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**INSTITUTIONAL FRAMEWORK, KNOWLEDGE MANAGEMENT AND DEVELOPMENT OF NATIONAL AND
TERRITORIAL CAPACITIES FOR THE PREVENTION AND ATTENTION OF THE CONSUMPTION OF
PSYCHOACTIVE SUBSTANCES FROM THE PUBLIC HEALTH APPROACH**

Institutional framework, knowledge management and development of national and territorial capacities for the prevention and attention of the consumption of psychoactive substances from the public health approach

A experience of Colombia

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Transition of the policy of drugs to human rights and public health

3

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4

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Learned lessons



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1. Colombian context



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1. Colombian context



49.475.288

Population projected to date:
01-11-2017 at 00:00 hours

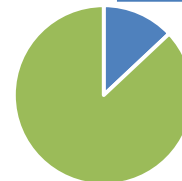
Country rule of law

Decentralized territorial order:

- **32** departments
- **1122** municipalities



Global rate:
1,8 children per
woman



13%

People surveyed
have used an illicit
drug at least **once in
their life**



19.9%



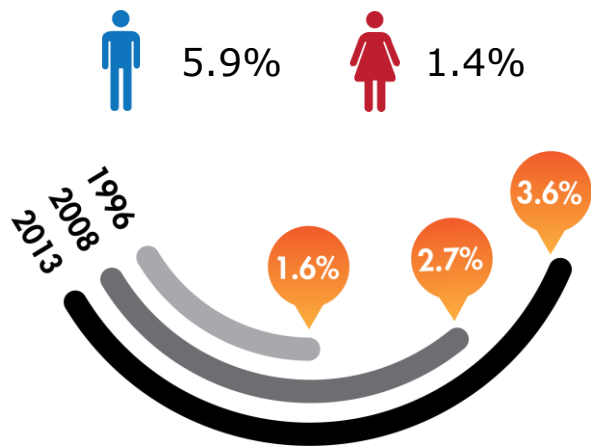
6.5%



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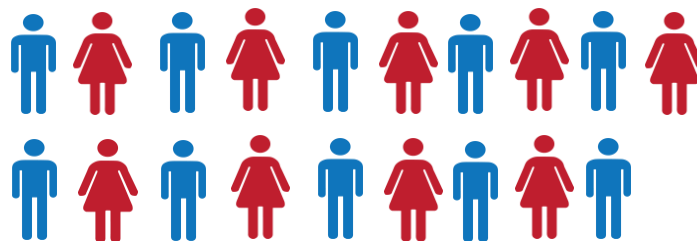
Prevalence of consumption in the general population

Prevalence of illicit substance use in the last year (%)



As in most countries of the world, **cannabis** is the most commonly used illicit substance in Colombia.

Prevalence of life compared to alcohol use studies 2008 (86%) - 2013 (87%)



Cocaine ranks second among the most commonly used illicit substances in Colombia.

3.2% of respondents report having used cocaine at some time in their lives



The highest consumption of illicit substances in the last year occurs in the group of **18 to 24 years**, with a rate of **8.7%**



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Prevalencia de consumo en escolares y universitarios



7% of schoolchildren in Colombia declared having smoked cannabis at some time in their lives



8.6%



5.5%



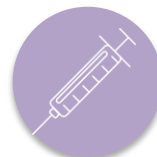
2.8% of schoolchildren in Colombia reported having used cocaine at some time in their lives



3.5%



2.1%



12.1% of schoolchildren in Colombia declare that they have used at least one illicit substance at some time in their lives



