TREATMENT POLICY ON ALCOHOL AND OTHER DRUGS
WITHIN THE BRAZILIAN PUBLIC HEALTH SYSTEM
Treatment Policy on Alcohol and other drugs within the Brazilian Public Health System

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COMPLEX REALITY

- PRODUCTION / TRADE – MARKET COMPREHENSION
- BOUNDARIES
- LAWS THAT CRIMINALIZE USERS
- VIOLENCE ASSOCIATED TO CONSUMPTION
- LACK OF YOUTH POLICIES
- DIFFERENT OBJECTIVES: HEALTH, JUSTICE AND EDUCATION
- UNDER RECOGNITION OF ALCOHOL ISSUES
- VALUES OF SOCIAL AND SEXUAL SUCCESS LINKED TO CONSUMPTION

*All data presented in this panel is from the Coordinating Office for STD and AIDS of the Ministry of Health - Brazil.
PUBLIC HEALTH SYSTEM
Brazil

- Around a third of population do not have a regular access to health services.
- Health service used as entry door varies according to age group, and mainly by family income.
- Access to medical and dental consultations increase dramatically according to income, and is higher in urban areas.
- Around 20% of the Brazilian population never been to a dentist – 32% among those living in rural areas.

112.6 million people (71.2% of total population) regularly use the public healthcare system.

Primary care: 41.8%
Hospital ambulatories: 21.5%
Private practice: 19.7%
Out-Patient units: 8.3%
Acute & Emergency units: 4.8%
Others: 3.8%

Hospital network
5,794 Hospitals / 441,045 beds / more than 900,000 in-patient procedures per month / total of 11.7 million in-patient procedures per year.

Out-patient units
63,650 out-patient units, 153 million of consultations per month / total of 2.03 billion of consultations per year.

1 billion of procedures in primary care per year.
MENTAL HEALTH DISORDERS AND ALCOHOL USE CAUSE GREAT IMPACT WITHIN HEALTH COSTS

3% - Severe and persistent mental health disorders need continuous care;
6% - Severe psychiatric disorders as consequence of harmful use of alcohol and other drugs;
12% - Estimated percentage of a population that need continuous or eventual care;
1.4% - epilepsy;
Suicide Rate – 3.98/100.000 hab
50% of road accidents with fatalities present positive Blood alcohol concentration in the victim or criver;
6% of students report health harms related to cannabis and cocaine use with
42% of male street children report solvent use

USE OF COCAINE AND ITS DERIVATIVES
USE OF ALCOHOLIC BEVERAGES

• Young People - 18 to 30 y-old
• 82% unemployed
• 80% were arrested at least once
• 13% had sexually transmitted infections in the last 6 months
• 85% reported group drug use
• 23% had sought drug treatment
• HIV rate= 36.5%
• HCV rate = 56%

HIV/AIDS
HEPATITIS
PREMATURE DEATH
Expenditures are higher in secondary and tertiary care
REPORTED AIDS CASES AMONG INJECTING DRUG USERS

SOURCE: WHO, UNAIDS

STIGMA E PREJUDICE DETERMINE SOME CURRENT TREATMENT METHODS

Justice + Health
Therapeutic Justice (Drug Courts)

Religions + Health
Therapeutic Communities

SICK or BANDIT or CRIMINAL
CURRENT SCENARIO DEMANDS AN OPEN SERVICE MODEL, WITH COMMUNITY AND OTHER ACTORS PARTICIPATION

PUBLIC HEALTH PROPOSAL

- Introduce a model of care that reduce exclusion and lack of health interventions, avoiding unnecessary in-patient procedures
- Services that prioritize community-based approaches
- Incorporation of harm reduction principles within prevention and healthcare
- Integration of general hospitals, primary care, and social support units
- Prepare a specific policy on alcohol
- Regulate advertising and compulsory testing
- Support users and workers associations and network
**SUPPORT FROM INTERNATIONAL AGENCIES**

- Advocacy for controversial issues – e.g., harm reduction
- Evaluation of different treatment models
- Spread best practices and policies
- Inclusion of regional networks and associations in its discussion forums in order to increase social participation
- Link use of alcohol and other drugs and human rights
- Amplifying the treatment issue in the annual agenda
- Engagement of ministries of health on these agenda

**CONTATOS**

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