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Debate on the Treatment, Rehabilitation, and Social Integration of Problem Drug Users

CONACE – Interior Ministry
Government of Chile
Forty-fifth Regular Session
OAS/CICAD

Fifth Plenary Session
“Debate on the Treatment, Rehabilitation, and Social Integration of Problem Drug Users”

6-8 May 2009
Washington
Strengthening Policies for the Treatment, Rehabilitation, and Social Integration of Problem Drug Users
An appropriate public policy for treatment, rehabilitation, and social integration requires:

I. A sound epidemiological diagnosis, identifying the different specific populations and their needs.

II. The design of treatment, rehabilitation, and social integration programs based on scientific evidence and expert consensus, to guarantee high effectiveness, efficiency, and quality.

III. The implementation and execution of treatment, rehabilitation, and social integration programs, within the different sectors of the government and of civil society.
Diagnosis of public policies for treatment, rehabilitation, and social integration

- Progress has been made over the past decade with population studies.
- Progress has been made over the past decade with the design of policies and programs, which are increasingly differentiated by populations (expert groups).
- Progress has been made over the past decade with the implementation of policies and programs, in terms of both their coverage and their quality (censuses, minimum standards, accreditation).
• It is clear that all this progress has not been sufficient and is not in line with the evolution of the phenomenon.
• Many countries still have rising usage rates; others have stabilized, but at high consumption levels.
• Problem use is a cause for social alarm in almost all countries.
• It is clear that problem users are either partially or totally dysfunctionalized, and so a large number of them are unemployed and suffer greater physical and mental health problems.
• Problem users affect the functioning and well being of their families, communities, and societies (more problems, dysfunctions, and illness in their milieu).
• A considerable percentage of problem users are associated with common crime (in Chile, 30%).
• The vast majority of lawbreakers have used drugs and, among them, a large percentage are problem users.
• Problem users are the main purchasers of drugs and are very liable to become small-scale traffickers.
Treatment does work

• Addiction is a treatable chronic illness.
• Treatment should be implemented on the basis of scientific evidence and/or expert consensus.
Pillars for the Design of Treatment, Rehabilitation, and Social Integration Programs

• Treatment programs must be adapted to the different profiles of drug addicts and drug abusers.

• Adapt to different levels of biopsychosocial commitment.

• Adapt to the different populations described (women, children, adolescents, social vulnerability, crime, prisons, etc.).
Treatment, rehabilitation, and social integration must be seen as an investment, from the following points of view:

- Ethics
- Social and economic profitability
- Security

Essential impact on the drug phenomenon
Money used for treatment, rehabilitation, and social integration is not spending, it is an investment.
Strengthening Policies and Programs for Treatment, Rehabilitation, and Social Integration
If a country has good population studies and well-designed treatment efforts but major problems with implementation, the population will never learn about the existence of those policies and programs and it is unlikely that the phenomenon can be changed.
For that implementation, institutional leadership within governments must exist, at all times with joint responsibility.
The lead agency must have:

- Major political support
- High levels of technical and administrative capacity
- An increasing budget
The Chilean Experience
Situation in Chile

- Chile has 16,100,000 inhabitants
- Divided into 15 regions and 345 municipalities
- Urban population: 85%
- Per capita income: US$ 13,000
- Poverty rate: 13.7%
### Dimensions of Drug Use in Chile

According to Chile’s 7th General Population Study, 2006

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>National population</td>
<td>15,116,435 (INE, 2002 Census)</td>
</tr>
<tr>
<td>Population aged 12 to 64</td>
<td>8,761,229 (INE, 2006)</td>
</tr>
<tr>
<td>Illegal drug consumption rate</td>
<td>7.3%</td>
</tr>
<tr>
<td>Number of users</td>
<td>640,420</td>
</tr>
<tr>
<td>Number of problem users</td>
<td>218,744</td>
</tr>
<tr>
<td>Men</td>
<td>173,758</td>
</tr>
<tr>
<td>Women</td>
<td>44,986</td>
</tr>
<tr>
<td>Percentage needing treatment</td>
<td>8.2%</td>
</tr>
<tr>
<td>Number needing treatment</td>
<td>17,961</td>
</tr>
</tbody>
</table>
Situation in Chile

