



**La salud
es de todos**

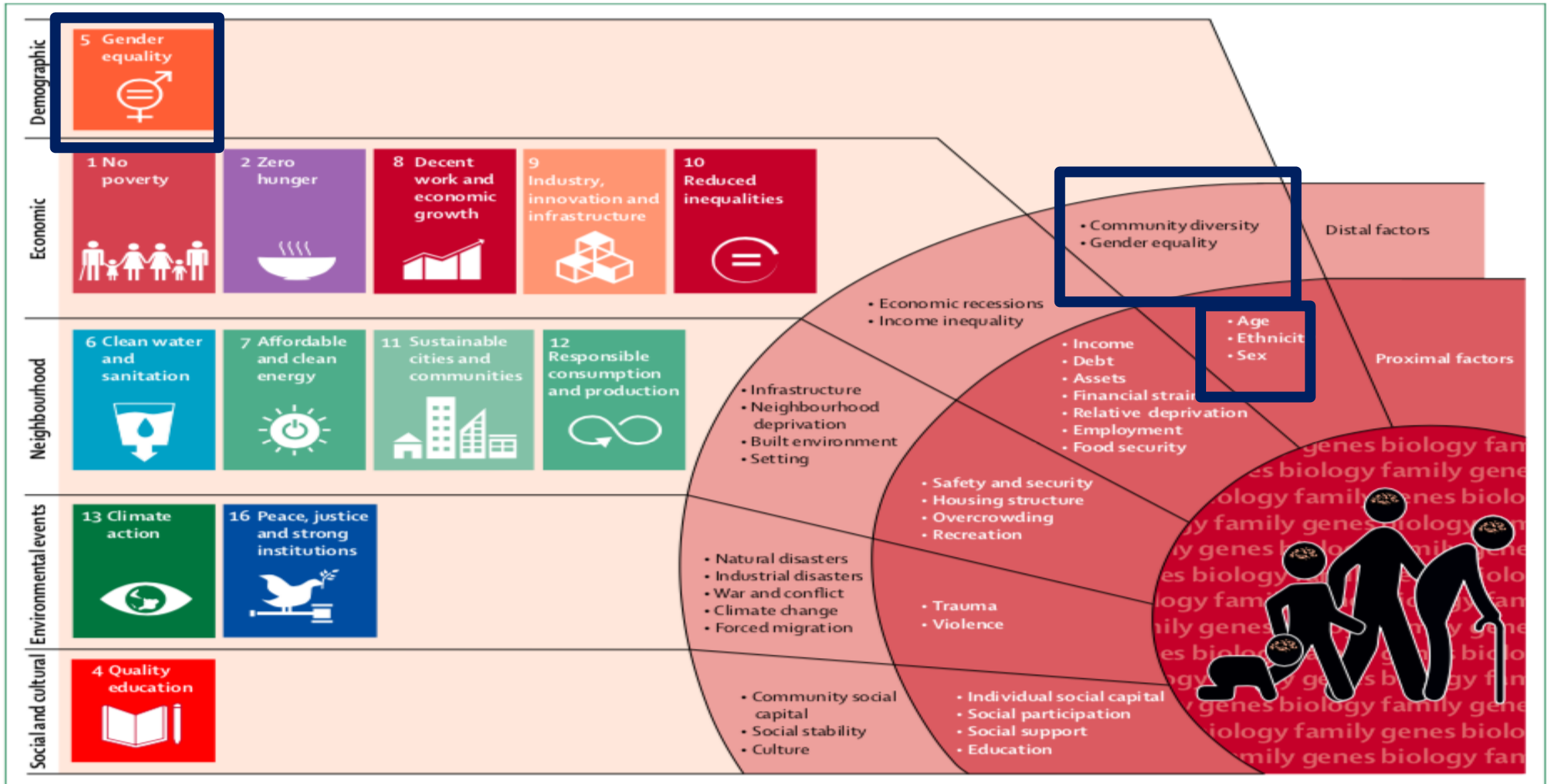
Minsalud

Substance use behaviors, mental health and gender

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Asesor Ministerio de Salud y Protección Social
Agosto de 2019

