

COPOLAD strategy for institutional reinforcement

Adoption of the quality evidence-based Standards

XVII Meeting of the Expert Group in DDR CICAD-OEA

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CONSORTIUM

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- EMCDDA ●
- CICAD /OAS ● PAHO /WHO ●
- AIAMP ● IDPC ● RIOD ●

Cooperation Programme between Latin America, the Caribbean and the European Union on Drugs Policies



0. Institutional coordination between stakeholders



1. Consolidation of National Observatories



2. Capacity building in Drug Demand Reduction



3. Capacity building in Drug Supply Reduction



4. Support the *EU-CELAC Coordination and Cooperation Mechanism on Drugs* to enhance bi-regional political dialogue



COMPONENT 2.

Capacity building in Drug Demand Reduction (DDR)

Since 2000, European Drug Strategy 2000–2004, the EU clearly defines drug-related problems as primarily being a Public Health issue. Approach also endorsed by the CELAC through the OAS Hemispheric drug strategy 2011–15.

DDR policies are considered essential to develop a balanced approach in the field of drug policy.

COPOLAD brings a unique opportunity for the EU to support the CELAC region in the practical implementation of models and principles which are well established in the EU for more than three decades now



SPECIFIC OBJECTIVE

Attaining a significant number of CELAC countries adopting and sustaining key processes and tools to enhance the planning, implementation and evaluation of a DDR policy, based on Human Rights, Gender sensitive approaches and Public Health principles, delivered according to evidence and quality Standards

WORKING LINES

Institutional strengthening in DDR: Evidence-based, best practices exchange and quality standards endorsement

- Pilot implementation of standards
- Exchange of best practices for groups of population at risk

Sustainable capacity building based on a training of trainers' strategy

- Sustainable capacity building in key areas: useful for planning and implementing DDR policies/strategies/programs
- Development of sustainable planning and evaluation tools

COPOLAD 1st Phase

Background

- Selection of Accreditation standards that, from the reality of the participating countries, allow to optimize the efforts developed so far in the area of accreditation of services - programs.
- standards that are considered essential for guiding and sustaining RDD programs, so that they can address quality and evidence-based aspects
- Complement to other previous or parallel developments:
 - Funded by the European Union
 - Developed by the United Nations Office on Drugs and Crime, UNODC
 - Promoted by the Inter-American Drug Abuse Control Commission, CICAD
 - Promoted by the Canadian Center on Substance Abuse, CCSA
 - Disseminated by the EMCDDA Best Practices portal
- Exploration of strategies and proposals to facilitate progress towards RDD accreditation.
- Agreements and recommendations of the Advisory Council.
- Update of RDD research results.

CONVERGING INITIATIVES FOR THE VALIDATION OF QUALITY AND EVIDENCE-BASED standards IN THE FIELD OF DDR

Demand Reduction:

UCHTENHAGEN, A. y SCHAUB, M. (2011). Minimum Quality Standards in Drug Demand Reduction EQUUS. Final report. Zürich: Research Institute for Public Health and Addiction. Universität Zürich. [Ver](#)

Prevention:

BROTHERHOOD, A.; SUMNALL, H.R. and the Prevention Standards Partnership (2011). European Drug Prevention Quality Standards: A Manual for Prevention Professionals. EMCDDA Manuals N° 7. Luxembourg: Publications Office of the European Union. [Ver](#)

CCSA (2010). Building on our Strengths: Canadian Standards for School based Youth Substance Abuse Prevention. Ottawa: Canadian Centre on Substance Abuse. [Ver](#)

CCSA (2010). Stronger Together: Canadian Standards for Community-Based Youth Substance Abuse Prevention. Ottawa: Canadian Centre on Substance Abuse. [Ver](#)

CCSA (2011). Strengthening Our Skills: Canadian Guidelines for Youth Substance Abuse Prevention Family Skills Programs. Ottawa: Canadian Centre on Substance Abuse. [Ver](#)

CICAD (2012). Guide to Preventing Prescription Drug Abuse. Washington DC: Inter-American Drug Abuse Control Commission. [Ver](#)

EMCDDA (2011). European Drug Prevention Quality Standards. Lisbon, Portugal: European Monitoring Centre on Drugs and Drug Addiction. [Ver](#)

EMCDDA, Best practice in drug interventions. [Ver](#)

UNODC (2013). International Standard on Drug Use Prevention. Vienna: United Nations Office on Drugs and Crime. [Ver](#)

WHO (1997). Life Skills Education for Children and Adolescents in Schools. Programme on Mental Health. Geneva: World Health Organization. [Ver](#)

WHO (2010), ATLAS on substance use 2010: Resources for the prevention and treatment of substance use disorders (Geneva: World Health Organisation). [Ver](#)

CONVERGING INITIATIVES FOR THE VALIDATION OF QUALITY AND EVIDENCE-BASED standards IN THE FIELD OF DDR

Treatment:

African Union (2012), Proposed continental minimum quality standards for treatment of drug dependence.[Ver](#)

CICAD (2014). Guía de criterios indispensables para la apertura y el funcionamiento de centros de tratamiento para personas con trastornos por consumo de sustancias psicoactivas. Washington DC: Comisión Interamericana para el Control del Abuso de Drogas.[Ver](#)

EMCDDA (2011), Guidelines for the treatment of drug dependence: A European perspective.[Ver](#)

OPS/ CICAD (2000). Normas de Atención. La dependencia de las drogas y su tratamiento. Una experiencia en las Américas. Guías y criterios básicos para el desarrollo de programas de evaluación de la calidad y normas para la atención de la dependencia de drogas.[Ver](#)

UNODC/WHO (2008). Principles of Drug Dependence Treatment. UNODC/WHO.[Ver](#)

UNODC (2012). TREATNET. Quality Standards for Drug Dependence Treatment and Care Services. Vienna: United Nations Office on Drugs and Crime.[Ver](#)

UNODC (2014), Community based treatment and care for drug use and dependence – Information brief for Southeast Asia.[Ver](#)

WHO (1994) Evaluación de la asistencia dispensada en el tratamiento del abuso de sustancias psicoactivas WHO/PSA/93.5 [Ver](#)

WHO/ UNDCP/EMCDDA (2000) Evaluation of psychoactive Substance Use Disorder Treatment. Workbook series [Ver](#)

WHO/UNDCP/EMCDDA (2000) International guidelines for the evaluation of treatment services and systems for psychoactive substance use disorders [Ver](#)

WHO (2006), Evidence for action: Effectiveness of drug dependence treatment in preventing HIV among injecting drug user” [Ver](#)

WHO (2009). The WHO Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence. Geneva: World Health Organization.[Ver](#)

WHO (2011), Therapeutic interventions for users of Amphetamine Type Stimulants (ATS), WHO Briefs on ATS number 4.[Ver](#)

WHO (2012). WHO Quality-rights Tool Kit: Assessing and Improving Quality and Human Rights in Mental Health and Social Care Facilities. Geneva: World Health Organization.[Ver](#)

CONVERGING INITIATIVES FOR THE VALIDATION OF QUALITY AND EVIDENCE-BASED standards IN THE FIELD OF DDR

Harm Reduction:

UNODC (2011). The Non-medical Use of Prescription Drugs, Policy Direction Issues. Vienna: United Nations Office on Drugs and Crime. [Ver](#)

WHO/EURO (2009). Evidence for the Effectiveness and Cost-effectiveness of Interventions to Reduce Alcohol-related Harm.

Copenhagen: World Health Organization Regional Office for Europe. [Ver](#)

WHO Western Pacific Region (2011), Harm reduction and brief interventions for ATS users. [Ver](#)

WHO, UNODC & United Nations Joint Programme on HIV/AIDS (2012), Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users – 2012 revision. [Ver](#)

New References:

UNODC/WHO (2016). International Standards for the Treatment of Drug Use Disorders – Draft for field testing. UNODC/WHO.

DELPHI GROUPS

PREVENTION
RISK REDUCTION

TREATMENT
HARM REDUCTION

INSERTION

Common criteria
DDR

Prevention programmes
criteria

Treatment programmes
criteria

Social integration
programmes criteria

Criteria risk reduction
programmes associated
with consumption

Criteria harm reduction
programmes associated
with consumption

INSTITUTIONAL FOCAL GROUPS

ADVISORY BOARD

Evidence review

1st Phase Stages: Quality and Evidence Project



This project is funded by
the European Union

REACHED CONSENSUS

- Essential standards CICAD
- COPOLAD standards: Basic and Advanced
- Standards for programs and services for:
 - prevention
 - risk reduction
 - treatment
 - harm reduction
 - social insertion
- Support from institutions and multilateral networks: CICAD, PAHO and RIOD
- Accreditation systems: Adoption of standards within the regulatory framework of participating countries





ACTIVITIES 2.1.

Development of quality accreditation systems for DDR programs in the current normative framework

The implementation of a quality accreditation system for DDR programs is perceived as an opportunity to:

- Improve the management and allocation of public resources.
- Establish networks.
- Contribute to the improvement of the effectiveness and efficiency of DDR programs.
- Consensus on certain definitions and concepts.
- Improve and diversify the range of services.
- Harmonize criteria and standards at the supranational level.
- Legitimize public spending on DDR programs.



