

ORGANIZATION OF AMERICAN STATES



INTER-AMERICAN DRUG ABUSE CONTROL COMMISSION

cicad

THIRTY-EIGHTH REGULAR SESSION
December 6-9, 2005
Washington, D.C.

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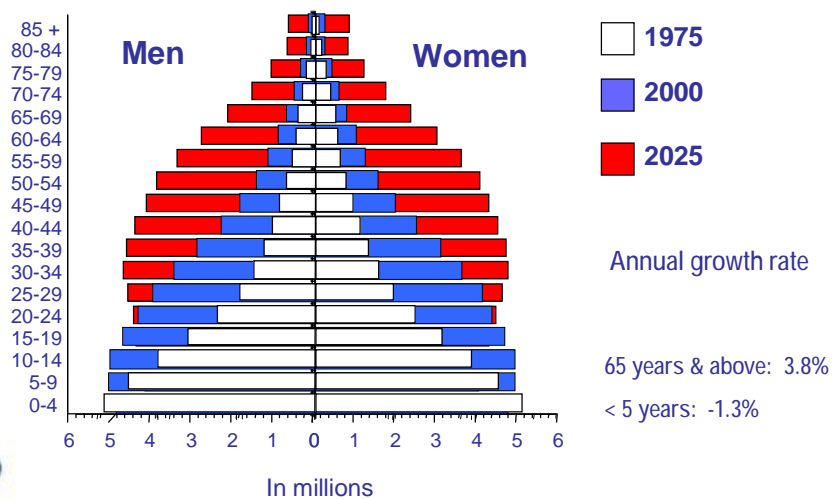
TREATMENT POLICIES FOR SUBSTANCE-RELATED DISORDERS IN THE MEXICAN HEALTH SYSTEM

