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FINAL REPORT
OF THE SECOND MEETING OF THE
CICAD EXPERT GROUP ON DEMAND REDUCTION

SECOND MEETING OF THE.CICAD EXPERT GROUP
ON DEMAND REDUCTION
March 3-6, 1998
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FINAL REPORT

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SECRETARIAT NOTE

The provisional final report of the second meeting of the CICAD Group of Experts on Demand Reduction was approved in Mexico City on March 6, 1998, subject to observations of member states, which were to be sent to the Executive Secretariat of CICAD within thirty days. On April 14, 1998, the Executive Secretariat received the observations of the Government of Canada (attached at Annex IV). The majority of the Canadian Government's comments were stylistic improvements to the English translation of the original Spanish text, and as such, have been incorporated into the revised report.

Those comments by Canada that the Executive Secretariat felt were substantive have been incorporated into the text, but left in bold italic in the text. A Canadian amendment throughout the document (see footnote I is to add to the word "State" the phrase "or appropriate or responsible level of Government").

I. BACKGROUND

The establishment of a Group of Experts on Demand Reduction was approved at the twentieth regular session of CICAD. During its twenty-first regular session, the Commission ratified the convocation of the first meeting of the CICAD Group of Experts on Demand Reduction, to be held in Buenos Aires, Argentina on July 29 - August 1, 1997, in conjunction with Argentina's Programming Secretariat for the Prevention of Drug Addiction and to Combat Drug Trafficking (SEDRONAR), and under the Chairmanship of Argentina.

The mandate of the Group of Experts on Demand Reduction was established at the twenty-first regular session of CICAD, as follows:

*The aim of the Group of Experts is to provide technical expertise, facilitate cooperation among countries and submit recommendations to the Commission on the execution of the lines of action stemming from the **Antidrug Strategy in the Hemisphere.***

The Group is made up of national experts on different aspects of demand reduction and may therefore vary depending on the topic to be addressed

The priority topics of demand reduction include, among others:

- a. *Preparing diagnoses on drug use, epidemiological studies, surveillance and monitoring information systems (such as SIDUC); biomedical, clinical, psychosocial, epidemiological, ethnographic and anthropological research.*
- b. *Prevention and education models and programs, aimed both at the general population and at specific groups at high risk of use, incorporating the community in these actions.*
- c. *Models and programs to approach and address the adverse consequences to health and society stemming from illicit drug use.*
- d. *Measures for the treatment and rehabilitation of drug abusers and their reincorporation into society.*

One of the recommendations put forward by the experts in Argentina was the need to establish minimum standards of care in drug treatment centers, in order to improve the quality of care and respect the human rights of drug abusers in treatment. The Executive Secretariat of CICAD, with the approval of the countries, proposed that this be the main topic for discussion at the second meeting of the Group of Experts. Mexico offered to host the meeting and chaired the second meeting in the person of Mtra. Haydée Rosovsky of National Commission against the Addictions (CONADIC).

II. PROCEEDINGS

A. PARTICIPANTS

1. MEMBER STATES OF CICAD

Delegates from Antigua and Barbuda, Argentina, Bahamas, Barbados, Bolivia, Canada, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, Grenada, Guatemala, Jamaica, Mexico, Nicaragua, Panama, Peru, Trinidad and Tobago, the United States of America, Uruguay and Venezuela took part in the second meeting of the Group of Experts on Demand Reduction.

2. SPECIAL GUESTS

Representatives of universities and the American Psychiatric Association, among others, also attended the meeting as special guests.

3. INTERNATIONAL AGENCIES

Representatives of the Pan American Health Organization (PAHO), the United Nations International Drug Control Programme (LTNDCP), the International Labour Organization (ILO), and UNICEF also attended the meeting.

The list of participants appears as Annex I to this final report.