14%



10.3%



8.6% declare to have consumed some substance in the last year



10.3%



17.1%

University students



36.3%



9.1%

LSD



43,1%



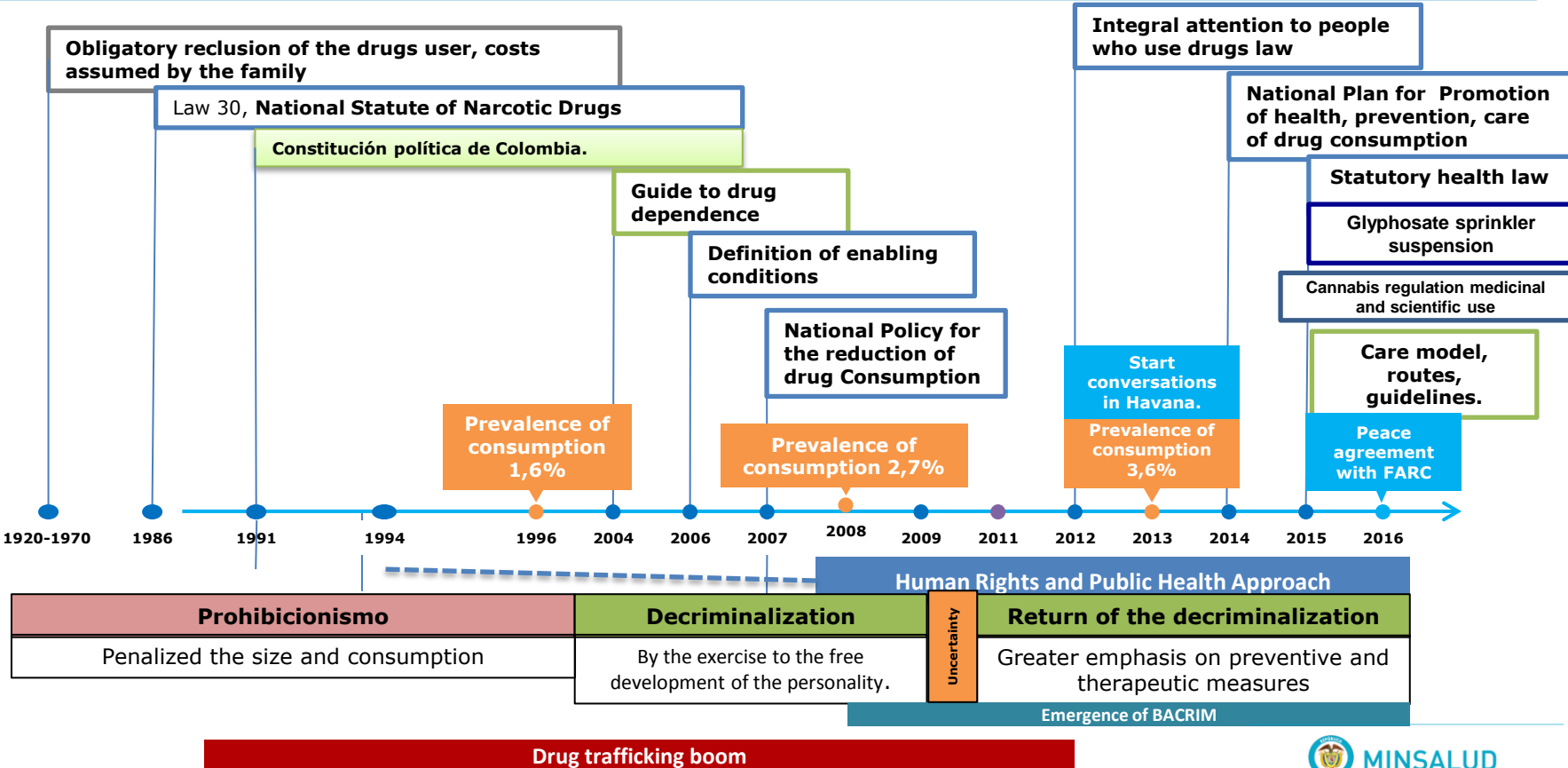
30,2%

2. Transition from drug policy to human rights and public health

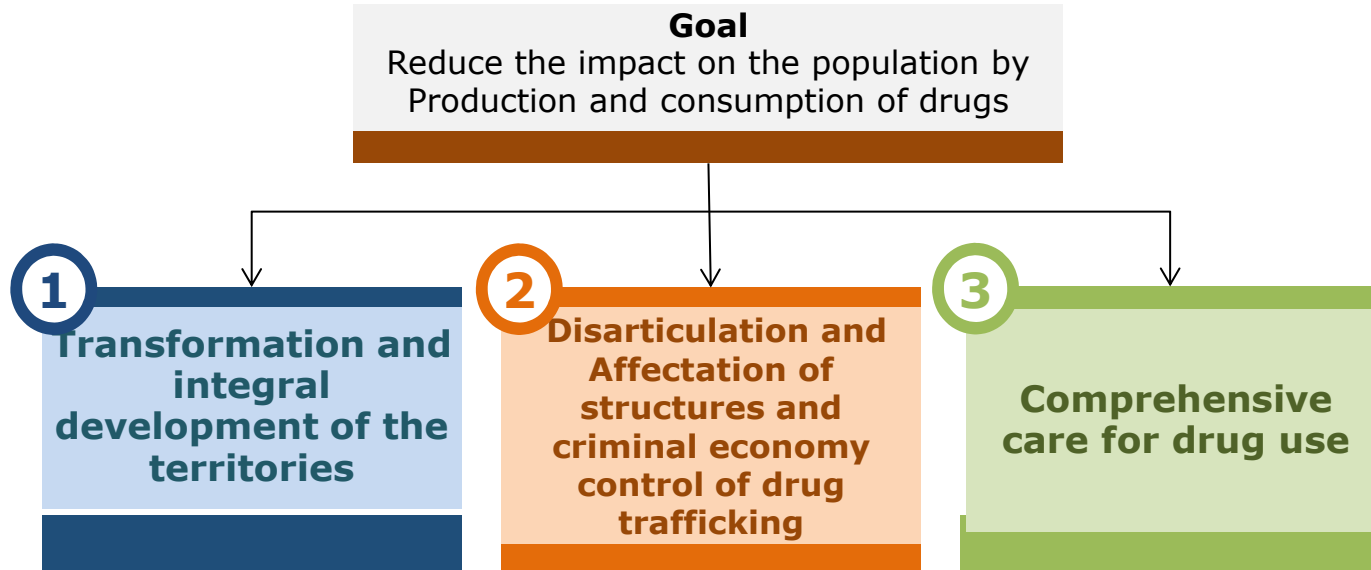


