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STRATEGY AND PLAN OF ACTION ON PSYCHOACTIVE SUBSTANCE USE AND PUBLIC HEALTH: FINAL REPORT

Background

1. The purpose of this document is to present to the Governing Bodies of the Pan American Health Organization (PAHO) the final report on implementation of the Strategy on Substance Use and Public Health (Document CD50/18, Rev. 1) (1) and the Plan of Action on Psychoactive Substance Use and Public Health (Document CD51/9) (2) for the period 2012-2021, adopted by the PAHO Directing Council, respectively, in 2010 (Resolution CD50.R2) (3) and 2011 (Resolution CD51.R7) (4). The strategy and the plan of action form the basis of technical cooperation in the Region of the Americas to address problems related to psychoactive substance use in terms of public health. This final report presents the progress achieved and the status of each of the objectives and indicators of the plan of action.

Analysis of Progress Achieved

2. The Pan American Sanitary Bureau (PASB) has promoted a health-based approach to problems related to the use of psychoactive substances, both at the regional and country levels. This is reflected in the achievement of the objectives of the plan of action and the progress achieved, as well as the remaining challenges. Differences remain between countries in terms of progress on the various strategic lines, but overall, the health dimension of drug-related problems has gained prominence on the policy agenda.

3. PASB has supported intersectoral work in the countries, especially among health ministries, drug commissions, and civil society organizations, in order to position and strengthen the public health vision of substance use problems. At the regional level, PASB has strengthened partnerships with key actors involved in cooperation with countries on this issue. In particular, work has been carried out with the Inter-American Drug Abuse Control Commission (CICAD) of the Organization of American States (OAS), the United Nations Office on Drugs and Crime (UNODC), the Ibero-American Network of Non-governmental Organizations working on drug dependency issues (RIOD), and the

Cooperation Programme between Latin America, the Caribbean, and the European Union on Drug Policies (COPOLAD).

4. Improving access to and quality of health responses to substance-use problems is a key component of the plan of action. PASB has promoted the integration of care for people with problem use of these substances at all levels of the health services network, strengthening the competencies of human resources and the adoption of standards of care, and protecting the rights of these people, especially those in the most vulnerable groups.

5. Countries have made moderate and uneven progress in implementing their policies, plans, and programs to respond to problem use of psychoactive substances. Difficulties persist in producing, compiling, and using information on the use of these substances, their determinants, and their health consequences, and in assessing the results of actions taken in response. A lack of systematization and periodic reporting makes it difficult to make proper use of data.

6. The COVID-19 pandemic, declared in March 2020 by the World Health Organization (WHO), has had repercussions on mental health and the use of psychoactive substances in the Region, and has also compromised the offer of care services in this area. This is reflected in several exploratory studies carried out with the participation of PASB, WHO, CICAD, and UNODC. PASB has helped address the situation in the countries in collaboration with the ministries of health, provided technical recommendations to prevent and manage infection, and promoted the use of remote care tools to facilitate access to care and reduce complications in the population with problem use.

7. The following tables summarize the results of the final evaluation of the plan of action for the period 2012-2021, by strategic line. This evaluation is based on the available information from sources recognized by the countries and with which PAHO has collaborated: the CICAD Multilateral Evaluation Mechanism (MEM) (5, 6), the Virtual Campus for Public Health, the COPOLAD program, UNODC, and CICAD.¹ Assessment of the indicators follows the criteria for rating outcome and output indicators at the regional level, as presented in Annex B of Addendum I to the Report of the End-of-Biennium Assessment of the PAHO Program and Budget 2018-2019/Final Report on the Implementation of the PAHO Strategic Plan 2014-2019 (Document CD58/5, Add. I) (7).

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

8. Although there is growing recognition that problem use of psychoactive substances is an issue inherent to public health—and this is reflected in sectoral health and drug control policies—, there is insufficient allocation of resources to offer an effective response to the affected population, significantly compromising care for the most vulnerable groups.

¹ For more information [in Spanish] on this program: <http://copolad.eu/es/pagina/que-es-copolad>.

<p>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</p>	
Indicator, baseline, and target	Status
<p>1.1.1 Number of countries that have substance use policies integrated into their national health plan</p> <p>Baseline: 11 Target (2021): 16</p>	<p><i>Exceeded.</i> A total of 26 countries have included the issue of psychoactive substance use in their national health policies.</p>
<p>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</p>	
Indicator, baseline, and target	Status
<p>1.2.1 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</p> <p>Baseline: 0 Target (2021): 10</p>	<p><i>Exceeded.</i> A total of 33 countries have implemented evidence-based programs at the national level. Three countries have carried out a full evaluation of their programs and 23 have carried out a partial evaluation.</p>
<p>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</p>	
Indicator, baseline, and target	Status
<p>1.3.1 Number of countries with a documented budget dedicated to health and social services for disorders related to the use of psychoactive substances</p> <p>Baseline: 10 Target (2015): 15</p>	<p><i>Exceeded.</i> A total of 16 countries have documented budgets devoted to preventing and treating problems related to the use of psychoactive substances.</p>

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

9. Most countries have undertaken universal prevention and community awareness activities as part of their national plans on health and substance use, and these activities are included in policies, plans, and programs. However, shortcomings persist in the planning and evaluation of these policies and plans, especially with regard to the impact of these measures on the most vulnerable population groups.