Treatment Policies for Substance-Related Disorders in the Mexican Health System

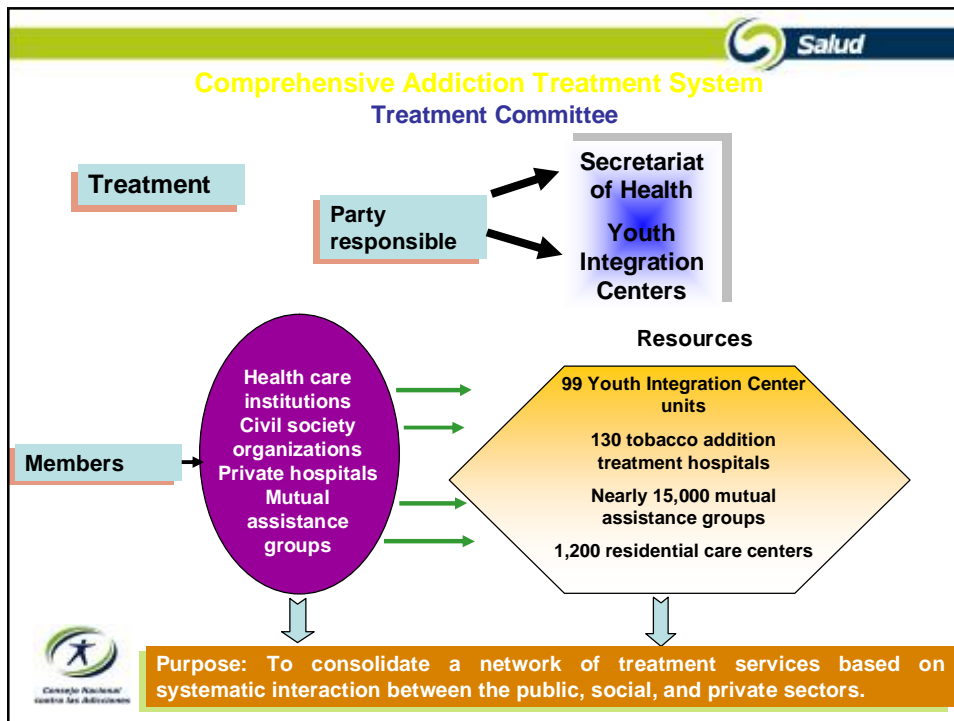
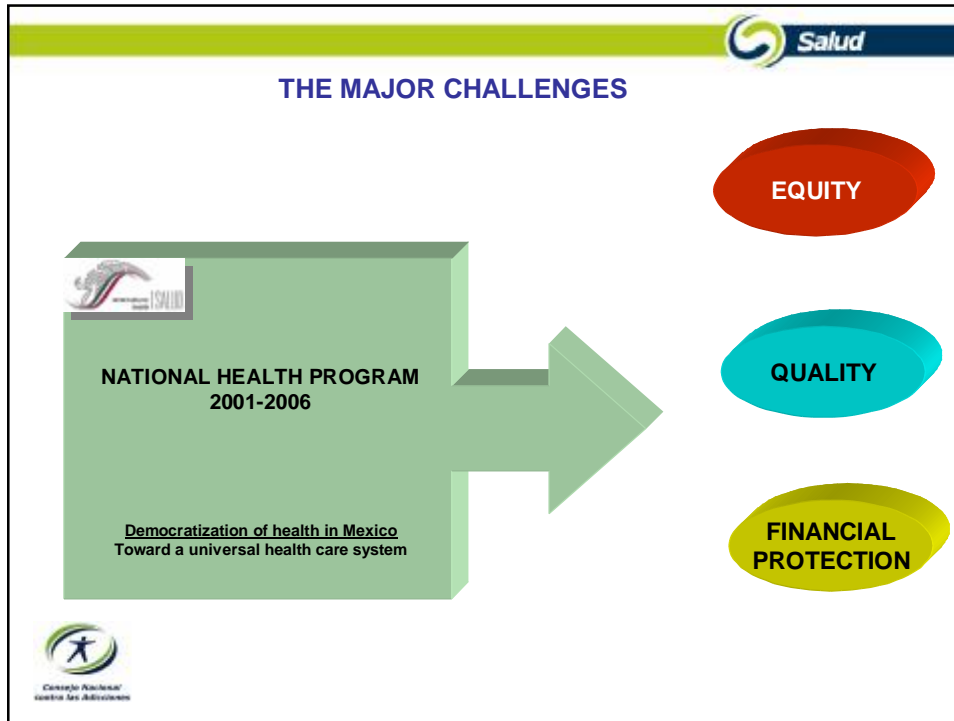
DR. CRISTÓBAL RUIZ GAYTÁN LÓPEZ
 TECHNICAL SECRETARY
 NATIONAL COUNCIL AGAINST ADDICTIONS



Demographic transition



Source: CONAPO 2000 population estimates



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



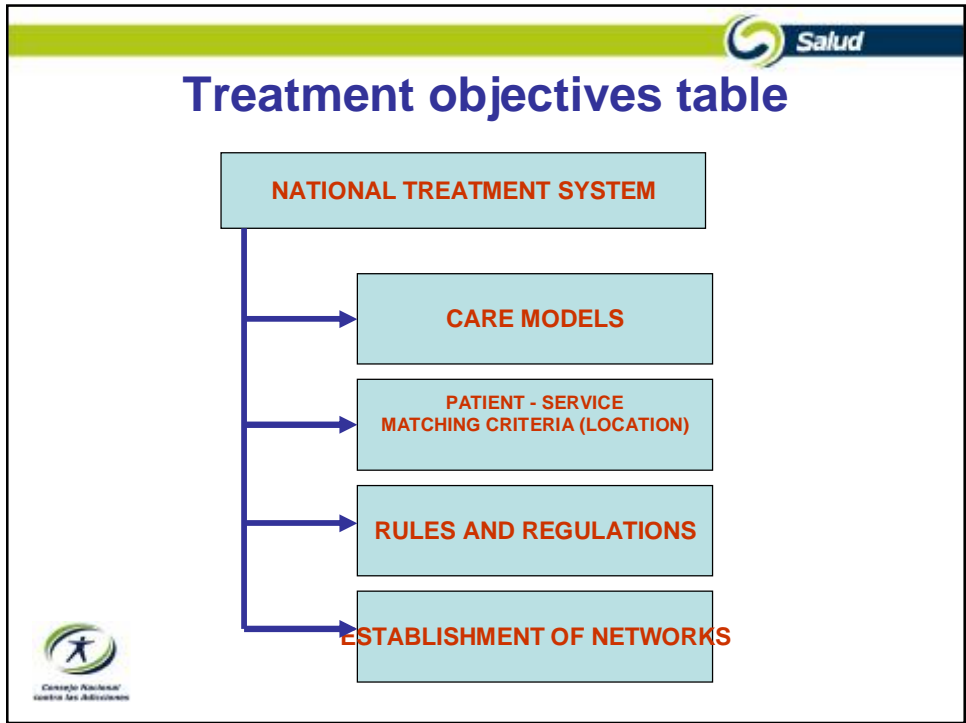
- It is essential to ensure the **availability** of services for all Mexicans with this disorder and their families
- It is essential to ensure **quality** in providing treatment services nationwide