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Chronology of the approach of people who consume psychoactive substances

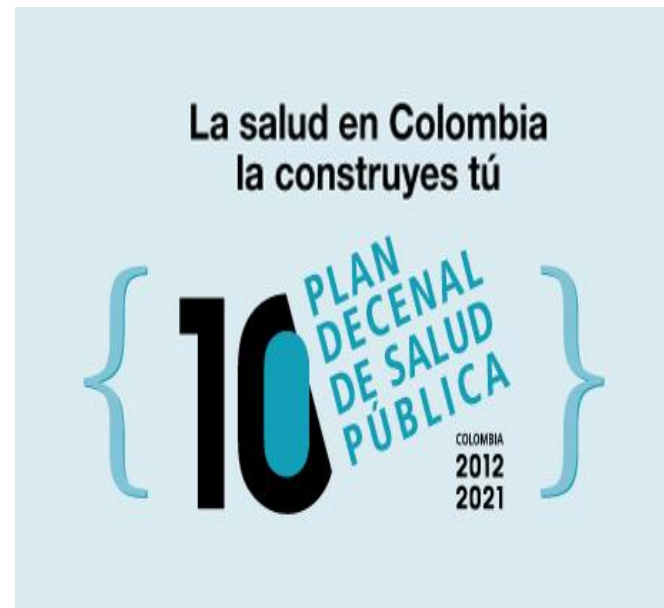


Goals and strategies of drug policy





1. **Prevention**
2. **Mitigation: reduction of risks and damages**
3. **Overcoming: treatment**
4. **Building response capacity**