**ACCREDITATION SYSTEMS THAT ADOPT THE
CONSENSUATED QUALITY AND EVIDENCE-BASED
STANDARDS**

Recommendations to promote and encourage the implementation of Accreditation Systems

Project Advisory Council for the definition of accreditation standards for DDR programs (2014)

STAGES OF THE RECOMMENDED STRATEGY

1st
PHASE

Development of instruments, resources and diverse provisions (joint in the Latino American context) to advance in the scope of accreditation of each country

2nd
PHASE

Development of national accreditation systems

3rd
PHASE

Development of supranational accreditation systems

We are advancing in the collective construction of the instrument that will allow to evaluate the DDR programs for the purpose of implementing a **National Accreditation System**



**VALIDATION BY
PILOT TEST OF
QUALITY CRITERIA
IN THE VARIOUS
COUNTRIES IS A
NECESSARY STEP**

The implementation of accreditation systems, both national and supranational, requires the use of the instruments for the information gathering on DDR programs, which defines the contents that are considered relevant to register in the face of their possible accreditation.

174 Quality criteria:

Organized by:

- The scope of intervention
- The level of demand
- The nature of the standard

NUMBER OF STANDARDS FOR VALIDATION AND PILOT 2017								
CRITERIA	BASIC				ADVANCED			
	Structural	Functional or process related	Evaluation	TOTAL	Structural	Functional or process related	Evaluation	TOTAL
COMMON TO ALL DDR PROGRAMMES	12	4	2	18	15	8	2	25
PREVENTION	0	30	12	42	0	37	15	52
RISK REDUCTION	0	3	1	4	0	4	1	5
TREATMENT	12	24	3	39	16	32	5	53
HARM REDUCTION	1	1	0	2	4	1	0	5
SOCIAL INCLUSION	6	9	4	19	9	21	4	34

INSTITUTIONAL STRENGTHENING:

Validation of quality & evidence based criteria and
Best practices exchange

Active steering: OPS

Collaboration: CICAD, RIOD y IDPC



Latin America: Criteria for treatment and harm reduction

Leader: Chile

Latin America: Criteria for risk reduction and prevention

Leader: Costa Rica

The Caribbean: Adaptation and validation of all standards

Leader: Trinidad & Tobago

COMMON ASPECTS OF THE PILOT PROCESS

General Methodology:

1. Appointment of a Working Group Coordinator.
2. Review and validation of the language of the agreed criteria.
3. Selection of centers or programs in each country according to certain pre-defined criteria.
4. Proposed indicators and verifiers for each quality criterion in each country by local expert group.
5. Elaboration of standard of assessment that includes criterion, indicator, verifier, record of the evaluation, result of the evaluated center.
6. Piloting by a professional outside the center or program.
7. Systematization of results by country.
8. Systematization of results by family of criteria.

Latin America: Criteria for treatment and harm reduction

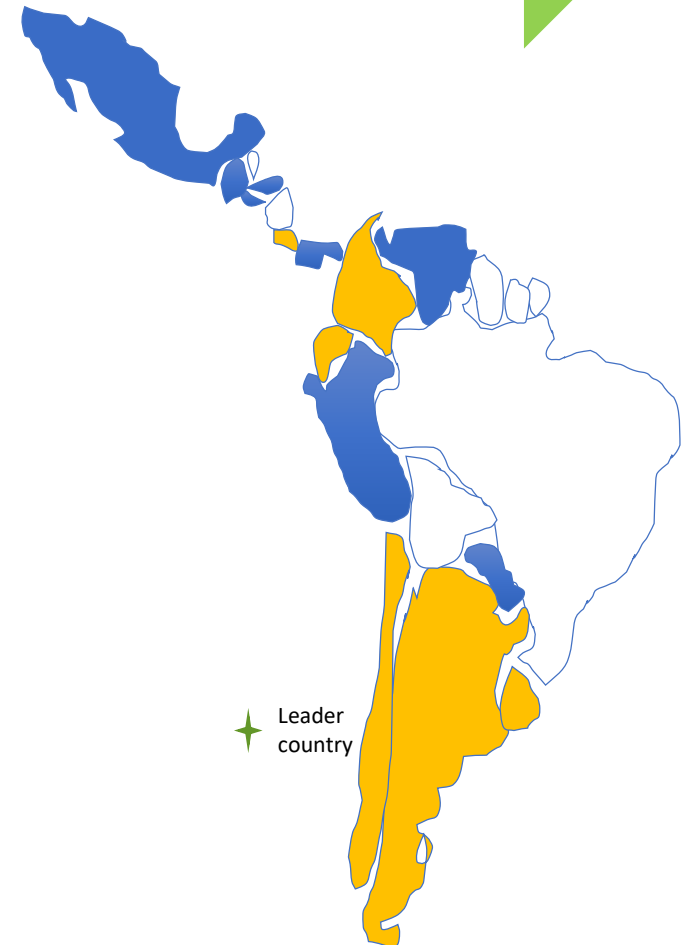
Leader: Chile

BASIC

- El Salvador
- Guatemala
- Honduras
- Mexic
- Panama
- Paraguay
- Peru
- Venezuela

