

**SECOND MEETING OF THE CICAD EXPERT GROUP  
ON DEMAND REDUCTION  
March 3-6, 1998  
México City, Mexico**

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## **FINAL REPORT**

**(Presented to CICAD at its twenty-third regular session)**



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## SECRETARIAT NOTE

The provisional final report of the second meeting of the CICAD Group of Experts on Demand Reduction was approved in Mexico City on March 6, 1998, subject to observations of member states, which were to be sent to the Executive Secretariat of CICAD within thirty days. On April 14, 1998, the Executive Secretariat received the observations of the Government of Canada (attached at Annex IV). The majority of the Canadian Government's comments were stylistic improvements to the English translation of the original Spanish text, and as such, have been incorporated into the revised report.

Those comments by Canada that the Executive Secretariat felt were substantive have been incorporated into the text, but left in bold italic in the text. A Canadian amendment throughout the document (see footnote 1)], is to add to the word "State" the phrase "or appropriate or responsible level of Government".

## I. BACKGROUND

The establishment of a Group of Experts on Demand Reduction was approved at the twentieth regular session of CICAD. During its twenty-first regular session, the Commission ratified the convocation of the first meeting of the CICAD Group of Experts on Demand Reduction, to be held in Buenos Aires, Argentina on July 29 - August 1, 1997, in conjunction with Argentina's Programming Secretariat for the Prevention of Drug Addiction and to Combat Drug Trafficking (SEDRONAR), and under the Chairmanship of Argentina.

The mandate of the Group of Experts on Demand Reduction was established at the twenty-first regular session of CICAD, as follows:

*The aim of the Group of Experts is to provide technical expertise, facilitate cooperation among countries and submit recommendations to the Commission on the execution of the lines of action stemming from the **Antidrug Strategy in the Hemisphere**.*

*The Group is made up of national experts on different aspects of demand reduction and may therefore vary depending on the topic to be addressed.*

*The priority topics of demand reduction include, among others:*

- a. Preparing diagnoses on drug use, epidemiological studies, surveillance and monitoring information systems (such as SIDUC); biomedical, clinical, psychosocial, epidemiological, ethnographic and anthropological research.*
- b. Prevention and education models and programs, aimed both at the general population and at specific groups at high risk of use, incorporating the community in these actions.*
- c. Models and programs to approach and address the adverse consequences to health and society stemming from illicit drug use.*
- d. Measures for the treatment and rehabilitation of drug abusers and their reincorporation into society.*

One of the recommendations put forward by the experts in Argentina was the need to establish minimum standards of care in drug treatment centers, in order to improve the quality of care and respect the human rights of drug abusers in treatment. The Executive Secretariat of CICAD, with the approval of the countries, proposed that this be the main topic for discussion at the second meeting of the Group of Experts. Mexico offered to host the meeting and chaired the second meeting in the person of Mtra. Haydée Rosovsky of National Commission against the Addictions (CONADIC).

## II. PROCEEDINGS

### A. PARTICIPANTS

#### 1. MEMBER STATES OF CICAD

Delegates from Antigua and Barbuda, Argentina, Bahamas, Barbados, Bolivia, Canada, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, Grenada, Guatemala, Jamaica, Mexico, Nicaragua,

Panama, Peru, Trinidad and Tobago, the United States of America, Uruguay and Venezuela took part in the second meeting of the Group of Experts on Demand Reduction.

## **2. SPECIAL GUESTS**

Representatives of universities and the American Psychiatric Association, among others, also attended the meeting as special guests.

## **3. INTERNATIONAL AGENCIES**

Representatives of the Pan American Health Organization (PAHO), the United Nations International Drug Control Programme (UNDCP), the International Labour Organization (ILO), and UNICEF also attended the meeting.

The list of participants appears as Annex I to this final report.

