



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



# 148th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 20-24 June 2011

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*Provisional Agenda Item 4.6*

CE148/12, Rev. 1 (Eng.)

8 June 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 abuse strategy<sup>1</sup> that includes several actions related to demand reduction. Such a strategy provides a historic opportunity for the development of complementary approaches between PAHO and CICAD/OAS. This joint approach would enable resources and expertise to be shared, so

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<sup>1</sup> 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](http://www.cicad.oas.org/Main/Template.asp?File=/main/aboutcicad/basicdocuments/strategy_2010_eng.asp).

as to 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.<sup>2</sup>

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, and to make them available routinely in primary health care, and in the criminal justice system (4). Universal access will require well-organized and well-managed health care systems, properly educated and trained human resources, sufficient financial resources to cover the population's needs, supportive policy and legislative frameworks, and the availability of appropriate essential medicines. 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 has developed a training package in Spanish based on a WHO screening questionnaire Alcohol, Smoking, Substance Involvement Screening Test (ASSIST) (5) and a tested brief intervention (6) aimed at reducing risky substance use in non-specialized settings. The package is being pilot-tested in selected countries and is expected to become a useful tool for capacity building of human resources as well as to increase the coverage of services at an early stage of substance use, before people become dependent.

6. PAHO is also 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.

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<sup>2</sup> 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=](http://new.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=8141&Itemid=)

7. 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. The book won the first prize in public health books from the British Medical Association, which is one of the most prestigious prizes in the world for specialized health literature.

### **Proposal**

8. 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, declarations, and recommendations of the inter-American and United Nations systems.

### **Indicator**

- Number of countries that have substance use policies integrated into their national health plan. (Baseline: To be established.<sup>3</sup> Target: 10 countries by 2021.)

### *Regional Level Activities*

- 1.1.1 Provide technical cooperation for the design, reformulation, or improvement of national policies and plans on substance use that are integrated with mental health and are part of the general health policies.
- 1.1.2 Promote cooperation and coordination with national drug commissions so that public health goals in national drug policies are supported and protected and adhere to applicable human rights instruments, declarations, and recommendations of the inter-American and United Nations systems.
- 1.1.3 Cooperate technically with countries in order to review and update current legislative frameworks in the field of substance use and their impact on public health.

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<sup>3</sup> Data for some indicators baseline and target are being identified and will be included in the version presented to the 51st Directing Council.

*National Level Activities*

- 1.1.4 Identify a focal point or agency dedicated to substance use issues within the Ministry of Health, which will liaise and coordinate the health sectors response with that of other government sectors and with civil society organizations.
- 1.1.5 Cooperate with national drug commissions or equivalent bodies at the national level, to ensure that national drug policies include evidence-based policies with a public health goal and that they adhere to applicable human rights instruments.

**Objective 1.2:** 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 primary care outpatient services and integrated into the general health care system.

**Indicator**

- Number of countries with a documented budget dedicated to health and social services for substance use disorders. (Baseline: To be established. Target: 10 countries by 2021.)

*Regional Level Activities*

- 1.2.1 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*

- 1.2.2 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.
- 1.2.3 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: To be established. Target: 10 countries by 2021.)
- Number of countries which have evaluated their evidence-based, universal, substance use prevention programs. (Baseline: To be established. Target: 5 countries by 2021.)

***Regional Level Activities***

- 2.1.1 Disseminate evidence-based universal prevention programs and models throughout the Region.
- 2.1.2 Technically cooperate with countries on prevention of intrafamily violence, parenting skills programs, and prevention of violence against children and adolescents, with the goal of decreasing substance use or delaying initiation or progress into dependence.
- 2.1.3 Technically cooperate with countries on the assessment of selective intervention programs aimed at identifying and intervening with persons at risk, such as school dropouts, children and adolescents with mental disorders, victims of violence, children living in difficult environments, including those living with parents with substance use disorders and other mental disorders.

***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 countries by 2021.)

*Regional Level Activities*

- 2.2.1 Disseminate accurate and up-to-date information on substance use and related harms in the Region, disaggregated by sex and ethnic group.
- 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 Establish a specific day to organize awareness and advocacy events on substance use and public health.

*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 the stigmatization of and 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 countries 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 increase the coverage and provision of health and social services to prevent, reduce, modify or stop substance use and related problems, particularly among high-risk groups.