ADVANCED

- Argentina
- Chile[✦]
- Colombia
- Costa Rica
- Ecuador
- Uruguay



Latin America: Pilot criteria

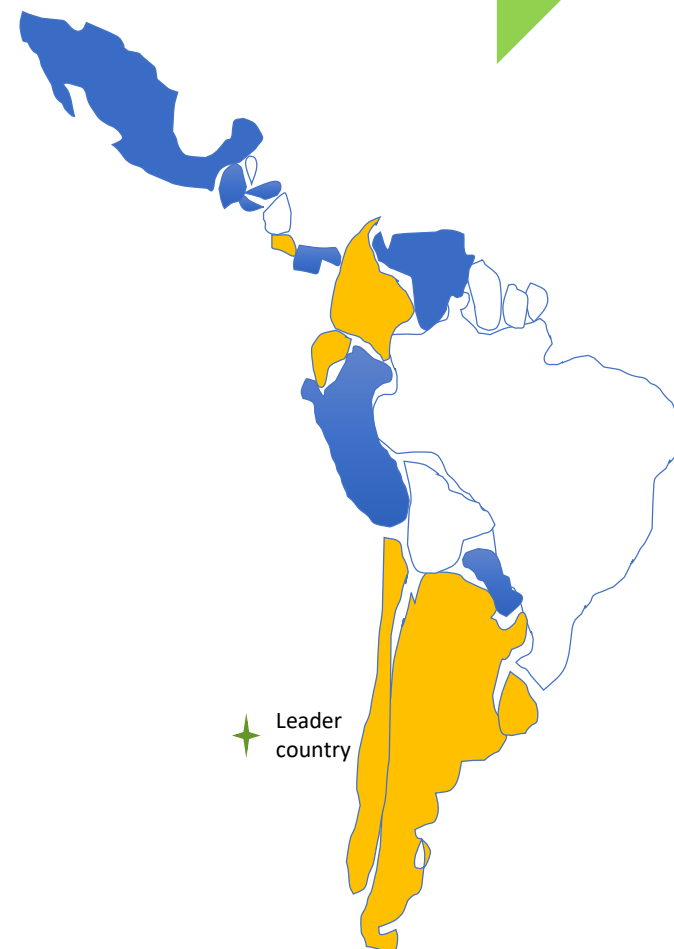
Leader: Chile

BASIC

- El Salvador
- Guatemala
- Honduras
- Mexico
- Panama
- Paraguay
- Peru
- Venezuela

and type

- 18 common criteria to all DDR programmes
- 39 for treatment programmes



Latin America: Pilot criteria

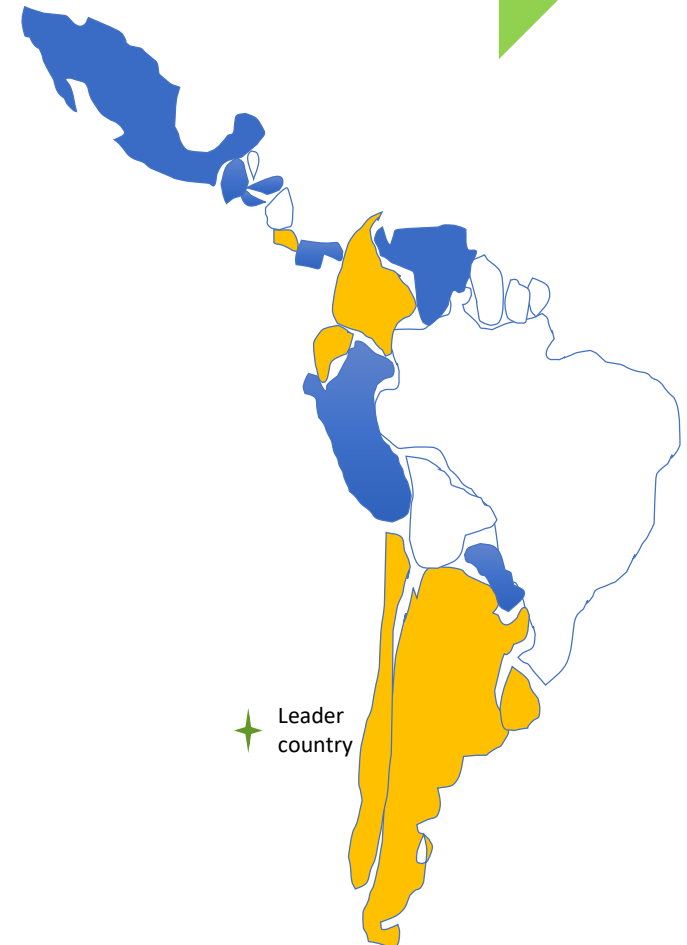
Leader: Chile

AVANZADOS

- Argentina
- Chile
- Colombia
- Costa Rica
- Ecuador
- Uruguay

& type

- 25 common criteria to all DDR
- 52 for treatment programmes or services
- 5 for harm reduction programmes or services

