



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



51st DIRECTING COUNCIL

63rd SESSION OF THE REGIONAL COMMITTEE

Washington, D.C., USA, 26-30 September 2011

Provisional Agenda Item 4.6

CD51/9 (Eng.)
1 August 2011
ORIGINAL: ENGLISH

PLAN OF ACTION ON PSYCHOACTIVE SUBSTANCE USE AND PUBLIC HEALTH

Introduction

1. In 2010, the 50th Directing Council adopted a regional public health strategy to respond to the health problems associated with the use of psychoactive substances in the Americas (Document CD50/18, Rev. 1) (1). The strategy with a public health approach focused on prevention, early intervention, treatment, rehabilitation, social reintegration, health systems management and reduction of adverse consequences of substance use comprises five strategic objectives: (a) development of national policies and resource allocation; (b) promotion of universal prevention; (c) early intervention, care and treatment systems; (d) research, monitoring, and evaluation; and (e) development of strategic partnerships. This document presents a regional plan of action for the implementation of the strategy over the next 10 years.

Background

2. Substance use and related disorders are included in the Health Agenda for the Americas 2008–2017 and PAHO's Strategic Plan 2008–2012. In 2010, the Inter-American Drug Abuse Control Commission (CICAD) of the Organization of American States (OAS) approved a hemispheric drug strategy¹ that includes five core areas: institutional strengthening, demand reduction, supply reduction, control measures, and international cooperation. The development of complementary approaches between PAHO and CICAD/OAS would enable resources and expertise to be shared, so as to

¹ For more information, consult the webpage of CICAD's Hemispheric Drug Strategy [cited 2011 March 24]. Available from:
http://www.cicad.oas.org/Main/Template.asp?File=/main/aboutcicad/basicdocuments/strategy_2010_eng.asp.

promote a public health approach that is centered on health as a human right and on the use of evidence-based policies and interventions.

Situation Analysis

3. A detailed situation analysis was included in the approved *Strategy on Substance Use and Public Health (1)*. Since then, WHO published a report on resources for the prevention and treatment of substance use disorders—the ATLAS on substance use (2)—which included a regional analysis based on questionnaires completed by 21 countries in the Region. Additional information also has been available through PAHO publications (3), as well as regional and global reports and in scientific journals.²

4. Most countries have a limited number of health professionals and services specialized in substance use. The most feasible way to improve treatment coverage is to integrate prevention and treatment services for substance use disorders into health and social welfare systems based on primary health care and the criminal justice system and to develop the capacity of the professionals and nonprofessionals involved to provide adequate care (4). In addition, psychotropic medications also must be adequately prescribed and regulated, in order to significantly reduce their non-medical use and to increase their availability where and when they are needed. A comprehensive demand-reduction response is fundamental for the sustainable development of the Region's countries.

5. PAHO is adapting guidelines and training materials for the management of alcohol and substance use disorders as a component of resources for other mental health priority conditions, so that alcohol and substance use disorders are better integrated at national level, and can utilize complementary and innovative models for capacity building of health professionals (6, 7).

6. Finally, the basis for a public health approach to drug policy and demand reduction is anchored in the book *Drug Policy and the Public Good (7)* and other regional and global documents (8-12). These publications comprehensively review research on the effectiveness of drug policies to reduce substance use and related disorders.

² We recommend consulting the scientific references in: Pan American Health Organization. Strategy on substance use and public health [Internet]. 50th Directing Council of PAHO, 62nd Session of the WHO Regional Committee for the Americas; 2010 Sep. 27-Oct. 1; Washington (DC), US. Washington (DC): PAHO; 2010 (Document CD50/18, Rev. 1) [cited 2011 March 24]. Available from: http://new.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=8141&Itemid=

Proposal

7. The proposed plan of action for 2012–2021 will address each one of the strategic areas included in the strategy on substance use and public health.

Strategic Area 1: Development and implementation of national public health policies, plans, laws, and resource allocation compatible with the magnitude of the substance use problem.

Objective 1.1: To have national substance use health policies and plans in all countries as part of general health policies, plans, and laws. Such policies and plans should ensure: that they complement and coordinate with the overall national drug policy, that they support public health goals, reduce disparities, include a gender perspective, and that they adhere to the applicable human rights instruments, drug control conventions, declarations, and recommendations of the United Nations and inter-American systems.

Indicator³

- Number of countries that have substance use policies integrated into their national health plan. (Baseline: 11.⁴ Target: 16 by 2021.)

