MULTILATERAL EVALUATION MECHANISM (MEM)


Honduras

Inter-American Drug Abuse Control Commission (CICAD)
Secretariat for Multidimensional Security (SMS) | 2021
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HONDURAS

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

EIGHTH EVALUATION ROUND

2021
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 (SM) 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.
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.

Honduras does not have an updated drug demand reduction policy. However, the following programs and projects are institutional initiatives of the country, carried out as a result of their functions within the state structure in the areas of health promotion, prevention, treatment, care, and social integration.

<table>
<thead>
<tr>
<th>Area</th>
<th>Policies / Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Promotion</td>
<td>- “Programa Salud en mi barrio”</td>
</tr>
<tr>
<td>Prevention</td>
<td>- “Programa Sin Drogas se Vive Mejor”</td>
</tr>
<tr>
<td>Treatment</td>
<td>- “Programa Sin Drogas se Vive Mejor”</td>
</tr>
<tr>
<td>Care</td>
<td>- “Programa Sin Drogas se Vive Mejor”</td>
</tr>
<tr>
<td>Social Integration</td>
<td>- “Programa Líderes para la Vida y la Paz”</td>
</tr>
</tbody>
</table>

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.

Honduras develops, strengthens, and implements coordination mechanisms for collecting, analyzing, disseminating, and accessing to information on drug use prevention, treatment, rehabilitation, recovery, and social reintegration services.

1 Community includes ethnicity, among others.
**Priority Action 1.3:** Carry out impact, process, and outcome evaluations of demand reduction programs.

Honduras has monitoring instruments for its drug demand reduction programs.

The country has not carried out impact, process, and 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.

Honduras develops and implements coordination mechanisms to support the development and implementation of 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).

Honduras does not promote national prevention, treatment, care, recovery, rehabilitation, or social integration measures or programs, with a comprehensive and balanced drug demand reduction approach, and in this regard, 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,” both developed jointly by the WHO and UNODC.
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.

Honduras develops and implements the following prevention strategies or programs:

<table>
<thead>
<tr>
<th>Population group</th>
<th>Estimated coverage</th>
<th>Strategy / Program</th>
<th>Type of Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>School children and university students:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Primary</td>
<td>403,247</td>
<td>54.97%</td>
<td>“Sin Drogas Se Vive Mejor” - Dirección Nacional de Intervención Social (DINIS)</td>
</tr>
<tr>
<td>• Secondary</td>
<td>265,554</td>
<td>63.31%</td>
<td>“Sin Drogas Se Vive Mejor” – DINIS</td>
</tr>
</tbody>
</table>

Honduras does not implement selective or indicated prevention strategies or programs, nor it implements specific programs for the following population groups: pre-school, university, or university students; boys/girls, youth, or adults in street situations; family; male/female gender; LGBTIQ+; communities; indigenous population; migrants and refugees; individuals in the workplace; or incarcerated individuals.

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

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

**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).

Honduras 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.
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).

Honduras 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, and social integration and recovery support-related services. However, it does not address dual pathology (co-morbidity).

These programs and services take into account the human rights and public health approaches, but not the gender perspective.

The country’s programs and services do not take into account the WHO and UNODC’s “International Standards on Treatment of Drug Use Disorders”.

Honduras does not take into account the use of “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.

Honduras does not implement mechanisms to continuous monitor or evaluate the results of care, treatment, rehabilitation, recovery, or social integration programs or comprehensive public or private facilities.
**Priority Action 3.3:** Promote measures to protect the rights of persons in treatment.

Honduras has measures to protect the rights of persons in treatment programs and services. In this regard, the country has “Norma para la regulación de los centros de atención a personas con problemas derivados del consumo de sustancias legales e ilegales. Acuerdo No. 901 del Instituto Hondureño para la Prevención del Alcoholismo, Drogadicción y Farmacodependencia (IHADFA) y Secretaría de Estado en el Despacho de Salud,” which establishes the protection of rights of persons receiving treatment for drug use-related disorders.

In addition, Honduras protects users’ rights through the following documents:

- Universal Declaration of Human Rights, of which Honduras is a signatory.
- The Constitution of the Republic of Honduras, which recognizes the individual as the supreme goal of society and recognizes his/her rights.
- “Ley Orgánica del Comisionado Nacional de Derechos Humanos,” Decree 153-95. This body is responsible for overseeing human rights in Honduras.
- The National Mental Health Policy issued in 2014, the pillars of which are: gender equity; ethics, and human rights. Its strategic areas include family violence, identity, culture, and migration, with particular emphasis on respect for diversity and vulnerable groups.
- The Health Code, which seeks to uphold people’s rights and calls for the use of appropriate facilities, drinking water, sanitation, and so on.
- Each treatment center’s in-house policy.

