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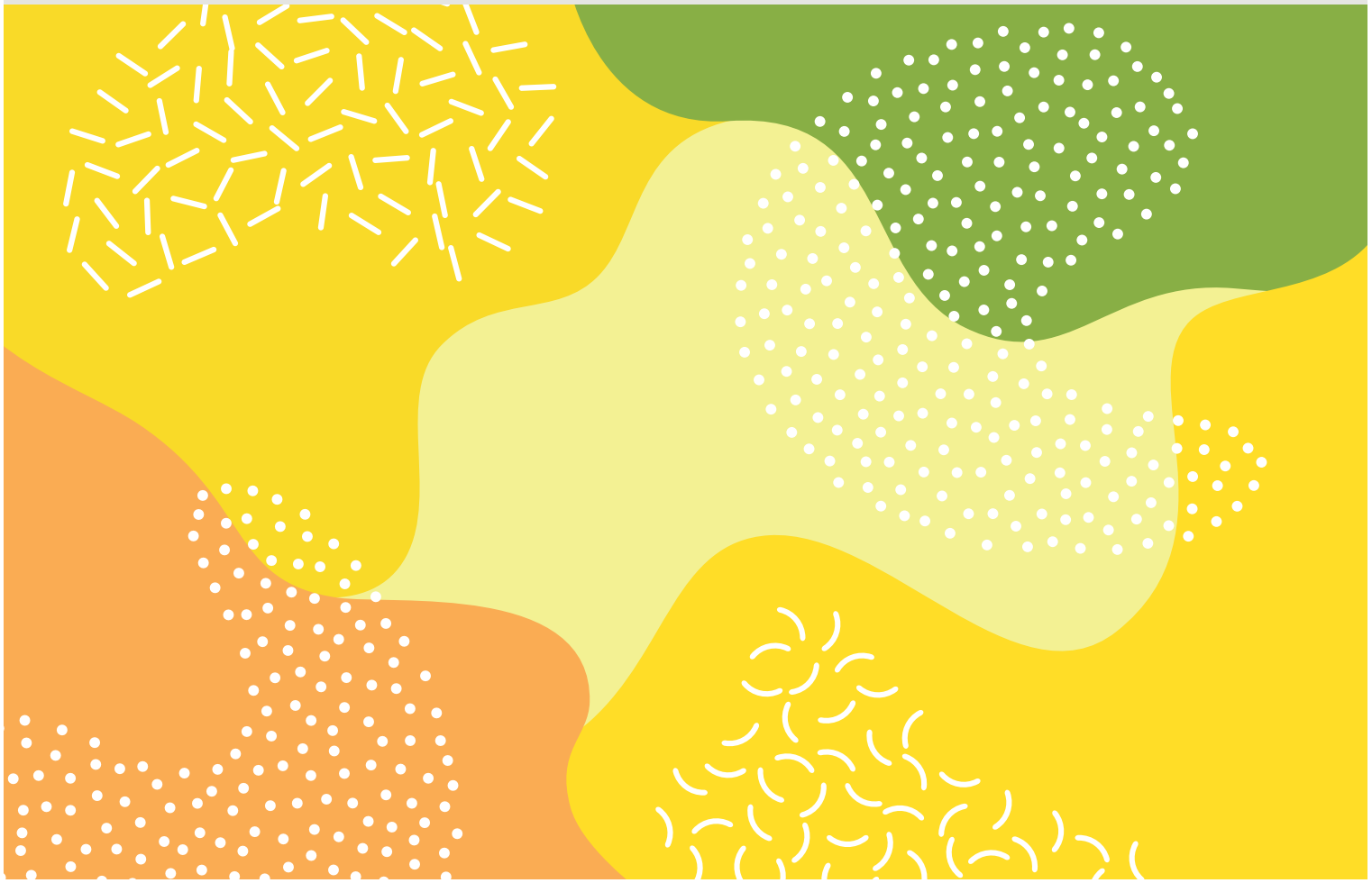
United Nations Office on Drugs and Crime

TREATMENT SERVICES FOR SUBSTANCE USE DISORDERS IN LATIN AMERICAN COUNTRIES

Findings from the UNODC-WHO facility survey for field testing



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Findings from the UNODC-WHO facility survey for field testing

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The report was drafted by Olga Toro Devia and Italo García Jara, both consultants for the UNODC project "Quality assurance: enabling drug dependence treatment in line with the International Standards for the Treatment of Drug Use Disorders in Latin America" (QALAT project).

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Dominican Republic: National Drug Council; Ministry of Health, Department of Mental Health of the National Health Service

Ecuador: Ministry of Health, National Directorate for Public Health Control; project on the development and implementation of a network of community-based mental health services and State centres for drug rehabilitation; National Directorate for Health Service Quality; Agency for Quality Assurance of Health Services and Prepaid Medicine

Guatemala: Executive Secretariat of the Commission on Drug Addiction and Drug Trafficking; Ministry of Health and Social Welfare

Mexico: National Commission against Addictions; General Directorate for Health Care Quality and Education

Panama: National Commission for the Study and Prevention of Drug-Related Crimes; Ministry of Health; Ministry of the Interior; Ministry of Social Development

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INTRODUCTION

The United Nations Office on Drugs and Crime (UNODC) project entitled "Quality assurance: enabling drug dependence treatment in line with the International Standards for the Treatment of Drug Use Disorders in Latin America" (QALAT project), which was implemented in 2020 and 2021 under the OPEC Fund for International Development-UNODC Joint Programme to Prevent HIV/AIDS through Treatnet Phase II (GLO/J71), was aimed at securing the political support required to generate significant momentum for the process of establishing a quality assurance framework for the treatment of drug use disorders in each participating country.

The International Standards for the Treatment of Drug Use Disorders support the States Members of the United Nations in developing and expanding treatment services that offer ethical and effective treatment. They summarize the currently available scientific evidence on effective treatment interventions and approaches, and set out a framework for their implementation in line with the principles of public health care more broadly.[1] This framework helps countries to make progress in establishing systems to ensure the quality of services for the treatment of drug use disorders.

The implementation of quality assurance systems is necessary in order to evaluate relevant good practices that are based on science and ethical principles, and to ensure that people with drug use disorders are able to enjoy the same quality standards and treatment opportunities that the health-care system provides for any other illness. Gaining systematic knowledge of the availability of relevant treatment services is a necessary step towards that goal.

Covering six countries, the project involved the mapping of treatment services for drug use disorders in Bolivia (Plurinational State of), the Dominican Republic, Ecuador, Guatemala, Mexico and Panama.

Such a mapping exercise makes it possible to systematize information on the drug treatment services available in a given country, and presents an opportunity for countries to build their capacity for monitoring the availability, accessibility and quality of such services and to create a public register of treatment services. This strategy ties in with the process of institutional strengthening required to enhance service quality.

The participating treatment facilities themselves benefited from the identification of strengths and weaknesses in their local information systems and were able to improve key aspects of quality management for their respective organizations and programmes.

Decision makers in each country who are responsible for the development and management of treatment services for drug use disorders can benefit from analysis of the findings yielded by the mapping exercise in the form of systematically consolidated data sets.

This report contains the main findings from the mapping of 385 addiction treatment facilities in six Latin American countries. The findings are presented by country. This work was made possible by the support and commitment of the teams of focal points for each country, who liaised with the UNODC field offices.

We hope that the report will provide new information that can be used in decision-making, planning and prioritization with a view to reducing drug demand and ensuring the quality of treatment services.

[1] UNODC and WHO, *International Standards for the Treatment of Drug Use Disorders* (2020).

METHODS

The mapping of treatment services was carried out using a standard questionnaire developed by UNODC and the World Health Organization (WHO) as a "facility survey for field testing", which is designed to provide an overview of the treatment for drug use disorders available in a given country.

This tool may be used to draw up an inventory of treatment services in a country or region, to establish a public register of such services and to support efforts to monitor the availability, accessibility and quality of treatment.

The questionnaire comprises five sections:

- **A** Treatment facility's contact details for survey correspondence
- **B** Treatment facility's contact details for the general public
- **C** Description of the treatment facility and the treatment offered
- **D** Number of people treated
- **E** Treatment capacity (buildings and staff)

The facility survey is available on the web-based Drugs Monitoring Platform,[2] thus facilitating online data entry. UNODC provides the focal points of each country with a personal password so that they can enter data into the platform.

Coordination meetings were held with UNODC field offices before the survey was launched.

A presentation on the mapping initiative, its objectives and the procedure involved was organized in each country that expressed its interest in participating in the survey. This was made possible by the support and efforts of focal points for the project at the following institutions:

- National Council for Combating Drug Trafficking, Bolivia (Plurinational State of)
- Directorate for Treatment, Rehabilitation and Social Integration Strategies, National Drug Council, Dominican Republic
- Ministry of Health, Ecuador
- Commission on Drug Addiction and Trafficking, Guatemala
- Ministry of Health/National Commission against Addictions, Mexico
- National Commission for the Study and Prevention of Drug-Related Crimes, Panama

The participation of focal points working on mental health at their countries' respective ministries of health was a key factor in the project's success.

The national focal points for the project contacted treatment facilities in their respective countries to ask them to take part in the mapping exercise and supply the information requested. Each centre, or the organization running the centre, designated a person who was responsible for entering the information on the Drugs Monitoring Platform or recording it on paper where Internet access was problematic. In the latter case, the information was subsequently transferred to the online platform with the assistance of external consultants working for UNODC.

The data collection was not uniform across countries, as reflected in the number of treatment facilities included for each country in the report.

[2] https://dmp.unodc.org/.

The context of the coronavirus disease (COVID-19) pandemic was the most significant obstacle preventing greater coverage in terms of the number of facilities mapped.

It is important to emphasize that the facilities included in this mapping exercise do not comprise the full set of registered treatment facilities for drug use disorders in the participating countries.

BREAKDOWN, BY PARTICIPATING COUNTRY, OF THE TREATMENT FACILITIES MAPPED

Country	Number of treatment facilities
Bolivia (Plurinational State of)	14
Dominican Republic	60
Ecuador	42
Guatemala	6
Mexico	254
Panama	9
Total	**385**

Those responsible for entering the data generally had a good understanding of how the tool works. However, the challenges still faced by many treatment facilities with regard to their local information systems were reflected in the mapping exercise. It proved particularly difficult to capture data on budgets, number of people treated and frequency of interventions.

In this report the data are grouped by country. The unit of analysis is each country considered separately. The mapping of services is not meant to be used for intercountry comparison. Only information labelled as "public data" in the facility survey is presented in this report.

By way of setting the scene, a summary of useful information is provided at the start of the section for each country:

- Information on the country's population and gross domestic product (GDP), based on data from the Economic Commission for Latin America and the Caribbean (ECLAC)[3]
- The country's income level according to the World Bank classification from 2020[4]
- Prevalence of drug use in the general population, based on data published in the *World Drug Report 2021* by UNODC[5]
- Prevalence of alcohol, tobacco, marijuana, cocaine and inhalant use in the general population, based on data published in the *Report on Drug Use in the Americas 2019* by the Inter-American Drug Abuse Control Commission (CICAD) of the Organization of American States (OAS)[6]

[3] ECLAC, Statistical Databases and Publications, CEPALSTAT. Available at https://statistics.cepal.org/portal/cepalstat/ (accessed on 27 November 2021).

[4] Available at https://datatopics.worldbank.org/world-development-indicators/the-world-by-income-and-region.html.

[5] *World Drug Report 2021*, Booklet 2 (United Nations publication, 2021).

[6] OAS/CICAD, Report on Drug Use in the Americas 2019 (Washington, D.C., 2019).

BOLIVIA (PLURINATIONAL STATE OF)

Official name of the country: **Plurinational State of Bolivia**
Total population, 2021: 11,833,000
Total male population, 2021: 5,936,000
Total female population, 2021: 5,897,000
GDP, 2020, in US$: 30.090 billion
GDP per capita (purchasing power parity), 2017, in US$: 8,424
Gini coefficient, 2019: 0.43
Income level (World Bank 2020): lower middle
Past-month prevalence of alcohol use, 2014: 22 per cent
Past-month prevalence of tobacco use, 2014: 15 per cent
*Past-year prevalence of marijuana use, 2018: 2.08 per cent
Past-year prevalence of inhalant use, 2014: 0.3 per cent
*Past-year prevalence of cocaine use, 2018: 0.69 per cent

**World Drug Report 2021.*

The findings capture some of the main features of the 14 drug treatment facilities that took part in the facility survey for field testing used to map such services in the Plurinational State of Bolivia.

Most facilities (57 per cent) reported that they had not been authorized by an accreditation body (table 1). Those facilities that are officially recognized (43 per cent) pointed out that the accreditation had been conferred by various institutions at the central government, departmental and municipal levels. The entities that granted them authorizations to operate were as follows: the autonomous government of the Department of Cochabamba, the autonomous government of the Department of Santa Cruz de la Sierra, the Office of the Deputy Mayor of Cotahuma and the Office of the Deputy Minister for Prevention and Rehabilitation. In other words, there is no sole body vested with the authority to grant accreditation and recognition to treatment facilities for drug use disorders in the country.

Among the treatment facilities surveyed, 29 per cent described themselves as specialized services for outpatient treatment of drug use disorders, while 21 per cent defined themselves as therapeutic communities (table 2).

TABLE 1. THE TREATMENT FACILITY HAS BEEN ACCREDITED (AUTHORIZED) OR FORMALLY RECOGNIZED BY A NATIONALLY RECOGNIZED BODY, PLURINATIONAL STATE OF BOLIVIA

	Yes	No	No information available	Total
Number of treatment facilities	6	8	0	14
Proportion (percentage)	43	57	0	100

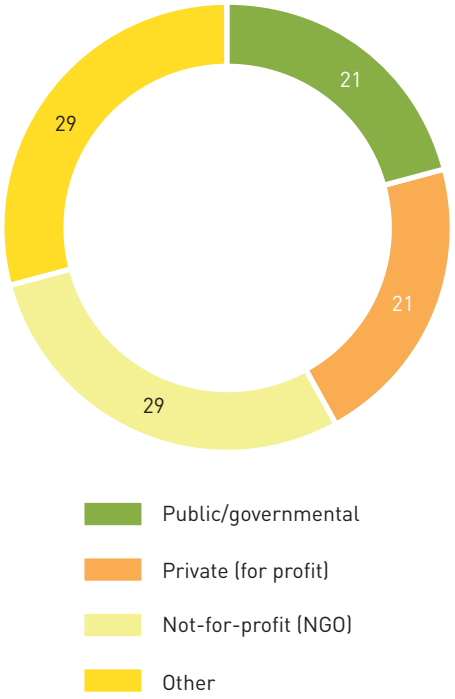
TABLE 2. TYPE OF SERVICE THAT BEST DESCRIBES THE TREATMENT FACILITY, PLURINATIONAL STATE OF BOLIVIA

Type of service	Number of treatment facilities	Percentage of total treatment facilities
Specialized outpatient treatment service for substance use disorders	4	29
Therapeutic community	3	21
Low-threshold service	2	14
Non-hospital residential treatment service for substance use disorders	2	14
Mental health service	2	14
Street work with people with drug use disorders living on the street	1	7

TABLE 3. AFFILIATION OF THE TREATMENT FACILITY, PLURINATIONAL STATE OF BOLIVIA

	Public/ governmental	Private (for profit)	Not-for-profit (NGO)	Other	No information available	Total
Number of treatment facilities	3	3	4	4	0	14
Proportion (percentage)	21	21	29	29	0	100

FIGURE IA. AFFILIATION OF DRUG TREATMENT FACILITIES, PLURINATIONAL STATE OF BOLIVIA



There are also low-threshold services (14 per cent), non-hospital-based residential treatment services for drug use disorders (14 per cent) and mental health services addressing addiction-related issues (14 per cent). One treatment centre indicated that it offered services to people with drug use disorders who lived on the street.

