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E. PLAN OF ACTION ON PSYCHOACTIVE SUBSTANCE USE AND PUBLIC HEALTH: MIDTERM REVIEW

Background

1. Technical cooperation to address public health problems related to psychoactive substance use in the Region is based on the Strategy on Substance Use and Public Health (1, 2) and the corresponding Plan of Action (3, 4) approved by the Directing Council of the Pan American Health Organization (PAHO) in 2010 and 2011, respectively. Both initiatives are complemented by the Strategy and Plan of Action on Mental Health, also implemented by PAHO in 2009 (5, 6), and the Hemispheric Drug Strategy and the Hemispheric Plan of Action on Drugs, approved in 2010 and 2011, respectively, by the Inter-American Drug Abuse Control Commission (CICAD) of the Organization of American States (OAS) (7, 8).

2. The role of public health in a comprehensive approach to the global drug problem was emphasized by the Member States in the Declaration of Antigua Guatemala (9), approved in the 43rd General Assembly of the OAS in June 2013. That same year, during the 52nd Directing Council of PAHO, the Member States received an initial report on the progress of the Plan of Action on psychoactive substance use (10). The report recognizes the progress made by the Member States, as well as the actions taken by PAHO, and recommends stepping up support for countries to strengthen the public health approach and promote respect for human rights in their drug-related policies and plans.

Update on the Progress Achieved

3. The principal references for the preparation of the following table of progress were the 2015 Report on Public Health Resources to Address Psychoactive Substance Use in the Region of the Americas (11), based on the countries' response to the ATLAS survey,¹ and the Hemispheric Report on the Sixth Round (12) of the OAS-CICAD Multilateral Evaluation Mechanism (MEM).²

¹ In 2014, in collaboration with WHO, the information on resources and programs for the prevention and treatment of alcohol and other substance use disorders was updated, based on the ATLAS-SU 2014

Progress Toward the Targets of the Plan of Action

Objective	Indicator and target	Progress
1.1	By 2021, 16 countries will have policies on psychoactive substance use integrated into their national health plan.	18 countries now identify the health sector (ministry of health) as being responsible for policies on psychoactive substance use (11). The integration of the issue into health policy remains precarious and incomplete. However, 27 countries have included public health-related content in their drug policies (13).
1.2	By 2021, 10 countries will have widely implemented evidence-based programs.	23 countries have comprehensive plans and programs to reduce demand. Information on the implementation and results of these programs is not available (12).
1.3	By 2015, 15 countries will have a documented budget dedicated to health and social services related to disorders caused by psychoactive substance use.	19 countries have specific budget allocations for prevention and 17 have allocations for treatment (11).
2.1	By 2021, 15 countries will be implementing evidence-based, universal, substance use prevention programs and 8 countries will have evaluated these programs.	24 countries offer psychoactive substance use prevention programs for through the mass media, schools, and workplaces; 11 countries have prevention programs that are differentiated according to risk factors; 3 countries have implemented program monitoring and evaluation; and 8 countries have evaluated their programs (12).
2.2	By 2021, 20 countries will have at least one national awareness activity on the subject per year.	With a view to promoting this type of activities in the countries, PAHO organizes an annual webinar to mark the International Day against Drug Abuse and Illicit Trafficking, and disseminates it in the countries. There are no reports on activities of this kind at the country level, which is an area that should be strengthened in the coming years.
3.1	By 2021, 10 countries will be implementing essential, evidence-based interventions based on PAHO/WHO tools and materials.	14 countries are conducting screening and rapid interventions in primary care, using ASSIST and mhGAP ³ materials developed by PAHO/WHO (11).

methodology (*Atlas on Resources for the Prevention and Treatment of Substance Use Disorders*), developed by the WHO Department of Mental Health and Substance Abuse (http://www.who.int/substance_abuse/activities/atlas/en).

² The Hemispheric Report covers the period from 2013 to mid-2014 and presents an overview of the performance of Member States' drug control policies. The report was submitted and approved in the 56th regular session of OAS-CICAD in Guatemala in November 2014.

³ Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST); Improving and scaling up care for mental, neurological, and substance use disorders (mhGAP).

