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UPDATE OF THE 1996 ***ANTI-DRUG STRATEGY IN THE HEMISPHERE:***
THEMATIC REVIEW – DEMAND REDUCTION PARAGRAPHS 2 and 18

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PARAGRAPH 2

1. The Strategy currently lacks, but should have, early on, a definition of which "drugs" or "substances" it covers. Perhaps the definition contained in current paragraph 20 could be used, namely:

“...all categories of psychoactive substances, that is, illicit drugs, whether of natural or synthetic origin, and licit substances of abuse, including alcohol and tobacco, and the non-therapeutic use of psychoactive pharmaceuticals, and inhalants.”

2. The Strategy's expansion of CICAD's mandate to “licit” substances such as alcohol and tobacco, as well as to the abuse of pharmaceuticals, has changed its approach to demand reduction: it now seeks to prevent and treat **all** substances of abuse as interlocking health and social problems. This shift from the original economic and geographically-based model of the 1986 Program of Rio gives greater emphasis to a health promotion and prevention approach, and also looks to mitigate the adverse consequences of substance abuse.

The Commission may wish to consider including in the revision of the Strategy statements about, for example:

- The serious health risks of alcohol, tobacco and pharmaceutical abuse, and a recommendation to governments that their substance abuse prevention and treatment programs cover these substances as well as illicit drugs.
- Strengthening cooperation with industry to regulate sales of alcohol and tobacco to minors and discourage inappropriate advertising.
- Increasing cooperation with doctors and pharmacists on the proper prescribing and dispensing of pharmaceuticals.

PARAGRAPH 18 ON TREATMENT

As substance abuse treatment becomes more necessary as drug abuse rises, the Strategy would benefit from a broader perspective on treatment. New issues more pressing now than in 1996 include the need for:

- i) Standards of care for drug treatment centers and programs, as well as government regulatory bodies or machinery to ensure that patients in drug treatment programs receive proper ethical care from trained professionals;
- ii) Early treatment interventions, aftercare and relapse prevention.

- iii) Specialized treatment and rehabilitation services for women, adolescents and substance-abusing prisoners;
- iv) More research into the most effective (and cost-effective) forms of treatment;
- v) Greater linkage at both the policy and the programmatic levels between substance abuse initiatives and HIV/AIDS programs, and efforts to prevent sexually-transmitted diseases.