Among the treatment facilities surveyed, 21 per cent are under public/governmental administration (table 3; figure 1a). The majority – 79 per cent – of treatment services surveyed are under private administration, including 29 per cent operated by non-profit non-governmental organizations (NGOs) and 29 per cent operated by non-profit organizations that do not define themselves as NGOs ("other" category). There are three private for-profit facilities.

The treatment facilities reported various sources of funding, some having more than one source (table 4). Most treatment facilities (64 per cent) receive funding through donations, direct payments by clients/patients and payments by their families, among other sources. Among the facilities surveyed, 29 per cent are subsidized by the Ministry of Health and 21 per cent are funded from local (provincial or municipal) budgets.

TABLE 4. FUNDING SOURCES (A TREATMENT FACILITY MAY HAVE MORE THAN ONE SOURCE), PLURINATIONAL STATE OF BOLIVIA

Funding source	Number of treatment facilities	Percentage of total treatment facilities
Donations, payments by clients/patients and families	9	64
Ministry of Health	4	29
Local budget (e.g. provincial, municipal)	3	21
Public health insurance	2	14
Private health insurance	1	7
International organization	1	7
No information available	1	7

TABLE 5. OPTION OF DIRECT PAYMENT BY CLIENTS/PATIENTS EXISTS, PLURINATIONAL STATE OF BOLIVIA

	Yes	No	No information available	Total
Number of treatment facilities	9	4	1	14
Proportion (percentage)	64	29	7	100

TABLE 6. COLLABORATION WITH OTHER INSTITUTIONS TO WHICH PATIENTS CAN BE REFERRED (IT WAS POSSIBLE TO INDICATE MORE THAN ONE CATEGORY), PLURINATIONAL STATE OF BOLIVIA

	Health institutions (e.g. hospitals, general practitioners)	Social services (e.g. housing, education and employment service providers)	Prison and probation services	Other specialized drug and alcohol treatment services (outpatient or inpatient)	No information available
Number of treatment facilities	10	6	5	8	0
Proportion (percentage)	71	43	36	57	0

At 64 per cent of the facilities, direct payment by clients/patients is possible, while at 29 per cent there is no such option as a source of funding (table 5).

The treatment facilities surveyed collaborate with other institutions to which they can refer patients (table 6). The majority have arrangements in place for collaboration with general health institutions (71 per cent) and with other specialized outpatient or inpatient drug treatment services (57 per cent).

Of the total number of treatment facilities, 43 per cent coordinate with social services (housing, education or employment support), while 36 per cent do so with prison and probation services.

TABLE 7. AVAILABILITY OF ON-SITE SERVICES (TREATMENT FACILITIES MAY INDICATE ALL THE SERVICES AVAILABLE), PLURINATIONAL STATE OF BOLIVIA

Type of service	Number of treatment facilities	Percentage of facilities offering service
Longer psychosocial support (more than two weeks)	12	86
Management of withdrawal syndrome (detoxification)	7	50
Low-threshold services for street-based substance users (e.g. outreach or drop-in services)	7	50
Employment and income generation support	7	50
Education and vocational training	7	50
Housing and shelter support	6	43
Brief psychosocial support (less than two weeks)	6	43
Prescription of opioid agonists (i.e. methadone or buprenorphine)	5	36
Dispensation of opioid agonists (i.e. methadone or buprenorphine)	3	21
Provision of take-home naloxone and training on overdose management	1	7
Other type	3	21

Treatment facilities reported the availability of a range of on-site services (table 7). Brief psychosocial support (lasting less than two weeks) is offered by 43 per cent, while longer psychosocial support (lasting more than two weeks) is offered by 86 per cent of facilities.

Around half of the facilities offer social support services, such as employment and income generation support (50 per cent), assistance with education and vocational training (50 per cent) and housing support (43 per cent).

Additionally, some facilities offer certain medication-assisted treatment services, including the prescription of opioid agonists (36 per cent) and the dispensation of opioid agonists (21 per cent, though not all of these facilities also prescribe them). Withdrawal syndrome is treated by 50 per cent of the facilities surveyed. The provision of low-threshold services for street-based drug users was reported by 50 per cent of the facilities.

All treatment facilities providing longer psychosocial support offer individual counselling, while 79 per cent offer group counselling. The majority offer motivational enhancement therapy (86 per cent), cognitive behavioural therapy (71 per cent) and family therapy (71 per cent). A significant proportion of facilities undertake contingency management and case management activities, namely 64 per cent in each case (table 8).

TABLE 8. TYPE OF LONGER PSYCHOSOCIAL SUPPORT (MORE THAN TWO WEEKS), PLURINATIONAL STATE OF BOLIVIA

Type of psychosocial support	Number of treatment facilities	Percentage of facilities offering service
Individual counselling	14	100
Motivational enhancement therapy	12	86
Group counselling	11	79
Cognitive behavioural therapy	10	71
Family therapy	10	71
Contingency management	9	64
Case management	9	64
Internet or web-based treatment	5	36
12-step facilitation	2	14
Other type (home visits, visits to incarcerated individuals, among others)	4	29

TABLE 9. FACILITIES AT WHICH OTHER MEDICAL SERVICES ARE AVAILABLE, PLURINATIONAL STATE OF BOLIVIA

Type of medical service	Number of treatment facilities	Percentage of facilities offering service
Distribution of condoms and lubricant	3	21
On-site pharmacy (supervised dispensation of medicines)	3	21
On-site testing for HIV	3	21
On-site treatment of HIV/AIDS with antiretroviral therapy	2	14
On-site testing for hepatitis C	1	7
Other type	3	21

Some facilities indicated that the services they provided included specific medical services to address certain risks among drug users (table 9). For example, onsite testing for HIV is performed by 21 per cent of facilities and on-site testing for hepatitis C by 7 per cent. Testing for hepatitis B is not carried out at any of the facilities.

Two centres treat HIV directly (14 per cent).

Some facilities provide supervised dispensation of medicines (21 per cent) and hand out condoms (21 per cent).

Furthermore, some treatment facilities offer services for specific population groups (table 10). For example, 43 per cent of the facilities surveyed cater to adolescents aged between 12 and 18 years, 36 per cent cater to those aged 50 years and above, and 14 per cent cater to children aged between 4 and 11 years.

Fifty per cent of facilities offer services tailored to women, 29 per cent offer services for pregnant women and 14 per cent offer services for lesbian, gay, bisexual, transgender and intersex (LGBTI) persons.

Treatment for people presenting with both mental disorders and substance use disorders (dual pathology) is provided by 57 per cent of facilities.

Of the total number of facilities, 43 per cent attend to offenders referred by the criminal justice system who are not currently serving a sentence in prison, while 36 per cent provide services to the prison population. Services tailored to homeless people are available at 43 per cent of facilities.

Only one centre reported offering treatment services for sex workers (7 per cent).

None of the treatment facilities surveyed reported offering services tailored to people from indigenous groups, migrants, displaced persons or refugees.

TABLE 10. TREATMENT FACILITIES WITH SERVICES TAILORED OR PROVIDED TO SPECIFIC POPULATION GROUPS (FACILITIES MAY INDICATE ALL THE SERVICES AVAILABLE), PLURINATIONAL STATE OF BOLIVIA

Specific population group	Number of treatment facilities	Percentage of facilities offering service
Integrated service for clients with co-occurring mental and substance use disorders (alcohol and/or drugs)	8	57
Service specifically for women	7	50
Service specifically for adolescents with substance use disorders (12–18 years)	6	43
Service specifically for homeless people	6	43
Service specifically for criminal justice clients (offenders referred by the criminal justice system but not currently serving a sentence in prison)	6	43
Provision of drug-related services to prisoners	5	36
Service specifically for senior and older adults (> 50 years)	5	36
Service specifically for pregnant women	4	29
Service specifically for children with substance use disorders (4–11 years)	2	14
Service specifically for LGBTI persons	2	14
Service specifically for sex workers	1	7
Other services	1	7

Half of the facilities surveyed reported treating clients/patients who presented specifically with both alcohol and drug use disorders; 21 per cent of facilities treated those with only alcohol use disorders and a further 21 per cent treated those with only drug use disorders. At 36 per cent of facilities the focus is on the treatment of mental health issues, including, but not limited to, substance use disorders, while 14 per cent of facilities reported treating health conditions in general, since they are primary care providers or general hospitals that also attend to people who use drugs (table 11).

The treatment facilities reported having provided treatment in relation to a variety of substances, though they most frequently dealt with the use of alcohol (71.4 per cent of facilities), other opioids (64.3 per cent), volatile inhalants (57.1 per cent), other hallucinogens and dissociatives (50 per cent) and "crack" cocaine (42.9 per cent).

Use of other stimulants is dealt with by 35.7 per cent of facilities, use of other cannabinoids by 28.6 per cent and use of cocaine hydrochloride and methamphetamines by 21.4 per cent. Only a few treatment facilities deal with the use of other types of drugs (table 12).

TABLE 11. TYPES OF CLIENT/PATIENT TREATED AT THE FACILITIES, PLURINATIONAL STATE OF BOLIVIA

Type of client/patient according to substance use problem	Number of treatment facilities	Percentage of total treatment facilities
Substance use disorders: alcohol and drugs	7	50
The focus of the treatment service is on mental health disorders, including, but not limited to, substance use disorders	5	36
Substance use disorders: alcohol	3	21
Substance use disorders: drugs	3	21
The focus of the treatment service is on any health condition (i.e. primary care, general hospital)	2	14
Other type	3	21

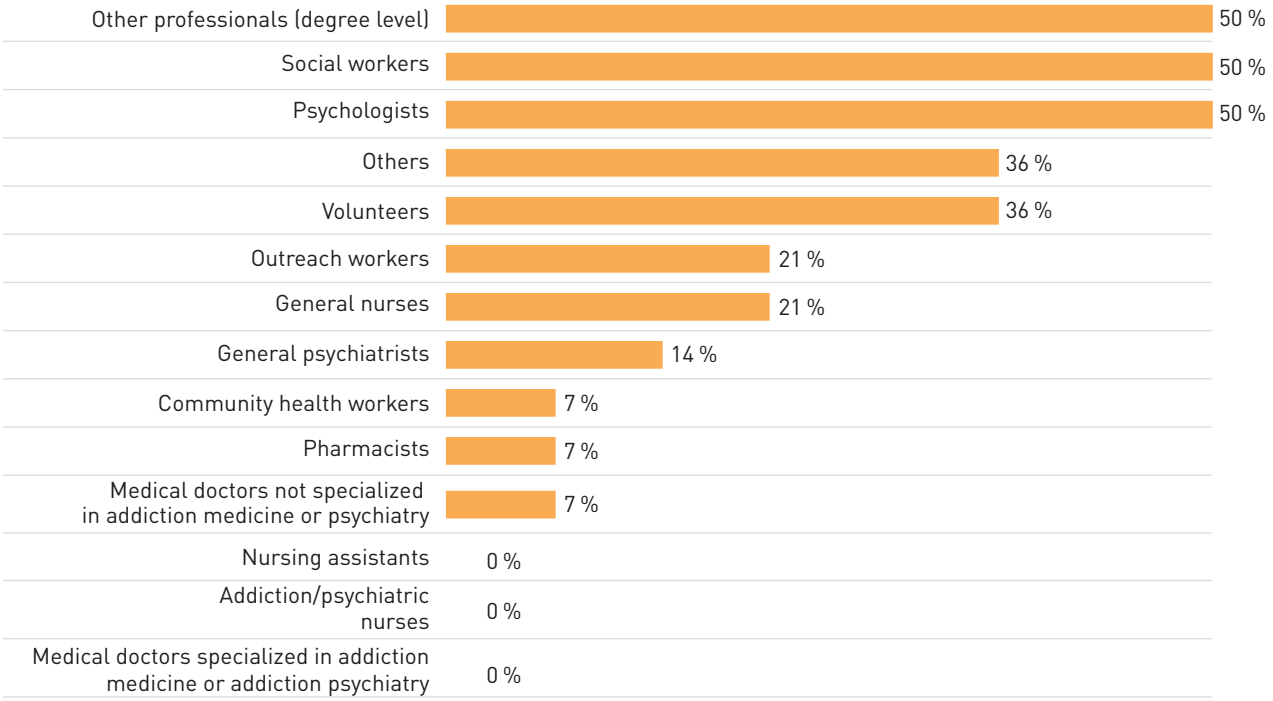
TABLE 12. TYPES OF SUBSTANCE DEALT WITH BY TREATMENT FACILITIES (FACILITIES MAY INDICATE MORE THAN ONE TYPE), PLURINATIONAL STATE OF BOLIVIA

Type of substance	Number of treatment facilities	Percentage of total treatment facilities
Alcohol	10	71.4
Heroin	1	7.1
Opium	0	0.0
Prescription opioids	1	7.1
Fentanyl alone or in combination with another substance	1	7.1
Other opioids	9	64.3

TABLE 13. TYPES OF SUBSTANCE DEALT WITH BY TREATMENT FACILITIES (FACILITIES MAY INDICATE MORE THAN ONE TYPE), PLURINATIONAL STATE OF BOLIVIA *(continued)*

Type of substance	Number of treatment facilities	Percentage of total treatment facilities
Other opioids	9	64.3
Cannabis	1	7.1
Synthetic cannabinoids	1	7.1
Other cannabinoids	4	28.6
"Crack" cocaine	6	42.9
Cocaine hydrochloride	3	21.4
Other cocaine derivatives	2	14.3
Amphetamines	2	14.3
Methamphetamines	3	21.4
"Ecstasy"	0	0.0
Synthetic cathinones ("bath salts")	1	7.1
Other stimulants	5	35.7
Benzodiazepines	2	14.3
Barbiturates	1	7.1
Other hypnotics and sedatives	1	7.1
LSD	2	14.3
Ketamine	1	7.1
Other hallucinogens and dissociatives	7	50.0
Volatile inhalants	8	57.1
Nicotine	2	14.3
Other type	10	71.4

FIGURE 2A. PERCENTAGE OF DRUG TREATMENT FACILITIES WITH PERSONNEL IN A GIVEN CATEGORY, PLURINATIONAL STATE OF BOLIVIA



The treatment facilities surveyed strive to ensure that their care teams are made up of professionals and non-professionals from various disciplines (figure 2a). None of the facilities reported having medical doctors specialized in addiction medicine or addiction psychiatry on their staff. Two centres employ general psychiatrists, while one centre employs non-specialist physicians. Moreover, no facility reported having addiction nurses or nursing assistants. There are general nurses at 21 per cent of the facilities.