People enjoy the **right** to **health**

People enjoy **quality** of **life**

Equity in **health** in the **territory**

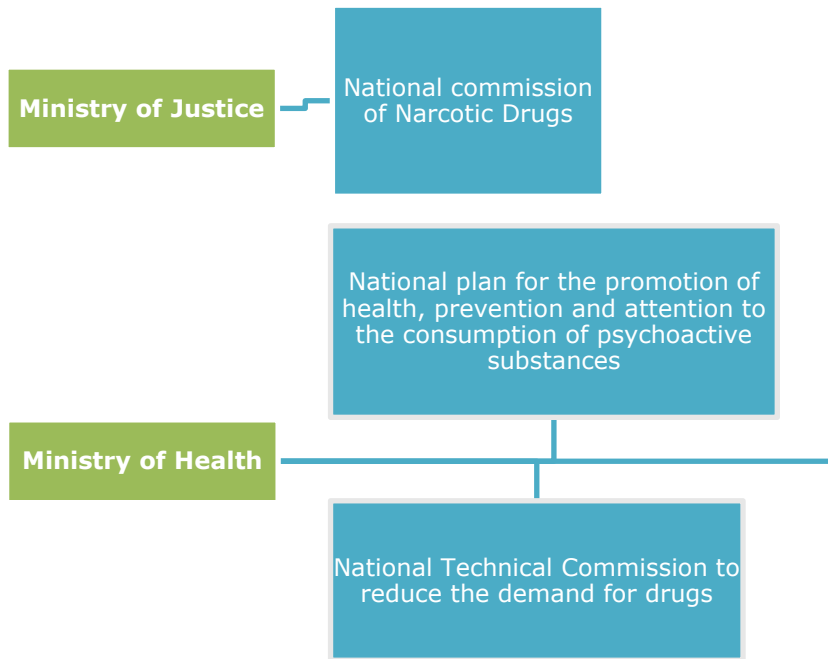
Goals populations

1. Parental Involvement
2. Increase age of start
3. Maintain prevalences
4. AVISAS



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Coordination instances

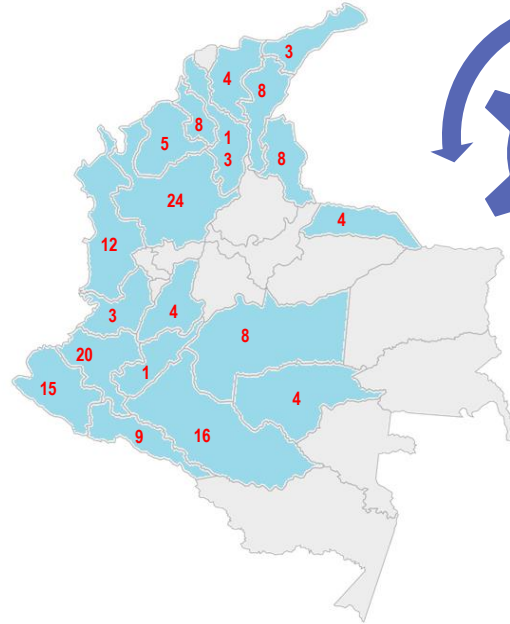


Agreements of Havana

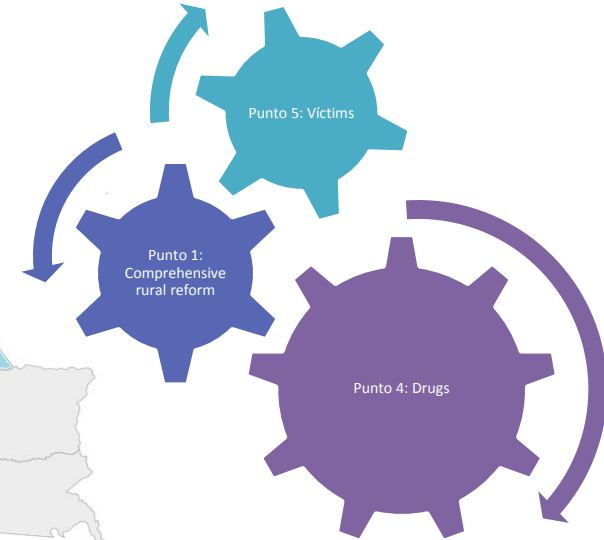
Point 4 "Solution to the problem of drugs"

