“LINKING NATIONAL DRUG COMMISSIONS WITH THE HEALTH SECTOR FOR ADDRESSING THE PROBLEM FROM THE PERSPECTIVE OF PUBLIC HEALTH ”

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“Linking national drug commissions with the health sector for addressing the problem from the perspective of Public Health”

CICAD 55
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Starting point: “the war against the drugs” only from

- audit
- criminal penalties
- police actions
- controlling supply

We proposed the community a **PARADIGM shift**, based on 3 pillars:
• Holistic paradigm with axis on the person, the environment, the life project

• Involve all social actors
  - Family
  - School
  - Neighborhood
  - Friends
  - Health
  - Work
  - Cult/Church
  - Public Safety

WE ANSWER WITH

SOCIAL INCLUSION
RECONSTRUCTION OF SOCIAL TIES
OVERCOME PROPOSALS
EMPOWERMENT
Different from seeing the other as an addicted, poor or passive of demand reduction.

The young man with problematic drug use is NOT a PROBLEM. It is a valid Social Heritage capable of utopia.

With the right to:
- Decent life
- Estudy
- Job
- Dream
It is not about abstention or harm reduction

- Comes from a failure perspective (approach that addresses mitigation strategies)
- Do not look at the whole individual (the environment in which he is inserted)

LIFE PROJECT

- Comes from a perspective of “STRENGTHENING”
- It is approached from a perspective of “CONSTRUCTION”
- It “LOOKS THE ENVIRONMENT” that can be aggressive, and it has to face challenges and threats.
THE PROBLEM

ALCOHOL
PSYCHOTROPICS

PACO

MARIHUANA
COCAINE

LEGALS
MARGINALIZED
MEDIATIZED
Answers of Inclusion and Social Investment

- Prevention
- Capacitation
- Assistance
- Social Reinsertion

- Strengthening civil society
- Creation of CEPLAS
- Creation of CET
- Work cooperatives

BUDGET OF USD 249 MILLIONS + ARTICULATION
## INVESTMENT TABLE

<table>
<thead>
<tr>
<th></th>
<th>2014 / 2015</th>
<th>Building Infrastructure</th>
<th>Equipment</th>
<th>Human Resource</th>
<th>Digital Assets</th>
<th>TOTAL</th>
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</thead>
<tbody>
<tr>
<td>60 EDUCATION THERAPEUTIC HOMES (ETH’s)</td>
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<td>$60 millions</td>
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<td>$3 millions</td>
<td>$90 millions</td>
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<tr>
<td>150 LOCAL PREVENTION CENTERS FOR ADDICTIONS (LPCA)</td>
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<td>$159 millions</td>
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<tr>
<td>TOTAL</td>
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<td>$172 millions</td>
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<td>$249 millions</td>
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Source: Presidencia de la Nación, SEDRONAR
Prevention Law

1- Includes use of legal and illegal substances - Import "health", not the kind of substance.

2- Promotes territorial action in prevention and care.

3- Create community centers for prevention and inclusion.

4- Promotes empowerment and control guidelines for care facilities across the country.

5- Promotes the employment and educational inclusion.

6- A paradigm of social health and rights approach is adopted.

7- Forces and prepaid health care plans to support treatment for addictions.
To sum up, ¿What did we change?
The paradigm shift we propose we based on the following pillars:

- Changing **conception of the subject**: Sick / addict subject of rights.
- Change **model approach**: effectors into the territory and liabilities subject to the involvement of individuals in improving their objective conditions.
- Change the **intervention model**: division of responsibilities and powers between agencies.
- Change **management model**: the overlap to the articulation and complementarity.
- Change **rates of partial approaches** to comprehensive look at finding a life project.
Thank You!