Half of the facilities have psychologists and social workers on their staff.

Some facilities have volunteers (36 per cent) and outreach workers (21 per cent).

DOMINICAN REPUBLIC

Official name of the country: **Dominican Republic**
Total population, 2021: 10,954,000
Total male population, 2021: 5,469,000
Total female population, 2021: 5,485,000
GDP, 2020, in US$: 78.845 billion
GDP per capita (purchasing power parity), 2017, in US$: 16,735
Gini coefficient, 2019: 0.432
Income level (World Bank 2020): upper middle
Past-month prevalence of alcohol use, 2010: 38 per cent
Past-month prevalence of tobacco use, 2010: 8 per cent
Past-year prevalence of marijuana use, 2014: 0.5 per cent
Past-year prevalence of inhalant use, 2010: 0.1 per cent
*Past-year prevalence of cocaine use, 2010: 0.32 per cent

**World Drug Report 2021.*

The findings presented here capture some of the main features of the 60 drug treatment facilities that took part in the facility survey for field testing used to map such services in the Dominican Republic.

Eighty per cent of the treatment facilities reported that they had been authorized or formally recognized by a national body (table 1). The Ministry of Health, the National Drug Council and the Department of Mental Health of the National Health Service were mentioned among the bodies granting such recognition. Significantly, some treatment centres have branches which claim formal recognition on the basis of that granted to the parent facility. This situation poses the challenge of ensuring that every treatment facility is duly authorized, irrespective of whether there are several facilities subordinated to a single organization. The proportion of authorized facilities in the table below may therefore be inflated.

Of the total number of treatment facilities, 8 per cent reported that they had not received formal recognition from any national body, while 8 per cent did not provide any information in that regard.

Fifty-seven per cent of the treatment facilities describe themselves as therapeutic communities, while 18 per cent define themselves as non-hospital residential treatment services for substance use disorders, these being the two most frequent types (table 2).

There are also four hospital-based residential treatment services for substance use disorders, three specialized outpatient treatment services for such disorders and three mental health services.

TABLE 1. THE TREATMENT FACILITY HAS BEEN ACCREDITED (AUTHORIZED) OR FORMALLY RECOGNIZED BY A NATIONALLY RECOGNIZED BODY, DOMINICAN REPUBLIC

	Yes	No	No information available	Total
Number of treatment facilities	48	5	8	60
Proportion (percentage)	80	8	13	100

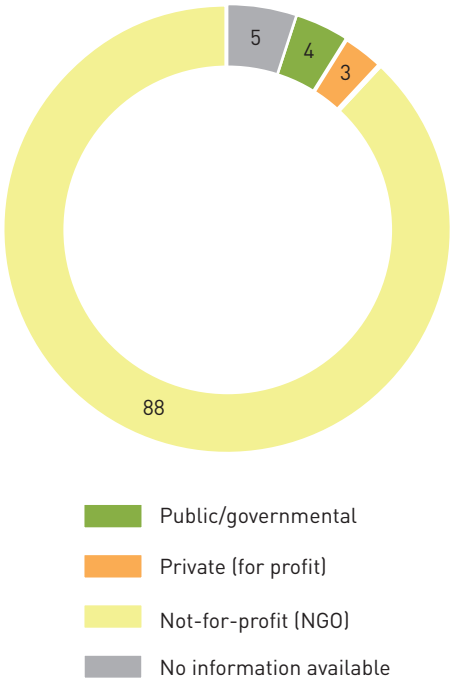
TABLE 2. TYPE OF SERVICE THAT BEST DESCRIBES THE TREATMENT FACILITY, DOMINICAN REPUBLIC

Type of service	Number of treatment facilities	Percentage of total treatment facilities
Therapeutic community	34	57
Non-hospital residential treatment service for substance use disorders	11	18
Hospital-based residential treatment service for substance use disorders	4	7
Specialized outpatient treatment service for substance use disorders	3	5
Mental health service	3	5
Low-threshold service	1	2
No information available	4	7

TABLE 3. AFFILIATION OF THE TREATMENT FACILITY, DOMINICAN REPUBLIC

	Public/ governmental	Private (for profit)	Not-for-profit (NGO)	Other	No information available	Total
Number of treatment facilities	2	2	53	0	3	60
Proportion (percentage)	3	3	88	0	5	100

FIGURE 1B. AFFILIATION OF DRUG TREATMENT FACILITIES, DOMINICAN REPUBLIC



Of the treatment facilities surveyed, 88 per cent are operated by not-for-profit NGOs (table 3). There are two centres under public/governmental administration and two private for-profit facilities.

The treatment facilities reported various sources of funding, some of them having more than one source (table 4). More than half of the facilities receive funding from the Ministry of Health (60 per cent). Fifty-two per cent of the facilities indicated that their entire budget came from that government sector.

The funding for 20 per cent of the facilities comes from donations and direct payments by clients/ patients and their families.

In 20 per cent of cases, funding from government ministries other than the Ministry of Health is available.

Of the total number of treatment facilities, 8 per cent did not report their sources of funding.

TABLE 4. FUNDING SOURCES (A TREATMENT FACILITY MAY HAVE MORE THAN ONE SOURCE), DOMINICAN REPUBLIC

Funding source	Number of treatment facilities	Percentage of total treatment facilities
Ministry of Health	36	60
Donations, payments by clients/patients and families	12	20
Ministry of Drug Control*	6	10
International organization	5	8
Ministry of Justice	3	5
Local budget (e.g. provincial, municipal)	3	5
Ministry of Social Services	2	3

TABLE 5. FUNDING SOURCES (A TREATMENT FACILITY MAY HAVE MORE THAN ONE SOURCE), DOMINICAN REPUBLIC *(continued)*

Funding source	Number of treatment facilities	Percentage of total treatment facilities
Ministry of Education	1	2
Public health insurance	1	2
Private health insurance	1	2
No information available	5	8

**The National Drug Council is treated as the equivalent here, though it does not have the legal status of a ministry*

TABLE 6. OPTION OF DIRECT PAYMENT BY CLIENTS/PATIENTS EXISTS, DOMINICAN REPUBLIC

	Yes	No	No information available	Total
Number of treatment facilities	32	19	9	60
Proportion (percentage)	53	32	15	100

TABLE 7. COLLABORATION WITH OTHER INSTITUTIONS TO WHICH PATIENTS CAN BE REFERRED (IT WAS POSSIBLE TO INDICATE MORE THAN ONE CATEGORY), DOMINICAN REPUBLIC

	Health institutions (e.g. hospitals, general practitioners)	Social services (e.g. housing, education and employment service providers)	Prison and probation services	Other specialized drug and alcohol treatment services (outpatient or inpatient)	No information available
Number of treatment facilities	44	4	8	38	7
Proportion (percentage)	73	7	13	63	12

At 53 per cent of the facilities, direct payment by clients/patients is possible, whereas 32 per cent do not offer such an option; 15 per cent of the facilities did not provide information in this respect (table 5).

The treatment facilities surveyed collaborate with other institutions to which they can refer patients (table 6). The majority have arrangements in place for collaboration with general health institutions (73 per cent) and with other specialized outpatient or inpatient drug treatment services (63 per cent).

Of the total number of facilities, 13 per cent coordinate with prison and probation services, while 7 per cent do so with social services (housing, education or employment support); 12 per cent did not indicate whether they collaborated with other institutions to which patients could be referred.

Treatment facilities reported the availability of a range of on-site services (table 7). Brief psychosocial support (lasting less than two weeks) is offered by 22 per cent, while longer psychosocial support (lasting more than two weeks) is offered by 90 per cent of facilities.

Of the total number of facilities, 67 per cent reported that they treated withdrawal syndrome. Low-threshold services for street-based substance users are provided by 52 per cent of facilities.

Some treatment facilities offer social support services, such as assistance with education and vocational training (63 per cent), employment and income generation support (58 per cent) and housing support (17 per cent).

Only a few treatment facilities also offer the prescription of opioid agonists as a service (5 per cent) and just one centre dispenses opioid agonists.

Other services are offered by 52 per cent of the facilities surveyed, including self-help groups.

TABLE 8. AVAILABILITY OF ON-SITE SERVICES (TREATMENT FACILITIES MAY INDICATE ALL THE SERVICES AVAILABLE), DOMINICAN REPUBLIC

Type of service	Number of treatment facilities	Percentage of facilities offering service
Longer psychosocial support (more than two weeks)	54	90
Management of withdrawal syndrome (detoxification)	40	67
Education and vocational training	38	63
Employment and income generation support	35	58
Low-threshold services for street-based substance users (e.g. outreach or drop-in services)	31	52
Brief psychosocial support (less than two weeks)	13	22
Housing and shelter support	10	17
Prescription of opioid agonists (i.e. methadone or buprenorphine)	3	5
Dispensation of opioid agonists (i.e. methadone or buprenorphine)	1	2
On-site availability of naloxone and overdose management services	1	2
Other type	31	52
No information available	3	5

With regard to longer psychosocial support, most treatment facilities offer cognitive behavioural therapy (92 per cent) and group counselling (92 per cent). Facilities also offer individual counselling (88 per cent), motivational enhancement therapy (88 per cent) and family therapy (85 per cent). A significant number of centres reported undertaking case management (80 per cent) and contingency management (77 per cent) activities. Of all facilities, 57 per cent provide remote psychosocial support, while 55 per cent carry out other psychosocial support activities, such as relapse prevention, specialized management of sexual diversity in groups and spiritual therapy (table 8).

TABLE 9. TYPE OF LONGER PSYCHOSOCIAL SUPPORT (MORE THAN TWO WEEKS), DOMINICAN REPUBLIC

Type of psychosocial support	Number of treatment facilities	Percentage of facilities offering service
Cognitive behavioural therapy	55	92
Group counselling	55	92
Individual counselling	53	88
Motivational enhancement therapy	53	88
Family therapy	51	85
Case management	48	80
Contingency management	46	77
12-step facilitation	39	65
Internet or web-based therapy	34	57
Other type	33	55

Some facilities indicated that the services they provided included specific medical services to address certain risks among drug users (table 9). For example, on-site testing for HIV is performed by 55 per cent of facilities, on-site testing for hepatitis C by 53 per cent and on-site testing for hepatitis B by 50 per cent.

Half of the treatment facilities surveyed provide supervised dispensation of medicines.

Some centres treat HIV (25 per cent) and hepatitis C (15 per cent) directly, while one centre reported that it treated hepatitis B.

Only a few centres hand out condoms and provide sterile injecting equipment to people who inject drugs (3 per cent in each case).

TABLE 10. FACILITIES AT WHICH OTHER MEDICAL SERVICES ARE AVAILABLE, DOMINICAN REPUBLIC

Type of medical service	Number of treatment facilities	Percentage of facilities offering service
On-site testing for HIV	33	55
On-site testing for hepatitis C	32	53
On-site testing for hepatitis B	30	50
On-site pharmacy (supervised dispensation of medicines)	30	50
On-site treatment of HIV/AIDS with antiretroviral therapy	15	25
On-site treatment of hepatitis C	9	15
Distribution of condoms and lubricant	2	3
Provision of sterile injecting equipment to people who inject drugs	2	3
On-site vaccination against hepatitis B	1	2
On-site treatment of hepatitis B	1	2

TABLE 11. TREATMENT FACILITIES WITH SERVICES TAILORED OR PROVIDED TO SPECIFIC POPULATION GROUPS (FACILITIES MAY INDICATE ALL THE SERVICES AVAILABLE), DOMINICAN REPUBLIC

Specific population group	Number of treatment facilities	Percentage of facilities offering service
Service specifically for senior and older adults (> 50 years)	35	58
Service specifically for homeless people	35	58
Service specifically for LGBTI persons	29	48
Service specifically for adolescents with substance use disorders (12–18 years)	24	40
Integrated service for clients with co-occurring mental and substance use disorders (alcohol and/or drugs)	11	18
Service specifically for women	8	13
Service specifically for criminal justice clients (offenders referred by the criminal justice system but not currently serving a sentence in prison)	5	8
Provision of drug-related services to prisoners	3	5
Service specifically for children with substance use disorders (4–11 years)	3	5
Service specifically for pregnant women	1	2
Service specifically for sex workers	1	2
Other services	1	2

Furthermore, some treatment facilities offer services for specific population groups (table 10). For example, 58 per cent of facilities cater to those aged 50 years and above, 40 per cent cater to adolescents aged between 12 and 18 years, and 5 per cent cater to children aged between 4 and 11 years.

Services tailored to homeless people are available at 58 per cent of facilities, while services tailored to LGBTI persons are offered by 48 per cent.

Services tailored to women are offered by 13 per cent of facilities, only one centre reporting that it has a service for pregnant women.

Treatment for people presenting with both mental disorders and substance use disorders (dual pathology) is provided by 18 per cent of facilities.

Eight per cent of facilities attend to offenders referred by the criminal justice system who are not currently serving a sentence in prison, while 5 per cent provide services to the prison population. Lastly, only one facility reported offering treatment services for sex workers.

Most facilities (83 per cent) reported treating clients/patients who presented specifically with both alcohol and drug use disorders. People who use either alcohol or drugs exclusively are also treated (22 per cent of facilities in each case). Moreover, at 19 per cent of the facilities surveyed the focus is on the treatment of mental health issues, including, but not limited to, substance use disorders (table 11).

The treatment facilities reported having provided treatment in relation to a variety of substances,

though they most frequently dealt with the use of cocaine (86.7 per cent), alcohol (85 per cent), cannabis (76.7 per cent), cocaine hydrochloride (66.7 per cent), nicotine (66.7 per cent), heroin (63.3 per cent) and "ecstasy" (60 per cent).

Use of benzodiazepines is dealt with by 53.3 per cent of facilities, use of volatile inhalants, synthetic cannabinoids and amphetamines by 51.7 per cent in each case, and use of methamphetamines by 30 per cent. Only a few treatment facilities deal with the use of other types of drugs (table 12).

