CICAD EXPERT GROUP ON DEMAND REDUCTION

BASIC PRINCIPLES OF THE TREATMENT AND REHABILITATION OF DRUG-ABUSING AND DRUG-DEPENDENT PERSONS IN THE HEMISPHERE

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Drug dependence is a chronic, relapsing disease that is caused by many factors, both biological, psychological and social, and that must be addressed and treated as a public health matter, on a par with the treatment of other chronic diseases.

The following Basic Principles, derived from scientific research, should therefore govern policies and practice in the provision of drug treatment services:

**Accessibility, non-discrimination and respect for human rights**

1. Programs for the prevention of drug and alcohol use and for the treatment of abuse and dependence must fully respect the human rights of those participating in them. Treatment programs should be offered in the least restrictive setting possible while assuring the safety of clients and treatment personnel. Clients should be actively involved in determining their own treatment plan, together with the treatment team, on the basis of informed consent.

2. Treatment services should be accessible and located close to those that need them, without discrimination on the grounds of age, gender, race, religion, social or economic condition, or political affiliation.

**Drug treatment should be governed by specific protocols based on available scientific evidence**

3. Treatment protocols should consist of therapeutic interventions derived from available scientific evidence or, in the absence of convincing evidence, derived from the consensus of treatment experts. These protocols should define the duration of treatment, recommend the therapeutic options that are most appropriate for each individual, and determine the skills required by the various professionals making up the treatment team.

4. Treatment services should be organized as a policy-based treatment system, with a strategic framework to guide the various therapeutic interventions and services, which should be linked in a continuum of care in order to assure continuity, and which should be incorporated into the health system and coordinated with other relevant social sectors, such as housing, social development, job training, education and family support.
5. Treatment services and facilities should be diversified in order, insofar as possible, to match the specific treatment to client needs, on the basis of an assessment. The range of treatment services should include strategies for screening, early problem detection, clinical diagnosis, motivation to treatment, brief intervention, psychological and medical care, clinical tracking of cases, relapse prevention and aftercare.

6. Treatment should be conceived as a long-term process, in which stakeholders from different disciplines may need to participate, and in which many treatment episodes of different types, in different combinations and for varying periods of time, may be required to achieve therapeutic success.

7. In defining the therapeutic interventions to be offered, the following should be given fundamental consideration: different models of psychotherapies, derived from available scientific evidence or, in the absence of convincing evidence, derived from the consensus of treatment experts; the use of medication when the clinical condition so requires; and, if necessary, a combination of psychotherapy and medication, among other interventions of proven efficacy.

8. Treatment services should incorporate models of care for those persons with drug abuse or dependence problems who present co-morbidity with other mental or physical health problems.

9. The most important tools for the timely identification of individuals at high risk of developing dependence include early detection (screening) through structured interviews. Interventions and/or treatment in those cases that require follow-up can produce a favorable modification in the course of drug use and its consequences.

10. Treatment programs should include strategies for re-entry into society that will help the client effectively and productively restore his ties to his community.

**Organization of treatment services**

11. Drug dependence treatment services should be integrated, where possible, into regular health care clinics, settings and systems, to avoid segregation of substance abusers from other types of patients.

12. Care units should be developed for acute complications, especially for management of intoxication and acute withdrawal syndromes; such acute care units are not sufficient on their own, but are a valuable support at different points in any treatment strategy.
13. Community-based treatment options should encourage the participation of the family and community in the therapeutic process, by providing information and guidance to parents, teachers and other significant figures, since they play a key role in achieving and maintaining the success of treatment and social reintegration.

14. Governments should seek means of securing adequate financing for drug treatment programs, to assure the highest quality, greatest accessibility and broadest coverage possible.

Qualified drug treatment personnel

15. The proficiency of treatment personnel should be assured by means of systematic selection procedures, and their skills should be improved through specific training programs and periodic refresher courses for professional and non-professional personnel. Treatment services should, as much as possible, be delivered by a multidisciplinary team capable of meeting the various types of care that those needing their services require. Training programs for the accreditation and/or certification of treatment personnel should therefore be promoted.

Information systems for drug treatment

16. Strategies should be developed and set in place for ongoing supervision, monitoring, and evaluation of both the structure, operations, efficacy, coverage and cost-benefit of treatment programs, thereby enhancing the quality and appropriateness of the services.

17. The organization of treatment services should be supported by a reliable, timely and flexible information system that includes records of the diagnoses and clinical needs of the patients. The information system should also track changes in symptoms and status, through follow-up on patients to evaluate the outcomes of the therapeutic interventions.