**Indicator**

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

*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, treatment, rehabilitation, social reintegration and related support services, including those aimed at reducing specific harms related to drug use.
- 3.2.2 Technically 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 specific harms related to drug 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 Develop training and accreditation mechanisms for the health work force and other actors involved in the provision of services for substance use disorders that follow clear standards of care and adhere to applicable human rights standards.

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

***Indicator***

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

*Regional Level Activities*

- 3.3.1 Develop training materials and tools for unpaid health care providers, including family members and others involved in the care of people with substance use disorders.

*National Level Activities*

- 3.3.2 Support families and caregivers of people with substance use disorders so they can deal effectively with health and social problems without stigmatization or discrimination.

***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 countries 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.

*National Level Activities*

- 3.4.2 Revise and update medical and other health professionals' curricula at undergraduate and graduate levels to include issues related to substance problems, policies, and effective interventions.

***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: To be established. Target: 10 countries 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*

- 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 a comprehensive assessment of substance use prevention, early intervention, treatment, rehabilitation, social reintegration, and related support services aimed at reducing the adverse consequences of substance use in the countries, establishing baselines, and monitoring the situation.

***Indicator***

- Number of countries that utilize the WHO ATLAS and/or S-AIMS to assess their responses to substance use problems. (Baseline: 21. Target: 25 countries by 2021.)

*Regional Level Activities*

- 4.1.1 Develop a regional information system on public health responses to substance use problems that can monitor progress at regional and national levels, including gathering information disaggregated by sex and with an intercultural approach.

- 4.1.2 Promote research with a gender perspective regarding substance use, norms, substance use problems, access to health and social services, and response to treatment and care services.
- 4.1.3 Develop tools for monitoring and evaluating programs and build capacity for monitoring and evaluation.

*National Level Activities*

- 4.1.4 Develop a national information system on public health responses to substance use problems that includes health indicators and that complements national drug information systems, where they already exist.
- 4.1.5 Build national capacity for monitoring and evaluation of programs.

**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 countries by 2021.)

*Regional Level Activities*

- 4.2.1 Technically 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 research relevant for public health regarding substance use issues.

**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 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 and program development and 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 Promote dialogue and understanding of substance use and public health and the need for rational, evidence based, and balanced approach to the national responses to substance use problems at national and international levels.
- 5.1.5 Develop a network of collaborating centers, centers of reference, and research institutions to exchange information and provide training opportunities so that young researchers can develop skills on planning research studies, ethical requirements in research, writing of scientific publications, and presenting results in national and international scientific conferences.

*National Level Activities*

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

**Monitoring and Evaluation**

9. This Plan of Action contributes to the achievements of PAHO's Strategic Plan's Strategic Objectives 3<sup>4</sup> and 6<sup>5</sup>. 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.

10. 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.

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<sup>4</sup> SO3: To prevent and reduce disease, disability and premature death from chronic non-communicable conditions, mental disorders, violence and injuries.

<sup>5</sup> 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 Executive Committee

11. The Executive Committee is requested to review the information contained in this document and consider adoption of the resolution presented in Annex A.

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PAN AMERICAN HEALTH ORGANIZATION  
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## 148th SESSION OF THE EXECUTIVE COMMITTEE

*Washington, D.C., USA, 20-24 June 2011*

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CE148/12, Rev. 1 (Eng.)  
Annex A  
ORIGINAL: ENGLISH

### ***PROPOSED RESOLUTION***

#### **PLAN OF ACTION ON PSYCHOACTIVE SUBSTANCE USE AND PUBLIC HEALTH**

##### ***THE 148th SESSION OF THE EXECUTIVE COMMITTEE,***

Having reviewed the *Plan of Action on Psychoactive Substance Use and Public Health* (Document CE148/12, Rev. 1),

##### ***RESOLVES:***

To recommend that the 51st Directing Council adopt a resolution along the following lines:

#### **PLAN OF ACTION ON SUBSTANCE USE AND PUBLIC HEALTH**

##### ***THE 51st DIRECTING COUNCIL,***

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

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 demand-reduction approaches fill a critical need for prevention, screening, early intervention, treatment, rehabilitation, social reintegration, and support services to reduce the adverse consequences of 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 health as a fundamental human right;

