

# Advancing the implementation of evidence-based substance use prevention in Latin America: the Evidencia Viva program registry

Zila M. Sanchez<sup>1</sup>, Gregor Burkhardt<sup>2</sup>, Elis Viviane Hoffmann<sup>3</sup>, Fernando Salazar<sup>4</sup>, and Elena Gervilla<sup>5,6</sup>

**Suggested citation** Sanchez ZM, Burkhardt G, Hoffmann EV, Salazar F, Gervilla E. Advancing the implementation of evidence-based substance use prevention in Latin America: the Evidencia Viva program registry. *Rev Panam Salud Publica.* 2025;49:e64. <https://doi.org/10.26633/RPSP.2025.64>

## ABSTRACT

Evidence-based program registries (EBPRs) are essential tools in prevention science, providing structured evaluations of intervention effectiveness to guide policymakers and practitioners. While established registries such as Blueprints for Healthy Youth Development and Xchange have been instrumental in cataloging evidence-based programs, Latin America has lacked a region-specific repository tailored to its unique prevention challenges. Evidencia Viva was developed to address this gap by systematically assessing and classifying substance use prevention programs implemented and evaluated in Latin America. The initiative draws from established EBPR models, employing rigorous inclusion criteria and a multidisciplinary expert review process to evaluate intervention efficacy. Programs are categorized into five tiers, ranging from beneficial to potentially harmful, ensuring that decision-makers have access to transparent and reliable information. The registry's initial assessments include interventions from Brazil, Chile, Colombia, Guatemala, Mexico, Peru, and Uruguay, highlighting both effective and ineffective programs. Notably, programs like Unplugged and Keepin' It REAL have demonstrated positive impacts, while others, such as PROERD (the Brazilian adaptation of DARE) and #Tamojunto, have shown limited or even negative effects. Despite its potential to strengthen evidence-based prevention in the region, Evidencia Viva faces challenges, including the limited number of rigorously evaluated programs, disparities in research capacity across Latin American countries, and the need for sustained funding to ensure long-term viability. Evidencia Viva contributes to the accessibility and dissemination of validated interventions, supporting informed policymaking and more effective substance use prevention strategies. However, ensuring its sustainability will require continued investment in research capacity, funding, and regional collaboration.

## Keywords

Primary prevention; secondary prevention; substance-related disorders; evaluation studies as topic; health policy; Latin America.

Evidence-based program registries (EBPRs) are essential tools in prevention science, providing critical support to policymakers and practitioners in identifying effective interventions and ensuring efficient allocation of resources. These registries play a pivotal role by systematically examining the quality of

experimental studies that evaluate program effectiveness (1). Through rigorous assessments, they determine the reliability and validity of the evidence supporting each intervention and classify programs accordingly. By assigning efficacy ratings, EBPRs offer a clear and structured framework to guide

<sup>1</sup> Universidade Federal de São Paulo, São Paulo, Brazil ✉ Zila M. Sanchez, [zila.sanchez@unifesp.br](mailto:zila.sanchez@unifesp.br)

<sup>2</sup> European Society for Prevention Research, Palma de Mallorca, Spain

<sup>3</sup> European Union Drugs Agency, Lisbon, Portugal

<sup>4</sup> Universidad Peruana Cayetano Heredia, Lima, Peru

<sup>5</sup> University of the Balearic Islands, Palma de Mallorca, Spain

<sup>6</sup> Health Research Institute of the Balearic Islands, Palma de Mallorca, Spain

decision-making, enabling stakeholders to select and implement interventions with proven outcomes (2).

This process helps mitigate the risk of adopting ineffective or potentially harmful programs, ensuring that public health and social investments yield meaningful results (3). EBPRs enhance the evidence base for practice by consolidating proven prevention interventions into a single database while also promoting greater accountability for the investments in prevention efforts (4). Most registries focus on assessing and cataloging individual programs or interventions, whereas others concentrate on aggregating evidence from systematic reviews or meta-analyses of various programs and intervention approaches (1).