Availability + Quality = Accessibility

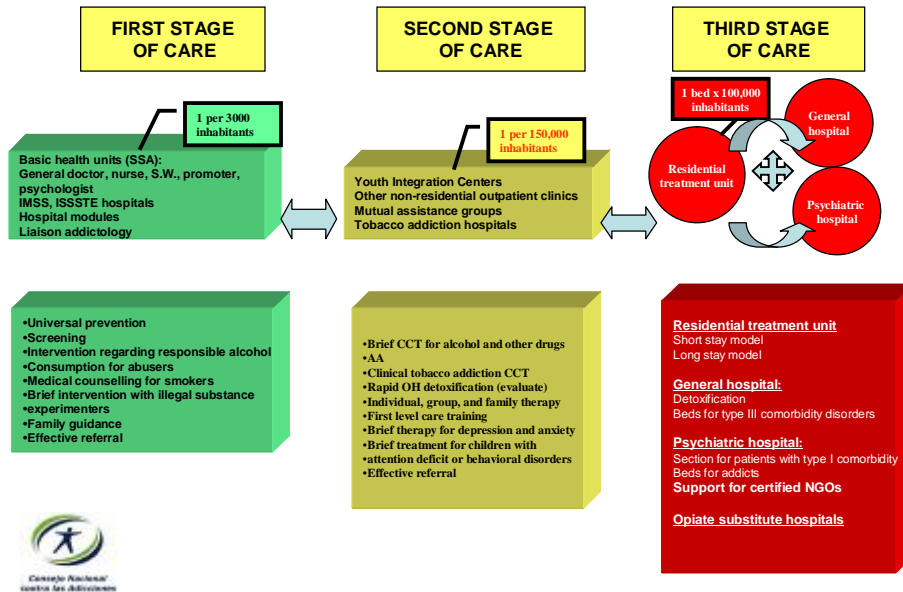
- It is essential to establish a system enabling the **demand for treatment** in Mexico to be measured



Treatment objectives table



ADDICTION CARE SYSTEM



Treatment models

In the case of addictions, therapeutic models are increasingly specific and effective

Treatment models:

- ✓ Pharmacological therapy-based models
- ✓ Psychosocial models
- ✓ Faith-based treatments
- ✓ Mixed