Regional Level Activities

- 1.1.1 Cooperate technically in the design, review, updating, reformulation, or improvement of national policies and plans on substance use to include a public health perspective.
- 1.1.2 Promote cooperation and coordination with national drug commissions so that public health goals in national drug policies are supported and included.

National Level Activities

- 1.1.3 Identify a focal point or agency dedicated to substance use issues within the Ministry of Health to coordinate the health sector's response, in coordination with other government sectors and civil society organizations.
- 1.1.4 Cooperate with national drug commissions or equivalent bodies at the national level, to ensure that drug policies have a positive impact on public health.

³ At the current time, there is only partial information for fully defining the base lines and targets for some indicators. At the conclusion of the first year of the plan's execution, a review will be conducted to complete the information, and at the same time, this plan will be aligned with the Strategic Objectives and Indicators of the Organization's Strategic Plan 2013-2017.

⁴ Based on information received from 16 countries.

Objective 1.2: To strengthen prevention, screening, and early intervention, treatment, rehabilitation, social reintegration, and related support services by promoting the health and social well-being of individuals, families, and communities and reducing the adverse consequences of substance use, particularly among high-risk groups.

Indicator

- Number of countries that have widely implemented evidence-based programs on prevention, screening, early intervention, treatment, rehabilitation, social reintegration, and other health services for reducing the negative consequences of substance use. (Baseline: 0. Target: 10 by 2021.)

Regional level activities

- 1.2.1 Facilitate the compilation and dissemination of innovative prevention and care models, best practices in various aspects of demand reduction, including reduction of the adverse consequences of substance use and health system integration.
- 1.2.2 Establish a regional network on substance use and public health to share and exchange information and expertise across the Region and facilitate collaboration among countries.

National Level Activities

- 1.2.3 Implement screening and early intervention programs across a variety of health care settings, particularly primary health care.
- 1.2.4 Develop and evaluate innovative approaches to prevention, early intervention, treatment, rehabilitation, and/or social reintegration.
- 1.2.5 Document and disseminate best practices and lessons learned from the evaluation of policies, programs, and services.

Objective 1.3: To mobilize the financial and human resources necessary for the implementation of planned activities and to ensure that such resources are used primarily in community-based outpatient primary care services and integrated into the general health care system.

Indicator

- Number of countries with a documented budget dedicated to health and social services for disorders related to the use of psychoactive substances. (Baseline: 10.⁵ Target: 15 by 2021.)

⁵ Based on information received from 16 countries.

Regional Level Activities

- 1.3.1 To increase the visibility of and commitment to a public health response to substance use, and to increase allocation of resources to address related problems.

National Level Activities

- 1.3.2 Identify financial resources for the implementation of plans and activities related to substance use and public health from national budgets dedicated to drug policy and control, as well as general health budgets.
- 1.3.3 Ensure that resources will be used primarily in community-based primary care outpatient services and will be integrated into the general health care system.

Strategic Area 2: Promotion of universal prevention of substance use, emphasizing the psychosocial development of children and young people.

Objective 2.1: To promote evidence-based universal prevention models and best practices that will support the psychosocial and economic development of young men and women in particular and enhance access to appropriate and evidence-based health information and services.

Indicators

- Number of countries implementing evidence-based, universal, substance use prevention programs. (Baseline: 8.⁶ Target: 15 by 2021.)
- Number of countries which have evaluated their evidence-based, universal, substance use prevention programs. (Baseline: 3.⁷ Target: 8 by 2021.)

Regional Level Activities

- 2.1.1 Disseminate evidence-based universal prevention programs and models throughout the Region.
- 2.1.2 Cooperate with countries on the development of parenting skills programs, the prevention of intrafamily violence, and the prevention of violence against children and adolescents, to decrease or delay substance use or progression to dependence.
- 2.1.3 Cooperate with countries on the assessment of selective intervention programs aimed at identifying and intervening with persons at risk.

⁶ Based on information received from 16 countries.

⁷ Based on information received from 16 countries.

National Level Activities

- 2.1.4 Revise and evaluate prevention programs regarding their ability to delay or decrease substance use in the short and long term, including their cost-effectiveness.
- 2.1.5 Develop and implement universal prevention programs aimed at the healthy development of young men and women.

Objective 2.2: To promote community-level awareness of substance use and related disorders through education, training, and advocacy programs.

Indicator

- Number of countries with at least one national advocacy event per year. (Baseline: To be established. Target: 20 by 2021.)