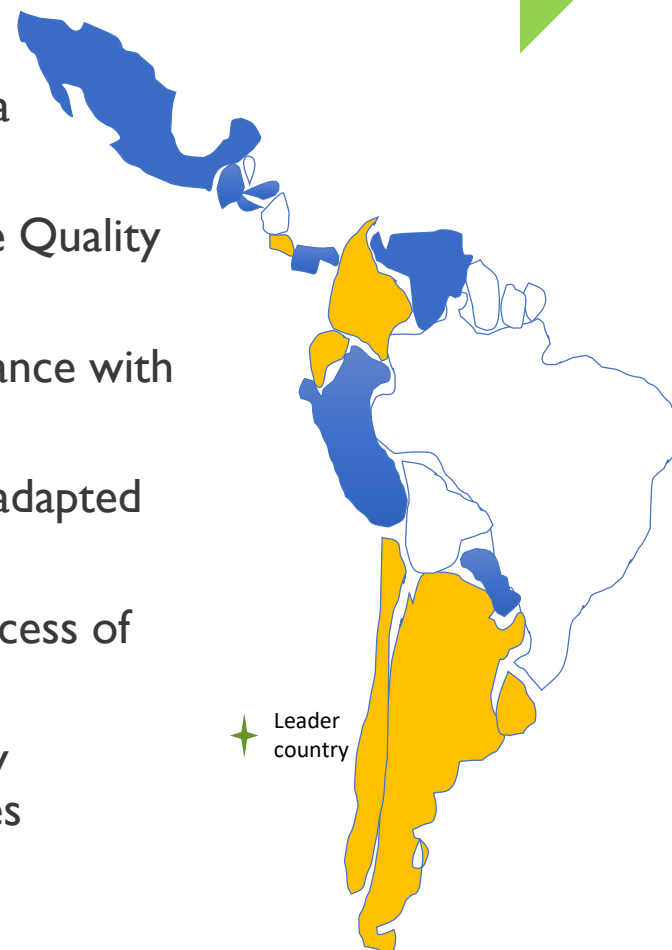


Latin America: Criteria for treatment and harm reduction

Leader: Chile

EXPECTED RESULTS

- A document with the adaptations of the Quality Criteria proposed by COPOLAD by each participating country.
- A document with indicators and verifiers for each of the Quality Criteria adapted by each participating country.
- Matching guidelines or instruments for assessing compliance with the adapted Quality Criteria.
- Reports of the validation process of the quality criteria adapted for each country.
- Regional Report of systematization of the validation process of the Basic and Advanced Quality Criteria.
- Suggestions for the adoption of criteria in the regulatory framework of participating countries and other countries interested in the outcome of the validation exercise.



Latin America: Criteria for risk reduction and prevention

Leader: Costa Rica

In the process of determining the countries that will form the working group:

- **Definition of requirements**
- **Invitation to all LA countries**
- **Declaration of interest written by each country**

GROUP OF 8 COUNTRIES

BASIC

ADVANCED



Latin America: Criteria for risk reduction and prevention

Leader: Costa Rica

Number and type:

BASIC

- 18 common criteria for all DDR programmes
- 42 for prevention
- 4 for risk reduction

ADVANCED

- 25 common criteria for all DDR programmes
- 52 for prevention
- 5 for risk reduction