The rapid expansion of prevention science and evidence-based policies has created challenges for practitioners, who are often overwhelmed by the unprecedented volume of studies available (5). EBPRs address this gap by systematically assessing interventions against transparent criteria, such as the quality of evaluation methodologies and demonstrated impacts on targeted outcomes. Tiered rating systems make this information accessible to a broad audience, from experienced researchers to policymakers with limited technical expertise. However, while EBPRs should be widely used as standards for identifying evidence-based interventions and guiding decision-making, direct evidence of their impact on clinical practice and policy remains limited (2).

The most internationally well-known repositories are the Blueprints for Healthy Youth Development (6), from the University of Colorado, and the Xchange prevention registry (7), from the European Union Drugs Agency. Each of them has distinct characteristics in terms of the selection of programs that are submitted for evaluation and classification. The Blueprints registry promotes only those interventions with the strongest scientific support. The highest rating a program can receive is “Model Plus,” that is, programs that have been proven effective in changing targeted behavioral outcomes through multiple independent randomized controlled trials with replication and sustained effects, and that are ready to disseminate. The Xchange registry only includes programs that were implemented and evaluated in Europe and attributes a ranking from “harmful” to “beneficial” to all the programs and environmental prevention strategies evaluated by an independent committee.

Despite these advances, significant challenges persist, particularly in ensuring cultural relevance and accessibility in regions like Latin America, where the implementation of evidence-based drug use prevention programs and environmental interventions are scarce. In recognition of the need for context-specific resources, Evidencia Viva (8) was developed as a new initiative tailored to Latin America. Drawing inspiration from established platforms like Blueprints and Xchange, Evidencia Viva focuses on substance use prevention in this region.

The implementation of evidence-based prevention programs in Latin America remains limited, not only due to the absence of a dedicated repository for region-specific evaluations but also because of a lack of awareness among decision-makers. There is insufficient dissemination of knowledge about the value of evidence-based approaches, which further hampers the adoption of scientifically validated programs. Programs successfully applied in other parts of the world may yield different or no results in Latin America due to cultural adaptations

and different implementation contexts. This discrepancy makes it challenging for stakeholders to base decisions solely on international findings. Evidencia Viva addresses these challenges by considering these needs and offering stakeholders tools to implement effective, sustainable substance use prevention strategies tailored to the region.

This recently launched repository fills a critical gap, offering a curated database of rigorously assessed programs across diverse modalities – including school-based, family-focused, community-driven, and online interventions. It also foresees the inclusion of environmental prevention strategies, and hence of non-manualized interventions. Evidencia Viva will empower Latin American professionals and policymakers to implement more effective, data-informed interventions and contribute to healthier communities.

This article details the creation of Evidencia Viva, outlining its conceptualization, development, and implementation. It explores the registry’s foundational principles, evaluative criteria, and potential contributions to prevention science in Latin America. By documenting this initiative, we aim to provide insights into how regional-specific repositories can bridge global knowledge with local action, addressing critical gaps in public health across diverse contexts.

## DEVELOPMENT OF EVIDENCIA VIVA

The European Society for Prevention Research (EUSPR), in collaboration with the United Nations Office on Drugs and Crime (UNODC), initiated the cultural adaptation of the European Universal Prevention Curriculum (EUPC) to the Brazilian context in 2022. This was later taken on by the European Union Drugs Agency (EUDA) within the Cooperation Program between Latin America, the Caribbean, and the European Union on Drugs Policies (COPOLAD), a European-funded initiative aimed at strengthening international collaboration on drug policies, including the promotion of evidence-based prevention strategies. The EUPC is a comprehensive training program developed to enhance the knowledge and skills of the national prevention workforce, ensuring the effective planning, implementation, and evaluation of evidence-based substance use prevention programs.