Regional Level Activities

- 2.2.1 Disseminate accurate and up-to-date information on substance use and related problems in the Region, disaggregated by sex and ethnic group, as well as on advances in neuroscience, social, and behavioral studies.
- 2.2.2 Develop information kits on the nature of substance use disorders and other related problems, age and gender differences, their link to child and adolescent development, mental disorders and the social determinants of health.
- 2.2.3 Organize awareness and advocacy events on substance use and public health for the celebration of International Day against Drug Abuse and Illicit Trafficking.

National Level Activities

- 2.2.4 Collect, collate, and disseminate epidemiological data on substance use and related problems, disaggregated by sex and ethnic group.
- 2.2.5 Promote community-based programs that have clear objectives, a designated target population, and an evaluation component.
- 2.2.6 Support community-based initiatives to raise awareness of the nature of substance use problems, and prevent discrimination against people with substance use disorders.

Strategic Area 3: Promotion of early intervention in primary care settings and development of treatment systems linked to primary health care and related services.

Objective 3.1: To provide a package of essential, evidence-based interventions at the various levels of the health care system that can be adapted by Member States, emphasizing primary health care.

Indicator

- Number of countries implementing essential, evidence-based interventions based on PAHO/WHO tools and materials. (Baseline: 0. Target: 10 by 2021.)

Regional Level Activities

- 3.1.1 Adapt WHO tools and materials to the Region's reality and needs, and disseminate them.
- 3.1.2 Collaborate with other regional organizations in the dissemination of evidence-based interventions at various levels of the health care system.

National Level Activities

- 3.1.3 Adapt and utilize evidence-based information and tools for developing services for the prevention, treatment, and care of substance use disorders.
- 3.1.4 Scale up the provision of services based on primary health care and in connection with other social services aimed at integrating health care with social reintegration and community participation.

Objective 3.2: To provide tools for training and certifying the health work force to deal with substance use and related problems, including good prescribing practices.

Indicator

- Number of tools 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. (Baseline: 0. Target: 5.)

Regional Level Activities

- 3.2.1 Develop and disseminate tools and information on needs assessment and on effective programs of prevention, screening, and early intervention (before people become dependent), treatment, rehabilitation, social reintegration and related support services, including those aimed at reducing negative consequences related to substance use.

- 3.2.2 Cooperate with countries to build capacity for prevention, screening and early intervention, treatment, rehabilitation, social reintegration and related support services, including those aimed at reducing the negative consequences of substance use.
- 3.2.3 Develop training tools and standards for national accreditation and certification of the health work force on issues related to substance use and associated problems.

National Level Activities

- 3.2.4 Implement training and accreditation mechanisms for the health work force and others (e.g., nonprofessionals) involved in the provision of services for substance use disorders that follow clear standards of care and adhere to applicable human rights standards.
- 3.2.5 Establish mechanisms for regular assessment of the quality of services provided to individuals with substance use disorders, including the protection of applicable human rights.

Objective 3.3: To provide tools, training, and support to unpaid health care providers and family members.

Indicator

- Number of countries utilizing PAHO/WHO technical support and or tools to train unpaid health care providers. (Baseline: 0. Target: 5 by 2021.)

Regional Level Activities

- 3.3.1 Develop training materials and tools for unpaid health care providers and nonprofessionals involved in the care of people with substance use disorders.
- 3.3.2 Develop information tools and materials to support families and other caregivers living with someone with a substance use disorder.

National Level Activities

- 3.3.3 Support families and caregivers of people with substance use disorders in the provision of health and social care, especially through the prevention of any discrimination they may experience.
- 3.3.4 Develop support and care services for families affected by substance use disorders.

Objective 3.4: To review and update curricula for health care and other related professions at the graduate and post-graduate levels and in continuing education programs on topics related to substance use.

Indicator

- Number of countries with updated curricula for health care professions. (Baseline: 2012 national curricula. Target: 5 by 2021.)

Regional Level Activities

- 3.4.1 Develop minimum curriculum standards for health professions and related areas involved in the prevention and care for substance use disorders.
- 3.4.2 Develop basic curriculum standards for non-health professionals involved in prevention and care for substance use disorders.

National Level Activities

- 3.4.3 Revise and update medical and other health professionals' curricula at undergraduate and graduate levels to include issues related to psychoactive substance use problems, policies, and effective interventions.
- 3.4.4 Establish basic requirements and standards for the certification of professionals and nonprofessional for working in the field, particularly in the area of treatment for substance use disorders.

Objective 3.5: To promote adequate availability of internationally controlled psychoactive drugs for medical and scientific purposes, while preventing their diversion and use for non-medical purposes.