# **B. SESSIONS AND ORGANIZATION OF THE MEETING**

## **1. OPENING SESSION**

The opening session took place at 9:30 a.m. on March 3, 1998 in the Sala Magna of Mexico's Secretariat of Foreign Affairs. The opening ceremony was attended by Dr. Juan Ramón de la Fuente, Secretary of Health of Mexico; Dr. Mariano Herrán Salvatti, of the Attorney General's office; Dr. Carlos Icaza, Under-Secretary of Foreign Affairs of Mexico; Dr. Carmen Moreno, Under-Secretary of Foreign Affairs of Mexico; Dr. Roberto Tapia, Under-Secretary of Health; Ms. Haydée Rosovsky, Deputy Director General of National Council Against Addictions (CONADIC); Dr. Alfredo Miroli, Under-Secretary of Prevention (SEDRONAR-Argentina) and Chairman of the First Meeting of CICAD Expert Group on Demand Reduction; Dr. Edith Márquez, Director of the General Secretariat of the OAS in Mexico; Dr. Julio González, Representative of the Pan American Health Organization (PAHO); Mr. Andrés Finguerut, Representative of the United Nations International Drug Control Programme (UNDCP) - Mexico, and Dr. Anna McG. Chisman, Director of Programming and Demand Reduction of CICAD. Dr. Ramón de la Fuente, Secretary of Health of Mexico, inaugurated this second meeting of the Group of Experts.

## **2. WORKING SESSIONS**

Each country's participants introduced themselves at the first working session. Dr. Chisman stated the aims of this CICAD Group of Experts, and the agenda and schedule of activities was adopted (documents CICAD/doc.2/98 and doc.3/98 rev.2, attached to this final report at Annex II and III respectively).

Dr. Wallace Mandell of the Johns Hopkins University and Dr. Luis Alfonzo, a PAHO consultant, presented background information on the PAHO/WHO initiative on minimum standards of care for the treatment of drug abusers, stressing the benefits of implementing such a program, with guidelines for treatment. An open discussion was held to define the issue, difficulties experienced by governments in applying operating standards at treatment centers, and ethical considerations on the subject.

Some of the national solutions used by those countries that have adapted the PAHO/WHO standards at the national level were presented, among them Argentina, Bolivia, Chile, Costa Rica, Panama and Venezuela (their national standards were posted on the INTERNET by the Executive Secretariat of CICAD, at [http://www.oas.org/en/prog/w3/en/demand\\_reduction](http://www.oas.org/en/prog/w3/en/demand_reduction)).

The third working session was devoted to presentations given by Mexican specialists on *The Psychiatric Comorbidity of Addictions* by Dr. Agustín Vélez of Mexico's Health Secretariat; *Determining the Severity of Addiction and its Usefulness in the Choice of Treatment*, by Dr. Luis Solís of the Mexican Institute of Psychiatry, and *Self-Help Groups*, by Ms. Haydée Rosovsky of CONADIC. A presentation was also made by Dr. Pedro Ruiz, of the American Psychiatric Association, on *Practice Guideline for the Treatment of Patients with Substance Use Disorders*.

At the fourth working session it was agreed to form three working groups to propose recommendations in the following areas:

- a) The National Consultation and Consensus-Building Process needed to adopt Minimum Standards of Care in Drug Treatment
- b) Treatment programs
- c) Training in Drug Treatment

The working groups were made up as follows:

**THE NATIONAL PROCESS OF ADOPTING MINIMUM STANDARDS OF CARE:** Ximena Reyes, Chile; Manuel Figueroa, Venezuela; Holda A. de Marré, Panamá; Enrique Madrigal, PAHO/WHO; Manuel Herrera, Dominican Republic; Magdalena Tavera V., Colombia; Hannia Carvajal Morera, Costa Rica; José Ferrín V., Ecuador; Jorge Rivadeneira, Ecuador.

**Moderator:** Enrique Madrigal, PAHO/WHO.  
**Rapporteur:** Magdalena Tavera V., Colombia

**TREATMENT PROGRAMS:** Danny Gill, Barbados; Charles Thesiger, Jamaica; Luz Beatriz Sayago, Venezuela; June Sivilli, USA; Alexander Riley, Mexico; Carlos Fernández Sandí, Costa Rica; Miguel Angel Añez, Bolivia; Hezekiah Farrell, Antigua and Barbuda; Virginia Carver, Canada.