A cornerstone of the EUPC is the Xchange registry, which catalogs evidence-based interventions evaluated across Europe. It serves as a critical tool for decision-makers, helping them identify and disseminate effective prevention strategies aligned with the training contents of the EUPC.

However, during the adaptation of the EUPC to the Brazilian context, a significant gap was identified: the absence of a centralized registry cataloging substance use prevention interventions implemented and rigorously evaluated in Latin America. Recognizing this need, EUDA committed to supporting Latin American researchers in developing such a repository, appointing a regional representative and assembling a multidisciplinary team of experts from several Latin American countries, including Argentina, Brazil, Chile, Colombia, Mexico, Peru, and Uruguay. Supported by EUDA staff and an Xchange representative, this team began developing a registry modeled after Xchange but tailored to the Latin American context.

The primary goal was to replicate the structure and functionality of Xchange while tailoring it to the Latin American

context; the focus was therefore on identifying evidence-based prevention programs that had been implemented and evaluated within the region. To achieve this, two prevention experts conducted an extensive literature review. Following the initial evaluation conducted by EUDA staff, the assembled committee of experts engaged in thorough discussions to refine and validate the classification of each program within the rating categories.

Interventions were categorized based on their evidence for effectiveness in Latin American contexts according to mandatory inclusion criteria for Evidencia Viva. The intervention must address substance use prevention in Latin America and be clearly defined, including its objectives, target population, risk and protective factors, and theoretical framework. Additionally, there must be at least one relevant scientific study conducted in Latin America that uses a rigorous evaluation design (e.g., a randomized controlled trial, quasi-experimental design, or interrupted time series). Lastly, the intervention's expected outcomes must be measurable. If all criteria are met, further details on the intervention's implementation and dissemination are required.

The rating criteria were adapted from the Xchange protocol (Xchange – Inclusion and Rating Protocol, Version 1.0) (7), with adjustments to the number of rating categories, which were reduced from five to four to better fit the Latin American context. Eligible programs were evaluated using a structured checklist that examined critical methodological aspects of each study. The quality appraisal was evaluated considering factors such as the study design quality, sample description, comparability at baseline, appropriateness, validity, independence of outcome measures, attrition rates, methods of analysis, including whether intention-to-treat analysis was conducted, and presence of long-term follow-up data. Each intervention's classification was determined through consensus within the multidisciplinary committee previously mentioned.

Evidencia Viva has the following rating categories: *Beneficial* programs show positive, consistent, and well-supported results in high-quality studies and are strongly recommended for implementation. *Potentially beneficial* interventions demonstrate some positive outcomes in at least one acceptable-quality study, with a recommendation for both implementation and further rigorous evaluations. *Additional studies needed* applies to interventions with insufficient evaluation quality or inconsistent

results; they can be implemented cautiously but require further research. *Unlikely to be beneficial* refers to interventions with high-quality studies showing no positive effects, suggesting alternative programs should be considered. Finally, *potentially harmful* interventions show evidence of negative effects in at least one acceptable-quality study and are not recommended for use.

## FIRST EVIDENCE-BASED INTERVENTIONS ASSESSED

Table 1 summarizes the first programs that were assessed, with their names, the countries where they were assessed, and their evidence ratings.

The initial evaluations conducted by Evidencia Viva illustrate the variability in evidence quality and effectiveness among substance use prevention programs in Latin America. Programs like Unplugged and Keepin' It REAL showed positive and consistent impacts based on high-quality studies, leading to classifications as beneficial or potentially beneficial. In contrast, PROERD and #Tamojunto demonstrated limited or adverse effects, underscoring the need for rigorous evaluation before large-scale implementation. Programs such as Strengthening Families Program (Familias Fortes) exhibited preliminary benefits but lacked sufficient replication or methodological strength. These classifications provide healthcare professionals with clear, evidence-based guidance for selecting effective prevention strategies.

