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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
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Strengthening Policies for the Treatment,
Rehabilitation, and Social Integration
of Problem Drug Users

Public Policy

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**



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Strengthening Policies and Programs for Treatment, Rehabilitation, and Social Integration



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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.



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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

National population:
15,116,435 (INE, 2002 Census)

Population aged 12 to 64:
8,761,229 (INE, 2006)
Illegal drug consumption rate: 7.3%
Number of users: 640,420

Number of problem users:
218,744
Men: 173,758
Women: 44,986

Percentage needing treatment: 8.2%
Number needing treatment: 17,961

Situation in Chile

PREVALENCE ACCORDING TO 2006 HOUSEHOLD STUDY

	Marijuana	Base paste	Cocaine	Prescrip- tion drugs	Inhalants	Tobacco	Alcohol
Total %	7.0	0.60	1.20	5.0	0.10	46.40	72.0
Total Number	609,703	50,272	107,028	440,274	12,414	4,122,880	6,391,211

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**

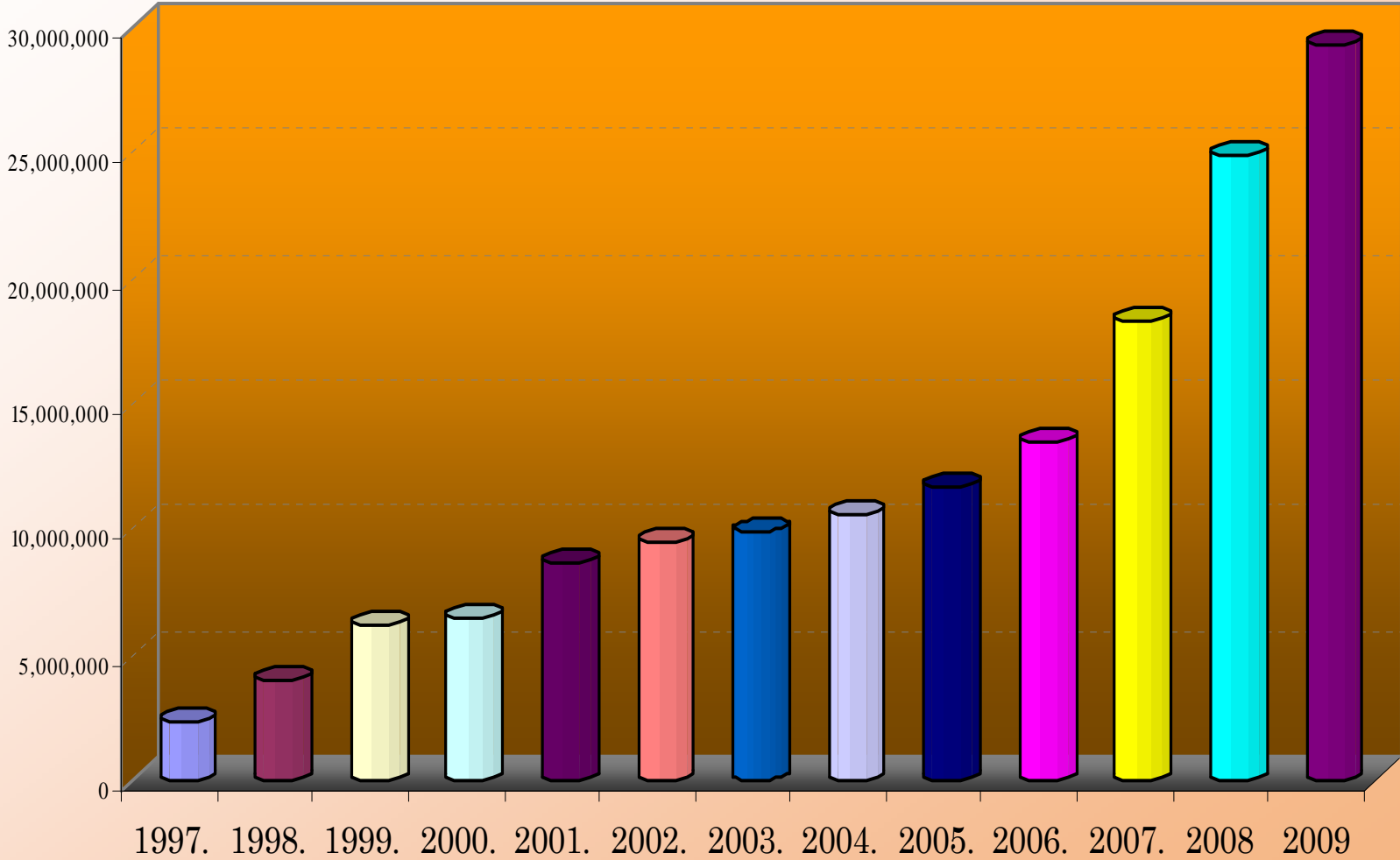


CONACE

The agency of the Chilean government
responsible for drug policy

- Major political support
- High levels of technical and administrative capacity
- An increasing budget

