



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



**50th DIRECTING COUNCIL**  
**62nd SESSION OF THE REGIONAL COMMITTEE**

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CD50.R2 (Eng.)  
ORIGINAL: ENGLISH

***RESOLUTION***

***CD50.R2***

**STRATEGY ON SUBSTANCE USE AND PUBLIC HEALTH**

***THE 50th DIRECTING COUNCIL,***

Having reviewed Document CD50/18, *Strategy on Substance Use and Public Health*;

Recognizing the burden of morbidity, mortality, and disability associated with substance use disorders in the world and in the Region of the Americas, as well as the existing gap in treatment and care for persons affected by such disorders;

Understanding that a balanced strategy is needed that includes both supply-control and demand-reduction approaches that fill a critical need for prevention, screening, and early intervention, treatment, rehabilitation, social reintegration, and support services to reduce the adverse consequences of substance use, by promoting the health and social well-being of individuals, families, and communities;

Considering the context and framework for action offered by the Health Agenda for the Americas, the PAHO Strategic Plan 2008–2012, the hemispheric drug strategy of the Inter-American Drug Abuse Control Commission of the Organization of American States (OAS/CICAD), and the World Health Organization's Mental Health Gap Action Program: Scaling up care for mental, neurological, and substance use disorders (mhGAP), which reflect the importance of the issue of substance use and establish strategic objectives for addressing it;

Observing that the proposed Strategy on Substance Use and Public Health sets out the principal areas of work to be addressed and identifies areas for technical cooperation to address the varying needs of Member States with regard to substance use,

***RESOLVES:***

1. To endorse the Strategy on Substance Use and Public Health and support its implementation within the context of the specific conditions of each country in order to respond appropriately to current and future needs in relation to substance use.
2. To urge Member States to:
  - (a) identify substance use as a public health priority and implement plans to tackle substance use problems that are consonant with their public health impact, especially with regard to reducing existing treatment gaps;
  - (b) recognize that substance-related problems are a result of an interplay between health and social determinants and outcomes, and that tackling substance use problems requires increasing social protection, sustainable development, and access to quality health services;
  - (c) promote universal, equitable access to care for substance use disorder treatment and early intervention for the entire population by strengthening services within the framework of primary health care-based systems and integrated service delivery networks and ongoing efforts to eliminate the residential hospital-centered model of the past;
  - (d) continue to strengthen their legal frameworks with a view to protecting the human rights of people with substance use disorders and effectively enforcing laws without having a negative impact on public health;
  - (e) promote intersectoral initiatives to prevent the initiation of substance use, with particular attention to children and adolescents, and to reduce stigmatization of and discrimination against people with substance use disorders;
  - (f) encourage the effective involvement of the community, former substance users, and family members on policy, prevention, and treatment activities through support for mutual help organizations;
  - (g) recognize human resources development in the area of substance use prevention, care, and treatment as a key component in the improvement of national health plans and

- services, and develop and implement systematic training programs and curriculum changes;
- (h) bridge the existing substance use information gap through improvements in the production, analysis, and use of information, as well as through research, with an intercultural and gender equality approach;
  - (i) strengthen partnerships between the public sector and other sectors, including nongovernmental organizations (NGOs), academic institutions, and key social actors, emphasizing their involvement in the development of substance use related policies and plans;
  - (j) allocate sufficient financial resources to achieve an appropriate balance between supply-control and demand-reduction activities.
3. To request the Director to:
- (a) prepare a 10-year plan of action, in close collaboration with Member States, NGOs, research institutions, PAHO/WHO Collaborating Centers, OAS/CICAD, and other international organizations, to be presented at the Directing Council in 2011;
  - (b) support Member States in the preparation and implementation of national plans on substance use within the framework of their public health and social policies, taking into account the Strategy on Substance Use and Public Health, endeavoring to correct inequities, and giving priority to care for vulnerable and special-needs groups;
  - (c) collaborate in the assessment of substance use problems and services in the countries with a view to ensuring that appropriate, effective measures are taken to decrease such problems;
  - (d) facilitate the dissemination of information and the sharing of positive, innovative experiences and promote technical cooperation among Member States;
  - (e) promote partnerships with governmental and nongovernmental organizations, as well as with international organizations and other regional actors, in support of the multisectoral response required to implement this Strategy;
  - (f) coordinate the implementation of the Strategy with the OAS/CICAD and with national drug commissions, where applicable.

*(Third meeting, 28 September 2010)*