Moreover, based on expert recommendations, several programs were identified as having the potential to meet the criteria for inclusion in Evidencia Viva in the near future. While these programs currently do not fulfill all the necessary requirements, they show promise for further evaluation. To accommodate these emerging interventions, the *Antesala* ("waiting room") section was created. This section includes programs that are not yet eligible for inclusion in Evidencia Viva, but could qualify in the future if they undergo additional research and assessment.

The *Antesala* serves as a transitional space for interventions that are almost meeting the standards required for inclusion, offering an opportunity for further refinement and review before they are considered for full assessment in the Evidencia Viva committee.

**TABLE 1. Interventions assessed in Evidencia Viva as of December 2024**

Program	Evaluated versions	Classification	Recommendation
Unplugged	#Tamojunto 2.0 (Brazil), LIBRE (Peru), Yo Sé Lo Que Quiero (Chile)	Beneficial	Recommended
Unplugged (adapted version)	Tamojunto (Brazil)	Potentially harmful	Not recommended
GBG – Good Behavior Game	Elos (Brazil), Elos 2.0 (Brazil), Juego del Buen Comportamiento (Chile)	Potentially beneficial	Recommended
Strengthening Families Program	Familias Fortes (Brazil), Familias Fuertes: Amor y Límites (Colombia, Chile)	Additional studies needed	More evidence needed to define recommendation
kiR (keepin' it REAL)	Mantente REAL – MREAL (Mexico, Guatemala), Adaptación kiR (Uruguay)	Potentially beneficial	Recommended
DARE kiR (law enforcement version of kiR program)	PROERD (Brazil)	Potentially harmful	Not recommended

**Source:** Prepared by the authors based on the Evidencia Viva program registry.

## LIMITATIONS AND CHALLENGES OF EVIDENCIA VIVA

Despite Evidencia Viva being a valuable initiative for promoting the dissemination of evidence-based prevention programs in Latin America, it currently has a limited number of registered interventions. This restricts its usefulness for practitioners and policymakers who need a broader variety of interventions to address diverse age groups across the region. Expanding the repository with more evaluated programs and environmental prevention strategies would greatly enhance its impact and utility. However, the expansion of the registry depends on the publication of experimental studies (randomized or quasi-randomized controlled trials or interrupted time series).

At the very onset of the Evidencia Viva project, all stakeholders agreed that the rating criteria for Evidencia Viva have to be less strict than the ones used in the European Xchange registry so that fewer studies are required to obtain a given rating score. This responds to the lower number of available evaluations of acceptable quality in Latin America.

However, the entry criteria for interventions to be considered for the rating procedure have been kept similar to those of Xchange. The registry has to be able to provide advice to decision-, opinion- and policy-makers that is as solid and trustworthy as possible. This purpose is not served by accepting evaluations without control conditions or interventions because they have promising or evidence-based intervention components and sound theoretical underpinnings. The experience with Xchange has shown that such interventions sometimes have inconclusive or no evidence of effectiveness when empirically tested.

The development of the registry revealed significant differences in scientific production in the field of program evaluation for substance use prevention across Latin American countries. Only 7 out of the 33 countries in Latin America have published high-quality evaluations of at least one substance use prevention program. Brazil has made significant progress in this area, with evaluations conducted for five out of the six programs listed in Evidencia Viva. A possible explanation for this is the limited funding, insufficient technical expertise, and varying research capacities across countries that make it hard to generate robust evidence in Latin America. Furthermore, the research cooperation started with Evidencia Viva holds a promise of more and better conceived evaluations in the region.

A comparative analysis by Buckley et al. (9) of 11 major prevention program registries revealed significant variability in how dissemination readiness is assessed, with most registries offering limited or inconsistent information about the availability of implementation resources, training, and fidelity monitoring tools. This lack of practical guidance leaves potential users uncertain about the feasibility of adopting listed programs in real-world settings, leading the authors to recommend strengthening dissemination standards and providing more comprehensive implementation support. Similar difficulties have been reported even in high-income countries such as the United States of America, where Burkhardt et al. (1) identified persistent challenges related to resource constraints and limited institutional capacity to improve and maintain the quality of prevention program registries systematically.