Latin America: Criteria for risk reduction and prevention

Leader: Costa Rica

EXPECTED RESULTS

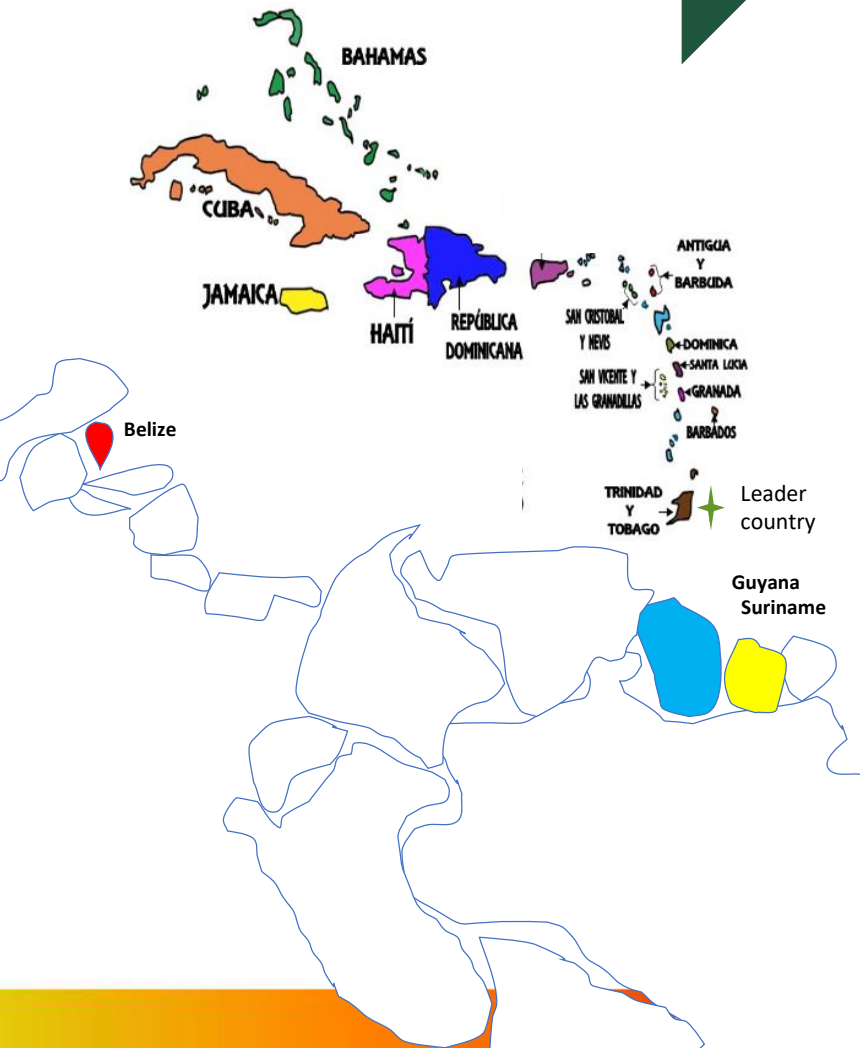
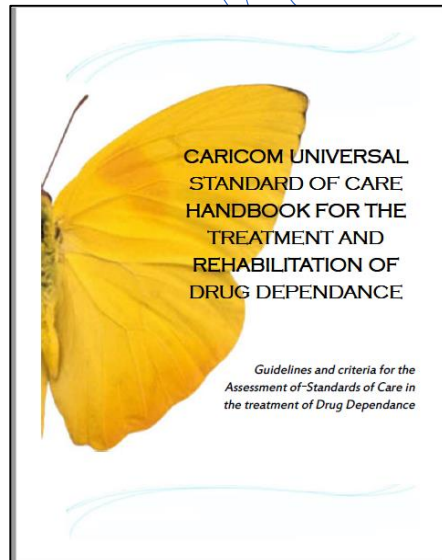
- A document with indicators and verifiers for each of the Quality Criteria adapted by each participating country.
- Matching guidelines or instruments for assessing compliance with the adapted Quality Criteria.
- Reports of the validation process of the quality criteria adapted for each country.
- Regional Report of systematization of the validation process of the Basic and Advanced Quality Criteria.
- Suggestions for the adoption of criteria in the regulatory framework of participating countries and other countries interested in the outcome of the validation exercise.



The Caribbean: Adaptation and validation of all standards

Leader: Trinidad & Tobago

CARICOM has been working on standards in treatment and rehabilitation



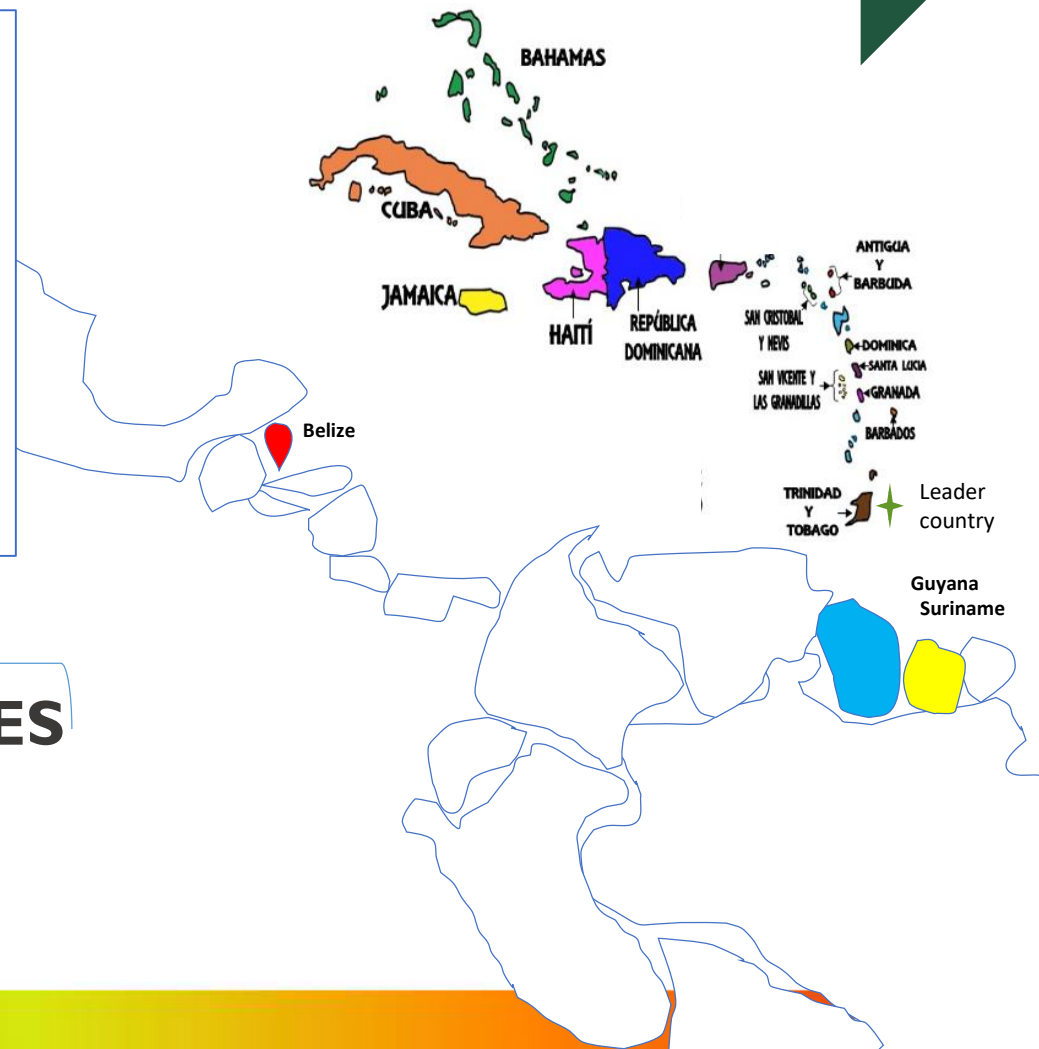
The Caribbean: Adaptation and validation of all standards