Objective	Indicator and target	Progress
3.2	By 2021, 5 tools will have been developed to assist countries in the training and certification of professionals, accreditation of services, and the development of norms and standards for care and the appropriate prescription of psychoactive drugs.	<i>Quality Rights QR-Tool Kit</i> , ASSIST, and mhGAP are WHO tools that have been translated into Spanish and Portuguese and are available for adaptation and implementation in the countries. Work is underway to validate accreditation standards for prevention and treatment (11).
3.3	By 2021, 5 countries will be utilizing PAHO/WHO technical support and or tools to train unpaid health care providers.	PAHO has developed training on tools for ASSIST-DIT and drug policies through courses given as country support at the Virtual Campus for Public Health; 3,235 participants from 26 countries and territories have registered, with an approval rating of 70.48%. ⁴
3.4	By 2021, 5 countries will have updated curricula for health care professions.	Some incipient progress has been made to incorporate the contents of mhGAP into university programs, but this is an area that needs further development.
3.5	By 2021, 20 countries will have functioning regulatory systems for internationally controlled psychoactive drugs that ensure an adequate provision of such medications while minimizing their non-medical use.	Although these systems do exist in the countries, they function poorly, especially in the case of drugs used to treat opiate use disorders; 10 countries have an approved methadone registry and 7 have a naloxone registry; 6 countries have an available supply of methadone and 3 have a supply of naloxone (11).
4.1	By 2021, 25 countries will be using standardized tools to assess and monitor their responses to substance use problems.	21 countries have approved national standards for the treatment of substance use problems in their public health systems; 3 countries have carried out program monitoring and assessment (12).
4.2	By 2021, 5 countries will have a national health information system that includes indicators of substance use and its impact on health, disaggregated by sex and age.	20 countries report that they have national information systems on substance use, and 11 countries have information systems on service delivery; 29 countries have drug observatories; 14 have relevant data on the magnitude of substance use in the population (12).
4.3	By 2021, 10 new research studies will have been to assess either the nature, dimension, or impact of substance use disaggregated	Preparations are underway for research studies on different areas of interest: acute psychosis and cannabis use; reducing stigma in health services for substance users; incidence of substance use and other mental disorders.

⁴ Information obtained from the coordinators of the PAHO Virtual Campus for Public Health.

Objective	Indicator and target	Progress
	by sex and age group, or studies on the effectiveness of interventions.	
4.4	At least one regional-level publication will be disseminated every two years, with evidence based information on substance use, related problems, and/or effectiveness of interventions.	It is necessary to promote this work with the Member States during the remaining lifespan of the Plan of Action.
5.1	By 2021, 8 joint activities will have been undertaken with other international organizations and partners.	PAHO maintains a regular program of joint activities with the OAS-CICAD, the Cooperation Program on Drug Policies between Latin America and the European Union (COPOLAD), the United Nations Office on Drugs and Crime (ONODC), the Spanish Government Delegation for the National Plan on Drugs, and civil society organizations (RIOD, ICJ, Intercambios), including international seminars and conferences, working groups of experts, training courses and workshops, and preparation of documents.

4. As part of its preparation for the special session of the United Nations General Assembly (UNGASS 2016) on the World Drug Problem, PAHO and the Government of Mexico organized an advisory meeting on drug policies and public health, held on 26-27 October 2015 in Mexico City, with the participation of technical experts from 17 countries and from international organizations (WHO, OAS, and the United Nations Office on Drugs and Crime [ONODC]). PAHO also participated in “Convergence for a comprehensive and sustainable regional drug policy,” a seminar coordinated by the Union of South American Nations (UNASUR) and the United Nations Development Program (UNDP), held in Quito (Ecuador) on 4-5 February 2016.

Challenges and Lessons Learned

5. Having a strategy and plan of action backed by the Pan American Sanitary Bureau (PASB) has helped enable the Member States to adopt a comprehensive, balanced, public health position in drug policy discussion forums and in preparation for UNGASS 2016.

6. It is important to continue to strengthen the ties between PAHO and other international organizations and partners as a way of strengthening intersectoral action for

technical assistance to Member States on drugs and public health, especially the social determinants of health and the achievement of Sustainable Development Goals (SDGs).⁵

7. In the political and technical spheres, PAHO has been contributing to regional initiatives such as the Declaration of Antigua Guatemala and the OAS report on the drug problem in the Americas, but the health sector is still not prepared to take full part in efforts to reduce the health-related and social impact of this problem.

8. The guaranteed right to health for substance users, especially for the most vulnerable and high-risk groups, is a pending challenge reflected in stigma and exclusion in health services, and in a lack of access to controlled substances for medical and research purposes.

Action Needed to Improve the Situation

9. Continue PASB support for Member States to strengthen the public health approach in their drug policies, plans, and legislation, facilitating the use of technical tools appropriate to their particular conditions and needs.

10. Support joint efforts between PASB and the Member States in the development of health systems, organization of services, and development of human resources in order to bridge the treatment gap and improve the quality of care.

11. Promote resource allocation that is consistent with the identified needs and goals established in plans and programs on public health and substance use, with special attention to high-risk groups.

12. Strengthen information and surveillance systems, improve epidemiological data, increase survey coverage of marginalized populations and other vulnerable groups, and use the social determinants approach to analyze data and programs.

Action by the Executive Committee

13. The Executive Committee is invited to take note of this progress report and formulate the recommendations it deems relevant.

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⁵ Specifically, SDG 3.5 refers to strengthening the prevention and treatment of addictive substance abuse.

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