TREATMENT POLICIES FOR SUBSTANCE-RELATED DISORDERS IN THE MEXICAN HEALTH SYSTEM
Treatment Policies for Substance-Related Disorders in the Mexican Health System

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NATIONAL COUNCIL AGAINST ADDICTIONS

Demographic transition

Source: CONAPO 2000 population estimates
NATIONAL HEALTH PROGRAM 2001-2006

Democratization of health in Mexico
Toward a universal health care system

THE MAJOR CHALLENGES

EQUITY
QUALITY
FINANCIAL PROTECTION

Comprehensive Addiction Treatment System

Treatment Committee

Health care institutions
Civil society organizations
Private hospitals
Mutual assistance groups

Secretariat of Health
Youth Integration Centers

Members

Purpose: To consolidate a network of treatment services based on systematic interaction between the public, social, and private sectors.

Resources

99 Youth Integration Center units
130 tobacco addiction treatment hospitals
Nearly 15,000 mutual assistance groups
1,200 residential care centers

Purpose: To consolidate a network of treatment services based on systematic interaction between the public, social, and private sectors.
TREATMENT PREMISES

• Psychoactive substance use is a public health problem in Mexico
• Substance-related disorders are a mental health problem requiring a specialized approach to care, which varies in complexity in accordance with the severity and comorbidity of the disorder.

  Treatment is possible and constitutes cost effective intervention

• It is essential to ensure the availability of services for all Mexicans with this disorder and their families

• It is essential to ensure quality in providing treatment services nationwide

  Availability + Quality = Accessibility

• It is essential to establish a system enabling the demand for treatment in Mexico to be measured
Treatment objectives table

NATIONAL TREATMENT SYSTEM

CARE MODELS

PATIENT - SERVICE MATCHING CRITERIA (LOCATION)

RULES AND REGULATIONS

ESTABLISHMENT OF NETWORKS

ADDICTION CARE SYSTEM

FIRST STAGE OF CARE

SECOND STAGE OF CARE

THIRD STAGE OF CARE

- Universal prevention
- Screening
- Intervention regarding responsible alcohol consumption
- Consumption for abusers
- Medical counseling for smokers
- Brief intervention with illegal substance experimenters
- Family guidance
- Effective referral

- Brief CCT for alcohol and other drugs
- AA
- Clinical tobacco addiction CCT
- Opiate substitution (evaluate)
- Individual, group, and family therapy
- First level care training
- Brief therapy for depression and anxiety
- Brief treatment for children with attention deficit or behavioral disorders
- Effective referral

1 per 3000 inhabitants

1 per 150,000 inhabitants

1 bed x 100,000 inhabitants

1 bed x 100,000 inhabitants

1 bed x 100,000 inhabitants

- Residential treatment unit
- Short stay model
- Long stay model

- General hospital
- Detoxification
- Beds for type II comorbidity disorders

- Psychiatric hospital
- Section for patients with type I comorbidity
- Beds for addicts
- Support for certified NGOs
- Opiate substitute hospitals
In the case of addictions, therapeutic models are increasingly specific and effective.

Treatment models:
- Pharmacological therapy-based models
- Psychosocial models
- Faith-based treatments
- Mixed

Evaluation for ASAM treatment level

- Aspect 1: Acute intoxication or suppression
- Aspect 2: Biomedical conditions and complications
- Aspect 3: Emotional conditions and complications
- Aspect 4: Acceptance of treatment
- Aspect 5: Relapse potential
- Aspect 6: Environment and social conditions for recovery
### Patient Placement Criteria II
American Society of Addiction Medicine

<table>
<thead>
<tr>
<th>Patient characteristics</th>
<th>Service characteristics</th>
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</thead>
<tbody>
<tr>
<td>• Age, gender, culture</td>
<td>• Intensity of service</td>
</tr>
<tr>
<td>• Severity and course of illness</td>
<td>• Intensity of social support</td>
</tr>
<tr>
<td>• Relapse potential</td>
<td>• Accessibility of services</td>
</tr>
<tr>
<td>• Need for medical, psychiatric, legal, etc. care</td>
<td>• Professional variety</td>
</tr>
<tr>
<td>• Attitude toward treatment</td>
<td>• Accessibility to patients with special characteristics</td>
</tr>
<tr>
<td>• Family and social support</td>
<td>• Program elements</td>
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<tr>
<td></td>
<td>• Discharge and follow-up plan</td>
</tr>
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<td></td>
<td>• Staff-patient ratio</td>
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</tbody>
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### Legal framework

- **CONSTITUTION**
- **LAWS**
- **REGULATIONS**
- **STANDARDS**

- Article 4.IV, Right to Health Protection
- Regulations to the LGS on provision of medical care services
- General Health Act (LGS) Federal Metrology and Standardization Act
- NOM 028 and others Reference NOM
Mexican Official Standard (NOM) 028-SSA2-1999
For the Prevention, Treatment, and Control of Addiction

National Council against Addiction
Technical Office on Addiction

Standardization of the Quality of Residential Care Addiction Services

1,100 Establishments
50,000 in-patients
Most services of poor quality
Degrading treatment
Ineffective
Innumerable cases of harmful negligence

POOR QUALITY
INEQUITY
CATASTROPHIC COST
Standardization of the Quality of Residential Care Addiction Services

WORKSHOPS ON NOM028 IN ALL STATES
MINIMUM QUALITY CRITERIA
RECOGNITION OF ESTABLISHMENTS
ACCREDITATION CRITERIA
ACCREDITATION OF DEMONSTRATION UNITS
CERTIFICATION CRITERIA


THANK YOU VERY MUCH

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