TABLE 12. TYPES OF CLIENT/PATIENT TREATED AT THE FACILITIES, DOMINICAN REPUBLIC

Type of client/patient according to substance use problem	Number of treatment facilities	Percentage of total treatment facilities
Substance use disorders: alcohol and drugs	50	83
Substance use disorders: alcohol	13	22
Substance use disorders: drugs	13	22
The focus of the treatment service is on mental health disorders, including, but not limited to, substance use disorders	19	32
The focus of the treatment service is on any health condition (i.e. primary care, general hospital)	1	2
Other type	1	2

TABLE 13. TYPES OF SUBSTANCE DEALT WITH BY TREATMENT FACILITIES (FACILITIES MAY INDICATE MORE THAN ONE TYPE), DOMINICAN REPUBLIC

Type of substance	Number of treatment facilities	Percentage of total treatment facilities
Alcohol	51	85.0
Heroin	38	63.3
Opium	4	6.7
Prescription opioids	22	36.7
Other opioids	1	1.7
Cannabis	46	76.7
Synthetic cannabinoids	31	51.7
Other cannabinoids	2	3.3
"Crack" cocaine	52	86.7
Cocaine hydrochloride	40	66.7
Other cocaine derivatives	2	3.3
Amphetamines	31	51.7
Methamphetamines	18	30.0

TABLE 14. TYPES OF SUBSTANCE DEALT WITH BY TREATMENT FACILITIES (FACILITIES MAY INDICATE MORE THAN ONE TYPE), DOMINICAN REPUBLIC *(continued)*

Type of substance	Number of treatment facilities	Percentage of total treatment facilities
"Ecstasy"	36	60.0
Synthetic cathinones ("bath salts")	0	0.0
Other stimulants	0	0.0
Benzodiazepines	32	53.3
Barbiturates	4	6.7
Other hypnotics and sedatives	2	3.3
LSD	7	11.7
Ketamine	18	30.0
Other hallucinogens and dissociatives	0	0.0
Volatile inhalants	31	51.7
Nicotine	40	66.7
Other type	4	6.7

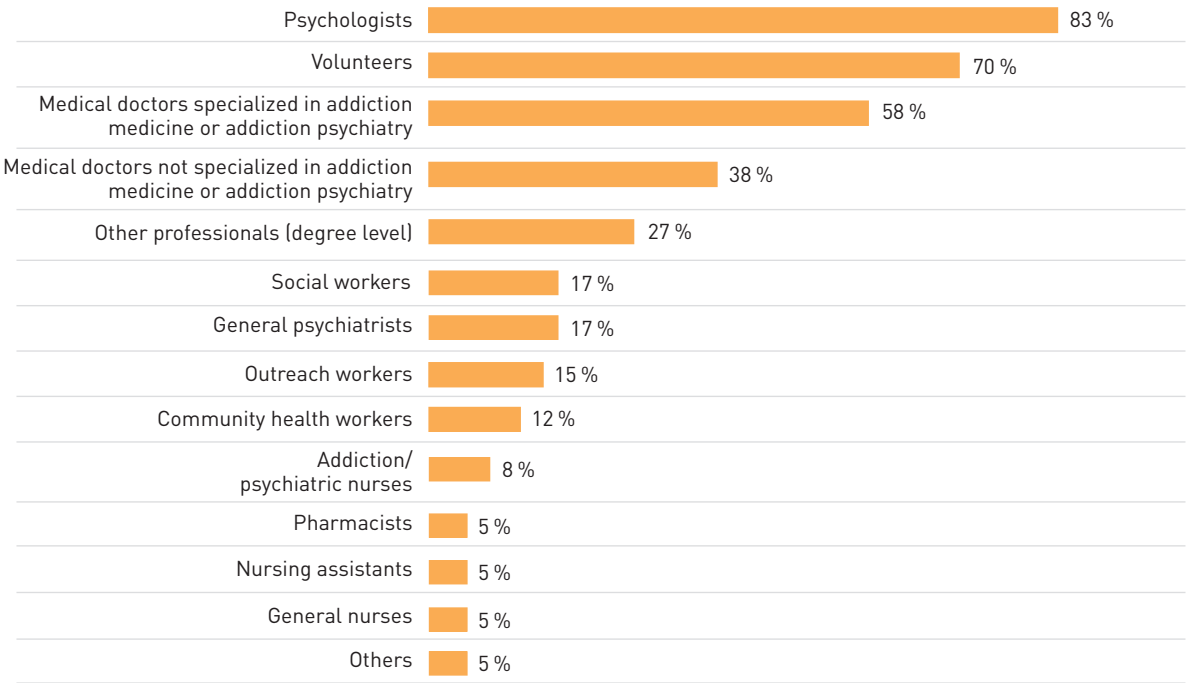
The treatment facilities surveyed strive to ensure that their care teams are made up of professionals and non-professionals from various disciplines (figure 2b). Fifty-eight per cent of facilities reported having medical doctors specialized in addiction medicine or addiction psychiatry on their staff, while 17 per cent had psychiatrists and 38 per cent had non-specialist physicians.

Among the facilities surveyed, 8 per cent indicated that they had addiction nurses on their staff, while 5 per cent had general nurses. A small number of centres employ nursing assistants (5 per cent).

Psychologists work at 83 per cent of the facilities and social workers at 17 per cent of them; 27 per cent of facilities reported having other degree-level professionals on their staff.

A significant number of centres are able to call on volunteers (70 per cent). Some facilities employ outreach workers (15 per cent) and community health workers (12 per cent).

FIGURE 2B. PERCENTAGE OF TREATMENT FACILITIES WITH PERSONNEL IN A GIVEN CATEGORY, DOMINICAN REPUBLIC



ECUADOR

Official name of the country: **Republic of Ecuador**	
Total population, 2021:	17,888,000
Total male population, 2021:	8,945,000
Total female population, 2021:	8,943,000
GDP, 2020, in US$:	98.808 billion
GDP per capita (purchasing power parity), 2017, in US$:	11,618
Gini coefficient, 2019:	0.456
Income level (World Bank 2020):	upper middle
Past-month prevalence of alcohol use, 2014:	12 per cent
Past-month prevalence of tobacco use, 2014:	8 per cent
Past-year prevalence of marijuana use, 2014:	0.5 per cent
Past-year prevalence of inhalant use, 2014:	0.1 per cent
*Past-year prevalence of cocaine use, 2013:	1.69 per cent

**World Drug Report 2021.*

The findings presented here capture some of the main features of the 42 drug treatment facilities that took part in the facility survey for field testing used to map such services in Ecuador.

Seventy-nine per cent of the treatment facilities reported that they had been authorized or formally recognized by a national body (table 1). The body granting such recognition is the Agency for Quality Assurance of Health Services and Prepaid Medicine. Of the total number of facilities, 19 per cent reported that they had not received formal recognition from any national body. One facility did not provide any information in that regard.

Most treatment facilities describe themselves as residential services, including non-hospital (40 per cent) and hospital-based (33 per cent) services; 24 per cent of facilities refer to themselves as therapeutic communities. No facilities providing exclusively outpatient services were recorded (table 2).

TABLE 1. THE TREATMENT FACILITY HAS BEEN ACCREDITED (AUTHORIZED) OR FORMALLY RECOGNIZED BY A NATIONALLY RECOGNIZED BODY, ECUADOR

	Yes	No	No information available	Total
Number of treatment facilities	33	8	1	42
Proportion (percentage)	79	19	2	100

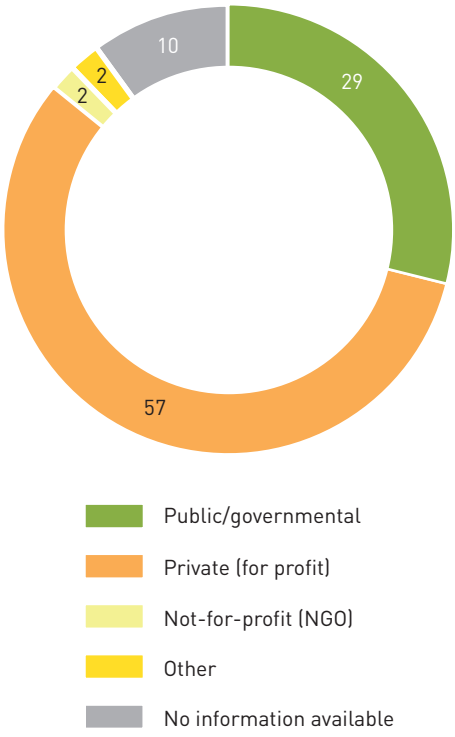
TABLE 2. TYPE OF SERVICE THAT BEST DESCRIBES THE TREATMENT FACILITY, ECUADOR

Type of service	Number of treatment facilities	Percentage of total treatment facilities
Non-hospital residential treatment service for substance use disorders	17	40
Hospital-based residential treatment service for substance use disorders	14	33
Therapeutic community	10	24
Other type	1	2

TABLE 3. AFFILIATION OF THE TREATMENT FACILITY, ECUADOR

	Public/ governmental	Private (for profit)	Not-for-profit (NGO)	Other	No information available	Total
Number of treatment facilities	12	24	1	1	4	42
Proportion (percentage)	29	57	2	2	10	100

FIGURE 3A. AFFILIATION OF DRUG TREATMENT FACILITIES, ECUADOR.



Private facilities account for 61 per cent of the total number of treatment facilities, 57 per cent being for-profit facilities (table 3; figure 3a). Around 29 per cent of the facilities surveyed are under public/governmental administration.

The treatment facilities reported various sources of funding, some of them having more than one source (table 4); 38 per cent of facilities are subsidized by the Ministry of Health, while 24 per cent are funded through donations and direct payments by clients/ patients and their families.

Around 26 per cent of treatment facilities did not report their sources of funding.

TABLE 4. FUNDING SOURCES (A TREATMENT FACILITY MAY HAVE MORE THAN ONE SOURCE), ECUADOR

Funding source	Number of treatment facilities	Percentage of total treatment facilities
Ministry of Health	16	38
Donations, payments by clients/patients and families	10	24
Local budget (e.g. provincial, municipal)	3	7
Ministry of Social Services	2	5
Ministry of Drug Control	1	2
Ministry of Education	1	2
No information available	11	26

TABLE 5. OPTION OF DIRECT PAYMENT BY CLIENTS/PATIENTS EXISTS, ECUADOR

	Yes	No	No information available	Total
Number of treatment facilities	24	13	5	42
Proportion (percentage)	57	31	12	100

TABLE 6. COLLABORATION WITH OTHER INSTITUTIONS TO WHICH PATIENTS CAN BE REFERRED (IT WAS POSSIBLE TO INDICATE MORE THAN ONE CATEGORY), ECUADOR

	Health institutions (e.g. hospitals, general practitioners)	Social services (e.g. housing, education and employment service providers)	Prison and probation services	Other specialized drug and alcohol treatment services (outpatient or inpatient)	No information available
Number of treatment facilities	15	7	6	17	3
Proportion (percentage)	36	17	14	40	7

At 57 per cent of the facilities, direct payment by clients/patients is possible, whereas 31 per cent do not offer such an option; 12 per cent of the facilities did not provide information in this respect (table 5).

The treatment facilities surveyed collaborate with other institutions to which they can refer patients (table 6). Thirty-six per cent of them have arrangements in place for collaboration with general health institutions, while 40 per cent collaborate with other specialized outpatient or inpatient drug treatment services.

Of the total number of facilities, 14 per cent coordinate with prison and probation services, while 17 per cent do so with social services (housing, education or employment support).

Only three facilities did not indicate whether they collaborated with other institutions to which patients could be referred.

Treatment facilities reported the availability of a range of on-site services (table 7). Brief psychosocial support (lasting less than two weeks) is offered by 45 per cent, while longer psychosocial support (lasting more than two weeks) is offered by 81 per cent of facilities.

Some treatment facilities offer social support services, such as assistance with education and vocational training (74 per cent), employment and income generation support (48 per cent) and housing support (29 per cent).

TABLE 7. AVAILABILITY OF ON-SITE SERVICES (TREATMENT FACILITIES MAY INDICATE ALL THE SERVICES AVAILABLE), ECUADOR

Type of service	Number of treatment facilities	Percentage of facilities offering service
Longer psychosocial support (more than two weeks)	34	81
Education and vocational training	31	74
Prescription of opioid agonists (i.e. methadone or buprenorphine)	29	69
Dispensation of opioid agonists (i.e. methadone or buprenorphine)	28	67
Management of withdrawal syndrome (detoxification)	23	55
Employment and income generation support	20	48
Brief psychosocial support (less than two weeks)	19	45
Low-threshold services for street-based substance users (e.g. outreach or drop-in services)	13	31
Housing and shelter support	12	29
On-site availability of naloxone and overdose management services	2	5
Provision of take-home naloxone and training on overdose management	1	2
Other type	9	21
No information available	2	5

Moreover, some facilities offer certain medication-assisted treatment services, including the prescription of opioid agonists (69 per cent) and the dispensation of opioid agonists (67 per cent). Withdrawal syndrome is treated by 55 per cent of the facilities surveyed. Around 31 per cent of facilities provide low-threshold services for street-based substance users.

Two facilities did not give any information on the services that they provide.

With regard to longer psychosocial support, most treatment facilities offer family therapy (93 per cent), group therapy (93 per cent) and individual therapy (93 per cent). Cognitive behavioural therapy (88 per cent) and motivational enhancement therapy (86 per cent) are also offered. Case management activities are undertaken by 90 per cent of facilities and contingency management activities by 83 per cent. Additionally, remote psychosocial support is provided at 55 per cent of the facilities surveyed (table 8).

TABLE 8. TYPE OF LONGER PSYCHOSOCIAL SUPPORT (MORE THAN TWO WEEKS), ECUADOR

Type of psychosocial support	Number of treatment facilities	Percentage of facilities offering service
Family therapy	39	93
Group counselling: group therapy	39	93
Individual counselling: individual therapy	39	93
Case management	38	90
Cognitive behavioural therapy	37	88
Motivational enhancement therapy	36	86
Contingency management	35	83
12-step facilitation	26	62
Internet- or web-based therapy	23	55
Other type	13	31

TABLE 9. FACILITIES AT WHICH OTHER MEDICAL SERVICES ARE AVAILABLE, ECUADOR

Type of medical service	Number of treatment facilities	Percentage of facilities offering service
On-site pharmacy (supervised dispensation of medicines)	18	43
On-site testing for HIV	17	40
On-site testing for hepatitis B	10	24
On-site treatment of HIV/AIDS with antiretroviral therapy	9	21
On-site testing for hepatitis C	8	19
Provision of sterile injecting equipment to people who inject drugs	6	14
On-site treatment of hepatitis C	3	7
On-site vaccination against hepatitis B	2	5
On-site treatment of hepatitis B	2	5
Other type	3	7

Some facilities indicated that the services they provided included specific medical services to address certain risks among drug users (table 9). For example, some facilities offer supervised dispensation of medicines (43 per cent) and provide sterile injecting equipment to people who inject drugs (14 per cent).