Beyond the lack of funding for program evaluations in most Latin American countries, it is crucial to guarantee the sustainability of the Evidencia Viva registry with adequate resources for its regular updates and maintenance. Without a dedicated entity responsible for these tasks the data could become outdated within a few years, considering that new evaluations are likely to be published during that period.

Another significant issue is the need to adapt international programs or to develop regional programs to ensure they are culturally relevant and effective for the diverse populations of Latin America. Programs that work well in one country or context may not produce the same results elsewhere without cultural adaptation (10).

Addressing these challenges will require investments in evaluation resources and capacity-building initiatives to strengthen the evidence base for these programs.

## CONCLUSION

The Evidencia Viva registry has the potential to become a milestone in advancing substance use prevention across Latin American countries. By providing an independent rigorous, evidence-based platform to document, evaluate, and disseminate effective prevention interventions, it addresses a critical regional need while encouraging the adoption of science-based practices and a smart spending of scant prevention resources in the region. However, to maximize its impact, efforts should prioritize expanding the number of evaluated programs, improving evaluation methodologies, and stimulating stronger regional collaborations.

**Author contributions.** ZMS designed the structure and wrote the first draft of the manuscript. GB and EVH conceptualized and created the content of the registry and contributed to the writing of the manuscript. FS and EG critically revised the manuscript for important intellectual content. All authors fully contributed to this work. All authors reviewed and approved the final version.

**Acknowledgments.** The authors thank the members of the Evidencia Viva Evaluation Committee for their voluntary and valuable contributions. This registry was developed and funded as part of the COPOLAD III project, a cooperation initiative between Latin America, the Caribbean, and Europe, including experts from national institutions, the Society for Prevention Research (SPR), the European Society for Prevention Research (EUSPR), and the European Union Drugs Agency (EUDA). Current committee members include: Eric C. Brown and Pablo Montero-Zamora (SPR), Elena Gervilla and Charlotte De Kock (EUSPR), Gregor Burkhart (EUDA), Julia Borrell Pozo and Sofia Ribeiro (EUDA/COPOLAD III), Diego Francisco Ruiz (Argentina), Elis Viviane Hoffmann and Zila Sanchez (Brazil), Maureen Lozier (Chile), Augusto Perez and Juliana Mejía (Colombia), Jorge Ameth Villatoro Velázquez (Mexico), Fernando Salazar Silva (Peru), Héctor Suárez and Jessica Ramirez (Uruguay).

**Conflict of interest.** None declared.

**Financial support.** Evidencia Viva was developed and funded through EUDA's collaboration with the COPOLAD III project, a cooperation initiative between Latin America, the Caribbean, and Europe, with the support of the Government of the Balearic

Islands and the University of the Balearic Islands through the Office of Cooperation in Development and Solidarity (OCDS) (II Call for contributions for research on development 2024).

**Disclaimer.** Authors hold sole responsibility for the views expressed in the manuscript, which may not necessarily reflect the opinion or policy of the *RPSP/PAJPH* and/or the Pan American Health Organization (PAHO).