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	
Indicator, baseline, and target	Status
<p>2.1.1 Number of countries implementing evidence-based, universal, substance use prevention programs</p> <p>Baseline: 8 Target (2021): 15</p>	<p>Exceeded. A total of 33 countries have implemented evidence-based programs at the national level.</p>
<p>2.1.2 Number of countries which have evaluated their evidence-based, universal, substance use prevention programs</p> <p>Baseline: 3 Target (2021): 8</p>	<p>Partially achieved. A total of 26 countries have evaluated their programs: three have completed the full evaluation and 23 have evaluated it partially.</p>
Objective 2.2: To promote community-level awareness of substance use and related disorders through education, training, and advocacy programs	
Indicator, baseline, and target	Status
<p>2.2.1 Number of countries with at least one national advocacy event per year</p> <p>Baseline: To be established Target (2021): 20</p>	<p>Exceeded. A total of 28 countries celebrate International Day Against Drug Abuse and Illicit Trafficking every year, with various advocacy events.</p>

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

10. PASB has supported the prevention, identification, and timely treatment of problem substance use, as well as its inclusion at all levels of the public health network, especially in primary care. In this regard, dissemination and training in the use of evidence-based technical tools has been fundamental. Civil society organizations continue to have great

importance in the provision of specific treatments for the population with problem use of psychoactive substances. PASB has strengthened collaborative links with these organizations and promoted their professionalization, as well as quality assurance of their interventions according to agreed and evidence-based standards.

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, baseline, and target	Status
3.1.1 Number of countries implementing essential, evidence-based interventions based on PAHO/WHO tools and materials Baseline: 0 Target (2021): 10	<i>Exceeded.</i> A total of 18 countries implemented essential interventions based on WHO tools: the ASSIST-SBI toolkit for screening and brief intervention (8), and the clinical intervention guide of the WHO mental health gap action programme (mhGAP) (9).
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, baseline, and target	Status
3.2.1 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 (2021): 5	<i>Partially achieved.</i> PASB has made four tools available to the countries: the ASSIST-SBI toolkit, the mhGAP clinical intervention guide, the WHO QR (QualityRights) toolkit (10); and the public health policy manual on psychoactive substance use (11).
Objective 3.3: To provide tools, training, and support to unpaid health care providers and family members	
Indicator, baseline, and target	Status
3.3.1 Number of countries utilizing PAHO/WHO technical support and or tools to train unpaid health care providers Baseline: 0 Target (2021): 5	<i>Exceeded.</i> A total of 22 countries have conducted training activities for governmental and non-governmental care providers, with PAHO/WHO technical support and tools, in particular the ASSIST-SBI toolkit and the mhGAP clinical intervention guide.

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, baseline, and target	Status
3.4.1 Number of countries with updated curricula for health care professions Baseline: 2012 national curricula Target (2021): 5	<i>Exceeded.</i> A total of 22 countries have updated training programs on psychoactive substance use for health care professions, at different levels.
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, baseline, and target	Status
3.5.1 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 Target (2021): 20	<i>Exceeded.</i> A total of 26 countries have regulatory systems for controlled psychoactive substances, but the availability of substances in the various subregions varies significantly.

Strategic Area 4: Research, monitoring, and evaluation

11. The lack of sufficient, available, quality information on health problems related to psychoactive substance use, as well as knowledge gaps resulting from a lack of research and adequate information systems, remains a challenge for countries and interferes in the identification of needs, allocation of resources, and monitoring of implementation and of the impact of policies, plans, and programs.

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, baseline, and target	Status
4.1.1 Number of countries that utilize standardized tools to assess and monitor their responses to substance use problems Baseline: 21 Target (2021): 25	<i>Exceeded.</i> A total of 33 countries participate in the CICAD Multilateral Evaluation Mechanism (MEM), a standardized evaluation mechanism used to monitor their policies for the prevention and treatment of problems caused by substance use.