Indicator

- Number of countries with functioning regulatory systems for internationally controlled psychoactive drugs that ensure an adequate provision of such medications while minimizing their non-medical use. (Baseline: 15.⁸ Target: 20 by 2021.)

Regional Level Activities

- 3.5.1 Develop tools, materials, and training for the appropriate prescription and dispensing of controlled psychoactive drugs for medical and scientific purposes.

National Level Activities

⁸ Based on information received from 16 countries.

- 3.5.2 Support international and national organizations in properly needs for controlled medicines, in order to ensure availability for medical needs.
- 3.5.3 Develop national guidelines for the appropriate prescription and dispensing of controlled psychoactive drugs for medical and scientific purposes.
- 3.5.4 Train qualified health professionals on the adequate management of controlled substances for medical and scientific use.
- 3.5.5 Support activities aimed at preventing unregulated markets for these substances and the misuse of prescription medications at home (access by other family members, use other than for reasons prescribed, and disposal of unused prescriptions).

Strategic Area 4: Research, monitoring, and evaluation.

Objective 4.1: To develop the capacity for research and the monitoring and evaluation of substance use prevention, early intervention, treatment, rehabilitation, social reintegration, and related support services aimed at reducing the negative consequences of substance use.

Indicator

- Number of countries that utilize standardized tools to assess and monitor their responses to substance use problems. (Baseline: 21. Target: 25 by 2021.)

Regional Level Activities

- 4.1.1 Develop a regional information system on substance use and public health.
- 4.1.2 Promote research with a gender perspective regarding substance use, norms, substance use problems, access to health and social services, and treatment and care service responses.
- 4.1.3 Build capacity for research and publication in scientific journals in middle- and low-income countries of the Region.
- 4.1.4 Develop tools for monitoring and evaluating programs and build capacity for monitoring and evaluation that can be tailored to the economic and cultural conditions of each country.

National Level Activities

- 4.1.5 Include monitoring mechanisms to assess the public health impact of programs and policies related to substance use.
- 4.1.6 Build national capacity for research and the monitoring and evaluation of programs and policies, based on the economic and cultural conditions of its subpopulations.

Objective 4.2: To improve the data on substance use in national health information systems, ensuring regular collection and analysis of core data relevant for decision-making and for monitoring changes over time.

Indicator

- Number of countries with a national health information system that includes indicators of substance use and its impact on health, disaggregated by sex and age group. (Baseline: 0. Target: 5 by 2021.)

Regional Level Activities

- 4.2.1 Cooperate with countries on the inclusion of indicators of substance use and health problems into national health information systems and drug information systems, disaggregated by sex and ethnic group.

National Level Activities

- 4.2.2 Include health indicators into national health information systems and drug information systems to ensure coherence in the health data.

Objective 4.3: To promote research and surveillance in Member States in order to create an evidence base for effective intervention strategies and to monitor substance use trends in the Region.

Indicator

- Number of new research studies undertaken to assess either the nature, dimension, or impact of substance use disaggregated by sex and age group, or studies on the effectiveness of interventions. (Baseline: N/A. Target: 10 studies by 2021.)

Regional Level Activities

- 4.3.1 Promote research and technical cooperation on areas related to substance use and public health.

National Level Activities

- 4.3.2 Support relevant research for public health on substance use issues.
- 4.3.3 Promote health research, using quantitative and qualitative methodologies in the field of psychoactive substance use prevention, treatment, and care.
- 4.3.4 Encourage the documentation and dissemination of new results from research and evaluation studies in scientific forums, journals, and other media.

Objective 4.4: To compile and disseminate evidence-based information and materials on substance use issues, such as evaluations of policies and programs at national and local levels.

Indicator

- Number of regional-level publications disseminated with evidence based information on substance use, related problems, and/or effectiveness of interventions. (Baseline: 3. Target: At least one regional-level publication every two years.)

Regional Level Activities

- 4.4.1 With the support of collaborating centers, compile, evaluate, and disseminate information and best practices on policies and programs on substance use and related problems with an impact in public health.

National Level Activities

- 4.4.2 Document experiences on and best practices in policy, program development and/or implementation, for dissemination at regional and national levels.

Strategic Area 5: Strategic partnerships.

Objective 5.1: To create and strengthen partnerships with other stakeholders to achieve a comprehensive public health response to substance use problems in the Region.

Indicator

- Number of joint activities undertaken with other international organizations and partners. (Baseline: 2. Target: 8 joint activities by 2021.)