Moreover, some facilities perform on-site testing for HIV (40 per cent), hepatitis B (24 per cent) and hepatitis C (19 per cent).

Only a few centres treat HIV (21 per cent), hepatitis C (7 per cent) and hepatitis B (5 per cent) directly. Very few offer vaccination against hepatitis B (5 per cent).

TABLE 10. TREATMENT FACILITIES WITH SERVICES TAILORED OR PROVIDED TO SPECIFIC POPULATION GROUPS (FACILITIES MAY INDICATE ALL THE SERVICES AVAILABLE), ECUADOR

Specific population group	Number of treatment facilities	Percentage of facilities offering service
Integrated service for clients with co-occurring mental and substance use disorders (alcohol and/or drugs)	20	48
Service specifically for senior and older adults (> 50 years)	9	21
Service specifically for homeless people	8	19
Service specifically for LGBTI persons	7	17
Service specifically for criminal justice clients (offenders referred by the criminal justice system but not currently serving a sentence in prison)	6	14
Provision of drug-related services to prisoners	5	12
Service specifically for adolescents with substance use disorders (12–18 years)	4	10
Service specifically for ethnic and minority groups, migrants and refugees	4	10
Service specifically for women	3	7
Service specifically for children with substance use disorders (4–11 years)	1	2
Service specifically for sex workers	1	2

Furthermore, some treatment facilities offer services for specific population groups (table 10). Treatment for people presenting with both mental disorders and substance use disorders (dual pathology) is provided by 48 per cent of facilities.

Twenty-one per cent of facilities cater to those aged 50 years and above, 10 per cent cater to adolescents aged between 12 and 18 years, and only one centre caters to children aged between 4 and 11 years.

Only 7 per cent of facilities offer services tailored to women, while 17 per cent offer services tailored to LGBTI persons.

Fourteen per cent of facilities attend to offenders referred by the criminal justice system who are not currently serving a sentence in prison, while 12 per cent provide services to the prison population.

Services tailored to homeless people are available at 19 per cent of facilities, while services tailored to people from indigenous groups, migrants, displaced persons or refugees are offered by 10 per cent.

Lastly, only one centre reported providing treatment services for sex workers (2 per cent).

The majority of facilities reported that the clients/patients whom they treated typically used both alcohol and drugs (90 per cent). Facilities also provide specific treatment for those with only alcohol use disorders (60 per cent) and for those with only drug use disorders (57 per cent). At 79 per cent of facilities the focus is on the treatment of mental health issues, including, but not limited to, substance use disorders; 10 per cent of facilities reported treating health conditions in general, since they are primary care providers or general hospitals that also attend to people who use substances (table 11).

TABLE 11. TYPES OF CLIENT/PATIENT TREATED AT THE FACILITIES, ECUADOR

Type of client/patient according to substance use problem	Number of treatment facilities	Percentage of total treatment facilities
Substance use disorders: alcohol and drugs	38	90
Substance use disorders: alcohol	25	60
Substance use disorders: drugs	24	57
The focus of the treatment service is on mental health disorders, including, but not limited to, substance use disorders	33	78
The focus of the treatment service is on any health condition (i.e. primary care, general hospital)	4	10
Other type	2	5

TABLE 12. TYPES OF SUBSTANCE DEALT WITH BY TREATMENT FACILITIES (FACILITIES MAY INDICATE MORE THAN ONE TYPE), ECUADOR

Type of substance	Number of treatment facilities	Percentage of total treatment facilities
Alcohol	35	83.3
Heroin	22	52.4
Opium	7	16.7
Prescription opioids	4	9.5
Other opioids	2	4.8
Cannabis	32	76.2
Synthetic cannabinoids	12	28.6
Other cannabinoids	2	4.8
"Crack" cocaine	24	57.1
Cocaine hydrochloride	23	54.8
Other cocaine derivatives	3	7.1
Amphetamines	8	19.0
Methamphetamines	6	14.3
"Ecstasy"	9	21.4
Synthetic cathinones ("bath salts")	3	7.1
Other stimulants	3	7.1
Benzodiazepines	8	19.0
Barbiturates	6	14.3
Other hypnotics and sedatives	1	2.4
LSD	11	26.2
Ketamine	7	16.7
Other hallucinogens and dissociatives	1	2.4
Volatile inhalants	15	35.7
Nicotine	16	38.1
Other type	4	9.5

The treatment facilities reported having provided treatment in relation to a variety of substances, though they most frequently dealt with the use of alcohol (83.3 per cent), cannabis (76.2 per cent), cocaine (57.1 per cent), cocaine hydrochloride (54.8 per cent) and heroin (52.4 per cent).

Use of volatile inhalants is dealt with by 35.7 per cent of facilities, use of nicotine by 38.1 per cent, use of synthetic cannabinoids by 28.6 per cent, use of LSD by 26.2 per cent, use of "ecstasy" by 21.4 per cent, use of benzodiazepines by 19.0 per cent and use of opium by 16.7 per cent. Only a few facilities provide treatment for the use of other types of drugs (table 12).

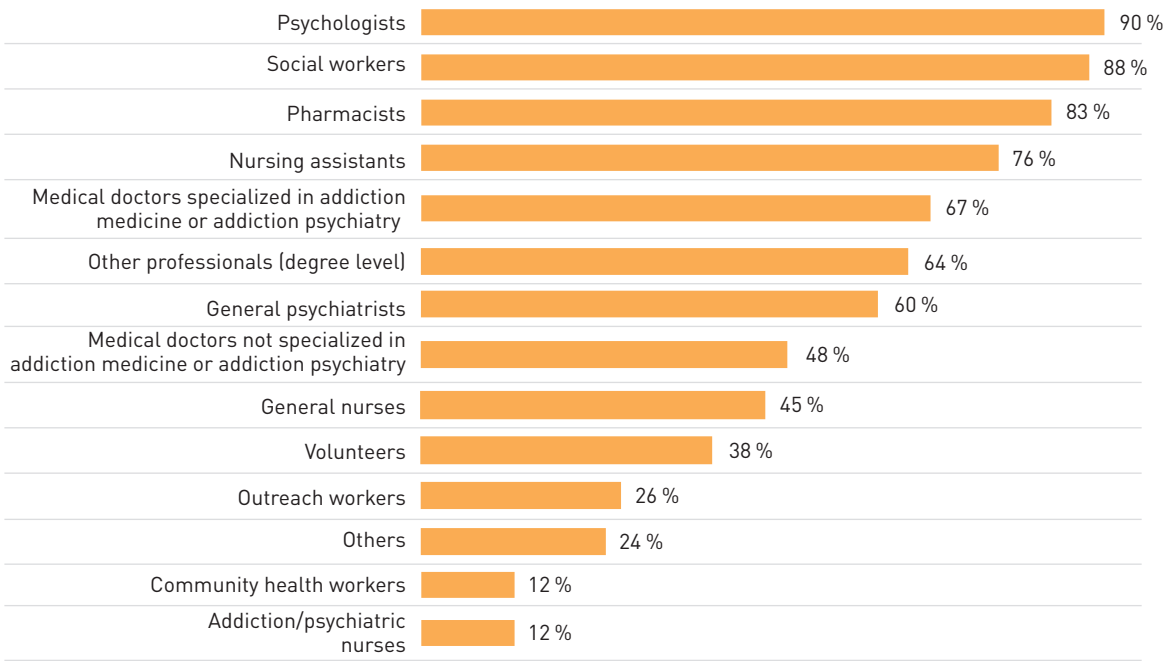
The treatment facilities surveyed strive to ensure that their care teams are made up of professionals and non-professionals from various disciplines (figure 3b). Sixty-seven per cent of facilities reported having medical doctors specialized in addiction medicine or addiction psychiatry on their staff, 60 per cent had psychiatrists and 48 per cent had non-specialist physicians.

Among the facilities surveyed, 12 per cent have addiction nurses on their staff, while 45 per cent have general nurses. Nursing assistants are employed by 76 per cent of facilities.

Psychologists work at 90 per cent of the facilities, social workers at 88 per cent and pharmacists at 83 per cent of them.

Some centres are able to call on volunteers (38 per cent). Outreach workers are employed by 11 per cent of facilities and community health workers by 12 per cent.

FIGURE 3B. PERCENTAGE OF TREATMENT FACILITIES WITH PERSONNEL IN A GIVEN CATEGORY, ECUADOR



GUATEMALA

Official name of the country: **Republic of Guatemala**
Total population, 2021: 18,250,000
Total male population, 2021: 8,994,000
Total female population, 2021: 9,256,000
GDP, 2020, in US$: 77.605 billion
GDP per capita (purchasing power parity), 2017, in US$: 6,971
Gini coefficient, 2014: 0.535
Income level (World Bank 2020): upper middle
*Past-year prevalence of marijuana use, 2014: 3.48 per cent
*Past-year prevalence of cocaine use, 2014: 1.25 per cent

**World Drug Report 2021.*

The findings presented here capture some of the main features of the six drug treatment facilities that took part in the facility survey for field testing used to map such services in Guatemala.

All of the treatment facilities reported that they had been authorized or formally recognized by a national body (table 1). The body granting such recognition is the Ministry of Health and Social Welfare through its Department of Regulation, Accreditation and Oversight of Health-Care Establishments.

Thirty-three per cent of facilities described themselves as specialized outpatient treatment services for substance use disorders and 33 per cent as non-hospital residential treatment services for such disorders (table 2).

Moreover, there is one hospital-based residential treatment service for substance use disorders and one therapeutic community.

TABLE 1. THE TREATMENT FACILITY HAS BEEN ACCREDITED (AUTHORIZED) OR FORMALLY RECOGNIZED BY A NATIONALLY RECOGNIZED BODY, GUATEMALA

	Yes	No	No information available	Total
Number of treatment facilities	6	0	0	6
Proportion (percentage)	100	0	0	100

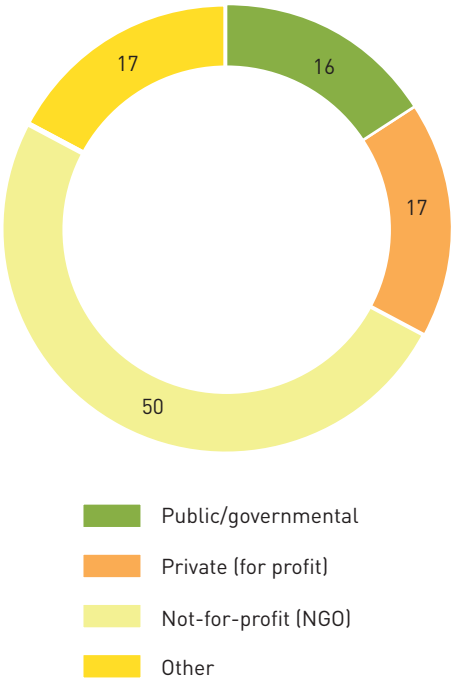
TABLE 2. TYPE OF SERVICE THAT BEST DESCRIBES THE TREATMENT FACILITY, GUATEMALA

Type of service	Number of treatment facilities	Percentage of total treatment facilities
Specialized outpatient treatment service for substance use disorders	2	33
Non-hospital residential treatment service for substance use disorders	2	33
Hospital-based residential treatment service for substance use disorders	1	17
Therapeutic community	1	17

TABLE 3. AFFILIATION OF THE TREATMENT FACILITY, GUATEMALA

	Public/ governmental	Private (for profit)	Not-for-profit (NGO)	Other	No information available	Total
Number of treatment facilities	1	1	3	1	0	6
Proportion (percentage)	17	17	50	17	0	100

FIGURE 4A. AFFILIATION OF DRUG TREATMENT FACILITIES, GUATEMALA



Not-for-profit NGOs operate 50 per cent of the treatment facilities surveyed (table 3; figure 4a). There is one centre under public/governmental administration, one private for-profit facility and one not-for-profit private facility that does not define itself as an NGO.

Each treatment facility reported having one sole source of funding (table 4). More than half of the facilities are funded through direct payments by clients/patients and their families (67 per cent). One facility is State-funded, while another is funded by a foundation affiliated with the Church.

TABLE 4. FUNDING SOURCES (A TREATMENT FACILITY MAY HAVE MORE THAN ONE SOURCE), GUATEMALA

Funding source	Number of treatment facilities	Percentage of total treatment facilities
Payments by clients/patients and families	4	67
Income from a Church-affiliated foundation	1	17
Office of the Vice-President of the Republic of Guatemala	1	17

TABLE 5. OPTION OF DIRECT PAYMENT BY CLIENTS/PATIENTS EXISTS, GUATEMALA

	Yes	No	No information available	Total
Number of treatment facilities	3	2	1	6
Proportion (percentage)	50	33	17	100

TABLE 6. COLLABORATION WITH OTHER INSTITUTIONS TO WHICH PATIENTS CAN BE REFERRED (IT WAS POSSIBLE TO INDICATE MORE THAN ONE CATEGORY), GUATEMALA

	Health institutions (e.g. hospitals, general practitioners)	Social services (e.g. housing, education and employment service providers)	Prison and probation services	Other specialized drug and alcohol treatment services (outpatient or inpatient)	No information available
Number of treatment facilities	4	0	0	4	1
Proportion (percentage)	67	0	0	67	17

TABLE 7. AVAILABILITY OF ON-SITE SERVICES (TREATMENT FACILITIES MAY INDICATE ALL THE SERVICES AVAILABLE), GUATEMALA

Type of service	Number of treatment facilities	Percentage of facilities offering service
Longer psychosocial support (more than two weeks)	6	100
Brief psychosocial support (less than two weeks)	4	67
Management of withdrawal syndrome (detoxification)	3	50
Low-threshold services for street-based substance users (e.g. outreach or drop-in services)	2	33
Dispensation of opioid agonists (i.e. methadone or buprenorphine)	1	17
Other type	2	33

At 50 per cent of the facilities, direct payment by clients/patients is possible (table 5), while at two facilities such an option is not available. One facility did not provide information in that regard.

The treatment facilities surveyed collaborate with other institutions to which they can refer patients (table 6). Most of them have arrangements in place for collaboration with general health institutions (67 per cent) and with other specialized outpatient or inpatient drug treatment services (67 per cent). One facility did not provide information in that regard.

Treatment facilities reported the availability of some on-site services (table 7). Thus, 67 per cent offer brief psychosocial support (lasting less than two weeks), while all facilities offer longer psychosocial support (lasting more than two weeks).

Two facilities provide low-threshold services for street-based substance users. One facility dispenses opioid agonists.

With regard to longer psychosocial support, all facilities conduct cognitive behavioural therapy and family therapy (table 8). Most facilities also offer motivational enhancement therapy, group counselling and individual counselling (83 per cent in each case). Twelve-step facilitation is offered at 50 per cent of the facilities, as is Internet- or web-based therapy. Two treatment facilities perform contingency management, while one facility undertakes case management activities.