**Moderator:** Danny Gill, Barbados  
**Rapporteurs:** Charles Thesiger, Jamaica  
 Luz Beatriz Sayago, Venezuela

**TRAINING:** José Luis Peña Vega, Peru; Betty Escorcía, Colombia; Luis Alfonzo, Venezuela; Pedro Ruiz, APA; Wallace Mandell, Johns Hopkins University; Jorge Bolívar Díaz, Guatemala; René Donoso, Chile; Carmen Millé, Mexico.

**Moderator:** José Luis Peña Vega, Peru  
**Rapporteurs:** Betty Escorcía, Colombia  
 Luis Alfonzo, Venezuela

The fifth working session consisted of a panel of experts who discussed recent changes in drug use in the Americas, and gave updates on the abuse of controlled substances and designer drugs, and the implications for prevention, treatment and rehabilitation. Dr. Miguel Luján Estrada of Mexico's National Autonomous University (UNAM) delivered a paper on *Designer Drugs, Pharmacological Effects and*

*Development of Therapeutic Strategies*; Dr. Patricia Cravioto gave a presentation on *New Synthetic Drugs* that have appeared in epidemiological studies conducted in Mexico, and Dr. Victor Manuel Guisa of Mexico's Youth Integration Centers (CIJ) delivered a paper on the *Pharmacotherapy of Intoxication and Withdrawal Syndromes*. These papers served to call attention to the need for more research on new designer drugs and for training to health care personnel and therapists in this field.

#### **PLACE AND DATE OF THE NEXT MEETING OF THE EXPERT GROUP**

It was unanimously agreed to hold the third meeting of the CICAD Group of Experts on Demand Reduction in Uruguay, and that Uruguay would chair the meeting. The decision on the Vice-Chair was deferred to allow for consultation with Governments. The Executive Secretariat was asked to draw up draft procedures for governments wishing to host an Expert Group meeting, and to place on the agenda at all meetings of the Expert Group the question of the Vice Chair.

#### **CLOSING SESSION**

The closing session was held at 12 noon in the Sala Magna of the Secretariat of Foreign Affairs. Dr. Anna Chisman, on behalf of the Executive Secretariat of CICAD, and Mtra. Haydée Rosovsky, on behalf of CONADIC, addressed the meeting. The session was closed by Minister Luis Miguel Cabañas, of the Ministry of Foreign Affairs of Mexico.

### **CONCLUSIONS AND RECOMMENDATIONS OF THE GROUP OF EXPERTS**

#### **GENERAL PRINCIPLES**

- It is the responsibility and ethical duty of the State <sup>1]</sup> to promote and safeguard the quality of life and the material and non-material well-being of its people, to guarantee access to health care, and to address the issue of substance use and related problems, by developing policies to provide minimum coverage and access to effective, appropriate and timely programs for treatment, rehabilitation and reintegration into society.
- In order to accomplish the goals of the Antidrug Strategy in the Hemisphere, particularly in the field of demand reduction, and as part of their policies to address access to effective, appropriate and timely treatment, rehabilitation and social readaptation programs, the State <sup>1]</sup> or appropriate levels of government should consider as a priority the development and adoption of standards of care for substance abuse treatment, rehabilitation and reintegration programs.

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<sup>1]</sup> or the appropriate level of government ( passim ).

<sup>1]</sup> or responsible levels of government ( passim ).

- Comprehensive care of substance abusers is a policy component of the antidrug plans of each of the countries in the hemisphere. In this context, States <sup>1]</sup> should consider as a priority the development of policies, programs and regulations to address this policy component of their antidrug plans.
- In keeping with its regulatory role and responsibility to ensure effective, accessible and appropriate care for people with substance use problems, the State <sup>1]</sup> should regulate and adopt effective treatment methodologies and program materials in order to ensure minimal quality standards and sound use of public and private resources.
- The adoption of standards improves quality of care in public and private services and consumer confidence in treatment, rehabilitation and reintegration services.
- The preparation and definition of standards will create greater awareness among professionals and the health care system of their responsibility to provide care for people with substance use problems.
- In the context of the changing dynamics of and increasing globalization of drug use, including the increasing prevalence of substance use problems in countries that were formerly known as “non-consumers”, States <sup>1]</sup> should devise strategies to respond to these changes.
- States <sup>1]</sup> should consider a comprehensive system of care for substance use problems as having a priority similar to other health problems.