Regional Level Activities

- 5.1.1 Coordinate activities with CICAD/OAS, WHO, UNODC, and other international organizations, in order to ensure that public health goals and evidence-based programs and policies are implemented in the Region.
- 5.1.2 Promote partnerships with civil society organizations, NGOs, PAHO/WHO Collaborating Centers, and others with an interest in a public health approach to substance use problems.
- 5.1.3 Promote partnerships with various ethnic and cultural groups in order to develop an intercultural approach to substance use and public health responses that are inclusive and equitable.
- 5.1.4 Develop a network of collaborating centers, centers of reference, and research institutions.

National Level Activities

- 5.1.5 Coordinate activities at the country level across different areas of government, civil society organizations, and with various international organizations, in order to avoid the duplication of efforts and contradictory messages to the public and policymakers.

Monitoring and Evaluation

8. This Plan of Action contributes to the achievements of PAHO's Strategic Plan's Strategic Objectives 3⁹ and 6.¹⁰ The specific Region-wide Expected Results to which this Plan of Action contributes are detailed in Annex B. The monitoring and assessment of this Plan will be aligned with the Organization's results-based management framework as well as its performance, monitoring and assessment processes. In this regard progress reports will be developed based on information available at the end of a biennium.

9. With a view to determine strengths and weaknesses of the overall implementation, causal factors of successes and failures, and future actions, both a midterm and final evaluation will be conducted.

⁹ SO3: To prevent and reduce disease, disability and premature death from chronic non-communicable conditions, mental disorders, violence and injuries.

¹⁰ SO6: To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions.

Action by the Directing Council

10. The Directing Council is requested to review the information contained in this document and consider adoption of the resolution presented in Annex A.

References

1. Pan American Health Organization. Strategy on substance use and public health [Internet]. 50th Directing Council of PAHO, 62nd Session of the WHO Regional Committee for the Americas; 2010 Sep. 27-Oct. 1; Washington (DC), US. Washington (DC): PAHO; 2009 (Document CD50/18, Rev. 1) [cited 2011 March 24]. Available from:
http://new.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=8141&Itemid=.
2. World Health Organization. ATLAS on substance use (2010): resources for the prevention and treatment of substance use disorders. Geneva, Switzerland. World Health Organization; 2010 [cited 2011 March 24]. Available from:
http://www.who.int/substance_abuse/publications/Media/en/index.html
3. Monteiro MG, Telles-Dias P, Inglez-Dias A. Epidemiología del uso del alcohol y otras sustancias psicoactivas, en el libro Epidemiología de los trastornos mentales en América Latina y el Caribe (pgs. 177-192). Pan American Health Organization. Washington (DC), US. OPS; 2009.
4. World Health Organization. mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings: Mental Health Gap Action Programme (mhGAP) [Internet]. Geneva, Switzerland. WHO; 2010 [cited 2011 March 24]. Available from:
http://whqlibdoc.who.int/publications/2010/9789241548069_eng.pdf.
5. Humeniuk R, Henry-Edwards S, Ali R, Poznyak V, Monteiro MG. The alcohol, smoking and substance involvement screening test (ASSIST): manual for use in primary care [Internet]. Geneva, Switzerland: WHO; 2010 [cited 2011 March 24]. Available from:
http://whqlibdoc.who.int/publications/2010/9789241599382_eng.pdf.

6. Humeniuk R, Henry-Edwards S, Ali R, Poznyak V, Monteiro MG. The ASSIST-linked brief intervention for hazardous and harmful substance use. Manual for use in primary care [Internet]. Geneva, Switzerland: WHO; 2010 [cited 2011 March 24]. Available from:
http://whqlibdoc.who.int/publications/2010/9789241599399_eng.pdf.
7. Babor TF, et al. (2010) Drug Policy and the Public Good. Oxford, UK. Oxford University Press; 2009 (doi:10.1093/acprof:oso/9780199557127.001.0001).
8. International Drug Policy Consortium (ed). Drug policy guide [Internet]. London, UK: IDPC; 2010 [cited 2011 March 24]. Available from:
<http://www.idpc.net/publications/idpc-drug-policy-guide-version-1>.
9. World Health Organization, United Nations Office on Drugs and Crime, Joint United Nations Programme on HIV/AIDS. WHO, UNODC, UNAIDS technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users [Internet]. Geneva, Switzerland: WHO; 2009 (ISBN 978-92-4-159776-0) [cited 2011 March 24]. Available from:
http://www.who.int/hiv/pub/idu/idu_target_setting_guide.pdf.
10. Ball AL, Rana S, and Dehne KL. HIV prevention among injecting drug users: responses in developing and transitional countries. Public Health Rep. 1998 June; 113(Suppl 1):170–181 [cited 2011 March 24]. Available from:
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1307739/>.
11. Barrett D and Nowak M. The United Nations and drug policy: towards a human rights-based approach. The diversity of international law essays in honour of professor Kalliopi K. Koufa, pp. 449-477, Aristotle Constantinides and Nikos Zaikos, eds., Brill/Martinus Nijhoff: 449-477; 2009 [cited 2011 march 24]. Available from:
http://papers.ssrn.com/sol3/papers.cfm?abstract_id=1461445.
12. Inter-American Drug Abuse Control Commission. How to develop a national drug policy: a guide for policymakers, practitioners, and stakeholders [Internet]. Washington (DC), US: CICAD; 2009 (ISBN 978-0-8270-5388-5) [cited 2011 March 24]. Available from:
http://www.cicad.oas.org/en/pubs/How_to_Develop_a_National_Drug_Policy_CICA_D-CARICOM.pdf.