Programs of prevention of consumption and public health

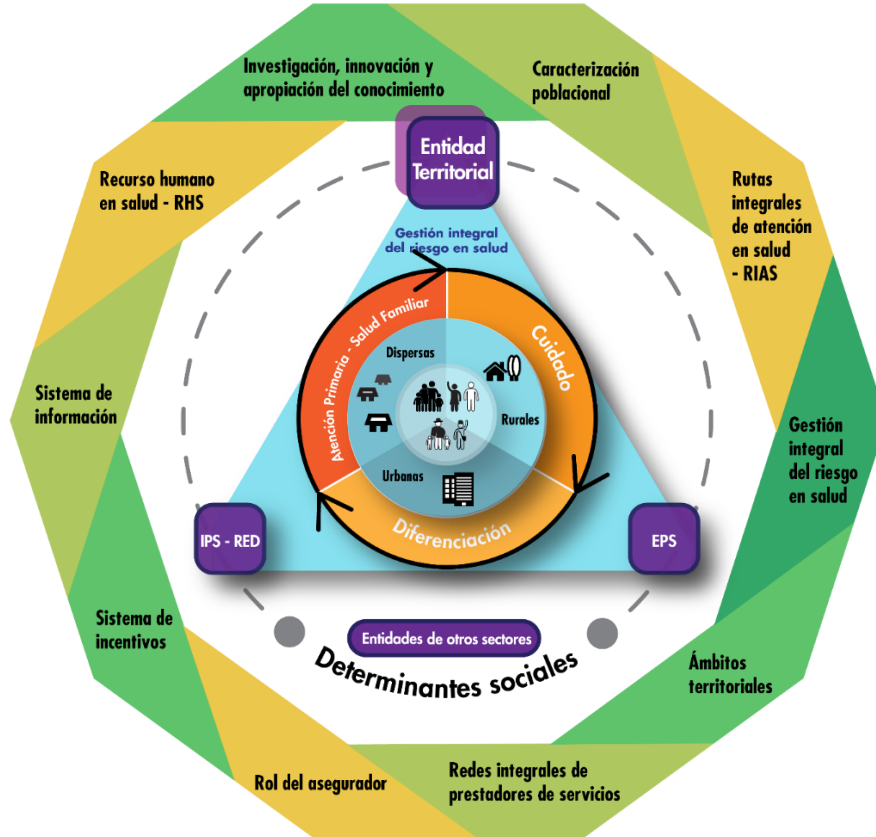
- 01** National Comprehensive Intervention Program against Illicit Drug Use
- 02** National System of Assistance to Illicit Drug Users
- 03** Review and participatory adjustment of public policy against the consumption of illicit drugs
- 04** Participatory action plans with a territorial and population approach
- 05** Evaluation and monitoring of the actions that are carried out in terms of consumption
- 06** Generation of knowledge regarding the use of illicit drugs



Territorial Spaces for Training and Reincorporation



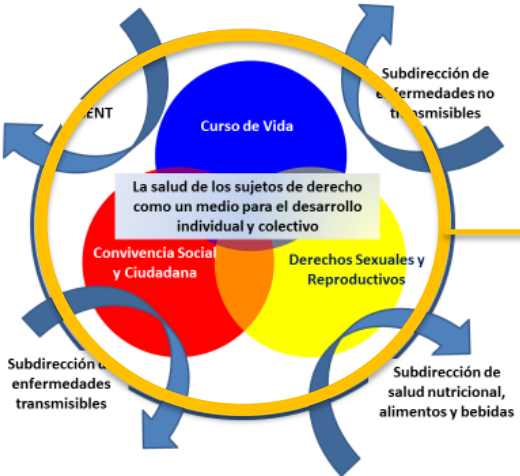
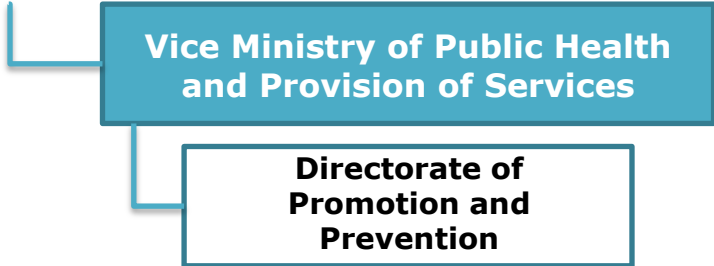
Comprehensive Health Care Policy



1. **Treatment model:** evidence, unifies criteria for management, evaluation and monitoring
2. Route of integral attention of **promotion and maintenance of the health**
3. **Perinatal maternal** route
4. Route of integral attention to people with disorders of **the consumption** of psychoactive substances
5. Comprehensive care route for people with **mental health disorders**
6. Comprehensive care route for people with **HIV and other STIs**
7. Route of integral attention in **violence**
8. In process of validation of the differentiated model for the attention of **adolescents in the system of criminal responsibility**