B. SESSIONS AND ORGANIZATION OF THE MEETING

1. OPENING SESSION

The opening session took place at 9:30 a.m. on March 3, 1998 in the Sala Magna of Mexico's Secretariat of Foreign Affairs. The opening ceremony was attended by Dr. Juan Ramon de la Fuente, Secretary of Health of Mexico; Dr. Mariano Herrdn Salvatti, of the Attorney General's office; Dr. Carlos Icaza, Under-Secretary of Foreign Affairs of Mexico; Dr. Carmen Moreno, Under-Secretary of Foreign Affairs of Mexico; Dr. Roberto Tapia, Under-Secretary of Health; Ms. Haydee Rosovsky, Deputy Director General of National Council Against Addictions (CONADIC); Dr. Alfredo Miroli, UnderSecretary of Prevention (SEDRONAR-Argentina) and Chairman of the First Meeting of CICAD Expert Group on Demand Reduction; Dr. Edith Mirquez, Director of the General Secretariat of the OAS in Mexico; Dr. Julio Gonzdlez, Representative of the Pan American Health Organization (PAHO); Mr. Andres Finguerut, Representative of the United Nations International Drug Control Programme (UNDCP) - Mexico, and Dr. Anna McG. Chisman, Director of Programming and Demand Reduction of CICAD. Dr. Ramon de la Fuente, Secretary of Health of Mexico, inaugurated this second meeting of the Group of Experts.

2. WORKING SESSIONS

Each country's participants introduced themselves at the first working session. Dr. Chisman stated the aims of this CICAD Group of Experts, and the agenda and schedule of activities was adopted (documents CICAD/doc.2/98 and doc.3/98 rev.2, attached to this final report at Annex II and III respectively).

Dr. Wallace Mandell of the Johns Hopkins University and Dr. Luis Alfonzo, a PAHO consultant, presented background information on the PAHO/WHO initiative on minimum standards of care for the treatment of drug abusers, stressing the benefits of implementing such a program, with guidelines for treatment. An open discussion was held to define the issue, difficulties experienced by governments in applying operating standards at treatment centers, and ethical considerations on the subject.

Some of the national solutions used by those countries that have adapted the PAHO/WHO standards at the national level were presented, among them Argentina, Bolivia, Chile, Costa Rica, Panama and Venezuela (their national standards were posted on the INTERNET by the Executive Secretariat of CICAD, at <http://www.oas.org/en/prog/w3/en/demand-reduction>).

The third working session was devoted to presentations given by Mexican specialists on ***The Psychiatric Comorbidity of Addictions*** by Dr. Agustin Velez of Mexico's Health Secretariat; ***Determining the Severity of addiction and its Usefulness in the Choice of Treatment***, by Dr. Luis Solis of the Mexican Institute of Psychiatry, and ***Self-Help Groups***, by Ms. Haydee Rosovsky of CONADIC. A presentation was also made by Dr. Pedro Ruiz, of the American Psychiatric Association, on ***Practice Guideline for the Treatment of patients with Substance Use Disorders***.

At the fourth working session it was agreed to form three working groups to propose recommendations in the following areas:

- a) The National Consultation and Consensus-Building Process needed to adopt Minimum Standards of Care in Drug Treatment
- b) Treatment programs
- c) Training in Drug Treatment

The working groups were made up as follows:

THE NATIONAL PROCESS OF ADOPTING MINIMUM STANDARDS OF CARE:

Ximena Reyes, Chile; Manuel Figueroa, Venezuela; Holda A. de Marre, Panama; Enrique Madrigal, PAHO/WHO; Manuel Herrera, Dominican Republic; Magdalena Tavera V., Colombia; Hannia Carvajal Morera, Costa Rica; Jose Ferrin V., Ecuador; Jorge Rivadeneira, Ecuador.

Moderator: Enrique Madrigal, PAHO/WHO.
Rapporteur: Magdalena Tavera V., Colombia

TREATMENT PROGRAMS: Danny Gill, Barbados; Charles Thesiger, Jamaica; Luz Beatriz Sayago, Venezuela; June Sivilli, USA; Alexander Riley, Mexico; Carlos Fernandez Sandi, Costa Rica; Miguel Angel Añez, Bolivia; Hezekiah Farrell, Antigua and Barbuda; Virginia Carver, Canada.

Moderator: Danny Gill, Barbados
Rapporteurs: Charles Thesiger, Jamaica Luz Beatriz Sayago, Venezuela

TRAINING: Jose Luis Peña Vega, Peru; Betty Escorcía, Colombia; Luis Alfonzo, Venezuela; Pedro Ruiz, APA; Wallace Mandell, Johns Hopkins University; Jorge Bolívar Díaz, Guatemala; Rene Donoso, Chile; Carmen Mille, Mexico.