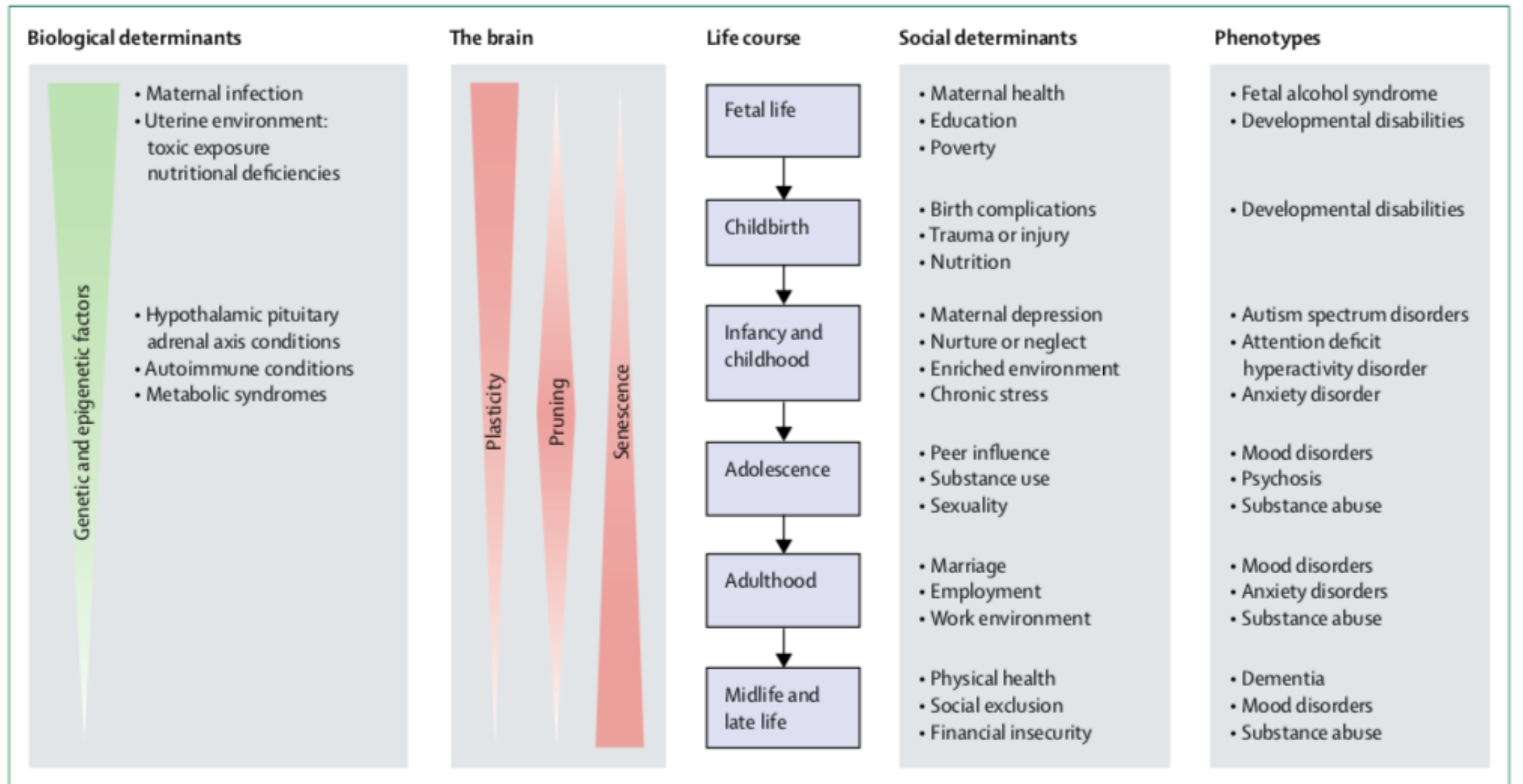
Content

- 1.** Gender, Sustainable Development and Mental Health
- 2.** National Mental Health Policy - Comprehensive Policy for the prevention and care of the use of psychoactive substances
- 3.** Policy Implementation



Social determinants of global mental health and the Sustainable Development Goals

The *Lancet* Commission on global mental health and sustainable development, 2018.



Biological and social determinants of neurodevelopment across the life course

The *Lancet* Commission on global mental health and sustainable development, 2018.

Public Health Priorities



1. Noncommunicable diseases: hypertension and Diabetes Mellitus



2. Communicable diseases: malaria, dengue, tuberculosis, leprosy



3. Women's health - maternal health



4. Child Health



5. Mental health



6. Substance use behaviors



7. Environmental health



8. HIV / AIDS



9. Oncological diseases: breast and cervix; stomach and prostate



10. Migrant population health

Use of psychoactive substances in the world

The number of people who use drugs has increased by 30% compared to 2009.

