



OAS

More rights for more people

MULTILATERAL EVALUATION MECHANISM (MEM)

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

Uruguay

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

2021



MULTILATERAL EVALUATION MECHANISM (MEM)

URUGUAY

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

EIGHTH EVALUATION ROUND

2021

OEA/Ser.L/XIV.2.70
CICAD/doc.2600/21

ISBN 978-0-8270-7413-2

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.

Uruguay has drug demand reduction policies that include programs in the areas of health promotion, prevention, early intervention, treatment, care, rehabilitation, social integration, and recovery.

Area	Policies / Programs
Health promotion	- "Estrategia Nacional para el Abordaje del Problema Drogas" 2016-2020 period
Prevention	- Publication: "Como abordamos el consumo de drogas en el sistema educativo"
Early intervention	"Estrategia Nacional para el Abordaje del Problema Drogas" 2016-2020 period
Treatment	- "Estrategia Nacional para el Abordaje del Problema Drogas" 2016-2020 period
Care	
Rehabilitation	- "Informe de estado de la red nacional de drogas" (Renadro), 2020
Social integration	"Estrategia Nacional para el Abordaje del Problema Drogas" 2016-2020 period
Recovery	

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.

Uruguay develops, strengthens, and implements coordination mechanisms for collecting, analyzing, disseminating, and accessing information on prevention, treatment, rehabilitation, recovery, and social integration services.

¹ Community includes ethnicity, among others.

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

Uruguay has monitoring instruments for drug demand reduction programs.

The country has not carried out impact evaluations of its drug demand reduction programs.

Uruguay has conducted the following studies on drug use prevention programs:

Program evaluated	Title of study performed or underway	Year of publication of research findings	Carried out by:
"Dale vos"	Evaluation of the "Dale vos" drug use prevention program in educational centers. Outcome evaluation.	2019	"Secretaría Nacional de Drogas. Universidad Católica del Uruguay"
"A cuidar también se aprende"	Evaluation Report "A cuidar también se aprende. Fortalecimiento de factores de protección en el ámbito familiar"	2020	"Secretaría Nacional de Drogas"
"Entramando"	"Fortalecimiento de redes en el ámbito comunitario"	2019-2020	Report on systematization of anthropologists.

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.

Uruguay develops and implements coordination mechanisms to support the development and implementation of drug demand reduction programs that allow the participation of and coordination with civil society and other actors.

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).

Uruguay 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,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.

Uruguay develops and implements the following prevention strategies and programs:

Population group	Estimated coverage		Strategy / Program	Type of program
	Target population	Coverage rate		
School children and university students:				
• Junior high and high school	29.000	8%	“Dale vos”	Universal
Family	750	13.8%	“A cuidar también se aprende”	Selective
Gender:				
• Women	19	74%	“Mujeres, política de drogas y encarcelamiento”	Universal
• Men	19	74%		Universal
Community (micro)	700	23%	“Entramando”	Selective
Community (macro)	777.104	19,3%	“Eventos cuidados”	Universal
Individuals in the workplace	1.603.000	25 %	Workplace Prevention Program “Pit Cnt, Udelar”	Universal (with selection and indicated prevention components)
Others (Afro-descendent population)	127,537	17.5%	“Bantú”	Indicated

Uruguay does not implement specific programs for the following population groups: pre-school, elementary/primary, university or tertiary education; boys/girls, youths or adults in street situation; LGBTIQ+; indigenous people; migrants and refugees; or incarcerated individuals.

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.

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.

Uruguay has developed and strengthened situational assessments to identify specific needs, risk, and protective factors of drug use prevention programs for the general population, secondary students, and the street population.

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).

Uruguay promotes the exchange of research, experiences, and good practices to improve the effectiveness of prevention programs, taking into consideration the “International Standards on Drug Use Prevention,” developed jointly by the WHO and UNODC.

OBJECTIVE

3

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

Priority Action 3.1: Implement and strengthen comprehensive and inclusive care, treatment, rehabilitation, recovery, and social integration programs and services in the public health care network, and/or social protection, taking into account the “International Standards on Treatment of Drug Use Disorders” and the Technical Guide for countries to set targets for universal access to HIV prevention, treatment, and care for injecting drug users, issued by the World Health Organization (WHO), the United Nations Office on Drugs and Crime (UNODC), and the Joint United Nations Program on HIV/AIDS (UNAIDS).