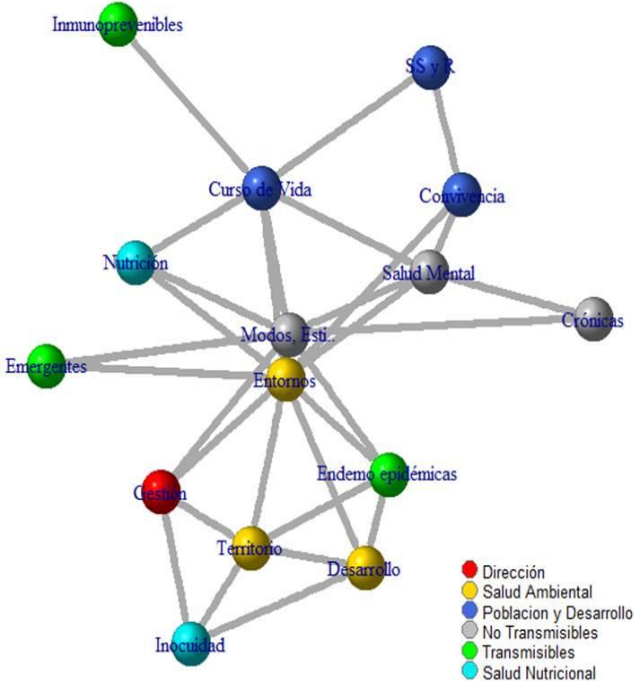
Institutional framework

Ministry of Health and Social Protection

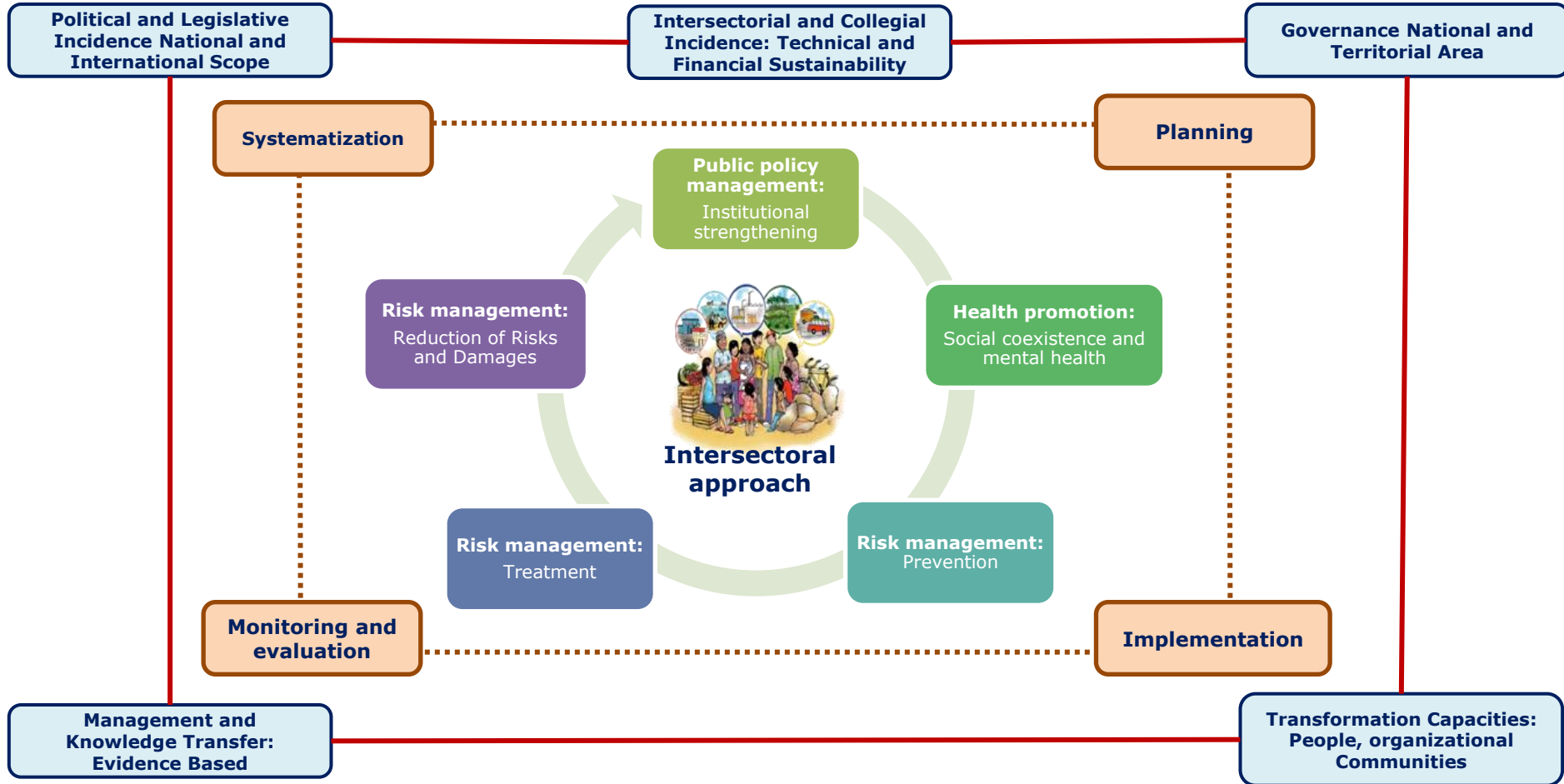


Population and Human Development Area

- Prevention attention to consumption of psychoactive substances and the of