## REFERENCES

- Burkhardt JT, Schröter DC, Magura S, Means SN, Coryn CL. An overview of evidence-based program registers (EBPRs) for behavioral health. *Eval Program Plann.* 2015;48:92–99. <https://doi.org/10.1016/j.evalprogplan.2014.09.006>.
- Lee-Easton MJ, Magura S, Maranda MJ, Landsverk J, Rolls-Royce J, Green B, et al. A Scoping Review of the Influence of Evidence-Based Program Resources (EBPR) Websites for Behavioral Health. *Adm Policy Ment Health.* 2023;50(3):379–391. <https://doi.org/10.1007/s10488-022-01245-8>.
- Axford N, Morpeth L, Bjornstad G, Hobbs T, Berry V. “What works” registries of interventions to improve child and youth psychosocial outcomes: A critical appraisal. *Child Youth Serv Rev.* 2022;137:106469. <https://doi.org/10.1016/j.chilyouth.2022.106469>.
- Maranda MJ, Magura S, Gugerty R, Lee MJ, Landsverk JA, Rolls-Reutz J, et al. State behavioral health agency website references to evidence-based program registers. *Eval Program Plann.* 2021;85:101906. <https://doi.org/10.1016/j.evalprogplan.2021.101906>.
- Magura S, Lee-Easton MJ, Abu-Obaid RN, Landsverk J, DeCamp W, Rolls-Reutz J, et al. The influence of evidence-based program registry websites for dissemination of evidence-based interventions in behavioral healthcare. *Eval Program Plann.* 2023;97:102214. <https://doi.org/10.1016/j.evalprogplan.2022.102214>.
- Blueprints for Healthy Youth Development. Providing a Registry of Experimentally Proven Programs. Boulder, CO: University of Colorado Boulder; 2025 [cited 1 May 2025]. Available from: <https://www.blueprintsprograms.org>.
- European Union Drugs Agency. About the Xchange prevention registry. Lisbon: EUDA; 2025 [cited 1 May 2025]. Available from: [https://www.euda.europa.eu/best-practice/xchange/about\\_en](https://www.euda.europa.eu/best-practice/xchange/about_en).
- European Union Drugs Agency. EvidenciaViva — Intervenciones de Prevención en Latinoamérica Evaluadas Científicamente. Lisbon: EUDA; 2025 [cited 1 May 2025]. Available from: [https://www.euda.europa.eu/best-practice/evidenciaviva\\_es](https://www.euda.europa.eu/best-practice/evidenciaviva_es).
- Buckley PR, Fagan AA, Pampel FC, Hill KG. Making Evidence-Based Interventions Relevant for Users: A Comparison of Requirements for Dissemination Readiness Across Program Registries. *Eval Rev.* 2020;44(1):51–83. <https://doi.org/10.1177/0193841X20933776>.
- Green F, Axford N, Eastmond N, Berry V, Mannes J, Allen K, et al. Transporting an Evidence-based Youth Development Program to a New Country: A Narrative Description and Analysis of Pre-implementation Adaptation. *J Prev (2022).* 2023;44(6):729–747. <https://doi.org/10.1007/s10935-023-00742-2>.

---

Manuscript submitted on 13 February 2025. Revised version accepted for publication on 1 May 2025.

---

## Avances en la aplicación de la prevención del consumo de sustancias basada en evidencia en América Latina: el registro del programa Evidencia Viva