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



51st DIRECTING COUNCIL

63rd SESSION OF THE REGIONAL COMMITTEE

Washington, D.C., USA, 26-30 September 2011

CD51/9 (Eng.)

Annex A

ORIGINAL: ENGLISH

PROPOSED RESOLUTION

PLAN OF ACTION ON PSYCHOACTIVE SUBSTANCE USE AND PUBLIC HEALTH

THE 51st DIRECTING COUNCIL,

Having reviewed the *Plan of Action on Psychoactive Substance Use and Public Health* (Document CD51/9);

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

Understanding that approaches related to prevention, screening, early intervention, treatment, rehabilitation, social reintegration, and support services are necessary actions to reduce the adverse consequences of psychoactive substance use;

Recognizing that these approaches require improving access to health care services, promoting the health and social well-being of individuals, families, and communities, while protecting and promoting the right of everyone to the enjoyment of the highest attainable standard of physical and mental health;

Considering the context and framework for action offered by the Health Agenda for the Americas 2008-2017, the PAHO Strategic Plan 2008–2012, the Hemispheric Drug Strategy and the Hemispheric Plan of Action of the Inter-American Drug Abuse Control Commission of the Organization of American States (OAS/CICAD), the regional *Strategy and Plan of Action on Mental Health* (Document CD49/11 [2009]), and the *World Health Organization (WHO) 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 *Strategy on Substance Use and Public Health* adopted in 2010 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 *Plan of Action on Psychoactive Substance Use and Public Health* and support its implementation within the context of each country's specific conditions, in order to respond appropriately to current and future needs in relation to substance use.
2. To urge Member States to:
 - (a) identify psychoactive substance use as a public health priority and implement national and subnational plans to tackle psychoactive substance use problems that are consonant with their public health impact, especially with regard to reducing existing treatment gaps;
 - (b) contribute to and participate in the implementation of the Plan of Action.
3. To request the Director to:
 - (a) monitor and evaluate the implementation of the regional Plan of Action at five years and at the end of the implementation period;
 - (b) support the Member States, furthermore, in the preparation and implementation of national and subnational plans on psychoactive substance use within the framework of their specific conditions and public health policies that take into account the provisions of the *Strategy on Psychoactive Substance Use and Public Health*;
 - (c) promote partnerships with governmental and nongovernmental organizations, as well as with international organizations and other regional stakeholders in support of the multisectoral response required to implement this Plan of Action.



PAN AMERICAN HEALTH ORGANIZATION
Pan American Sanitary Bureau, Regional Office of the
 WORLD HEALTH ORGANIZATION

CD51/9 (Eng.)
 Annex B

Report on the Financial and Administrative Implications for the Secretariat of the Proposed Resolution

1. Agenda item: 4.6 Plan of Action on Psychoactive Substance Use and Public Health.

2. Linkage to Program and Budget 2012-2013:

(a) Area of work: Sustainable Developmental and Environmental Health

(b) Expected result:

- RER 6.4: Member States supported through technical cooperation to develop evidence-based and ethical policies, strategies, programs, and guidelines for preventing and reducing alcohol, drugs, and other psycho-active substance use and related problems.
- RER 3.1: Member States supported through technical cooperation to increase political, financial, and technical commitments to address chronic non-communicable conditions, mental and behavioral disorders, violence, road safety, and disabilities.
- RER 3.2: Member States supported through technical cooperation for the development and implementation of policies, strategies, and regulations regarding chronic non-communicable conditions, mental and behavioral disorders, violence, road safety, disabilities, and oral diseases.
- RER 3.3: Member States supported through technical cooperation to improve capacities to collect, analyze, disseminate and use data on the magnitude, causes, and consequences of chronic non-communicable conditions, mental and behavioral disorders, violence, road traffic injuries, and disabilities.
- RER 3.4: Improved evidence compiled by the Bureau on the cost-effectiveness of interventions to address chronic non-communicable conditions, mental and behavioral disorders, violence, road traffic injuries, disabilities, and oral health.
- RER 3.5: Member States supported through technical cooperation for the preparation and implementation of multisectoral, population-wide programs to promote mental health and road safety and prevent chronic non-communicable conditions, mental and behavioral disorders, violence, and injuries, as well as hearing and visual impairment, including blindness.
- RER 3.6: Member States supported through technical cooperation to strengthen their health and social systems for the integrated prevention and management of chronic non-communicable conditions, mental and behavioral disorders,

	violence, road traffic injuries, and disabilities.
RER 4.6:	Member States supported through technical cooperation for the implementation of policies and strategies on adolescent health and development.
RER 6.1:	Member States supported through technical cooperation to strengthen their capacity for health promotion across all relevant programs; and to establish effective multisectoral and multidisciplinary collaborations for promoting health and preventing or reducing major risk factors.
RER 6.2:	Member States supported through technical cooperation to strengthen national systems for surveillance of major risk factors through development and validation of frameworks, tools, and operating procedures and their dissemination.
RER 7.1:	Significance of health determinants and social policies recognized throughout the Organization and incorporated into normative work and technical cooperation with Member States and other partners.
RER 7.2:	Initiative taken by PAHO/WHO in providing opportunities and means for intersectoral collaboration at national and international levels in order to address social and economic health determinants and to encourage poverty reduction and sustainable development.
RER 7.3:	Social and economic data relevant to health collated and analyzed on a disaggregated basis (by sex, age, ethnicity, income, and health conditions, such as disease or disability).
RER 7.4:	Ethics- and human rights-based approaches to health promoted within PAHO/WHO and at national, regional, and global levels.
RER 7.5:	Gender analysis and responsive actions incorporated into PAHO/WHO's normative work and technical cooperation provided to Member States for formulation of gender sensitive policies and programs.
RER 7.6:	Member States supported through technical cooperation to develop policies, plans, and programs that apply an intercultural approach based on primary health care and that seek to establish strategic alliances with relevant stakeholders and partners to improve the health and well-being of indigenous peoples and racial/ethnic groups.
RER 8.3:	Member States supported through technical cooperation to strengthen occupational and environmental health policy-making, planning of preventive interventions, service delivery, and surveillance.
RER 8.4:	Guidance, tools, and initiatives created to support the health sector to influence policies in priority sectors (e.g. energy, transport, agriculture), assess health impacts, determine costs and benefits of policy alternatives in those sectors, and harness non-health sector investments to improve health.
RER 8.5:	Health sector leadership enhanced to promote a healthier environment and influence public policies in all sectors to address the root causes of environmental threats to health, by responding to emerging and re-emerging environmental health concerns from development, evolving technologies, other global environmental changes, and consumption and production patterns.

RER 10.1:	Member States supported through technical cooperation to strengthen health systems based on primary health care, promoting equitable access to health services of good quality, with priority given to vulnerable population groups.
RER 10.2:	Member States supported through technical cooperation to strengthen organizational and managerial practices in health services' institutions and networks, to improve performance and to achieve collaboration and synergy between public and private providers.
RER 10.3:	Member States supported through technical cooperation to strengthen programs for the improvement of quality of care and patient safety.
RER 11.1:	Member States supported through technical cooperation to strengthen the capacity of the national health authority to perform its steering role; improving policy analysis, formulation, regulation, strategic planning, implementation of health system changes; and enhancing intersectoral and inter-institutional coordination at the national and local levels.
RER 11.2:	Member States supported through technical cooperation for improving health information systems at regional and national levels.
RER 11.3:	Member States supported through technical cooperation to increase equitable access to, and dissemination and utilization of, health-relevant information, knowledge, and scientific evidence for decision-making.
RER 11.4:	Member States supported through technical cooperation for facilitating the generation and transfer of knowledge in priority areas, including public health and health systems research, and ensuring that the products meet WHO ethical standards.
RER 13.1:	Member States supported through technical cooperation to develop human resources plans and policies to improve the performance of health systems based on primary health care and the achievement of the Millennium Development Goals (MDGs).
RER 13.3:	Member States supported through technical cooperation to formulate and implement strategies and incentives to recruit and retain health personnel in order to attend to the needs of health systems based on renewed primary health care.
RER 13.4:	Member States supported through technical cooperation to strengthen education systems and strategies at the national level, with a view to developing and maintaining health workers' competencies, centered on primary health care.