As for the availability of other medical services, the facilities that took part in the survey do not perform on-site testing for HIV, hepatitis C or hepatitis B, nor do they treat those conditions. However, there is one unit that attends to people with HIV who need to be under medical monitoring.

One facility provides supervised dispensation of medicines. Two facilities have a clinical laboratory service, in one case to carry out multi-panel tests for drugs, in the other to perform liver function tests (table 9).

TABLE 8. TYPE OF LONGER PSYCHOSOCIAL SUPPORT (MORE THAN TWO WEEKS), GUATEMALA

Type of psychosocial support	Number of treatment facilities	Percentage of facilities offering service
Cognitive behavioural therapy	6	100
Family therapy	6	100
Motivational enhancement therapy	5	83
Group counselling	5	83
Individual counselling	5	83
12-step facilitation	3	50
Internet- or web-based therapy	3	50
Contingency management	2	33
Case management	1	17
Other type	1	17

TABLE 9. FACILITIES AT WHICH OTHER MEDICAL SERVICES ARE AVAILABLE, GUATEMALA

Type of medical service	Number of treatment facilities	Percentage of facilities offering service
Provision of sterile injecting equipment to people who inject drugs	1	17
On-site pharmacy (supervised dispensation of medicines)	1	17
Clinical laboratory: drug panel	1	17
Clinical laboratory: liver function tests	1	17

Furthermore, some treatment facilities provide services for specific population groups (table 10). Thus, 67 per cent of facilities have services tailored to women and 67 per cent offer services tailored to LGBTI persons.

Treatment for people presenting with both mental disorders and substance use disorders is provided by 50 per cent of facilities. Similarly, the proportion of facilities catering to those aged 50 years and above is 50 per cent, as is the proportion of facilities with services tailored to homeless people.

Two facilities treat adolescents aged between 12 and 18 years. One facility attends to offenders referred by the criminal justice system who are not currently serving a sentence in prison. One facility caters to people from indigenous groups, migrants, displaced persons or refugees. Specific services for pregnant women are available at one facility.

All the facilities treat patients who use both alcohol and drugs. The majority of facilities reported providing specific treatment for those with only alcohol use disorders (83 per cent) and for those with only drug use disorders (67 per cent). Moreover, at 50 per cent of facilities the focus is on the treatment of mental health issues, including, but not limited to, substance use disorders (table 11).

TABLE 10. TREATMENT FACILITIES WITH SERVICES TAILORED OR PROVIDED TO SPECIFIC POPULATION GROUPS (FACILITIES MAY INDICATE ALL THE SERVICES AVAILABLE), GUATEMALA

Specific population group	Number of treatment facilities	Percentage of facilities offering service
Service specifically for women	4	67
Service specifically for LGBTI persons	4	67
Integrated service for clients with co-occurring mental and substance use disorders (alcohol and/or drugs)	3	50
Service specifically for senior and older adults (> 50 years)	3	50
Service specifically for homeless people	3	50
Service specifically for adolescents with substance use disorders (12–18 years)	2	33
Service specifically for criminal justice clients (offenders referred by the criminal justice system but not currently serving a sentence in prison)	1	17
Service specifically for pregnant women	1	17
Service specifically for ethnic and minority groups, migrants and refugees	1	17

TABLE 11. TYPES OF CLIENT/PATIENT TREATED AT THE FACILITIES, GUATEMALA

Type of client/patient according to substance use problem	Number of treatment facilities	Percentage of total treatment facilities
Substance use disorders: alcohol and drugs	6	100
Substance use disorders: alcohol	5	83
Substance use disorders: drugs	4	67
The focus of the treatment service is on mental health disorders, including, but not limited to, substance use disorders	3	50
Other type: information, counselling, psychoeducation and treatment of co-dependency for the family members of people with drug use disorders	1	17

The treatment facilities reported having provided treatment in relation to a variety of substances, though they most frequently dealt with the use of alcohol (100 per cent), prescription opioids (66.7 per cent), cannabis (66.7 per cent), cocaine (66.7 per cent) and nicotine (66.7 per cent) (table 12). Half of the facilities deal with the use of LSD and ketamine. Two facilities reported providing treatment for the use of cocaine hydrochloride, methamphetamines, "ecstasy", benzodiazepines and volatile inhalants. Only a few facilities deal with the use of other types of drugs.

TABLE 12. TYPES OF SUBSTANCE DEALT WITH BY TREATMENT FACILITIES (FACILITIES MAY INDICATE MORE THAN ONE TYPE), GUATEMALA

Type of substance	Number of treatment facilities	Percentage of total treatment facilities
Alcohol	6	100.0
Heroin	1	16.7
Opium	0	0.0
Prescription opioids	4	66.7
Other opioids	0	0.0
Cannabis	4	66.7
Synthetic cannabinoids	1	16.7
Other cannabinoids	0	0.0
"Crack" cocaine	4	66.7
Cocaine hydrochloride	2	33.3
Other cocaine derivatives	1	16.7
Amphetamines	1	16.7
Methamphetamines	2	33.3
"Ecstasy"	2	33.3
Synthetic cathinones ("bath salts")	1	16.7
Other stimulants	1	16.7
Benzodiazepines	2	33.3
Barbiturates	0	0.0
Other hypnotics and sedatives	0	0.0
LSD	3	50.0
Ketamine	3	50.0
Other hallucinogens and dissociatives	0	0.0
Volatile inhalants	2	33.3
Nicotine	4	66.7
Other type	1	16.7

The treatment facilities surveyed strive to ensure that their care teams are made up of professionals and non-professionals from various disciplines (figure 4b). Two facilities indicated that they had medical doctors specialized in addiction medicine or addiction psychiatry on their staff, one reported employing psychiatrists and two reported having non-specialist physicians.

Sixty-seven per cent of facilities have nursing assistants on their staff, but only one centre employs a nurse. All the facilities have psychologists and 50 per cent have social workers.

Only a few facilities are able to call on non-professional personnel, such as volunteers and community health workers.

FIGURE 4B. PERCENTAGE OF TREATMENT FACILITIES WITH PERSONNEL IN A GIVEN CATEGORY, GUATEMALA

MEXICO

Official name of the country: **United Mexican States**	
Total population, 2021:	130,262,000
Total male population, 2021:	63,725,000
Total female population, 2021:	66,538,000
GDP, 2020, in US$:	1.073915 trillion
GDP per capita (purchasing power parity), 2017, in US$:	20,023
Gini coefficient, 2018:	0.475
Income level (World Bank 2020):	upper middle
Past-month prevalence of alcohol use, 2016:	36 per cent
Past-month prevalence of tobacco use, 2016:	17 per cent
*Past-year prevalence of marijuana use, 2016:	2.1 per cent
Past-year prevalence of inhalant use, 2016:	0.2 per cent
*Past-year prevalence of cocaine use, 2016:	0.8 per cent

**World Drug Report 2021.*

The findings presented here capture some of the main features of the 254 drug treatment facilities that took part in the facility survey for field testing used to map such services in Mexico. Since the focus was on State-run treatment facilities and accredited centres, the findings may not be representative of all the facilities in the country.

Ninety-two per cent of treatment facilities reported that they had been authorized or formally recognized by a national body (table 1). The bodies granting such recognition included the National Commission against Addictions, the Directorate for Quality Assessment of the General Directorate for Health Quality and Education, the Institute for the Treatment and Prevention of Addiction and, in some cases, the health ministries of the country's states.

Of the total number of facilities, 5 per cent reported that they had not received formal recognition from any national body, while 7 per cent did not provide any information in that regard.

Fifty-one per cent of facilities described themselves as specialized outpatient treatment services for substance use disorders, while 23 per cent defined themselves as non-hospital residential treatment services for such disorders, these being the two most frequent types (table 2).

TABLE 1. THE TREATMENT FACILITY HAS BEEN ACCREDITED (AUTHORIZED) OR FORMALLY RECOGNIZED BY A NATIONALLY RECOGNIZED BODY, MEXICO

	Yes	No	No information available	Total
Number of treatment facilities	234	13	7	254
Proportion (percentage)	92	5	3	100

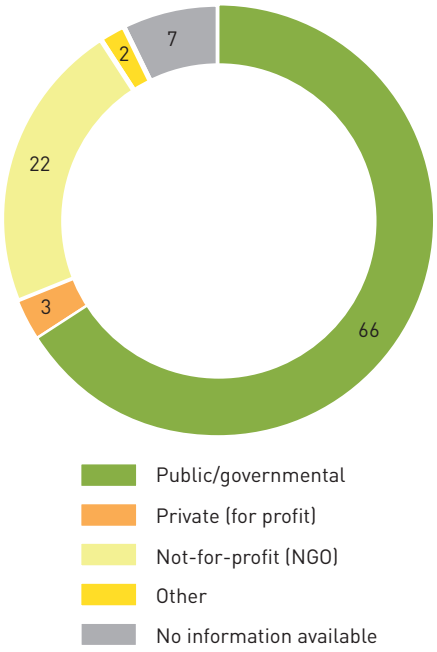
TABLE 2. TYPE OF SERVICE THAT BEST DESCRIBES THE TREATMENT FACILITY, MEXICO

Type of service	Number of treatment facilities	Percentage of total treatment facilities
Specialized outpatient treatment service for substance use disorders	130	51
Non-hospital residential treatment service for substance use disorders	58	23
Mental health service	15	6
Hospital-based residential treatment service for substance use disorders	14	5.5
General (primary) healthcare service	11	4
Counselling or information service	11	4
Therapeutic community	3	1
Harm reduction service	1	0.4
Other type	5	2
No information available	6	2.4

TABLE 3. AFFILIATION OF THE TREATMENT FACILITY, MEXICO

	Public/ governmental	Private (for profit)	Not-for-profit (NGO)	Other	No information available	Total
Number of treatment facilities	167	8	55	4	19	254
Proportion (percentage)	66	3	22	2	7	100

FIGURE 5A. AFFILIATION OF DRUG TREATMENT FACILITIES, MEXICO



There are also hospital-based residential treatment services for substance use disorders (5.5 per cent) and mental health services dealing with addiction-related issues (6 per cent). Also mentioned were general (primary) health-care services (4 per cent) and counselling or information services (4 per cent).

Of the treatment facilities surveyed, 66 per cent are under public/governmental administration (table 3; figure 5a); 22 per cent are operated by not-for-profit NGOs, while just 3 per cent are private for-profit facilities.

The treatment facilities reported various sources of funding, some of them having more than one source (table 4). More than half of the facilities receive funding from the Ministry of Health (52 per cent), of which 40 per cent indicated that their entire budget came from that government sector.

TABLE 4. FUNDING SOURCES (A TREATMENT FACILITY MAY HAVE MORE THAN ONE SOURCE), MEXICO

Funding source	Number of treatment facilities	Percentage of total treatment facilities
Ministry of Health	132	52
Donations, payments by clients/patients and families	39	15
Local budget (e.g. provincial, municipal)	34	13
Ministry of Social Services	9	4
Ministry of the Interior	6	2
Public health insurance	3	1.2
Private health insurance	2	0.8
Ministry of Education	2	0.8
International organization	2	0.8
Global Fund to Fight AIDS, Tuberculosis and Malaria	2	0.8
No information available	61	24

TABLE 5. OPTION OF DIRECT PAYMENT BY CLIENTS/PATIENTS EXISTS, MEXICO

	Yes	No	No information available	Total
Number of treatment facilities	60	149	45	254
Proportion (percentage)	24	59	18	100

TABLE 6. COLLABORATION WITH OTHER INSTITUTIONS TO WHICH PATIENTS CAN BE REFERRED (IT WAS POSSIBLE TO INDICATE MORE THAN ONE CATEGORY), MEXICO

	Health institutions (e.g. hospitals, general practitioners)	Social services (e.g. housing, education and employment service providers)	Prison and probation services	Other specialized drug and alcohol treatment services (outpatient or inpatient)	No information available
Number of treatment facilities	194	108	146	179	17
Proportion (percentage)	76	43	57	70	7

Of the total number of facilities, 13 per cent receive funding from local government authorities, including 11.4 per cent from State authorities and 2 per cent from municipal authorities. Other sources of funding are the ministries responsible for social services (4 per cent) and internal affairs (2 per cent).

The funding for 15 per cent of the facilities comes from donations and direct payments by clients/patients and their families.

Around 24 per cent of treatment facilities did not report their sources of funding.

At 59 per cent of the facilities, direct payment by clients/patients is not possible, whereas 24 per cent do offer such an option; 18 per cent of the facilities did not provide information in this respect (table 5).

The treatment facilities surveyed collaborate with other institutions to which they can refer patients (table 6). The majority have arrangements in place for collaboration with general health institutions (76 per cent) and with other specialized outpatient or inpatient drug treatment services (70 per cent).

Around 57 per cent of facilities coordinate with prison and probation services, while 43 per cent do so with social services (housing, education or employment support).

Only 7 per cent of the facilities did not indicate whether they collaborated with other institutions to which patients could be referred.

TABLE 7. AVAILABILITY OF ON-SITE SERVICES (TREATMENT FACILITIES MAY INDICATE ALL THE SERVICES AVAILABLE), MEXICO

Type of service	Number of treatment facilities	Percentage of facilities offering service
Counselling and information services	227	89
Longer psychosocial support (more than two weeks)	177	70
Sporting and recreational activities	164	65
Brief psychosocial support (less than two weeks)	149	59
Prescription of opioid agonists (i.e. methadone or buprenorphine)	75	30
Dispensation of opioid agonists (i.e. methadone or buprenorphine)	76	30
Management of withdrawal syndrome (detoxification)	62	24
Employment and income generation support	60	24
Education and vocational training	59	23
Housing and shelter support	31	12
Low-threshold services for street-based substance users (e.g. outreach or drop-in services)	30	12
On-site availability of naloxone and overdose management services	2	1
Provision of take-home naloxone and training on overdose management	2	1
Other type	49	19
No information available	11	4

Treatment facilities reported the availability of a range of on-site services (table 7). Brief psychosocial support (lasting less than two weeks) is offered by 59 per cent, while longer psychosocial support (lasting more than two weeks) is offered by 70 per cent of facilities.

Most treatment facilities have counselling and information services (89 per cent). Sixty-five per cent of facilities conduct sporting and recreational activities. Furthermore, some facilities offer social support services, such as employment and income generation support (24 per cent), assistance with education and vocational training (23 per cent) and housing support (12 per cent).

Some facilities also offer certain medication-assisted treatment services, including the prescription of opioid agonists (30 per cent) and the dispensation of opioid agonists (30 per cent, though not all of these facilities also prescribe them). Withdrawal syndrome is treated at 24 per cent of facilities. Low-threshold services for street-based substance users are provided by 12 per cent of facilities.

Around 19 per cent of facilities offer other services, such as prevention, awareness-raising and early detection activities, recreational workshops, anti-doping tests and summer courses.