210 (2009) to 271 million of the world population aged 15 to 64 years (5.5%)



The most widely used drug in the world remains cannabis (an estimated 188 million people used cannabis in the previous year)

Non-medical use of tranquilizers and sedatives disproportionately affects women

In the countries of South America and Central America, the non-medical use of tranquilizers in the last year affects more than 2% of the general population and **the number of women affected is greater than that of men.**

Substance use behaviors and gender

Lesbian, gay and bisexual students reported significantly higher rates than their heterosexual peers of current use of common drugs :

Cigarettes (19.2% vs. 9.8%)

Alcohol (40.5% vs. 32.1%)

Marijuana (32.0% vs. 20.7%)

Lesbian, Gay, and Bisexual Adolescents: Population Estimate and Prevalence of Health Behaviors.

JAMA. 2016 December

Bullying the greater likelihood of substance use for young people of gender minorities compared to cisgender adolescents.

Gender Minority Social Stress in Adolescence: Disparities in Adolescent Bullying and Substance Use by Gender Identity. J Sex Res.

The stress experiences of minorities may vary in relation to gender and sexual identity, resulting in a **differential risk for substance use.**

Disparities in substance use behaviors and disorders among adult sexual minorities by age, gender, and sexual identity. Drug Alcohol Depend. 2018

Discrimination must be considered a fundamental cause of mental health inequities and can be a major cause of large disparities among populations with intersecting social identities

Multifactorial discrimination as a fundamental cause of mental health inequities. International Journal for Equity in Health (2017)



Mental Health in Colombia



SALUD MENTAL

Para los adultos de 18 años y más, salud mental es:



30-41%

Sentirse bien, en paz con uno mismo, superar dificultades y seguir adelante, no preocuparse, no estresarse, no sufrir.



41%

Dijo tener siempre o casi siempre apoyo social



45-47%

Tener salud física, poder comer, dormir, descansar.



PROBLEMAS



Población de 7 a 11 años



44,7%

Presenta por lo menos un síntoma relacionado con la esfera mental

Niñas 45 %

Niños 44.3%



19% Lenguaje anormal



12,4% Asustarse o ponerse nervioso sin razón



Población de 12 a 17 años



12,2%

Presenta problemas mentales

Mujeres 13.2 %

Hombres 11.2%



24,6% Asustarse con facilidad



20,5% Dolores de cabeza frecuentes



Población de 18 años o más



9,6-11,2%

Tuvo síntomas sugestivos de problemas mentales

Mujeres 10.8%

Hombres 7.9%



TRASTORNOS



Población de 7 a 11 años



4,7%

Han tenido cualquier trastorno mental en los últimos 12 meses

Niñas 4,5 %

Niños 3.8%



El Trastorno por Déficit de Atención e Hiperactividad (TDAH) de cualquier tipo fue el evento más prevalente, con 3%.

Niñas 3.3 %

Niños 2.6%



Población de 12 a 17 años



4,4%

Han tenido cualquier trastorno mental en los últimos 12 meses

Mujeres 6.3%

Hombres 2.4%



3,4% Fobia social



3,5% Trastorno de ansiedad



Población de 18 años o más



4%

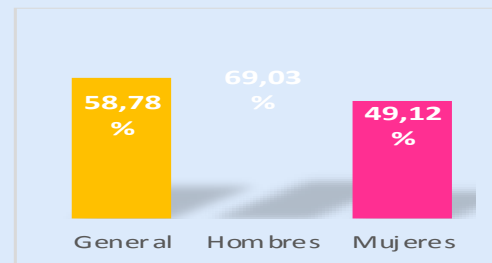
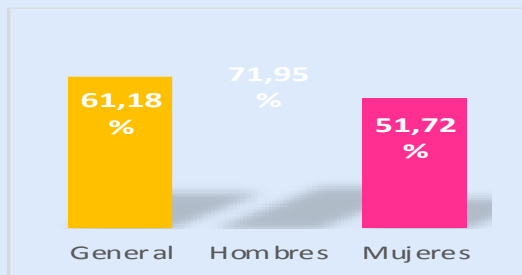
Han tenido cualquier trastorno mental en los últimos 12 meses

Mujeres 4.8%

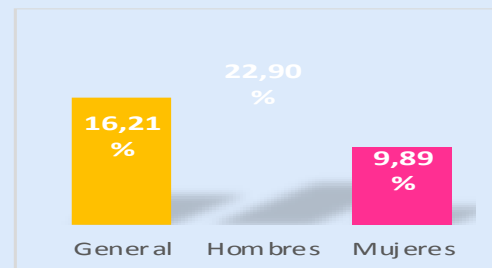
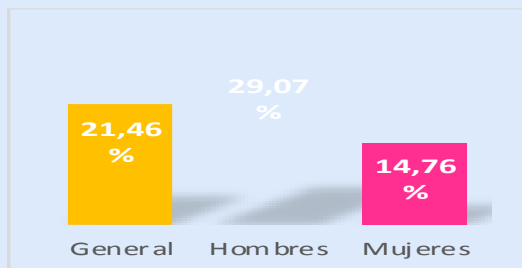
Hombres 3.2%

La depresión -de cualquier tipo- (1,9%) y la ansiedad -de cualquier tipo- (2,1%) fueron los eventos más prevalentes.