Uruguay has the following comprehensive and inclusive care, treatment, rehabilitation, recovery, and social integration programs and services in the public health care network, and social protection: early intervention (short-term intervention, counseling), crisis intervention, diverse treatment modalities, dual pathology (co-morbidity), and social integration and services related to recovery support. These programs and services take into consideration the gender, human rights, and public health approaches.

Treatment and social integration programs and services take the gender perspective into account, through two fundamental areas of work:

- Training:
Develops training programs and continuous updates in the incorporation of this perspective intended for experts, professionals, and operators working in the various government divisions and organizations that directly serve drug users.
- Mechanisms that have specialized services and personnel:
 - “Yellow Portal” National Care and Treatment Center (has a team that specializes in the approach to problems created due to drug use among women, pregnant women, and women mothers. It also has staff with the Diploma Superior en Género y Políticas de Igualdad.”
 - Jagüel Center (with residential quotas for women in the mechanism and staff with the “Diploma Superior en Género y Políticas de Igualdad”
 - UMA Care Mechanisms (UMA-Mobile Care Unit) and ALEROS (“Dispositivo de Proximidad y Baja exigencia que realizan atención y derivación”)
 - Pereira Rossel Hospital Center/Women’s Hospital (specifically to provide treatment from a gender perspective for mothers and post-partum women who are users).
 - Incarceration treatment mechanism specifically for mothers and post-partum women in Unit Nos. 5 and 9.

- Rent subsidy for women with children, who are in treatment and entering the workforce, through the agreement with MVOTMA. In effect in 2019 and 2020.
- Agreement with the National System of MIDES care, for BIS (social-educational insertion scholarship) for children of women in treatment and entering the workforce.
- All programs and mechanisms of the “Red Nacional de Drogas” incorporate the guidelines of the “Estrategia Nacional de Drogas” promoting the application of the human rights, gender, generational, and intersectionality perspectives in all services.

Uruguay’s programs and services take into account the “International Standards on Treatment of Drug Use Disorders” of the WHO and UNODC. In this regard, the “Secretaría Nacional de Drogas” (treatment and evaluation areas) monitors processes and compliance with these standards.

Uruguay does not take 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.

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

The gender perspective and the human rights, age, and cultural context approaches are taken into account in all programs and mechanisms of the “Red Nacional de Drogas,” which are subject to the guidelines of the “Estrategia Nacional de Drogas” and promote the application of the human rights, gender, generational, and intersectionality perspectives in all services. This is a mandatory requirement within the monitoring mechanism used by the “Secretaría Nacional de Drogas” described above.

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

Uruguay has mechanisms to protect the rights of persons in treatment in treatment programs and services. In this regard, the treatment and evaluation areas of the SND established links with other State organizations, the University of the Republic, and civil society to make effectively make treatment and social equity programs and services accessible and close to problem drug users.

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.

Uruguay has alternatives for providing early intervention, care, treatment, rehabilitation, recovery, and social integration services for criminal offenders who use drugs. In this regard, the National Drug Secretariat links with different bodies (“Instituto Nacional de Rehabilitación” (INR), “Oficina de Supervisión de Libertad Asistida” (OSLA), “Dirección Nacional del Liberado” (DINALI), “Instituto Nacional de Inclusión Social Adolescente” (INISA), and others, to help generate alternatives for different levels of care and social integration for persons who use drugs and are criminal offenders.

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

Uruguay offers early intervention, care, treatment, rehabilitation, recovery, and social integration programs for incarcerated individuals who use drugs, through the “Modelo Interinstitucional de Atención,” which is intended for problem drug users who are incarcerated. This is an ambulatory care mechanism organized according to the specifics of each user, wherein skills and competencies needed are developed for a change in lifestyle with regard to substance use in a group or on an individual basis. There is a specialized multidisciplinary team for both the group and individual task. Individual care sessions are conducted during and after completion of the group mechanism, supplementing and expanding on the initial diagnosis, monitoring, and evaluating the users’ process throughout a period of no less than six months.

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.

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

Organization	Programs
"Fundación Dianova"	- Educational Occupational Benchmark

“Cooperativa de Docentes para una Formación Integral (CODOF)”	- Educational Occupational Benchmark - Cultural workshops - Linkage team
“Entidades de capacitación (Varias a través del Instituto Nacional de Empleo y Formación Profesional (INEFOP))”	- Occupational training courses that include social benefits
“Centro Aconcagua”	- Halfway house - “Obras Sanitarias del Estado” Internship
“Cooperativas Odontológicas Federadas del Interior (COFI)”	- Oral health
“Red Odontológica de Montevideo (REDDENTIS)”	- Oral health
“Ministerio de Vivienda y Ordenamiento Territorial (MVOTMA)”	Housing solutions with priority for women with dependent children
“Intendencia de Montevideo”	- Work internships
“Administración Nacional de Usinas y Trasmisiones Eléctricas (UTE)”	- Work internships
“Servicio Oficial de Difusión, Representaciones y Espectáculos (SODRE)”	- Access to cultural spaces

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.