### **NATIONAL STRATEGIES FOR DEFINING AND IMPLEMENTING MINIMUM STANDARDS OF CARE IN DRUG TREATMENT**

The CICAD Expert Group on Demand Reduction suggests to States <sup>1]</sup> that they take the following steps before implementing a program to ensure minimum standards of care in drug treatment:

- Seek to incorporate into their legal frameworks regulations on the provision of appropriate, accessible and effective treatment for people with substance use problems *[including provisions to divert offenders with substance use problems to treatment and rehabilitation.]* <sup>2]</sup>
- Determine the availability and capacity of their treatment, rehabilitation and social reintegration services, and decide on the types of services to which standards of care should apply.
- Acknowledge and recognize the role of self-help groups as providing supplementary support services for people with substance use problems; self-help groups are, by definition, voluntary, anonymous, and free of charge.
- Promote the creation of mechanisms to bring together those involved in the provision of substance abuse treatment and rehabilitation services (governments, health, professionals, consumers) to draw

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<sup>1]</sup> or responsible levels of government ( passim ).

<sup>2]</sup> Addition proposed by Canada.

- up quality of care standards and ensure the necessary participation and consensus required for the adoption of such standards.
- Facilitate the dissemination of information to the general public regarding the availability of substance use treatment and rehabilitation services and promote the acceptability and use of such services.

## **TREATMENT PROGRAMS**

The Group of Experts considered a definition for a comprehensive system of treatment, rehabilitation and social reintegration services. A comprehensive system of services was defined as a planned system of services that provides for the management of intoxication and withdrawal, assessment and linkages to a range of treatment and rehabilitation approaches and options including outpatient or day services, short and long term residential services, aftercare and outreach/community intervention to engage people in treatment. These services may be provided by agencies/institutions on a residential or non-residential (out-patient) basis and should be delivered by qualified individuals [*using evidence-based models or approaches.*] <sup>3</sup>]

A comprehensive system should include the following components:

- Outreach or case finding.
- An initial assessment interview.
- Management of intoxication and withdrawal.
- Appropriate therapeutic interventions provided in an individual or group format and including provision for family treatment.
- Social readaptation/integration.
- Relapse prevention which can incorporate self help/mutual-aid groups, community intervention and local support networks. More specific measures for the different components of relapse prevention are needed.
- Aftercare.

The Expert Group also recognized that certain groups, such as children and adolescents, females, pregnant women, and juvenile offenders, require special care.

Cognizant of the fact that a document on Standards of Care in Substance Abuse Treatment was produced by PAHO/WHO, the Expert Group reviewed and endorsed it, suggesting that countries should use this document as a frame of reference for developing standards.

## **TRAINING IN DEMAND REDUCTION (REFERRING TO TREATMENT AND REHABILITATION OF DRUG ABUSERS)**

The CICAD Expert Group on Demand Reduction:

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<sup>3</sup> ] Addition proposed by Canada

- Ratified the recommendations on prevention, treatment, rehabilitation and reinsertion into society drawn up at the First Meeting of the CICAD Expert Group on Demand Reduction.
- Saw a need to promote the development of intersectoral and interdisciplinary cooperation mechanisms to design and apply training programs on demand reduction, and define objectives, indicators and curriculum contents.
- Proposed that, in order to begin regulating the care provided to people with substance use problems, governments consider providing training in drug treatment to:
  1. *People working in general health, social, correctional or other settings to screen for substance use problems and provide brief interventions or referral.*
  2. *Those working in or planning to work in specialized substance abuse treatment, rehabilitation or social readaptation services. Such training would take into consideration the needs of all levels of staff, from those providing attendant care to specialized health professionals, e.g. physicians, psychologists, social workers.* <sup>4</sup>†

*It is recommended that such training be recognized and/or accredited by the appropriate level of government [or professional regulatory body] <sup>5</sup>] and that the scope and coverage of each levels of training take into account the context and level of development of each country.*

The Expert Group therefore recommended that Governments:

- Identify regional and national strengths in demand reduction to make training programs as effective as possible, and promote the development or strengthening of pilot regional centers for training in substance abuse treatment and rehabilitation.
- Promote the establishment of a bibliographical data bank to support education, clinical and research activities.
- Promote exchanges of clinical and education experiences with a view to improving, at the regional and hemispheric levels, current education programs, and those to be developed in future.
- Establish criteria to assess and follow up on training activities in accordance with proposed objectives.

