo Institucional Interno y Estadística DGSPN 2019-2020;" and the "Estudio de Jóvenes en Situación de Riesgo Social en León, 2019 (Universidad Nacional Autónoma de León, Centro de Investigación en Demografía y Salud, CIDS), aims to collect information to develop and strengthen situational assessments, which are the basis for knowing the main aspects that will help meet the needs of the people to whom the programs are directed.

¹⁶ Nicaragua reports that it participates permanently in the discussion, work, and exchange of experiences, good practices, and lessons learned, within the context of CICAD-OAS, UNODC, and COPOLAD.

¹⁷ Nicaragua reports that with the "Programa de Atención Integral para Presos/as (infractores de la ley penal) con Problemas de Adicción a las Drogas," which contains activities aimed at providing early intervention, care, treatment, rehabilitation, recovery and social integration; and the "Plan mi Vida Sin Drogas Paz y Porvenir," which provides workshops on drug use prevention and other derivatives with inmates of the prison system.

concern that the country does not promote regional and international cooperation and 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.¹⁸ Finally, CICAD notes with concern that Nicaragua does not promote specific measures to address the stigma and social marginalization associated with substance use disorders, which can deter individuals from seeking, accessing, or completing drug demand reduction services.¹⁹

Objective 4

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

CICAD notes that Nicaragua provides continuous competency-based training in the areas of prevention, treatment, and rehabilitation. In addition, CICAD notes that the country participates in prevention, treatment, and rehabilitation training programs, offered by specialized international organizations. These programs take into account the public health, gender, and human rights approaches. On the other hand, CICAD views with satisfaction that Nicaragua is certifying personnel working in prevention, treatment, rehabilitation, and social integration services. Moreover, CICAD notes that Nicaragua 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,²⁰ and therefore has not developed specialized programs in response to training needs.

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 with satisfaction that Nicaragua has regulatory measures for the accreditation of prevention programs, as well as an accreditation process for care and treatment services. CICAD also notes that the country uses CICAD's Indispensable Criteria for the opening and operating of drug use disorder treatment centers. Moreover, CICAD observes that Nicaragua has supervisory

¹⁸ Nicaragua reports that it does not have a significant population of cases of people with problematic consumption problems or addictions that require the application of therapies that include the use of naloxone.

¹⁹ Nicaragua reports that it has Regulations 008, 126 and Law 820, which contain measures related to public policies aimed at restoring the rights of the most vulnerable sectors of the population, including those who may be affected by addictions.

²⁰ Nicaragua reports that it does not have situational assessments to identify the training needs of personnel working in care, treatment, and rehabilitation programs. However, as of 2019 and effective as of 2020, it has the "Manual de Procedimientos de Planificación y Programación de los Recursos Humanos" of the Ministry of Health, which presents the concepts to be taken into account to carry out a situational assessment to identify the training needs of Ministry of Health staff in the provision of services in all aspects of health, including staff working in the care of programs linked to addictions.

mechanisms in place to ensure compliance with international quality standards in public and private prevention, treatment, and rehabilitation programs. On the other hand, CICAD notes with concern that the country has not conducted an assessment at the national, regional, or local level to determine needs for care, treatment, or reintegration services.²¹

²¹ Nicaragua reports that it has conducted a situational assessment in 15 rehabilitation centers to know and understand the conditions in which addiction care providers are located and thus determine the needs for care, treatment, and reintegration services.



**ORGANIZATION OF AMERICAN STATES (OAS)
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