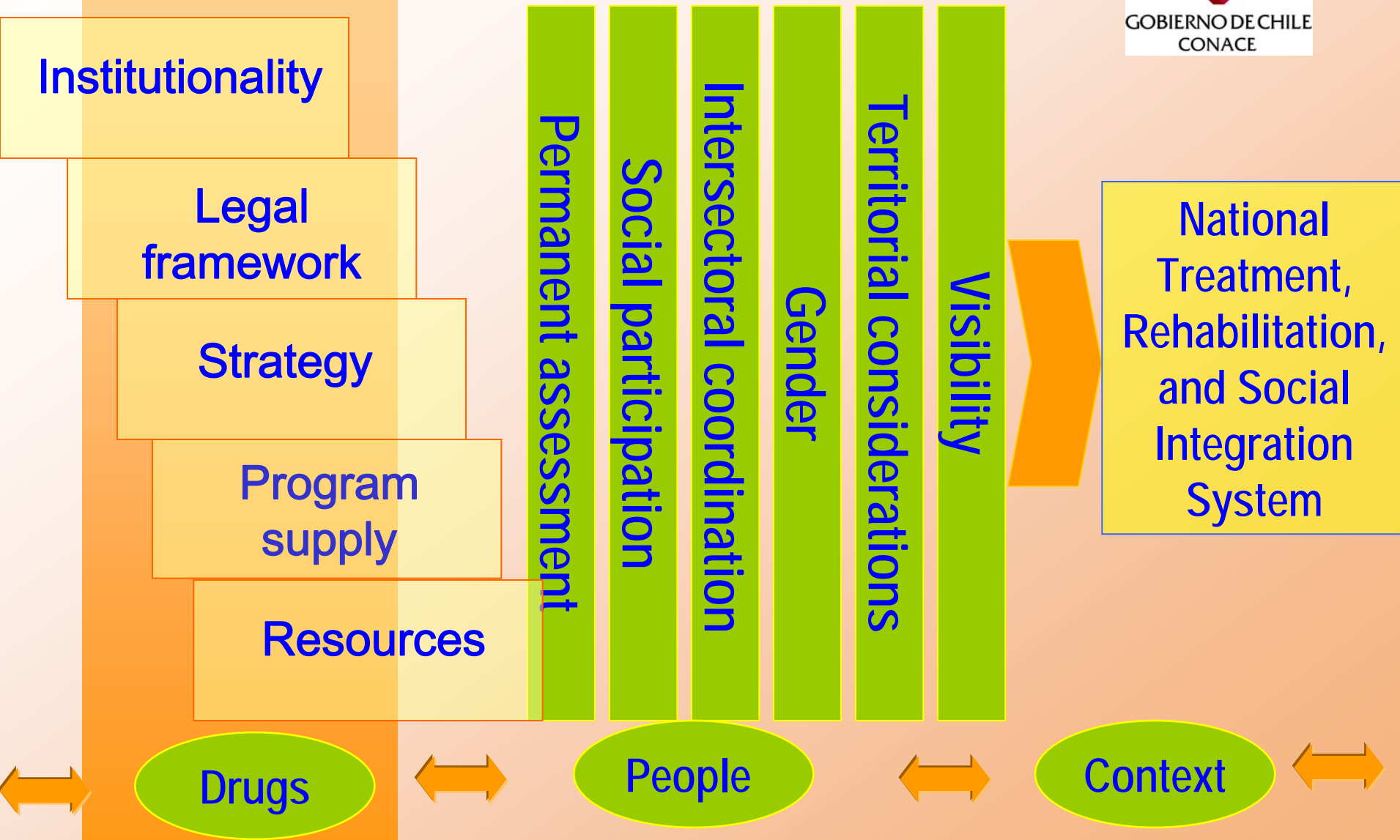
Evolution of CONACE's budget, 1997-2009



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COMPREHENSIVELY TACKLING THE DRUGS PHENOMENON

- Prevention
- Treatment, rehabilitation, and social integration
- Control



Institutionality

Legal framework

Strategy

Program supply

Resources

Permanent assessment

Social participation

Intersectoral coordination

Gender

Territorial considerations

Visibility

National Treatment, Rehabilitation, and Social Integration System

Drugs

People

Context

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.)

FINAL COMMENTS



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- ✓ 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.

FINAL COMMENTS



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- ✓ 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.