Sustainable and Continuous

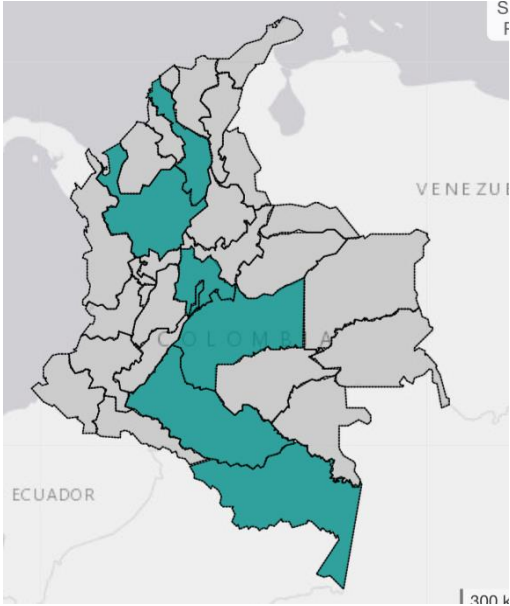


3. Development of capabilities



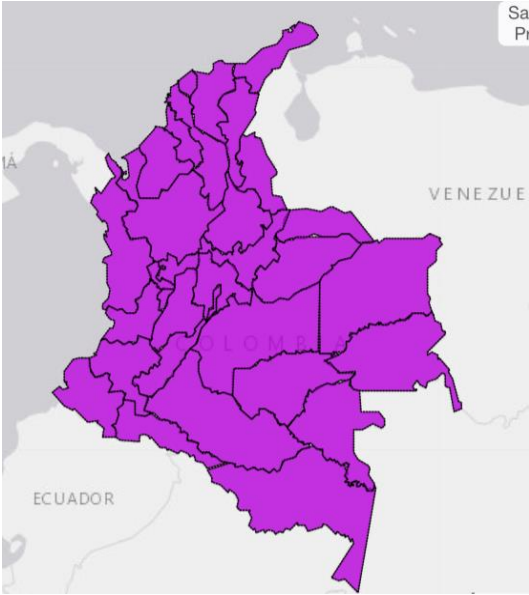
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Prevention