These mechanisms have protocols in place to protect the confidentiality of information provided by those receiving these services and include the process of providing adequate treatment information 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.

Honduras has alternative means for providing early intervention, care, treatment, rehabilitation, recovery, and social integration services for criminal offenders who use drugs. In this regard, the “Instituto Nacional para la Atención a Menores Infractores (INAMI)” is responsible for referring juvenile offenders using drugs to treatment centers, once evaluated by competent staff.

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

Honduras does not provide early intervention, care, treatment, rehabilitation, recovery, or social integration programs for incarcerated individuals who use drugs.
**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.

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

<table>
<thead>
<tr>
<th>Organizations</th>
<th>Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Instituto Nacional de la Juventud” (INJ) and “Agencia Mexicana de Cooperación Internacional para el Desarrollo” (AMEXCID)</td>
<td>“Jóvenes Construyendo el Futuro”</td>
</tr>
<tr>
<td>World Vision</td>
<td>“Desarrollo de la Fuerza Laboral Juvenil”</td>
</tr>
<tr>
<td>Empower Honduras, “Universidad Nacional Autónoma de Honduras” (UNAH) and “Museo de Identidad Nacional” (MIN)</td>
<td>Empower Honduras</td>
</tr>
<tr>
<td>“Secretaría de Educación de Honduras - Subsecretaría de prevención y rehabilitación social”</td>
<td>“Programas de prevención y comunitarios a través de los centros educativos.”</td>
</tr>
<tr>
<td>Tearfund</td>
<td>“Escuelas saludables”</td>
</tr>
<tr>
<td>“Instituto Nacional para La Atención a Menores Infracores” (INAMI)</td>
<td>“Convenio de cooperación”</td>
</tr>
</tbody>
</table>

**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.

Honduras does not promote regional or international cooperation or share best practices in increasing access to and availability of evidence-based treatment or recovery services, including access to naloxone or other medicines used in the treatment of substance use disorder.

**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.

Honduras does not promote measures to address the stigma or social marginalization associated with substance use disorders.
**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.

Honduras does not implement ongoing competency-based training mechanisms in the areas of prevention, treatment, or rehabilitation.

Honduras participates in the following prevention and treatment training programs, offered by specialized international organizations:

<table>
<thead>
<tr>
<th>International Organizations</th>
<th>Type of program</th>
<th>Name of the program</th>
<th>Approaches taken into account</th>
</tr>
</thead>
<tbody>
<tr>
<td>International Society of Substance Use Professionals (ISSUP)</td>
<td>Treatment</td>
<td>Quality of treatment</td>
<td>Public health</td>
</tr>
<tr>
<td>“Universidad Nacional Autónoma de México” (UNAM) / CICAD-OAS</td>
<td>Treatment</td>
<td>Clinical sessions</td>
<td>Public health and gender</td>
</tr>
<tr>
<td>CICAD-OAS</td>
<td>Treatment</td>
<td>Practical interventions with at-risk children and adolescents</td>
<td>Public health, gender, and human rights</td>
</tr>
<tr>
<td>CICAD-OAS</td>
<td>Prevention</td>
<td>Opioids in the Americas: how to identify and address emerging epidemics</td>
<td>Public health</td>
</tr>
</tbody>
</table>

The country does not participate in rehabilitation training programs, offered by specialized international organizations. Some of these programs take the gender perspective into account.

**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).

Honduras certifies the personnel working in prevention and treatment services, as shown in the following table:
## Services | Certification level | Organization/Institution responsible for certification
--- | --- | ---
Prevention | Basic | “Dirección Nacional de Intervención Social” (DINIS) – “Secretaría de Educación de Honduras” (SEDUC)
Treatment | Basic | DINIS-SEDUC

The country does not certify personnel working in rehabilitation or social integration services.

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

Honduras has conducted situational assessments to identify training needs of personnel working in prevention, care, treatment, rehabilitation, and recovery programs. However, the country has not conducted them for early intervention or social integration programs.

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

Honduras has not developed specialized programs in response to training needs identified by situational assessments.
**Priority Action 5.1:** Establish and implement regulatory measures that include quality criteria for the accreditation of prevention programs and care and treatment services.

Honduras does not have regulatory measures for the accreditation of prevention programs. The country does not have an accreditation process for care or treatment services. Honduras uses CICAD’s Indispensable Criteria for opening and operating treatment centers for drug use disorders.