## **EVALUATION AND FOLLOW-UP**

The Expert Group recommends that:

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<sup>4</sup> ] Secretariat note: The Expert Group held lengthy discussions on the different levels of training and qualifications needed for people providing care and treatment to drug abusers. Many delegates felt that three levels of training were needed (technical, professional and specialist), but the type of training was not fully defined, because of different educational systems and needs in each country. The text included here is that proposed by Canada.

<sup>5</sup> ] Addition proposed by Canada.

- As part of the process of evaluating standards of care, the State<sup>1]</sup> establish mechanisms for training to address problems that may hinder compliance with the established standards, in conjunction with licensed treatment facilities.
- Mechanisms be established to ensure the regularity and continuity of the evaluation process.

#### **SUPPORT OF MULTILATERAL AGENCIES: CICAD - PAHO/WHO - UNDCP**

The CICAD Expert Group on Demand Reduction recommends that, in order to support the initiatives proposed in this report, the multilateral agencies issue a resolution urging Governments to develop and implement the processes mentioned above.

It also urged such agencies to extend financial and technical support to the States<sup>1]</sup> including the mobilization of national resources to implement and accomplish the aims of improving the quality of care and service coverage and equity.

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**ANNEX**  
**COMMENTS BY CANADA**

April 3, 1998

Mr. David R. Beall  
Executive Secretary  
Inter-American Drug Abuse Control Commission  
17th Street and Constitution Avenue, N.W.  
Washington, D.C. 20006  
USA

SUBJECT: Second Meeting - CICAD Expert Group on Demand Reduction - Mexico  
City, March 3-6, 1998

Dear Mr. Beall:

Canada was very pleased to have the opportunity to participate in the Second Meeting of the CICAD Expert Group on Demand Reduction. The meeting provided an excellent opportunity for member countries to share national initiatives in treatment and rehabilitation, in particular the adoption of national standards of care. We feel that this group is extremely important in disseminating knowledge and fostering collaboration between countries to address demand reduction through prevention and treatment.

We have the following comments to make regarding the Final Report (Prel Version) of the Second Meeting. Although we are suggesting some fairly extensive editorial changes in order to make the text flow more easily in English, we are not changing the content of what was discussed in Mexico,

1 **General Principles (pages.7 & 8)**

(a) **Replace with:** It is the responsibility of the State or the appropriate level of government to promote quality of life and the material and non-material well-being of its people, to guarantee access to health care, and to address the issue of substance use and related problems, by developing policies which provide minimum coverage and access to effective and appropriate programs for treatment, rehabilitation and reintegration into society.

(b) **Combine (b) and (e) and (f) Replace with:** In order to accomplish the proposed goals of the Anti-drug Strategy for the Hemisphere, and as part of their policies to address access to effective and appropriate treatment, rehabilitation and reintegration programs. States or appropriate levels of government should consider as a priority the development and adoption of standards of care for substance abuse treatment rehabilitation and reintegration programs. This recognizes that the adoption of standards promotes improved quality of care in public and private resources, consumer confidence in treatment rehabilitation and reintegration services and greater awareness among professionals and the health care system regarding responsibility for addressing the needs of people with substance use problems .

(c) **Replace with:** Comprehensive care of substance abusers is a policy component of the anti-drug plans of each of the countries in the hemisphere. In this context, States or appropriate levels of government should consider as a priority the development of policies, programs and regulations to address this policy component of their anti-drug plans.

(d) **Replace with:** In keeping with their roles and responsibilities to ensure effective, accessible and appropriate care for people with substance use problems, States or appropriate levels of government

should promote the adoption of effective treatment methodologies and program materials in order to ensure minimal quality standards and appropriate use of available public and private resources.

(g) **Replace with:** In the context of the changing dynamics of and increasing globalization of drug use including the increasing prevalence of substance use problems in countries that were formerly known as "non-consumers", States or appropriate levels of government should devise strategies to respond to these changes.

