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Objective 1 – Hem. PoA on Drugs 2016-2020

- Establish demand reduction policies with a public health focus that are evidence-based, comprehensive, multidisciplinary, multisectoral, and respectful of human rights, considering the guidelines and/or recommendations of specialized international organizations.



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Highlights - Objective 1

- Drug demand reduction policies that include programs in the areas of prevention, treatment and social integration:
 - All MS include prevention programs in their demand reduction policies
 - Some of the prevention programs do not include all approaches, such as human rights, inter-cultural, generational or gender



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Highlights - Objective 1 (Cont.)

- Process or intermediate outcome evaluations and impact evaluations of drug abuse prevention programs:
 - Most MS have not conducted impact evaluations during the 7th round (26 countries)
 - Slightly more than half of the MS carry out process or intermediate results evaluations (20 countries), however, there are still 13 countries that do not
 - About one third of the countries do not carry out these type of evaluations (12 countries)



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Objective 2 – Hem. PoA on Drugs 2016-2020

- Establish and/or strengthen an integrated system of universal, selected and indicated prevention programs on drug use, giving priority to vulnerable and at-risk populations, evidence-based and incorporating a human rights, gender, age and multicultural approach.



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Highlights - Objective 2

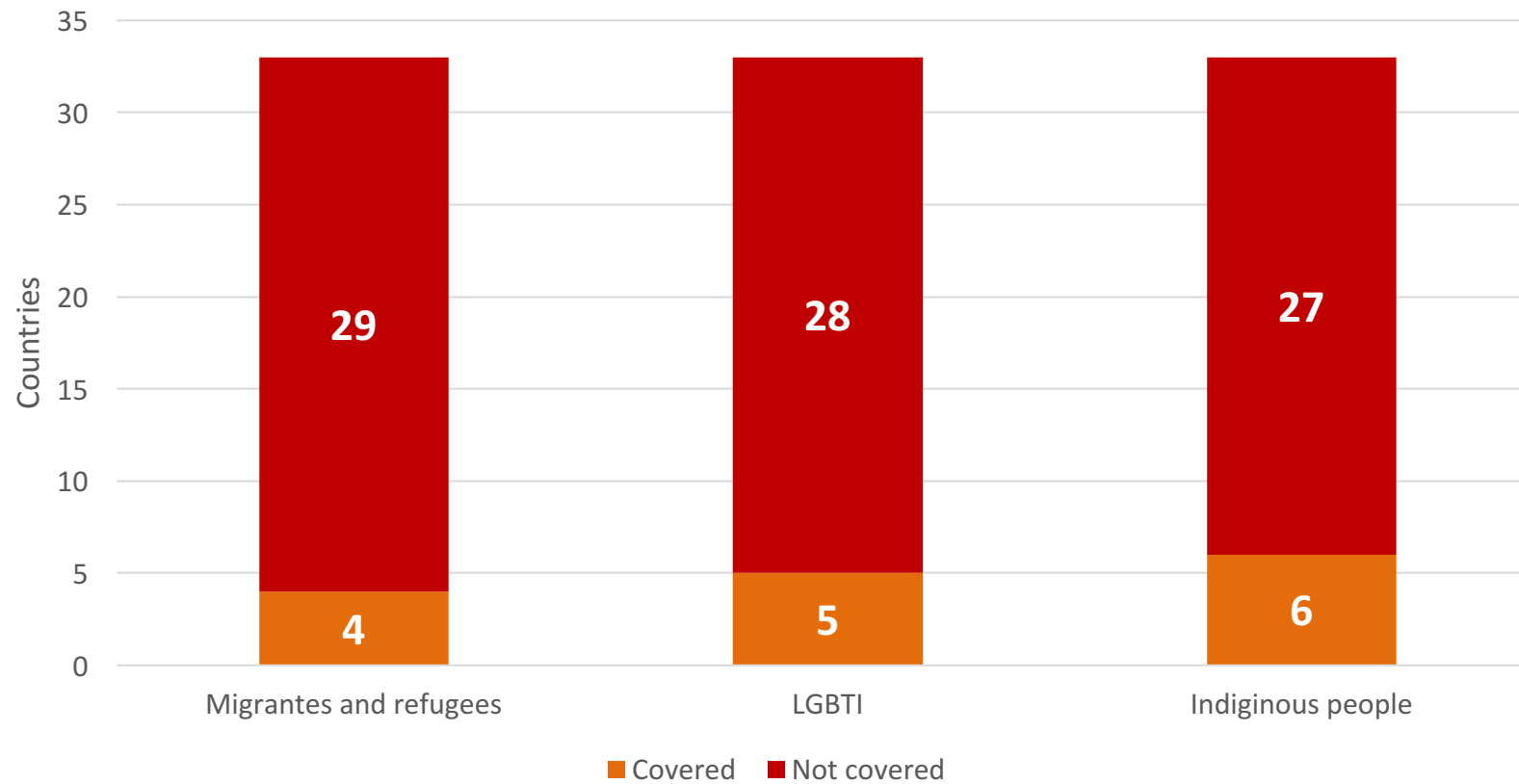
- Vulnerable populations not covered by drug abuse prevention programs (Universal, Selective and Indicated):
 - The vast majority of OAS MS do not have prevention programs aimed at the migrant and refugee population, LGBTI community, or indigenous people (29, 28, and 27 countries, respectively)
 - The majority of OAS MS do not have prevention programs for children & youth street populations, gender, university students, or pre-school students (25, 20 , 20, 19 and 18 countries, respectively)