With regard to longer psychosocial support, most treatment facilities offer cognitive behavioural therapy (90 per cent) and individual counselling (88 per cent). Group counselling (78 per cent), family therapy (72 per cent) and motivational enhancement therapy (69 per cent) are also offered. Of the treatment facilities at which longer psychosocial support is available, 86 (34 per cent) indicated that they provided care in a therapeutic community setting, although they did not formally define themselves as such institutions (table 8).

Some facilities indicated that the services they provided included specific medical services to address certain risks among drug users (table 9). For example, on-site testing for HIV is performed by 14 per cent of facilities, on-site testing for hepatitis C by 11 per cent and on-site testing for hepatitis B by 7 per cent.

Only a few centres treat HIV (5 per cent), hepatitis C (3 per cent) and hepatitis B (2 per cent) directly. Similarly, only a few provide vaccination against hepatitis B (2 per cent).

Some facilities offer supervised dispensation of medicines (13 per cent), carry out pregnancy tests (5 per cent) and hand out condoms (6 per cent).

TABLE 8. TYPE OF LONGER PSYCHOSOCIAL SUPPORT (MORE THAN TWO WEEKS), MEXICO

Type of psychosocial support	Number of treatment facilities	Percentage of facilities offering service
Cognitive behavioural therapy	229	90
Individual counselling	223	88
Group counselling	198	78
Family therapy	182	72
Motivational enhancement therapy	176	69
Contingency management	139	55
12-step facilitation	132	52
Therapeutic community-like	86	34
Case management	110	43
Internet- or web-based treatment	103	41
Other type (telephone contact was frequently mentioned)	46	18

TABLE 9. FACILITIES AT WHICH OTHER MEDICAL SERVICES ARE AVAILABLE, MEXICO

Type of medical service	Number of treatment facilities	Percentage of facilities offering service
On-site testing for HIV	36	14
On-site pharmacy (supervised dispensation of medicines)	32	13
On-site testing for hepatitis C	28	11
On-site testing for hepatitis B	19	7
On-site treatment of HIV/AIDS with antiretroviral therapy	13	5
On-site pregnancy tests, women's medicine	13	5
Distribution of condoms and lubricant	16	6
Provision of sterile injecting equipment to people who inject drugs	9	4
On-site treatment of hepatitis C	7	3
On-site vaccination against hepatitis B	6	2
On-site treatment of hepatitis B	5	2
Other type	13	5

Furthermore, some treatment facilities offer services for specific population groups (table 10). For example, 54 per cent of the facilities surveyed cater to adolescents aged between 12 and 18 years, 24 per cent cater to those aged 50 years and above, and 13 per cent cater to children aged between 4 and 11 years.

Services tailored to women are offered by 21 per cent of facilities, services tailored to pregnant women by 10 per cent and services tailored to LGBTI persons by 17 per cent.

Treatment for people presenting with both mental disorders and substance use disorders (dual pathology) is provided by 47 per cent of facilities.

Of the total number of facilities, 44 per cent attend to offenders referred by the criminal justice system who are not currently serving a sentence in prison, while 13 per cent provide services to the prison population.

A smaller number of treatment facilities have services tailored to homeless people (8 per cent), to people from indigenous groups (6 per cent) and to migrants, displaced persons or refugees (5 per cent).

Lastly, only a small share of the facilities reported providing treatment services for sex workers (4 per cent).

TABLE 10. TREATMENT FACILITIES WITH SERVICES TAILORED OR PROVIDED TO SPECIFIC POPULATION GROUPS (FACILITIES MAY INDICATE ALL THE SERVICES AVAILABLE), MEXICO

Specific population group	Number of treatment facilities	Percentage of facilities offering service
Service specifically for adolescents with substance use disorders (12–18 years)	136	54
Integrated service for clients with co-occurring mental and substance use disorders (alcohol and/or drugs)	120	47
Service specifically for criminal justice clients (offenders referred by the criminal justice system but not currently serving a sentence in prison)	111	44
Service specifically for senior and older adults (> 50 years)	61	24
Service specifically for women	54	21
Service specifically for LGBTI persons	42	17
Service specifically for children with substance use disorders (4–11 years)	34	13
Provision of drug-related services to prisoners	34	13
Service specifically for pregnant women	26	10
Service specifically for homeless people	20	8
Service specifically for indigenous or minority groups	14	6
Service specifically for migrants, displaced persons or refugees	13	5
Service specifically for sex workers	10	4
Other services	7	3

Most facilities reported treating clients/patients who presented specifically with alcohol use disorders (67 per cent), with drug use disorders (76 per cent) and with both alcohol and drug use disorders (76 per cent). At 65 per cent of facilities the focus is on the treatment of mental health issues, including, but not limited to, substance use disorders. Around 37 per cent of facilities reported treating health conditions in general, since they are primary care providers or general hospitals that also attend to people who use drugs (table 11).

The treatment facilities reported having provided treatment in relation to a variety of substances, though they most frequently dealt with the use of alcohol (78.7 per cent of facilities), cannabis (78.3 per cent), methamphetamines (65.7 per cent), nicotine (55.5 per cent) and cocaine (48.4 per cent).

Use of volatile inhalants is dealt with by 37.4 per cent of facilities, use of cocaine hydrochloride by 30.7 per cent, use of benzodiazepines by 28.0 per cent and use of amphetamines by 22.8 per cent. Only a few treatment facilities deal with the use of other types of drugs (table 12).

TABLE 11. TYPES OF CLIENT/PATIENT TREATED AT THE FACILITIES, MEXICO

Type of client/patient according to substance use problem	Number of treatment facilities	Percentage of total treatment facilities
Substance use disorders: alcohol and drugs	194	76
Substance use disorders: alcohol	170	67
Substance use disorders: drugs	169	66.5
The focus of the treatment service is on mental health disorders, including, but not limited to, substance use disorders	165	65
Substance use disorders: tobacco	158	62
The focus of the treatment service is on any health condition (i.e. primary care, general hospital)	37	15
Other type: prevention, gambling addiction, among others	23	9

TABLE 12. TYPES OF SUBSTANCE DEALT WITH BY TREATMENT FACILITIES (FACILITIES MAY INDICATE MORE THAN ONE TYPE), MEXICO

Type of substance	Number of treatment facilities	Percentage of total treatment facilities
Alcohol	200	78.7
Heroin	26	10.2
Opium	11	4.3
Prescription opioids	11	4.3
Fentanyl alone or in combination with another substance	10	3.9
Other opioids	16	6.3
Cannabis	199	78.3
Synthetic cannabinoids	19	7.5
Other cannabinoids	5	2.0

TABLE 12. TYPES OF SUBSTANCE DEALT WITH BY TREATMENT FACILITIES (FACILITIES MAY INDICATE MORE THAN ONE TYPE), MEXICO *(continued)*

Type of substance	Number of treatment facilities	Percentage of total treatment facilities
"Crack" cocaine	123	48.4
Cocaine hydrochloride	78	30.7
Other cocaine derivatives	3	1.2
Amphetamines	58	22.8
Methamphetamines	167	65.7
"Ecstasy"	19	7.5
Synthetic cathinones ("bath salts")	1	0.4
Other stimulants	5	2.0
Benzodiazepines	71	28.0
Barbiturates	12	4.7
Other hypnotics and sedatives	2	0.8
LSD	31	12.2
Ketamine	5	2.0
Other hallucinogens and dissociatives	2	0.8
Volatile inhalants	95	37.4
Nicotine	141	55.5
Other type	14	5.5

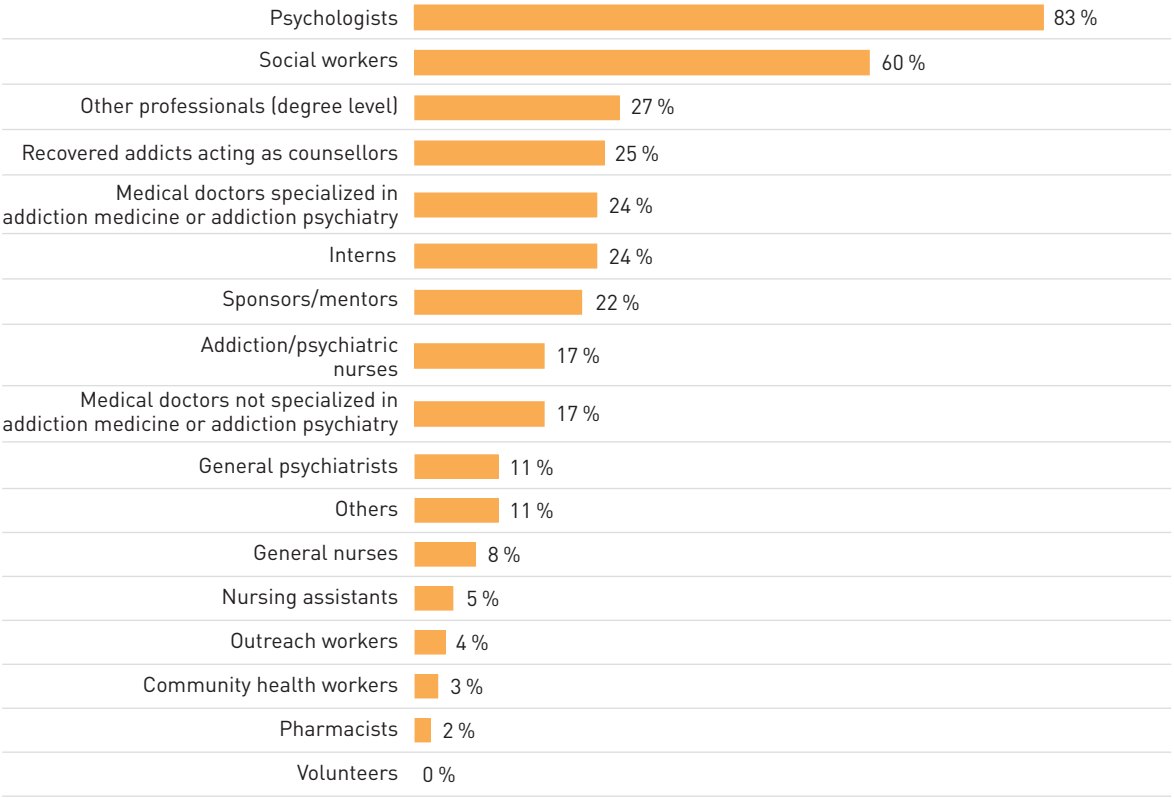
The treatment facilities surveyed strive to ensure that their care teams are made up of professionals and non-professionals from various disciplines (figure 5b). Twenty-four per cent of facilities reported having medical doctors specialized in addiction medicine or addiction psychiatry on their staff, with an average of 1.3 specialist physicians per facility. General psychiatrists are employed at 11 per cent of facilities (an average of 1.1 per facility) and non-specialist physicians at 17 per cent (an average of 1.5 per facility). A small number of centres have nursing assistants (5 per cent).

Of the total number of facilities, 17 per cent have addiction nurses on their staff, while 8 per cent have general nurses (an average of 2.5 per facility in each case).

Eighty-three per cent of facilities employ psychologists (an average of 3.1 per facility) and 60 per cent employ social workers (an average of 1.6 per facility).

Some facilities also have counsellors who themselves have recovered from drug dependence (25 per cent of facilities), trainees (24 per cent) and sponsors/mentors (22 per cent). Very few centres employ community health workers (3 per cent) and outreach workers (4 per cent).

FIGURE 5B. PERCENTAGE OF DRUG TREATMENT FACILITIES WITH PERSONNEL IN A GIVEN CATEGORY, MEXICO



PANAMA

Official name of the country: **Republic of Panama**
Total population, 2021: 4,382,000
Total male population, 2021: 2,193,000
Total female population, 2021: 2,189,000
GDP, 2020, in US$: 52.938 billion
GDP per capita (purchasing power parity), 2017, in US$: 30,486
Gini coefficient, 2019: 0.5
Income level (World Bank 2020): upper middle
Past-month prevalence of alcohol use, 2015: 35 per cent
Past-month prevalence of tobacco use, 2015: 6 per cent
*Past-month prevalence of marijuana use, 2015: 0.77 per cent
Past-year prevalence of inhalant use, 2015: 0.1 per cent
*Past-year prevalence of cocaine use, 2015: 0.1 per cent

**World Drug Report 2021.*

The findings presented here capture some of the main features of the nine drug treatment facilities that took part in the facility survey for field testing used to map such services in Panama.

Forty-four per cent of the treatment facilities reported that they had been authorized or formally recognized by a national body (table 1). The Ministry of the Interior, the National Commission for the Study and Prevention of Drug-Related Crimes and the Ministry of Health were mentioned among the bodies granting such recognition.

Around 56 per cent of treatment facilities reported that they had not received formal recognition from any national body.

Thirty-three per cent of facilities are non-hospital residential treatment services for substance use disorders. Two centres defined themselves as specialized outpatient treatment services for such disorders (22 per cent) (table 2).

There is also one hospital-based residential treatment service for substance use disorders, one mental health service that deals with addiction-related issues, one therapeutic community and one rehabilitation and reintegration service.

TABLE 1. THE TREATMENT FACILITY HAS BEEN ACCREDITED (AUTHORIZED) OR FORMALLY RECOGNIZED BY A NATIONALLY RECOGNIZED BODY, PANAMA

	Yes	No	No information available	Total
Number of treatment facilities	4	5	0	9
Proportion (percentage)	44	56	0	100

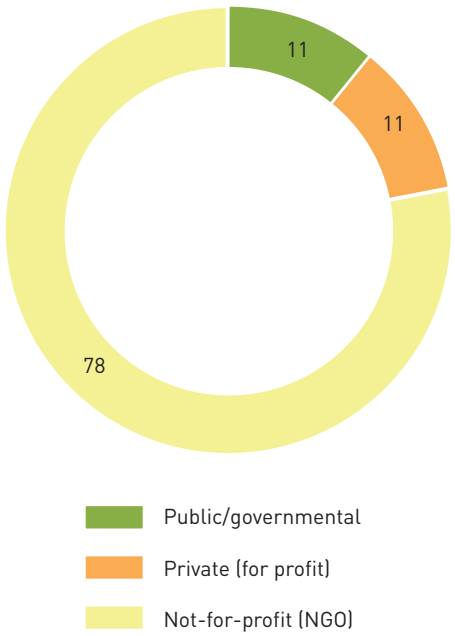
TABLE 2. TYPE OF SERVICE THAT BEST DESCRIBES THE TREATMENT FACILITY, PANAMA

Type of service	Number of treatment facilities	Percentage of total treatment facilities
Non-hospital residential treatment service for substance use disorders	3	33
Specialized outpatient treatment service for substance use disorders	2	22
Hospital-based residential treatment service for substance use disorders	1	11
Mental health service	1	11
Therapeutic community	1	11
Others: rehabilitation and reintegration service	1	11

TABLE 3. AFFILIATION OF THE TREATMENT FACILITY, PANAMA

	Public/ governmental	Private (for profit)	Not-for-profit (NGO)	Other	No information available	Total
Number of treatment facilities	1	1	7	0	0	9
Proportion (percentage)	11	11	78	0	0	100

FIGURE 6A. AFFILIATION OF DRUG TREATMENT FACILITIES, PANAMA



Of the total number of treatment facilities surveyed, 78 per cent are operated by not-for-profit NGOs (table 3; figure 6a). There is also one facility under public/governmental administration and one private for-profit facility.