(h) This principle would seem to be repeating what has already been captured by combining (b) (e) and (f). I would suggest deleting it.

(i) **Replace with:** States or appropriate levels of government should consider a comprehensive system of care for substance use problems as having a similar priority to other health problems.

### **National Strategies for Defining and Implementing Quality of Care Standards (pages 8 & 9)**

(a) **Replace with:** Strive to ensure that states or responsible levels of government incorporate into their legal frameworks any regulations required to provide appropriate, accessible and effective treatment for people with substance use problems including provisions to divert offenders with substance use problems to treatment and rehabilitation.

(b) **Replace with:** Encourage states or responsible levels of government to determine the availability and capacity of their treatment, rehabilitation and social reintegration services, and to determine the types of services to which standards of care should apply,

(c) **Replace with:** Recommend that States or responsible levels of government acknowledge the role of support or mutual-aid groups as providing supplementary support services for people with substance use problems.

(d) **Replace with:** Promote the creation of mechanisms to bring together those involved in the provision of substance abuse treatment and rehabilitation services (governments, health professionals, consumers) to draw up quality of care standards and ensure the necessary participation and consensus required for the adoption of such standards.

(e) **Replace with:** Recommend that States or responsible levels of government facilitate the dissemination of information to the general public regarding the availability of substance use treatment and rehabilitation services and promote the acceptability and use of such services.

### **Treatment Programs (pages 9 & 10)**

(1) First p ph: **Reword as follows:** The group considered a definition for a comprehensive system of treatment, rehabilitation and social reintegration services. A comprehensive system of services was defined as a planned system of services which provides for the management of intoxication and withdrawal, assessment and linkages to a range of treatment and rehabilitation approaches and options including outpatient or day services, short and long term residential services, aftercare and outreach/community intervention to engage people in treatment. These services may be provided by agencies/institutions on a residential or non-residential basis and should be delivered by qualified individuals using evidence-based models or approaches.

(2) Under (2) **Reword as follows:** The group recognized that either within individual services/facilities or as part of a system of services, the following components should be included:

- Outreach or case finding
- An initial assessment interview
- Management of intoxication and withdrawal
  - Appropriate therapeutic interventions provided in an individual or group format and including provision for family treatment
- Social readaptation/integration
- Relapse prevention which can incorporate self help/mutual-aid groups, community intervention and local support networks.
- Aftercare.

### **Training in Demand Reduction (page 10)**

3<sup>rd</sup> bullet: **Reword:** To initiate the process of formalizing the care provided to people with substance use problems, two levels of training are proposed:

- (1) Training for people working in general health, social, correctional or other settings to screen for substance use problems and provide brief interventions or referral.
- (2) Training for those working in or planning to work in specialized substance abuse treatment, rehabilitation or social readaption services. Such training would take into ration the needs of all levels of staff from those providing attendant care to specialized health professionals, e.g. physicians, psychologists, social workers,

It is recommended that such training be recognized and/or accredited by the appropriate level of government or professional regulatory body and that the scope and coverage of the two levels of training take into account the context of each country.

4th bullet, 2nd last line: **Reword:** .... and promote the strengthening of centres for regional co-operation for training of specialists in substance abuse treatment and rehabilitation.

8th bullet: **Reword:** Suggest that each country or responsible level of government establish criteria.....

### **Evaluation and Follow-up**

(a) **Reword:** It is recommended that, as part of the process of evaluating standards of care, the state or responsible level of government establish mechanisms for training to address problems related to compliance with the establish standards.

We are looking forward to participation in the next meeting in Uruguay and would like to offer some suggestions for the organization of the next meeting. It would be helpful if the objectives and expected outcomes of the meeting were circulated to member countries prior to the meeting. If some of the work is to be done in small groups, it would also be useful to establish the terms of reference/goals and objectives and expected outputs for these groups ahead of time. This would help to facilitate the work of such groups and ensure that they do not have to spend time on clarifying what is expected of them.

We would also like to suggest that member countries be given an opportunity to "showcase" any significant projects/reports related to the topic of the meeting. This could be in the form of a brief verbal report or a display table on which countries could make available key documents.

I hope that these comments are helpful.

Yours sincerely,

Diane Jacovella  
Acting Director  
Health Issues