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, baseline, and target	Status
<p>4.2.1 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</p> <p>Baseline: 0 Target (2021): 5</p>	<p><i>Exceeded.</i> A total of 31 countries have an information system in place that includes data on psychoactive substance use and its health impact, disaggregated by sex, age, and type of substance.</p>
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, baseline, and target	Status
<p>4.3.1 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</p> <p>Baseline: N/A Target (2021): 10</p>	<p><i>Exceeded.</i> Countries report that in the period 2014-2019, 68 national studies were conducted on substance use in households, among middle- and high-school students, in treatment centers, and in populations in conflict with the law; 18 studies of mortality and morbidity due to drug use; 8 studies on gender and drugs; and 18 studies to evaluate programs or interventions.</p>
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, baseline, and target	Status
<p>4.4.1 Number of regional-level publications disseminated with evidence based information on substance use, related problems, and/or effectiveness of interventions</p> <p>Baseline: 3 Target (2021): At least one regional-level publication every two years</p>	<p><i>Partially achieved.</i> At the regional level, PASB produced two evidence-based publications² and two evidence-based reports³ on substance use, associated problems, and the effectiveness of interventions (the target was 5).</p>

² Spanish and Portuguese versions (2018) of the WHO document *The health and social effects of nonmedical cannabis use*; and *Políticas de salud pública sobre el consumo de sustancias psicoactivas. Manual para la planificación en el ámbito de la salud* (2021).

³ *Report on Public Health Resources to Address Psychoactive Substance Use in the Region of the Americas* (2015); *El enfoque de salud pública en las políticas sobre sustancias psicoactivas en los países de Centroamérica y la República Dominicana* (2017).

Strategic Area 5: Strategic partnerships

12. Partnerships on this issue between PAHO and its strategic partners in the Region (CICAD, UNODC, Spain's National Plan on Drugs, COPOLAD, and RIOD) have made it possible to develop a program of regular activities (technical meetings, seminars, working groups) and projects of various kinds, especially in the area of capacity building and the development of guidance documents for countries. The joint work done on quality assurance of prevention and treatment interventions, as well as capacity building for the development of policies on health and psychoactive substance use are noteworthy.

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, baseline, and target	Status
<p>5.1.1 Number of joint activities undertaken with other international organizations and partners</p> <p>Baseline: 2 Target: 8 joint activities by 2021</p>	<p><i>Exceeded.</i> Joint activities undertaken with other international organizations and partners include work with CICAD (14 regular sessions, 10 expert group meetings on demand reduction, and seven workshops on institutional strengthening and treatment standards), UNODC (six technical meetings on international standards and on pregnancy and psychoactive substance use), Spain's National Plan on Drugs (four refresher courses), COPOLAD (six courses, six scientific meetings, and four workshops), and RIOD (six international seminars and five rounds of evaluation of good practices).</p>

Lessons Learned

13. The strategy and the plan of action for addressing substance use problems from a public health perspective, developed and supported by PAHO and implemented by the countries, has strengthened the Organization's regional leadership in the public health approach to addressing drug-related problems. This has been aided by the alignment between PAHO's strategic lines and the decisions taken by Member States in regional and global forums on the focus of drug policies, especially in terms of the importance of taking a comprehensive, integrated, and balanced approach to countering the global drug problem, emphasizing individuals and communities in a framework of respect for human rights and considering the gender perspective in policy design. This has resulted in greater and better coordination of international cooperation on health and psychoactive substance use, while the synergy, effectiveness, and efficiency of the implemented programs have benefitted Member States.

14. The complexity of health and social problems related to psychoactive substance use requires the support of adequate information systems and indicators that give a specific and

reliable account of the progress and achievements made toward the health targets linked to the objectives defined in the strategy. Country reports on strategic area 4, in which three of the four indicators were exceeded, should be subject to a critical review of indicators and information sources so that they reliably reflect the situation and the impact of the measures taken to address it.

Action Needed to Improve the Situation

15. In light of the achievements and challenges described in this report, the following actions are presented for consideration by the Member States:

- a) Continue PASB support to Member States in order to promote and strengthen the public health approach to problems related to psychoactive substance use through policies, plans, and laws, facilitating the use of tools and methodologies in accordance with specific conditions and needs; and in the design and implementation of medium- and long-term programs supported jointly by international organizations and other cooperation entities.
- b) Support coordinated joint efforts between PASB and Member States in the development of health systems, organization of services, and inclusive development of human resources in order to bridge the gap in access to treatment and reduce stigma, and to improve the quality of care in health services.
- c) Promote resource allocation that is consistent with the identified needs and goals established in plans and programs on public health and psychoactive substance use, with special attention to high-risk groups.
- d) Strengthen information and surveillance systems, improve epidemiological data, increase survey coverage of marginalized populations and other vulnerable groups, and use the social determinants approach to analyze data and programs.

Action by the Pan American Sanitary Conference

16. The Conference is invited to take note of this report and provide any comments it deems pertinent.

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