The treatment facilities reported various sources of funding, some of them having more than one source (table 4). The funding for most facilities comes from donations and direct payments by clients/patients and their families (67 per cent).

Subsidies from the health ministry and the ministry responsible for social services and funding from the local (provincial or municipal) budget were also reported (22 per cent in each case). One facility indicated that it was subsidized by the Ministry of Economy and Finance.

At 56 per cent of the facilities, direct payment by clients/patients is possible, whereas 33 per cent do not offer such an option. One facility did not provide any information on this aspect (table 5).

TABLE 4. FUNDING SOURCES (A TREATMENT FACILITY MAY HAVE MORE THAN ONE SOURCE), PANAMA

Funding source	Number of treatment facilities	Percentage of total treatment facilities
Donations, payments by clients/patients and families	6	67
Ministry of Health	2	22
Ministry of Social Services	2	22
Local budget (e.g. provincial, municipal)	2	22
Ministry of Economy and Finance	1	11

The treatment facilities surveyed collaborate with other institutions to which they can refer patients (table 6). The majority have arrangements in place for collaboration with general health institutions (89 per cent).

Of the total number of facilities, 67 per cent coordinate with prison and probation services, while 44 per cent do so with other specialized outpatient or inpatient drug treatment services.

One facility reported that it worked together with social services (housing, education or employment support) for purposes of referral.

Treatment facilities reported the availability of a range of on-site services (table 7). Withdrawal syndrome is treated by 67 per cent of facilities, while 56 per cent provide low-threshold services for street-based substance users.

TABLE 5. OPTION OF DIRECT PAYMENT BY CLIENTS/PATIENTS EXISTS, PANAMA

	Yes	No	No information available	Total
Number of treatment facilities	5	3	1	9
Proportion (percentage)	56	33	11	100

TABLE 6. COLLABORATION WITH OTHER INSTITUTIONS TO WHICH PATIENTS CAN BE REFERRED (IT WAS POSSIBLE TO INDICATE MORE THAN ONE CATEGORY), PANAMA

	Health institutions (e.g. hospitals, general practitioners)	Social services (e.g. housing, education and employment service providers)	Prison and probation services	Other specialized drug and alcohol treatment services (outpatient or inpatient)	No information available
Number of treatment facilities	8	1	6	4	0
Proportion (percentage)	89	11	67	44	0

TABLE 7. AVAILABILITY OF ON-SITE SERVICES (TREATMENT FACILITIES MAY INDICATE ALL THE SERVICES AVAILABLE), PANAMA

Type of service	Number of treatment facilities	Percentage of facilities offering service
Management of withdrawal syndrome (detoxification)	6	67
Low-threshold services for street-based substance users (e.g. outreach or drop-in services)	5	56
Longer psychosocial support (more than two weeks)	4	44
Education and vocational training	4	44
Employment and income generation support	3	33
Housing and shelter support	1	11
Brief psychosocial support (less than two weeks)	1	11

Longer psychosocial support is offered by 44 per cent of facilities, while one centre offers brief psychosocial support (lasting less than two weeks).

Some treatment facilities offer social support services, such as assistance with education and vocational training (44 per cent), employment and income generation support (33 per cent) and housing support (one facility).

With regard to longer psychosocial support, most treatment facilities offer group counselling (89 per cent) and individual counselling (78 per cent).

There are also facilities that offer cognitive behavioural therapy (67 per cent), motivational enhancement therapy (67 per cent) and family therapy (56 per cent) (table 8).

Only a few facilities indicated that the services they provided included specific medical services to address certain risks among drug users (table 9). Such services include the distribution of condoms, supervised dispensation of medicines, the provision of sterile injecting equipment to people who inject drugs, and testing for HIV and hepatitis C.

TABLE 8. TYPE OF LONGER PSYCHOSOCIAL SUPPORT (MORE THAN TWO WEEKS), PANAMA

Type of psychosocial support	Number of treatment facilities	Percentage of facilities offering service
Group counselling	8	89
Individual counselling	7	78
Cognitive behavioural therapy	6	67
Motivational enhancement therapy	6	67
Family therapy	5	56
Case management	4	44
Contingency management	2	22
12-step facilitation	2	22
Internet- or web-based therapy	2	22
Other type	2	22

TABLE 9. FACILITIES AT WHICH OTHER MEDICAL SERVICES ARE AVAILABLE, PANAMA

Type of medical service	Number of treatment facilities	Percentage of facilities offering service
Distribution of condoms and lubricant	2	22
On-site pharmacy (supervised dispensation of medicines)	2	22
Provision of sterile injecting equipment to people who inject drugs	1	11
On-site testing for HIV	1	11
On-site testing for hepatitis C	1	11

Furthermore, some treatment facilities offer services for specific population groups (table 10). For example, 56 per cent of facilities attend to offenders referred by the criminal justice system who are not currently serving a sentence in prison.

Forty-four per cent of facilities provide services for adolescents aged between 12 and 18 years and for those aged 50 years and above. One centre caters to children aged between 4 and 11 years.

Two facilities offer services tailored to women. Similarly, two facilities provide treatment for people presenting with both mental disorders and substance use disorders (dual pathology).

One centre offers services for people from indigenous groups, migrants, displaced persons or refugees.

Most facilities reported treating clients/patients who presented specifically with both alcohol and drug use disorders (89 per cent). Some facilities also treated people who were exclusively alcohol users or exclusively drug users (44 per cent of facilities in each case). Three facilities reported treating health conditions in general, since they are primary care providers or general hospitals that also attend to people who use drugs (table 11).

TABLE 10. TREATMENT FACILITIES WITH SERVICES TAILORED OR PROVIDED TO SPECIFIC POPULATION GROUPS (FACILITIES MAY INDICATE ALL THE SERVICES AVAILABLE), PANAMA

Specific population group	Number of treatment facilities	Percentage of facilities offering service
Service specifically for criminal justice clients (offenders referred by the criminal justice system but not currently serving a sentence in prison)	5	56
Service specifically for senior and older adults (> 50 years)	4	44
Service specifically for adolescents with substance use disorders (12–18 years)	4	44
Integrated service for clients with co-occurring mental and substance use disorders (alcohol and/or drugs)	2	22
Service specifically for women	2	22
Service specifically for children with substance use disorders (4–11 years)	1	11
Services specifically for ethnic and minority groups, migrants and refugees	1	11

TABLE 11. TYPES OF CLIENT/PATIENT TREATED AT THE FACILITIES, PANAMA

Type of client/patient according to substance use problem	Number of treatment facilities	Percentage of total treatment facilities
Substance use disorders: alcohol and drugs	8	89
Substance use disorders: alcohol	4	44
Substance use disorders: drugs	4	44
The focus of the treatment service is on mental health disorders, including, but not limited to, substance use disorders	6	67
The focus of the treatment service is on any health condition (i.e. primary care, general hospital)	3	33
No information available	1	11

The treatment facilities reported having provided treatment in relation to a variety of substances, though they most frequently dealt with the use of alcohol (77.8 per cent), cannabis (66.6 per cent) and cocaine (77.7 per cent).

The use of other types of drugs was dealt with by only a few treatment facilities, if at all (table 12).

The treatment facilities surveyed strive to ensure that their care teams are made up of professionals and non-professionals from various disciplines (figure 6b). The facilities surveyed have virtually no medical doctors on their staff. The availability of nursing staff is limited.

Fifty-six per cent of facilities employ psychologists and other degree-level professionals.

Some facilities are able to call on volunteers (44 per cent) and outreach workers (33 per cent).

TABLE 12. TYPES OF SUBSTANCE DEALT WITH BY TREATMENT FACILITIES (FACILITIES MAY INDICATE MORE THAN ONE TYPE), PANAMA

Type of substance	Number of treatment facilities	Percentage of total treatment facilities
Alcohol	7	77.8
Heroin	0	0.0
Opium	1	11.1
Prescription opioids	0	0.0
Other opioids	1	11.1
Cannabis	6	66.7
Synthetic cannabinoids	3	33.3
Other cannabinoids	1	11.1
"Crack" cocaine	7	77.8
Cocaine hydrochloride	3	33.3
Other cocaine derivatives	1	11.1
Amphetamines	0	0.0
Methamphetamines	0	0.0
"Ecstasy"	1	11.1
Synthetic cathinones ("bath salts")	0	0.0
Other stimulants	0	0.0
Benzodiazepines	1	11.1
Barbiturates	1	11.1
Other hypnotics and sedatives	0	0.0
LSD	0	0.0
Ketamine	0	0.0
Other hallucinogens and dissociatives	0	0.0
Volatile inhalants	3	33.3
Nicotine	3	33.3
Other type	1	11.1

FIGURE 6B. PERCENTAGE OF TREATMENT FACILITIES WITH PERSONNEL IN A GIVEN CATEGORY, PANAMA

DISCUSSION AND CHALLENGES

This report describes some features of the services offered by 385 drug treatment facilities in six Latin American countries, drawing on information obtained through the facility survey for field testing conducted by UNODC and WHO. Although the sample of treatment facilities that took part in the mapping exercise is not necessarily representative of all treatment centres in these countries, it does provide information that is relevant in understanding the complexity of developing such services in the region.

The treatment facilities are of various kinds, including low-threshold services; general (primary) health-care services; specialized outpatient treatment services for substance use disorders; hospital-based and non-hospital residential treatment services for substance use disorders; mental health services including the treatment of drug use disorders; and therapeutic communities. However, no facility defined itself as a social reintegration service, even though that category could be selected as a reply in the survey. It is also worth noting that only one facility (in Mexico) described itself as a harm reduction service, which suggests that this service category has yet to be developed properly in the region. The findings reflect the progress made by Latin American countries in their efforts to diversify the treatment services available by incorporating those services into their overall health-care delivery systems and developing specific and specialized services. Such efforts are important because they allow treatment services to be tailored to individuals' needs more effectively.

This greater capacity is evident in the way that services have been developed for certain population groups that are vulnerable and/or have been prioritized in public policies: women, children and adolescents, older people, homeless people, people held in prisons or who are in conflict with the law, LGBTI persons and sex workers. Although the efforts undertaken by countries in the region are clearly visible, there remains a major challenge with regard to gender mainstreaming in treatment services. Thus, of all the facilities that took part in the mapping, only 20 per cent reported having treatment services tailored to women's needs and only 9 per cent had programmes for pregnant women.

Capacity for dealing with the use of various types of drugs has also increased. Although alcohol, cannabis, cocaine and nicotine are the drugs most frequently concerned, there is capacity for treatment for use of the following substances: heroin and other opioids; stimulants, including amphetamines, methamphetamines and "ecstasy"; benzodiazepines; hallucinogens, such as LSD and ketamine; and volatile inhalants. One notable finding was that 44 per cent of all facilities reported treating people who used opium, fentanyl or other opioids, even though, according to the World Drug Report 2021,[7] the use of opioids in Latin America was low compared with other regions of the world. This suggests that demand for services in relation to such drugs may be reaching a significant level in the region.

Expansion of the range of drug use treatment services available has been made possible by the efforts of various actors in society, as reflected by the existence of facilities under public/governmental administration and facilities established as not-for profit NGOs or not-for-profit private organizations. There are also private for-profit facilities.

These facilities obtain funding from various sources. All the countries that took part in the survey

[7] *World Drug Report 2021* (United Nations publication, 2021).

allocate State funds for the provision of drug use treatment services. Additionally, funds come from clients/patients themselves and their families, as well as from charitable donations. Of all the facilities that took part in the mapping exercise, almost 35 per cent reported relying on payment by clients/patients to cover those clients' treatment, which suggests that out-of-pocket expenditure on the treatment of drug use disorders may be quite high in Latin American countries. This goes against recommendations relating to the need to ensure that public health problems are addressed without recourse to out-of-pocket spending.

In some cases, financial support is provided by international organizations. To a lesser extent, the facilities taking part in the survey referred to public or private health insurance as a source of funding. Despite the considerable efforts made, it is clear that increasing the budget for treatment services is a challenge for countries in the region.

The States Members of the United Nations have declared the ambitious aim of achieving universal health coverage to be a key element in the implementation of the Sustainable Development Goals.[8] This presents both a challenge and an opportunity with regard to ensuring that access to treatment for substance use disorders is no different from access to treatment in the case of other public health problems. The framework of the Sustainable Development Goals has highlighted the need for greater efforts to channel resources into the development of treatment services for drug use disorders.

Thus, the findings from the mapping exercise point to three main challenges for Latin American countries: expanding the coverage of treatment services for drug use disorders; maintaining or increasing the diversity of services provided so as to respond more effectively to individuals' needs; and improving the quality of services.

The latter challenge requires the promotion of human resource development and the strengthening of care teams to ensure that they are truly comprehensive. The mapping revealed that it is still difficult to provide specialized medical care and nursing support. Facilities tend to employ a greater share of psychologists, which can be regarded as an asset. Although non-professional personnel, such as community health workers and monitors, are included in care teams, they could account for a much larger share.

Improvement of quality also involves enhancing the different types of activities carried out at facilities. It was noted that significant efforts had been made to develop evidence-based psychosocial support activities of various kinds, such as cognitive behavioural therapy, motivational therapy, group counselling, individual counselling and family therapy. On the other hand, medical treatment is not so well developed, including the management of withdrawal syndrome, the prescription and dispensation of medicines, and activities to address risks that occur frequently among some drug users, such as the risk of acquiring HIV, hepatitis B or hepatitis C. Moreover, capacity to tackle social risks related to education, housing and employment varied considerably. Further progress in the provision of comprehensive treatment is a very important factor in terms of improving the quality of services, and poses a challenge for the region.

Accordingly, facilities are coordinating with other institutions, notably inpatient and outpatient health

[8] Resolution 70/1 of the United Nations General Assembly.

services, social services, and prison and probation services. This is a viable path that should be pursued further through policies and plans aimed at fostering such cooperation.

The mapping exercise revealed that there is still a considerable need for the information systems of treatment facilities to be improved. This is another relevant factor in service quality and calls for continuous organizational improvement. Treatment facilities can draw on their experience in order to further improve their registration and feedback systems.

It is possible to tackle the aforementioned challenges in a more strategic manner by developing and strengthening national systems of quality assurance for drug use disorder treatment services. The implementation of quality assurance systems in this field helps to ensure that individuals with substance use disorders are able to enjoy the same standards of access and quality that their health-care system provides in respect of any other illness.

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