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Vulnerable Populations least Covered by Drug Abuse Prevention Programs





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Vulnerable Populations least Covered by Drug Abuse Prevention Programs





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Objective 3 – Hem. PoA on Drugs 2016-2020

- **Establish and strengthen, as appropriate, a national treatment, rehabilitation and social inclusion system for people with problematic drug use, including a human rights and gender-based approach, taking into account internationally accepted quality standards.**



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Highlights - Objective 3

- National system of comprehensive treatment and social integration programs offering all the services in the continuum of care to people with problematic drug use, guaranteeing non-discrimination:
 - Almost all MS have this national system of programs (29 countries). 3 countries do, and a few do not cover the entire continuum of care, such as crisis intervention and social integration and services related to recovery support (8 countries each).
 - Most MS have mechanisms to protect the rights of people with problematic drug use in treatment programs and services (9 countries do not).
 - Most MS have supervisory mechanisms for establishments that offer treatment and rehabilitation services to people with problematic drug use (8 countries do not).



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Objective 4 – Hem. PoA on Drugs 2016-2020

- **Foster ongoing training and certification of human resources that provide prevention, treatment, rehabilitation and social reintegration services.**



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Highlights - Objective 4

- Ongoing training for human resources that provide services in prevention, treatment and social integration:
 - The vast majority of MS offer ongoing training to human resources in these 3 areas.
 - Some do not offer training and/or it is not ongoing (4 countries)
 - Others participate in training at the international level, but do not offer it at the national level (5 countries), and
 - 2 countries do not offer any training.



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Highlights - Objective 4 (Cont.)

- Certification to human resources that provide services in the areas of prevention, treatment and social integration:
 - A large number of MS certify their human resources that work on prevention and treatment services (21 countries)
 - A third of MS do not certify personnel that work in social integration (11 countries)
 - A similar number do not certify in any of the 3 areas (10 countries)



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Objective 5 – Hem. PoA on Drugs 2016-2020

- **Establish and/or strengthen governmental institutional capacities to regulate, enable, accredit and supervise prevention programs and, care and treatment services.**



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Highlights - Objective 5

- Supervisory mechanisms to ensure compliance with quality criteria in prevention programs and in care and treatment services:
 - More than half of MS do not have these mechanisms for prevention programs (19 countries)
 - Nearly half of MS do not have these mechanisms for care and treatment services (14 countries)
 - A third of MS do not have these type of mechanisms (10 countries)



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Highlights - Objective 5 (Cont.)

- Assessment to determine the national needs regarding care and treatment services offered:
 - Half of MS do not conduct this assessment (17 countries)



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Hemisphere Challenges

- Continue to include all approaches to drug demand reduction policies, like human rights, intercultural perspective, gender and generational gaps.
- Promote the impact of the program evaluations. This is important because the resources are few and therefore must be well spent.
- We need to implement specific prevention programs for street populations, immigrants, LGBTI community, indigenous, children and adolescents.



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Hemisphere Challenges

- Improve the mechanisms of supervision of treatment programs and protection of human rights.
- Advance in a certification on human resources that provide services in prevention, treatment and social integration.



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Hemisphere Challenges

- Reinforce government's institutional capacities to regulate and supervise prevention and treatment services.
- Estimate the total number of people that need treatment within the countries.

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