Considering the context and framework for action offered by the Health Agenda for the Americas, the PAHO Strategic Plan 2008–2012, the Inter-American Drug Abuse Control Commission of the Organization of American States (OAS/CICAD) hemispheric drug strategy and plan of action, the regional strategy and plan of action on mental health (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 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 through strengthening of services within the framework of primary health care-based systems and integrated mental health service delivery networks;

- (d) continue working to strengthen the countries' legal frameworks, with a view to protecting the human rights of people with substance use disorders and effectively enforcing laws without harming public health;
- (e) foster dialogue and collaboration between the drug control, criminal justice, and health sectors to promote and protect public health goals, reduce stigmatization of and discrimination against people with substance use disorders;
- (f) encourage the effective involvement of the community, including former and current substance users, and family members, in developing policy and participating in prevention and treatment activities;
- (g) recognize that human resources development in the area of substance use prevention, care, and treatment is a key component in the improvement of national health plans and services and in developing and implementing systematic training programs and curriculum changes;
- (h) bridge the existing substance use information gap through research, carried out with an intercultural and gender equality approach;
- (i) strengthen partnerships between the public sector and other sectors, including with nongovernmental organizations, 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) monitor and evaluate the implementation of the regional Plan of Action at five years and at the end of the implementation period;
- (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 and taking into account the Strategy on Substance Use and Public Health, as they endeavor to correct inequities and to giving priority to caring 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, evidence-based corrective measures are taken;

- (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.



PAN AMERICAN HEALTH ORGANIZATION  
*Pan American Sanitary Bureau, Regional Office of the*  
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CE148/12, Rev. 1 (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 2010-2011:**

**(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.
<b>3. Financial implications:</b> The strategy has financial implications for the Organization.	
<b>(a) Total estimated cost for implementation over the lifecycle of the resolution (estimated to the nearest US\$ 10,000, including staff and activities):</b>	
US\$ 450,000 per year for 10 years, totaling \$4,500,000.	

**(b) Estimated cost for the biennium 2011-2012 (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? \$160,000.**

#### **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 (requiring a master's degree in public health) to provide technical support and 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

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 Annex C

<b>ANALYTICAL FORM TO LINK AGENDA ITEM WITH ORGANIZATIONAL MANDATES</b>
<b>1. Agenda item:</b> 4.6 Plan of Action on Psychoactive Substance Use and Public Health.
<b>2. Responsible unit:</b> Sustainable Development and Environmental Health/Mental Health and Consumer's Protection Project.
<b>3. Preparing officer:</b> Maristela Monteiro
<p><b>4. List of collaborating centers and national institutions linked to this agenda item:</b></p> <p><u>National Reference Institutions</u></p> <ul style="list-style-type: none"> <li>• Health Canada, International Affairs Directorate</li> <li>• National Health Surveillance Agency (ANVISA), Brazil</li> <li>• National Institute on Drug Abuse, Bethesda, Maryland, USA</li> <li>• Pacific Institute for Research and Evaluation (PIRE), Calverton, Maryland, USA</li> <li>• Department of Community Health, University of Connecticut, Storrs, Connecticut, USA</li> <li>• Mercer University, Atlanta, Georgia, USA</li> <li>• Fundação Fiocruz, Rio de Janeiro, Brazil</li> <li>• Intercambios, Argentina</li> <li>• Red Iberoamericana de ONGs en Drogas (RIOD)</li> <li>• Plan Nacional de Drogas, Spain</li> </ul> <p><u>Collaborating Centers</u></p> <ul style="list-style-type: none"> <li>• Department of Psychobiology, Federal University of São Paulo, Brazil</li> <li>• National Institute of Psychiatry Ramón de la Fuente Muñiz, México</li> <li>• Centre for Addiction and Mental Health, Toronto, Canada</li> </ul>
<p><b>5. Link between agenda item and Health Agenda for the Americas 2008-2017:</b></p> <p>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.</p>
<p><b>6. Link between agenda item and Strategic Plan 2008-2012:</b></p> <p><b>Strategic Objective 3:</b> To prevent and reduce disease, disability and premature death from chronic non-communicable conditions, mental disorders, violence and injuries.</p> <p><b>Strategic Objective 6:</b> 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.</p>

**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 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.

**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.