### RESUMEN

Los registros de programas basados en evidencia son herramientas esenciales en la ciencia de la prevención, ya que proporcionan evaluaciones estructuradas de la eficacia de las intervenciones para orientar tanto a los responsables de la toma de decisiones políticas como al personal clínico. Si bien los registros ya establecidos, como Blueprints for Healthy Youth Development y Xchange, han permitido catalogar los programas basados en evidencia, en América Latina no se ha dispuesto de un repositorio específico para la Región y adaptado a sus propios desafíos de prevención. Evidencia Viva se elaboró para subsanar esa brecha mediante la evaluación y clasificación sistemática de los programas de prevención del consumo de sustancias implementados y evaluados en América Latina. La iniciativa se basa en modelos establecidos de registros de programas basados en evidencia, y utiliza criterios de inclusión rigurosos y un proceso de revisión multidisciplinar por expertos para evaluar la eficacia de las intervenciones. Los programas se clasifican en cinco niveles, de beneficiosos a potencialmente perjudiciales, para garantizar que los responsables de la toma de decisiones tengan acceso a una información transparente y fiable. Las evaluaciones iniciales del registro incluyen intervenciones de Brasil, Chile, Colombia, Guatemala, México, Perú y Uruguay, y permitieron detectar tanto los programas eficaces como los ineficaces. Es de destacar que programas como Unplugged y Keepin' It REAL han mostrado efectos positivos, mientras que con otros, como PROERD (la adaptación brasileña de DARE) y #Tamojunto, se han observado efectos limitados o incluso negativos. A pesar de su potencial para fortalecer la prevención basada en evidencia en la Región, Evidencia Viva enfrenta varios desafíos, como el número limitado de programas evaluados de manera rigurosa, las disparidades en la capacidad de investigación entre los países latinoamericanos y la necesidad de un financiamiento sostenido para garantizar la viabilidad a largo plazo. Evidencia Viva contribuye a la accesibilidad y la difusión de intervenciones validadas, y brinda apoyo para la elaboración de políticas fundamentadas y estrategias más eficaces de prevención del consumo de sustancias. Sin embargo, para garantizar su sostenibilidad, será necesario seguir invirtiendo en capacidad de investigación, financiamiento y colaboración regional.

### Palabras clave

Prevención primaria; prevención secundaria; trastornos relacionados con sustancias; estudios de evaluación como asunto; política de salud; América Latina.

---

## Avanços na implementação da prevenção baseada em evidências do uso de substâncias psicoativas na América Latina: registro do programa Evidência Viva

### RESUMO

Os registros de programas baseados em evidências (EBPRs, na sigla em inglês) são ferramentas essenciais na ciência da prevenção, e fornecem avaliações estruturadas sobre a efetividade das intervenções para orientar os formuladores de políticas e profissionais envolvidos. Embora registros consolidados, como Blueprints for Healthy Youth Development e Xchange, tenham sido fundamentais para catalogar programas baseados em evidências, a América Latina ainda não dispõe de um repositório específico para a região, adaptado para seus diferentes desafios de prevenção. O programa Evidência Viva foi desenvolvido para abordar essa lacuna, ao fazer uma análise e uma classificação sistemáticas dos programas de prevenção do uso de substâncias psicoativas implementados e avaliados na América Latina. A iniciativa se baseia em modelos consolidados de EBPR, e usa critérios de inclusão rigorosos, além de um processo de revisão por especialistas de diversas disciplinas para avaliar a efetividade da intervenção. Os programas são classificados em cinco níveis, que variam de benéficos a potencialmente prejudiciais, garantindo que os tomadores de decisão tenham acesso a informações transparentes e confiáveis. As análises iniciais do registro incluem intervenções de Brasil, Chile, Colômbia, Guatemala, México, Peru e Uruguai, destacando os programas que se mostram efetivos ou não. Especialmente os programas Unplugged e Keepin' It REAL demonstraram impactos positivos, ao passo que outros, como PROERD (a adaptação brasileira do DARE) e #Tamojunto, apresentaram efeitos limitados ou até mesmo negativos. Apesar de seu potencial para fortalecer a prevenção baseada em evidências na região, o programa Evidência Viva enfrenta desafios que incluem número limitado de programas rigorosamente avaliados, discrepâncias em termos de capacidade de pesquisa dos países latino-americanos e a necessidade de financiamento sustentado para garantir a viabilidade a longo prazo. O programa Evidência Viva contribui para a acessibilidade e a divulgação das intervenções validadas e apoia a formulação de políticas informadas e estratégias mais efetivas de prevenção do uso de substâncias psicoativas. Porém, para garantir sua sustentabilidade, serão necessários investimentos contínuos em capacidade de pesquisa, financiamento e colaboração regional.

### Palavras-chave

Prevenção primária; prevenção secundária; transtornos relacionados ao uso de substâncias; estudos de avaliação como assunto; política de saúde; América Latina.