**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.

Honduras does not have supervisory mechanisms to ensure that prevention programs meet international quality standards. The country does not have supervisory mechanisms to ensure that public or private treatment or rehabilitation services meet international quality standards.

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

Honduras has not conducted an assessment at the national, regional, or local level, of the needs with respect to care, treatment, or 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 Honduras does not have updated drug demand reduction policies. The programs and projects carried out by the country in this area are institutional initiatives carried out as a result of their functions within the state structure. CICAD likewise observes that the country develops, strengthens, and implements coordination mechanisms to gather, analyze, disseminate, and access information on prevention, treatment, rehabilitation, recovery, and social reintegration services. In addition, CICAD notes that Honduras has monitoring instruments for its drug demand reduction programs. However, the country has not conducted impact, process, or outcome evaluations of its drug demand reduction programs. On the other hand, CICAD notes that Honduras 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. However, CICAD notes with concern that Honduras does not promote national measures or programs for prevention, treatment, care, recovery, rehabilitation, or social integration, with a comprehensive and balanced drug demand reduction approach and, in this regard, 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," 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 Honduras develops and implements drug use prevention programs for various population groups. However, it does not implement specific programs for other important population groups. In addition, CICAD observes that the country has not conducted or strengthened situational diagnoses to identify the specific needs, risks, or protective factors of each population targeted by drug use prevention programs. On the other hand, CICAD notes that Honduras 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.
Objective 3
Establish and strengthen, as appropriate, national care, treatment, rehabilitation, recovery, and social integration systems for people who use drugs, that are integrated with health systems, and that respect human rights, and offer gender-specific services, and that, to the extent possible, are designed and administered in accordance with internationally accepted quality standards.

CICAD notes that Honduras has comprehensive and inclusive care, treatment, rehabilitation, recovery, and social integration programs and services in the public health and/or social protection network, which take into account the human rights and public health approaches, but not the gender perspective. CICAD likewise observes that the country does not take into account the "International Standards for the Treatment of Drug Use Disorders" of WHO and UNODC, nor 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. CICAD further notes Honduras does not implement mechanisms to continuously monitor or evaluate the results of care, treatment, rehabilitation, recovery, or social integration programs, or comprehensive public and private facilities. CICAD likewise observes that the country has mechanisms in place to protect the rights of persons in treatment programs and services, which have 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. Furthermore, CICAD notes that Honduras has alternative early intervention, care, treatment, rehabilitation, recovery, and social integration options for criminal offenders who use drugs. CICAD also observes that the country does not offer early intervention, care, treatment, rehabilitation, recovery, or social integration programs for incarcerated drug users. Moreover, CICAD notes Honduras implements cooperation mechanisms with social and community actors that provide social and community support services that contribute to the social integration of drug users. On the other hand, CICAD notes that the country does not promote regional or international cooperation, nor does it share best practices to increase access to, and the availability of, evidence-based recovery or treatment services, including access to naloxone or other medications used to treat substance use disorders. CICAD likewise notes with concern that the country does not promote measures to address the stigma or social marginalization associated with substance use disorders.

Objective 4
Foster ongoing training and certification of prevention, treatment, and rehabilitation service providers.

CICAD notes that Honduras does not provide continuous competency-based training in the areas of prevention, treatment, or rehabilitation. However, it does participate in prevention and treatment training programs offered by specialized international organizations, but not for the area of rehabilitation. Some of these programs take into account the gender perspective. On the other hand, CICAD notes that Honduras certifies personnel working in prevention and treatment
services but does not certify personnel working in rehabilitation or social integration services. Furthermore, CICAD observes that Honduras has conducted situational assessments to identify the training needs of personnel working in prevention, care, treatment, rehabilitation, and recovery programs. However, it has not carried them out for early intervention or social integration programs. In addition, CICAD notes that the country has not developed specialized programs in response to the training needs identified by situational assessments.

**Objective 5**
*Establish and/or strengthen government institutional capacities to regulate, enable, accredit, and supervise prevention programs and care, treatment, rehabilitation, and reintegration services.*

CICAD observes that Honduras does not have regulatory measures for the accreditation of prevention programs and does not have an accreditation process for care or treatment services. However, the country uses CICAD’s Indispensable Criteria for the opening and operation of drug use disorder treatment centers. In addition, CICAD notes that Honduras does not have supervisory mechanisms to ensure compliance with international quality standards in prevention programs, nor does it have supervisory mechanisms to ensure compliance with international quality standards in public or private treatment or rehabilitation services. CICAD also observes that Honduras has not carried out an assessment at the national, regional, or local level to determine the needs regarding care, treatment, or reintegration services.