PREVALENCE
ACCORDING TO
2006 HOUSEHOLD STUDY

<table>
<thead>
<tr>
<th></th>
<th>Marijuana</th>
<th>Base paste</th>
<th>Cocaine</th>
<th>Prescription drugs</th>
<th>Inhalants</th>
<th>Tobacco</th>
<th>Alcohol</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total %</strong></td>
<td>7.0</td>
<td>0.60</td>
<td>1.20</td>
<td>5.0</td>
<td>0.10</td>
<td>46.40</td>
<td>72.0</td>
</tr>
<tr>
<td><strong>Total Number</strong></td>
<td>609,703</td>
<td>50,272</td>
<td>107,028</td>
<td>440,274</td>
<td>12,414</td>
<td>4,122,880</td>
<td>6,391,211</td>
</tr>
</tbody>
</table>

Sample: 16,807
Universe: 8,761,229 people aged from 12 to 64
Public policies for drugs must be:

- Effective
- Firm
- Fair
- Intelligent

Centered on the citizen, with a territorial approach.
The global focus is:

**more and better State involvement**

(greater investment and greater regulation)

Ensuring the ethics of equality and responsibility
CONACE

The agency of the Chilean government responsible for drug policy

- Major political support
- High levels of technical and administrative capacity
- An increasing budget
Evolution of CONACE's budget, 1997-2009
CONACE

COMPREHENSIVELY TACKLING THE DRUGS PHENOMENON

• Prevention

• Treatment, rehabilitation, and social integration

• Control
Intersectoral coordination
Gender
Social participation
Permanent assessment
Institutionality
Legal framework
Strategy
Program supply
Resources
National Treatment, Rehabilitation, and Social Integration System
Visibility
Territorial considerations
People
Context
Drugs
Territorial considerations
Institutional Context

- The Executive Secretariat of CONACE is part of the Interior Ministry.
- The Interior Ministry is responsible for internal affairs, enjoys high political authority, and has the task of coordinating all other ministries.
Institutional Context

- CONACE is the agency responsible for drug policies
Programs for Treatment, Rehabilitation, and Social Integration
• Treatment programs are adapted to the different profiles of drug addicts and drug abusers.
• They are adapted to different levels of biopsychosocial commitment.
• They are adapted to the different populations described (women, children, adolescents, social vulnerability, crime, prisons, etc.)
Current supply of programs:

- Early detection program
- General population program
- Women’s program
- Children/adolescents program
- Young offenders’ program
- Prison population program
- Treatment courts program
- Social integration program
TREATMENT PROGRAM
MANAGEMENT MODEL

• Technical design of treatment model (protocols, clinical guides, technical standards)
• Actual implementation of the designed model (assessment, funding, administration)
• Coordination (intersectoral, service providers)
• Training
• Oversight and advice
• Internal and external evaluation
• Continuous development
• CONACE has the political responsibility, the technical capacity, the budget, and the administrative capacity to implement programs.

• Program implementation is done in coordination with other sectors, but led by CONACE.

• Most of the programs are implemented under technical and financial cooperation agreements with each sector.
• These agreements can include: the allocation of financial and human resources; administrative indicators; accountability; and continuous evaluation.

• It is essential to understand that the treatment, rehabilitation, and social integration of drug users is a high priority for CONACE, but that it is clearly not for other sectors.
### Active Intersectoral Relations

- Ministry of Health
- Ministry of Justice
- Ministry of Planning
- Gendarmerie of Chile (prison officers)
- SENAME
- Judiciary
- Public Criminal Defense Office
- Public Prosecution Service
- Civil society (NGOs, foundations, etc.)
The lead agency for these drugs policies must be located in the area of highest political responsibility, in order to give the topic due priority and for effective coordination with other ministries and sectors of civil society.

The lead agency for these policies must have the technical, administrative, and budgetary capacity for designing and implementing drug programs in different sectors.
The lead agency for these drugs policies must have the capacity to coordinate and implement programs through technical and financial cooperation agreements with different governmental and non-governmental sectors.

Responsibilities for this topic must be shared, of course; leadership, however, must be clearly with one agency, the topic must be given high priority, and due accounts must be given.

Relations between the State and organized civil society must exist, and we must strengthen them.