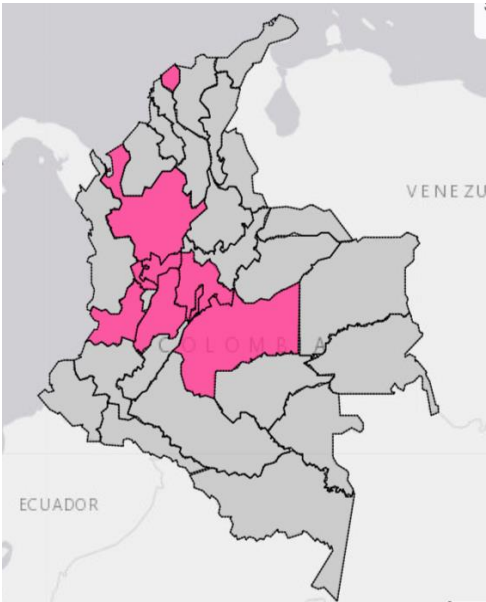


○ Programs
Conversations
Interventions

Treatment

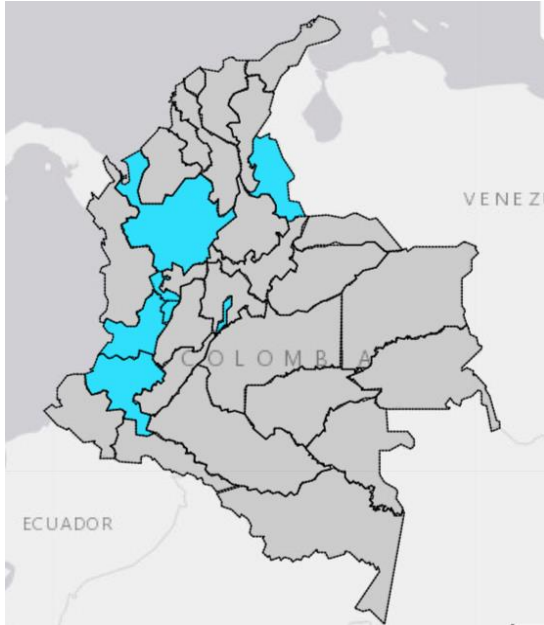


○ Model
Route of attention

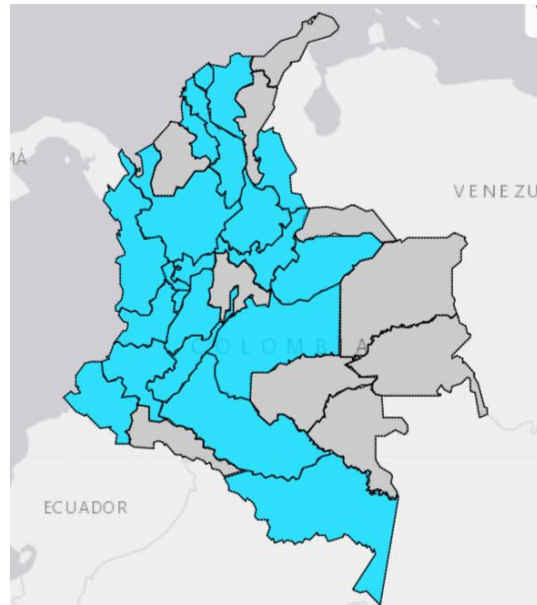


○ Treatnet
UTC

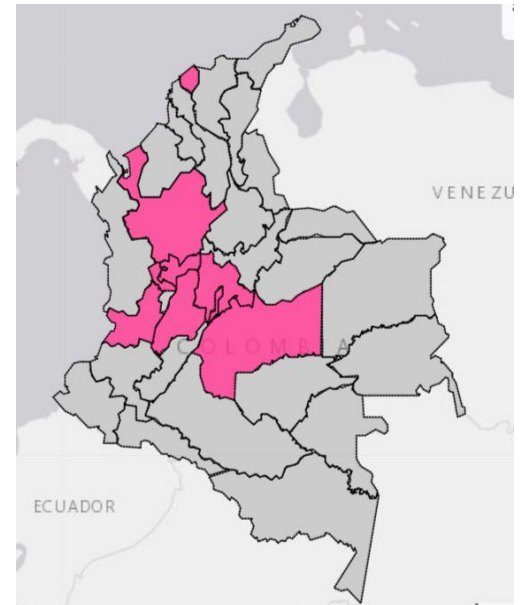
Harm reduction



Program for the Strengthening of community-based networks for heroin users



Training aimed at community and institutional CRIC actors



Training in inclusive economic development

4. Knowledge management



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Knowledge managed and managed

Politics

Theory of change: prevention -
reduction of risks and damages

Budget balance between supply and consumption
Cost effectiveness of evidence-based prevention programs

Techniques

Prevention: Guidelines and validation
and piloting quality standards

**Etiology - Differentiated comprehensive care - Socio-sanitary
services and psychosocial services of medium and low
threshold - Approach of families and communities**

Enfoques

Families: RedpaPaz alliance
Work teams

**Humanization of services Decent treatment Social and
community participation**

Approaches

**Standards - approaches - multisectoral
work**

**Local intersectionality
Comprehensive programmatic answers**

Information

**Monitoring and evaluation of the policy
Nominal tracking of adherence to programs with evidence**

5. Lessons learned



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5. Learned lessons

01

Real national and local articulation, in a politics that integrates, the control of the supply and the reduction of the consumption of psychoactive substances, whose center is the development of people, families and communities.

Explain in the national and territorial policy, integrated, sustainable and evidence-based programmatic responses to the promotion of mental health and coexistence, the prevention of the use of psychoactive substances, the treatment and harm reduction

02

Recognize the territorial offer and the sociodemographic particularities of the inhabitants and of the people who consume psychoactive substances in the design and management of evidence prevention programs based on evidence

To make visible the integral attention of people with **mental health problems and disorders** due to their disproportionate impact due to the consumption of psychoactive substances.

03

Recognizing the gaps in knowledge is the input for the management of local plans for the development of political, strategic, technical and territorial planning capacities for the integral attention of the populations.

Position evidence-based strategies in contexts of therapeutic communities.

Thank you

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