Uruguay promotes regional and international cooperation and shares best practices in increasing access to and availability of evidence-based treatment and recovery services, including access to naloxone and other medicines used in the treatment of substance use disorders. In this regard, the “Secretaría Nacional de Drogas” promotes, participates in, and occasionally organizes bilateral and regional meetings for sharing and updating among countries and different organizations and experts on best practices for addressing problem drug use.

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.

Uruguay promotes measures to address the stigma and social marginalization associated with substance use disorders. In this regard, the “Secretaría Nacional de Drogas” develops the following national programs and actions to promote perceptions, attitudes, and behaviors that are not stigmatizing or discriminatory among drug users, as well as to support their integration in their communities:

- “Programa Aleros”
- “Programa Entramando”
- Mobile Care Unit

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.

Uruguay implements the following ongoing training based on competencies in the areas of prevention and treatment:

Training courses and workshops in the area of prevention are directed to:

- Teachers in primary education, secondary education, and teacher training/
- Prevention agents in the workplace (JND, UDELAR, PIT-CNT)/
- “Dale Vos” program workshops for secondary teachers
Community agents/

Training courses and workshops in the area of treatment are directed to:

- Technical teams in drug care mechanisms (OAS/UNAM)/
- “Referentes educativos laborales” (REL)/

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

International organizations	Type of program	Name of program	Approaches taken into account
CICAD-OAS	Treatment and rehabilitation	Universal Treatment Curriculum	Comprehensive, gender, human rights, and public health
Cooperation Programme between Latin America, Caribbean and the European Union on Drugs Policies (COPOLAD)	Prevention	Comprehensive approach for preventing and reducing the adverse consequences of drug use in high-risk populations: a public health strategy	Comprehensive, gender, human rights, and public health
COPOLAD	Prevention, treatment, and social integration	Public Health Approach in Drug Policies	Comprehensive, gender, human rights, and public health
Pan American Health Organization (PAHO)	Risk prevention	Alcohol, Smoking and Substance Involvement Screening Test – Detection, Intervention, and Treatment (ASSIT-DIT)	Risk, gender, human rights, and public health

The country does not participate in training programs on rehabilitation 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).

Uruguay does not certify personnel who work in prevention, treatment, rehabilitation, or social integration services.

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

Uruguay has conducted situational assessments to identify training needs of staff working in care and treatment programs. The country has not conducted assessments for prevention, early intervention, rehabilitation, recovery, or social integration programs.

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

Uruguay has developed specialized programs in response to training needs identified by the situational assessment.

**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.

Uruguay has no regulatory measures to accredit prevention programs.

The country has an accreditation process for care and treatment services, through decree 274/13, with the requirements that treatment mechanisms must meet based on the modality of care.

Uruguay does not use CICAD's Indispensable Criteria for opening and operating drug use disorder treatment centers. Instead, it uses the criteria of Decree 274/2013 (pending regulation).

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.

Uruguay has supervisory mechanisms to ensure compliance with international quality standards in prevention programs. In this regard, the evaluation area of the "Secretaría Nacional de Drogas" applies COPOLAD requirements for supervising prevention programs.

The country has the following supervisory mechanisms to ensure compliance with international quality standards in public and private treatment and rehabilitation services:

- Two in-person visits per year in each mechanism (in 2019 this was done as planned; in 2020 most visits were done via Zoom due to the pandemic).
- Bimonthly meetings with the centers' coordinators.
- Monitoring through receipt, systemization, and analysis of bimonthly quantitative reports from each mechanism.
- Registration in the national registration system for persons with drug use problems "Tratamiento registra".

The institution responsible is the "Secretaría Nacional de Drogas." Scope is limited to public care centers, under public/private management with funds contributed by the "Junta Nacional de Drogas."