3. Financial implications: The plan of action has financial implications for the Organization.

(a) Total estimated cost for implementation over the lifecycle of the resolution (estimated to the nearest US\$ 10,000, including staff and activities):

US\$ 450,000 per year for 10 years, totaling \$4,500,000.

(b) Estimated cost for the biennium 2012-2013 (estimated to the nearest US\$ 10,000, including staff and activities): \$500,000.

(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities? \$60,000.

4. Administrative implications

(a) Indicate the levels of the Organization at which the work will be undertaken: Regional, subregional, and country levels.

(b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile): A professional-level post to provide technical support, coordinate, and monitor the implementation of country-specific projects.

(c) Time frames (indicate broad time frames for implementation and evaluation): 2012-2021.



PAN AMERICAN HEALTH ORGANIZATION
Pan American Sanitary Bureau, Regional Office of the
WORLD HEALTH ORGANIZATION

CD51/9 (Eng.)
Annex C

ANALYTICAL FORM TO LINK AGENDA ITEM WITH ORGANIZATIONAL MANDATES

1. Agenda item: 4.6 Plan of Action on Psychoactive Substance Use and Public Health.

2. Responsible unit: Sustainable Development and Environmental Health/Mental Health and Consumer's Protection Project.

3. Preparing officer: Maristela Monteiro

4. List of collaborating centers and national institutions linked to this agenda item:

National Reference Institutions

- Health Canada, International Affairs Directorate
- National Health Surveillance Agency (ANVISA), Brazil
- National Institute on Drug Abuse, Bethesda, Maryland, USA
- Pacific Institute for Research and Evaluation (PIRE), Calverton, Maryland, USA
- Department of Community Health, University of Connecticut, Storrs, Connecticut, USA
- Mercer University, Atlanta, Georgia, USA
- Fundação Fiocruz, Rio de Janeiro, Brazil
- Intercambios, Argentina
- Red Iberoamericana de ONGs en Drogas (RIOD)
- Plan Nacional de Drogas, Spain

Collaborating Centers

- National Institute of Psychiatry Ramón de la Fuente Muñiz, México
- Centre for Addiction and Mental Health, Toronto, Canada

5. Link between agenda item and Health Agenda for the Americas 2008-2017:

Substance use is linked to rapid urbanization, inequalities and inequities, social exclusion, violence, and mental health disorders. It is a health determinant and a health outcome, and tackling substance use problems requires increasing social protection and access to quality health services. Building the capacity of health workers is also fundamental to an effective response to substance use problems.

6. Link between agenda item and Strategic Plan 2008-2012:

Strategic Objective 3: To prevent and reduce disease, disability and premature death from chronic non-communicable conditions, mental disorders, violence and injuries.

Strategic Objective 6: To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions.

7. Best practices in this area and examples from countries within the Region of the Americas:

- Expansion of treatment services for substance users in Brazil and the United States of America, as part of these countries' national health systems.
- Integration of screening and brief interventions for early substance use problems in primary care or non-specialized settings in USA, Brazil and Mexico.
- Considering substance use problems as public health problems in the national drug policy in Ecuador.
- Universal access to ART in Brazil for HIV+ substance users.
- Needle exchange programs as part of the development of a comprehensive recovery-oriented public health response to substance use disorders in Argentina, Brazil, Canada, México, and the United States.
- Psychosocial treatment for substance use disorders, several countries.
- Methadone and buprenorphine maintenance for opioid dependence in the United States, México, and Canada.
- Alternatives to incarceration for substance users with minor offenses in Argentina, Brazil, and Uruguay.
- Availability of substance use disorder treatment services in prisons in the United States;
- Regulatory control of psychotropic medicines for medical use in several countries, including Brazil, Canada, and the United States.
- Control of chemical precursors for the production of amphetamines in the United States;
- Strengthening family programs in the United States.
- Peer self-help organizations in several countries.
- Community outreach programs for injection drug users in Brazil, Canada, and the United States.

8. Financial implications of this agenda item: US\$ 4,500,000 for the ten-year plan.

*For more details see Annex B in this document.