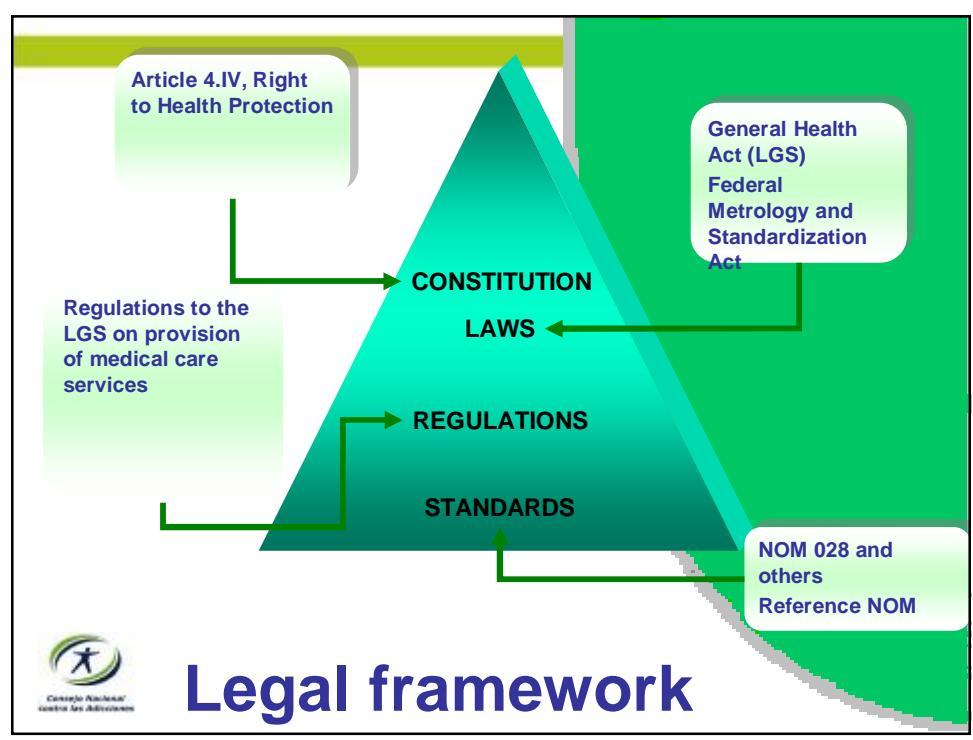
Evaluation for ASAM treatment level

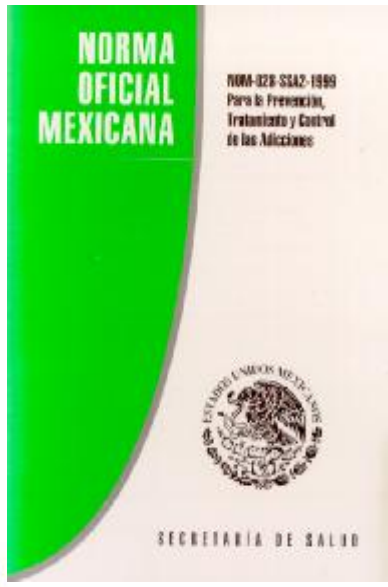
- Aspect 1: Acute intoxication or suppression
- Aspect 2: Biomedical conditions and complications
- Aspect 3: Emotional conditions and complications
- Aspect 4: Acceptance of treatment
- Aspect 5: Relapse potential
- Aspect 6: Environment and social conditions for recovery



Patient Placement Criteria II American Society of Addiction Medicine

Patient characteristics	Service characteristics
<ul style="list-style-type: none"> •Age, gender, culture •Severity and course of illness •Relapse potential •Need for medical, psychiatric, legal, etc. care •Attitude toward treatment •Family and social support 	<ul style="list-style-type: none"> •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





National Council against Addiction
Technical Office on Addiction

Mexican Official Standard (NOM)
028-SSA2-1999
For the Prevention, Treatment,
and Control of Addiction



2005

Standardization of the Quality of Residential Care Addiction Services



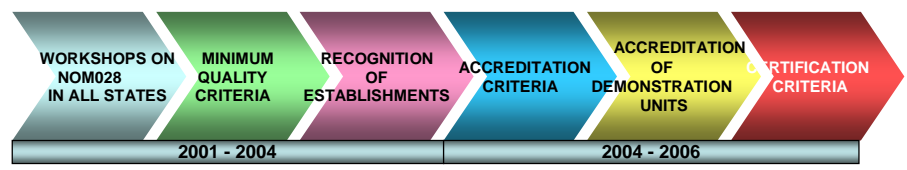
Standardization of the Quality of Residential Care Addiction Services



RIK

RESPECT, INFORMATION, KINDNESS

EFFECTIVE MEDICAL CARE



THANK YOU VERY MUCH

cruizg@salud.gob.mx