Leader: Trinidad & Tobago

In the process of
determining the countries
that will form the working
group:

- Definition of requirements
- Invitation to all Caribbean English speaking countries
- Declaration of interest written by each country

GROUP OF 6/8 COUNTRIES

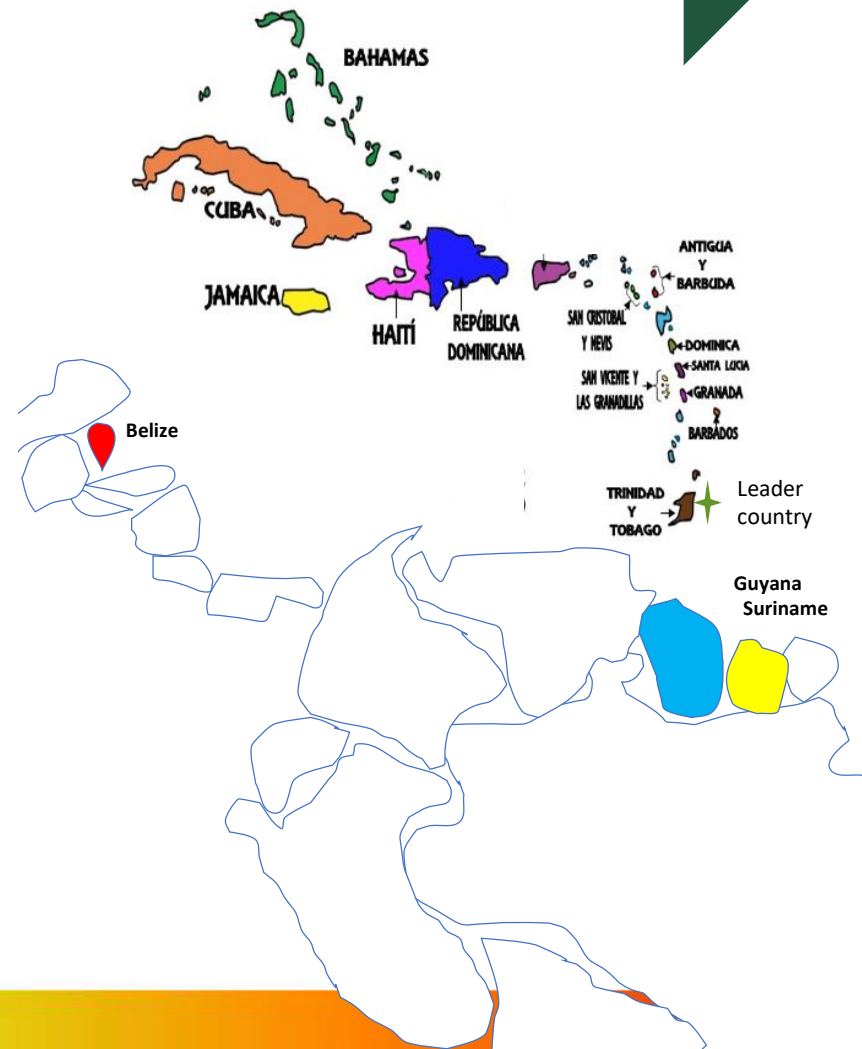


The Caribbean: Adaptation and validation of all standards

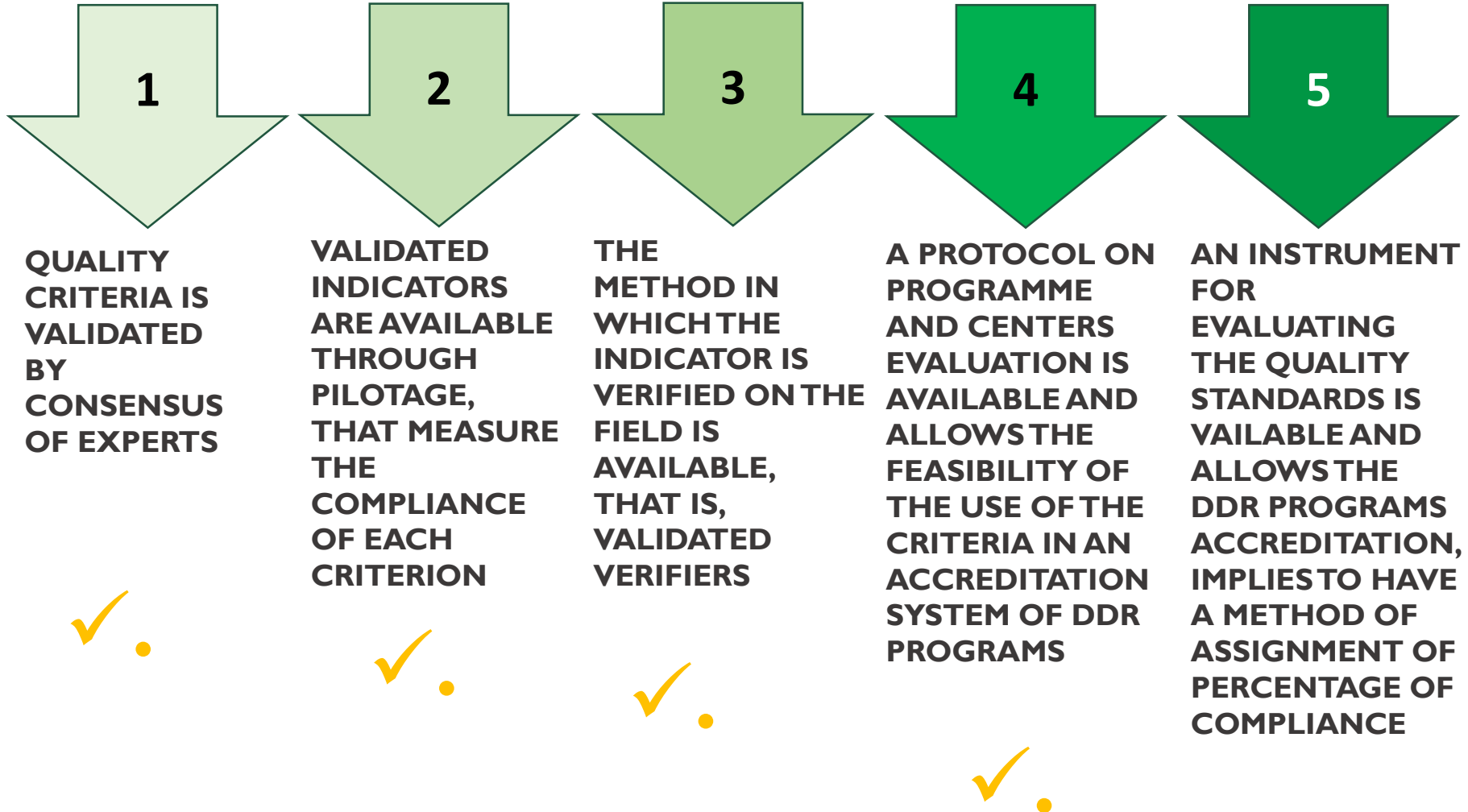
Leader: Trinidad & Tobago

EXPECTED RESULTS

- Adapted and revised quality and evidence based criteria (basic and advanced) in the DDR field, published in electronic versions and in English.
- At least piloting one of the DDR areas: prevention, treatment, harm reduction and rehabilitation
- A report on the validation process and results, including the Caribbean countries that are adopting the validated criteria
- A report of the Working Group with recommendations



AT THE END OF THE VALIDATION PROCESS WE WILL HAVE AS A RESULT ...



At the same time, the work of the countries in the implementation of the recommendations for the development of a National Accreditation System

- To promote policies and programs based on scientific evidence and the evaluation of results in the field of DDR, over ideological and moral positions.
- The incorporation of plans and / or actions of continuous improvement of the quality of the treatment services provided by the institutions with public financing.
- The requirement for institutions to only provide financial or institutional support to programs and services that have demonstrated their effectiveness and efficiency.
- A training offer in Quality and DDR to the institutional actors involved in the local area.
- Elaboration of guides for the implementation of a national accreditation system.
- A national legal framework which regulates the characteristics and minimum contents required for the opening of services and the implementation of treatment programs.
- Identification of the agency or public or private institution in charge of formally accrediting the programs.

Thank you!

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