With respect to actions taken with public and private treatment and rehabilitation services that do not comply with international quality standards, the following actions are taken in the centers where nonconformities are detected:

- A report describing the instances of non-compliance.
- A strategy is designed to survey the institution with the owner of the process and others involved.
- Monitoring and rectification of corrective actions implemented until the institution is surveyed.
- If the corrective actions do not yield the desired effect and the non-compliance entails risks for those using the service or third parties, the mechanism is closed down.

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

Uruguay has carried out an assessment at the national, regional, and local level to determine the needs in terms of care, treatment, and reintegration services. In this regard, within the scope defined for the evaluation and implementation of the quality management system, difficulties have been detected in access to psychiatric care, difficulties have been detected in access to psychiatric care and in admission to residential and detox centers, as well as difficulties in terms of location and human resources to meet the demand for outpatient treatment.

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 Uruguay has drug demand reduction policies that include programs in the areas of health promotion, prevention, early intervention, treatment, care, rehabilitation, social integration, and recovery, including the gender, age, community, and cultural context approaches. In addition, CICAD notes with satisfaction that Uruguay develops, strengthens, and implements coordination mechanisms for collecting, analyzing, disseminating, and accessing information on prevention, treatment, rehabilitation, recovery, and social reintegration services. On the other hand, CICAD notes that Uruguay has monitoring instruments for drug demand reduction programs, as well as studies on drug use prevention programs. However, it has not conducted impact evaluations of its drug demand reduction programs. In addition, CICAD notes that Uruguay develops and implements coordination mechanisms to support the formulation and execution of drug demand reduction programs that allow for the participation of and coordination with civil society and other actors. Finally, Uruguay 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 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 Uruguay carries out universal, selective, and indicated drug use prevention programs in different population groups. However, it notes that it does not implement specific programs for other important population groups. In addition, CICAD observes that Uruguay has not conducted situational assessments to identify specific needs, risk, and protective factors for different target population groups of drug use prevention programs. On the other hand, CICAD notes that Uruguay 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.

CICAD observes that Uruguay has comprehensive and inclusive care, treatment, rehabilitation, recovery, and social integration programs and services in the public health care network and in social protection, which take into consideration the gender, human rights, and public health approaches. In addition, it observes that the country takes into account the “International Standards for the Treatment of Drug Use Disorders” of the WHO and UNODC. However, it does not take 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. In addition, CICAD observes that Uruguay implements mechanisms to continuously monitor and evaluate the results of care, treatment, rehabilitation, recovery, and social integration programs and comprehensive public and private facilities. CICAD also observes with satisfaction that the country has mechanisms to protect the rights of persons in treatment programs and services and has protocols to protect the confidentiality of information provided by those who receive these services, which include the process of providing adequate information on treatment and informed consent. In addition, CICAD notes that Uruguay offers alternatives for early intervention, care, treatment, rehabilitation, recovery, and social integration services for criminal offenders who use drugs. In addition, CICAD notes that Uruguay offers early intervention, care, treatment, rehabilitation, recovery, and social integration programs for incarcerated individuals who use drugs. On the other hand, CICAD notes that the country implements cooperation mechanisms with social and community actors that provide social and community support services that contribute to the social integration of people who use drugs. Similarly, CICAD notes with satisfaction that Uruguay promotes regional and international cooperation and shares best practices in increasing access to and availability of evidence-based treatment and recovery services, including access to naxolone and other medicines used in the treatment of substance use disorders. Finally, CICAD notes with satisfaction 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 notes that Uruguay implements ongoing competency-based training in the areas of prevention and treatment, and participates in training programs on prevention, treatment, and rehabilitation offered by specialized international organizations. These programs take into account the gender, human rights, and public health approaches. On the other hand, CICAD notes with concern that Uruguay does not certify personnel who work in prevention, treatment,

rehabilitation, or social integration services. However, CICAD notes with satisfaction that the country has carried out situational assessments to identify the training needs of personnel working in care and treatment programs. Nevertheless, the country has not carried them out for prevention, early intervention, rehabilitation, recovery, or social integration programs, and thus has 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 that Uruguay does not have regulatory measures to accredit prevention programs, however, the country has an accreditation process for care and treatment services. On the other hand, the country does not use CICAD's Indispensable Criteria for opening and operating drug use disorder treatment centers. CICAD also notes that the country has supervisory mechanisms to ensure compliance with international quality standards in prevention programs. Uruguay also has these mechanisms to ensure compliance with international quality standards in public and private treatment and rehabilitation services. In addition, CICAD notes that the country has carried out an assessment at the national, regional, and local level to determine the needs in terms of care, treatment, and reintegration services.



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

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