According to statistical data from the year 2008:

- The total number of registered drug users in the country made up 684,045.
- Among the total number of drug users, men comprised 535,497 and 144,131 were women.
- So, the people taking drugs are mainly males between 15 and 64 years.
- The rate of drug users among children resp. teenagers between 12 and 17 years old made 128,554 persons.
- Most of them are Marijuana users (86,165 people).
- The most widely spread type of drug in Colombia is Marijuana (448,730 users).
- Cocaine users made up 175,639. In addition, 4,417 Heroin users and 55,259 Ecstasy users were registered.

There are 556 governmental settings for drug dependence treatment, offering 20,162 beds for drug dependence treatment. There are also 283 private settings and 14 units run by NGOs.

In urban areas, the following treatment services are available:

- Mental health care services
- Primary health care services
- Services by specialized drug treatment facilities
- Services at psychiatric hospitals
- Social welfare services
- Services for prison inmates
In rural areas, drug dependence treatment is currently unavailable.

**List of services provided at urban primary health care wards:**

- Screening
- Referral for specialized services
- HIV testing and counselling

The services offered at urban mental health care wards include screening and referral for specialized services.

**Specialized in- and outpatient drug treatment facilities practice the following:**

- Screening
- After care
- Detoxification
- Job placements
- Family intervention
- Linkage with community organizations

**Drug Treatment situation 2008:**

- General number of drug users who received treatment comprises 12,847.
- 5,652 patients obtained outpatient specialized drug free treatment.

Currently, there is a lack of personnel, 60% of the interviewed express to be overloaded with responsibilities. So, demands as far as treatment is concerned include the following aspects:

- Specialized drug treatment institutions: A total of 318 institutions. 259 assist individuals with alcoholism problems; 134, experimental usage; 31 for intoxications and overdoses; 54 treat abstinence syndrome; 33 offer dual diagnose; 13 treat compulsive gambling; 2 exclusion and marginalization and 68 assist users infected by HIV.

- The post-treatment occupational aspect requires to be strengthened. 23.5% of the institutions provide jobs for the persons who finish their treatment so they reintegrate to work environment. 19.9% of treatment centers help in finding jobs with institutions that offer support, 25.6% doesn’t because they lack of staff that do the follow up to the cases of social, working and family reinsertion.

- The 2007 Resolution № 001315 defines the Fitting Conditions for Treatment and Care Centers in Drug Addiction, Drug dependence services and CADS and provides a Technical Annex with instruments and instructions of technical and scientific conditions to authorize health care providers.

**HIV/AIDS Situation**

**According to statistical data 2008:**

- The estimated cumulative number of HIV cases comprised 171,504.
- 76.6% of these cases were males and 22.1% were females.
• Compared to the population as a whole, 33% of the children under 18 were HIV positive.
• Compared to the population as a whole, 18% of men having sex with men were HIV positive.
• By 2008, the cumulative number of patients diagnosed with AIDS was 57,489.
• 24,000 AIDS patients died in the course of the year 2008.

HIV prevention, -treatment and -care services available for injecting and other drug users:
• HIV Testing and counseling
• Antiretroviral therapy (ART)
• Prevention and treatment of sexually transmitted infections (STI)
• Prevention, diagnosis and treatment of tuberculosis (TB)

Training of Trainers

| Current Status |  
| --- | --- |
| Trainers | 8 |

General practitioners or physicians, Nurses, Trained drug counselors, Social workers, Psychiatrists, Psychologists and Outreach workers can currently obtain training on drug dependence treatment and related issues. However, there are no standardized training packages available. Capacity building of treatment institutions is therefore considered an urgent requirement. Funding that guarantees the quality and continuity of the treatment programs is likewise on demand. At the moment, the lack of resources results in administrative shortcomings, insufficient training of the treatment teams, low salaries, etc.

National Counterparts
• Ministry of Health
• Ministry of Social Protection
• Ministry of Social Affairs
• Municipalities
• Colombian Penitentiary Inst.
• Fundación Procrear
• Therapeutic Communities in Colombia

Academic Institutions
• National AIDS Council
• National HIV/AIDS Survey Inst.
• National Pedagogical University
• Luis Amigó University
• Los Andes University
Treatment Centre Details

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