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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Demographic transition

Source: CONAPO 2000 population estimates
THE MAJOR CHALLENGES

NATIONAL HEALTH PROGRAM
2001-2006

Democratization of health in Mexico
Toward a universal health care system

EQUITY
QUALITY
FINANCIAL PROTECTION

THE MAJOR CHALLENGES

Comprehensive Addiction Treatment System
Treatment Committee

Treatment
Secretariat of Health
Youth Integration Centers

Party responsible

Health care institutions
Civil society organizations
Private hospitals
Mutual assistance groups

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

Members

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

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ADDITION CARE SYSTEM

FIRST STAGE OF CARE

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

SECOND STAGE OF CARE

- Brief CFT for alcohol and other drugs
- AA
- Clinical tobacco addiction CFT
- Rapid OUD detoxification (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

THIRD STAGE OF CARE

Residential treatment unit

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

Psychiatric hospital:
- Section for patients with type I comorbidity disorders
- Support for certified NGOs
- Opiate substitute hospitals

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Basic health units (SSA):
- General doctor, nurse, S.W., promoter, psychologist
- IMSS, ISSSTE hospitals
- Hospital modules: Lithium addidety

Youth Integration Centers
- Other non-residential outpatient clinics
- Mutual assistance groups
- Tobacco addiction hospitals

Residential treatment unit
- Short stay model
- Long stay model

1 per 3000 inhabitants

1 per 150,000 inhabitants

1 bed x 100,000 inhabitants
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**

**Patient characteristics**
- Age, gender, culture
- Severity and course of illness
- Relapse potential
- Need for medical, psychiatric, legal, etc. care
- Attitude toward treatment
- Family and social support

**Service characteristics**
- Intensity of service
- Intensity of social support
- Accessibility of services
- Professional variety
- Accessibility to patients with special characteristics
- Program elements
- Discharge and follow-up plan
- Staff-patient ratio

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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

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

2001 - 2004
2004 - 2006

THANK YOU VERY MUCH

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