Moderator: Jose Luis Peña Vega, Peru
Rapporteurs: Betty Escorcía, Colombia Luis Alfonzo, Venezuela

The fifth working session consisted of a panel of experts who discussed recent changes in drug use in the Americas, and gave updates on the abuse of controlled substances and designer drugs, and the ***Development of Therapeutic Strategies***; Dr. Patricia Cravioto gave a presentation on ***New Synthetic Drugs*** that have appeared in epidemiological studies conducted in Mexico, and Dr. Victor Manuel Guisa of Mexico's Youth Integration Centers (CIJ) delivered a paper on the ***Pharmacotherapy of Intoxication and Withdrawal Syndromes***. These papers served to call attention to the need for more research on new designer drugs and for training to health care personnel and therapists in this field.

PLACE AND DATE OF THE NEXT MEETING OF THE EXPERT GROUP

It was unanimously agreed to hold the third meeting of the CICAD Group of Experts on Demand Reduction in Uruguay, and that Uruguay would chair the meeting. The decision on the Vice-Chair was deferred to allow for consultation with Governments. The Executive Secretariat was asked to draw up, draft procedures for governments wishing to host an Expert Group meeting, and to place on the agenda at all meetings of the Expert Group the question of the Vice Chair.

CLOSING SESSION

The closing session was held at 12 noon in the Sala Magna of the Secretariat of Foreign Affairs. Dr. Anna Chisman, on behalf of the Executive Secretariat of CICAD, and Mtra. Haydee Rosovsky, on behalf of CONADIC, addressed the meeting. The session was closed by Minister Luis Miguel Cabafias, of the Ministry of Foreign Affairs of Mexico.

CONCLUSIONS AND RECOMMENDATIONS OF THE GROUP OF EXPERTS

GENERAL PRINCIPLES

- It is the responsibility and ethical duty of the State to promote and safeguard the quality of life and the material and non-material well-being of its people, to guarantee access to health care, and to address the issue of substance use and related problems, by developing policies to provide minimum coverage and access to effective, appropriate and timely programs for treatment, rehabilitation and reintegration into society.
- In order to accomplish the goals of the Antidrug Strategy in the Hemisphere, particularly in the field of demand reduction, and as part of their policies to address access to effective, appropriate and timely treatment, rehabilitation and social readaptation programs, the State 1/ or appropriate levels of government should consider as a priority the development and adoption of standards of care for substance abuse treatment, rehabilitation and reintegration programs.
- Comprehensive care of substance abusers is a policy component of the antidrug plans of each of the countries in the hemisphere. In this context, States 1/ should consider as a priority the development of policies, programs and regulations to address this policy component of their antidrug plans.
- In keeping with its regulatory role and responsibility to ensure effective, accessible and appropriate care for people with substance use problems, the State 1/ should regulate and adopt effective treatment methodologies and program materials in order to ensure minimal quality standards and sound use of public and private resources.
- The adoption of standards improves quality of care in public and private services and consumer confidence in treatment, rehabilitation and reintegration services.
- The preparation and definition of standards will create greater awareness among professionals and the health care system of their responsibility to provide care for people with substance use problems.
- In the context of the changing dynamics of and increasing globalization of drug use, including the increasing prevalence of substance use problems in countries that were formerly known as "nonconsumers", States 1/ should devise strategies to respond to these changes.

1. or responsible levels of government (passim).
2. Addition proposed by Canada.

- States 1/ should consider a comprehensive system of care for substance use problems as having a priority similar to other health problems.

NATIONAL STRATEGIES FOR DEFINING AND IMPLEMENTING MINIMUM STANDARDS OF CARE IN DRUG TREATMENT

The CICAD Expert Group on Demand Reduction suggests to States 1/ that they take the following steps before implementing a program to ensure minimum standards of care in drug treatment:

- Seek to incorporate into their legal frameworks regulations on the provision of appropriate, accessible and effective treatment for people with substance use problems ***[including provisions to divert offenders with substance use problems to treatment and rehabilitation.]*** 2 /
- Determine the availability and capacity of their treatment, rehabilitation and social reintegration services, and decide on the types of services to which standards of care should apply.
- Acknowledge and recognize the role of self-help groups as providing supplementary support services for people with substance use problems; self-help groups are, by definition, voluntary, anonymous, and free of charge.
- Promote the creation of mechanisms to bring together those involved in the provision of substance abuse treatment and rehabilitation services (governments, health, professionals, consumers) to draw up quality of care standards and ensure the necessary participation and consensus required for the adoption of such standards.
- Facilitate the dissemination of information to the general public regarding the availability of substance use treatment and rehabilitation services and promote the acceptability and use of such services.

TREATMENT PROGRAMS

The Group of Experts considered a definition for a comprehensive system of treatment, rehabilitation and social reintegration services. A comprehensive system of services was defined as a planned system of services that provides for the management of intoxication and withdrawal, assessment and linkages to a range of treatment and rehabilitation approaches and options including outpatient or day services, short and long term residential services, aftercare and outreach/community intervention to

1. or responsible levels of government (passim).
2. Addition proposed by Canada.

engage people in treatment. These services may be provided by agencies/institutions on a residential or non-residential (out-patient) basis and should be delivered by qualified individuals ***[using evidence-based models or approaches.]*** 3/

A comprehensive system should include the following components:

- Outreach or case finding.
- An initial assessment interview.
- Management of intoxication and withdrawal.
- Appropriate therapeutic interventions provided in an individual or group format and including provision for family treatment.
- Social readaptation/integration.
- Relapse prevention which can incorporate self help/mutual-aid groups, community intervention and local support networks. More specific measures for the different components of relapse prevention are needed.
- Aftercare.

The Expert Group also recognized that certain groups, such as children and adolescents, females, pregnant women, and juvenile offenders, require special care.

Cognizant of the fact that a document on Standards of Care in Substance Abuse Treatment was produced by PAHO/WHO, the Expert Group reviewed and endorsed it, suggesting that countries should use this document as a frame of reference for developing standards.

TRAINING IN DEMAND REDUCTION (REFERRING TO TREATMENT AND REHABILITATION OF DRUG ABUSERS)

The CICAD Expert Group on Demand Reduction:

Ratified the recommendations on prevention, treatment, rehabilitation and reinsertion into society drawn up at the First Meeting of the CICAD Expert Group on Demand Reduction.

Saw a need to promote the development of intersectoral and interdisciplinary cooperation mechanisms to design and apply training programs on demand reduction, and define objectives, indicators and curriculum contents.

3. Addition proposed by Canada

- Proposed that, in order to begin regulating the care provided to people with substance use problems, governments consider providing training in drug treatment to:
 1. *People working in general health, social, correctional or other settings to screen for substance use problems and provide brief interventions or referral*
 2. *Those working in or planning to work in specialized substance abuse treatment, rehabilitation or social readaptation services. Such training would take into consideration the needs of all levels of staff, from those providing attendant care to specialized health professionals, eg. physicians, psychologists, social workers. 4/*

It is recommended that such training be recognized and/or accredited by the appropriate level of government [or professional regulatory body] 5/ and that the scope and coverage of each levels of training take into account the context and level of development of each country.

The Expert Group therefore recommended that Governments:

- Identify regional and national strengths in demand reduction to make training programs as effective as possible, and promote the development or strengthening of pilot regional centers for training in substance abuse treatment and rehabilitation.
- Promote the establishment of a bibliographical data bank to support education, clinical and research activities.
- Promote exchanges of clinical and education experiences with a view to improving, at the regional and hemispheric levels, current education programs, and those to be developed in future.
- Establish criteria to assess and follow up on training activities in accordance with proposed objectives.

4. Secretariat note.- The Expert Group held lengthy discussions on the different levels of training and qualifications needed for people providing care and treatment to drug abusers. Many delegates felt that three levels of training were needed (technical, professional and specialist), but the type of training was not fully defined, because of different educational systems and needs in each country. The text included here is that proposed by Canada.

5. Addition proposed by Canada.

EVALUATION AND FOLLOW-UP

The Expert Group recommends that:

- As part of the process of evaluating standards of care, the State 1/ establish mechanisms for training to address problems that may hinder compliance with the established standards, in conjunction with licensed treatment facilities.
- Mechanisms be established to ensure the regularity and continuity of the evaluation process.

SUPPORT OF MULTILATERAL AGENCIES: CICAD – PAHO/WHO - UNDCP

The CICAD Expert Group on Demand Reduction recommends that, in order to support the initiatives proposed in this report, the multilateral agencies issue a resolution urging Governments to develop and implement the processes mentioned above.

It also urged such agencies to extend financial and technical support to the States including the mobilization of national resources to implement and accomplish the aims of improving the quality of care and service coverage and equity.

1. Addition proposed by Canada.