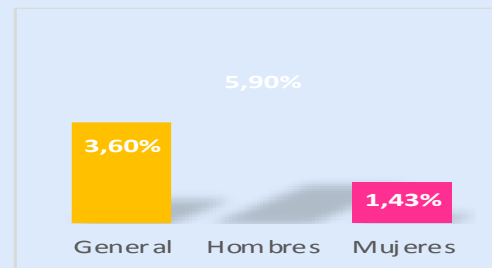
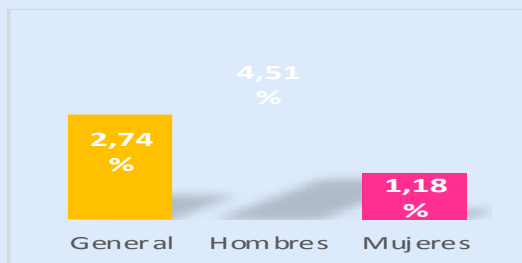
Last year prevalence of psychoactive substance use in the general population between 12 and 65 years



Most consumed psychoactive substance
Last month 35.77



It has decreased
Last month 12.95



Illegal psychoactive substance more consumed
2.18 in the last month

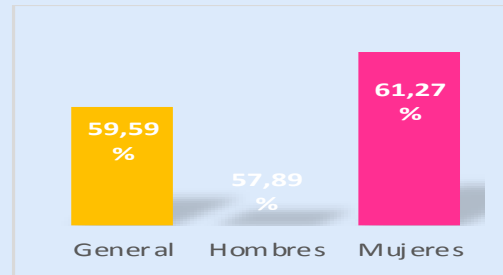
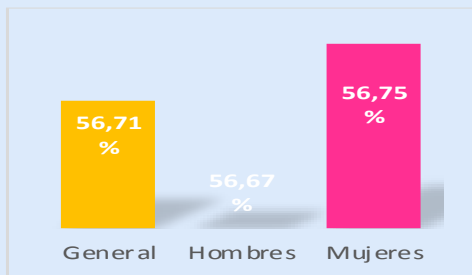


2008

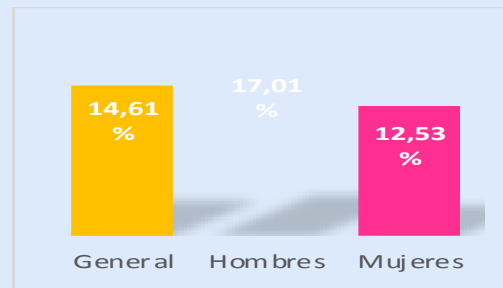
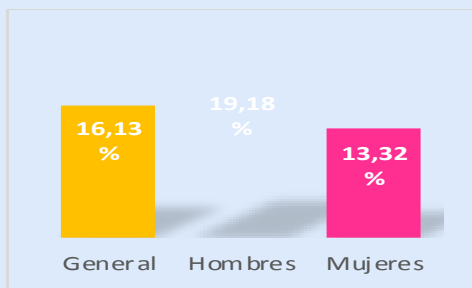
2013

Fuente: Estudio nacional de consumo de sustancias psicoactivas en Colombia – 2008 (ODC. MinJusticia- MinSalud)
Estudio nacional de consumo de sustancias psicoactivas en Colombia – 2013. (ODC. MinJusticia- MinSalud)

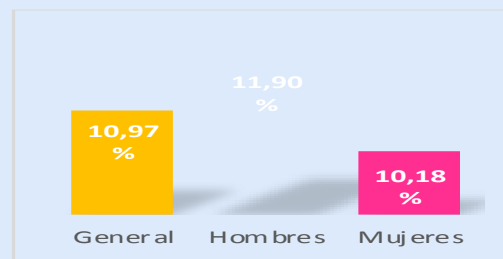
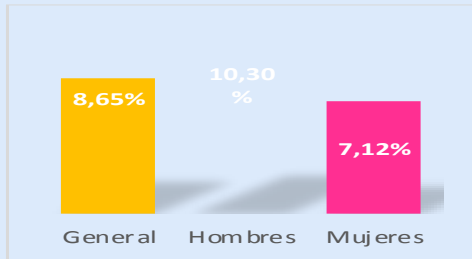
Last year prevalence of psychoactive substance use in the general population between 12 and 18 years




Most consumed psychoactive substance
Last month 37%



It has decreased
Last month 8.06%

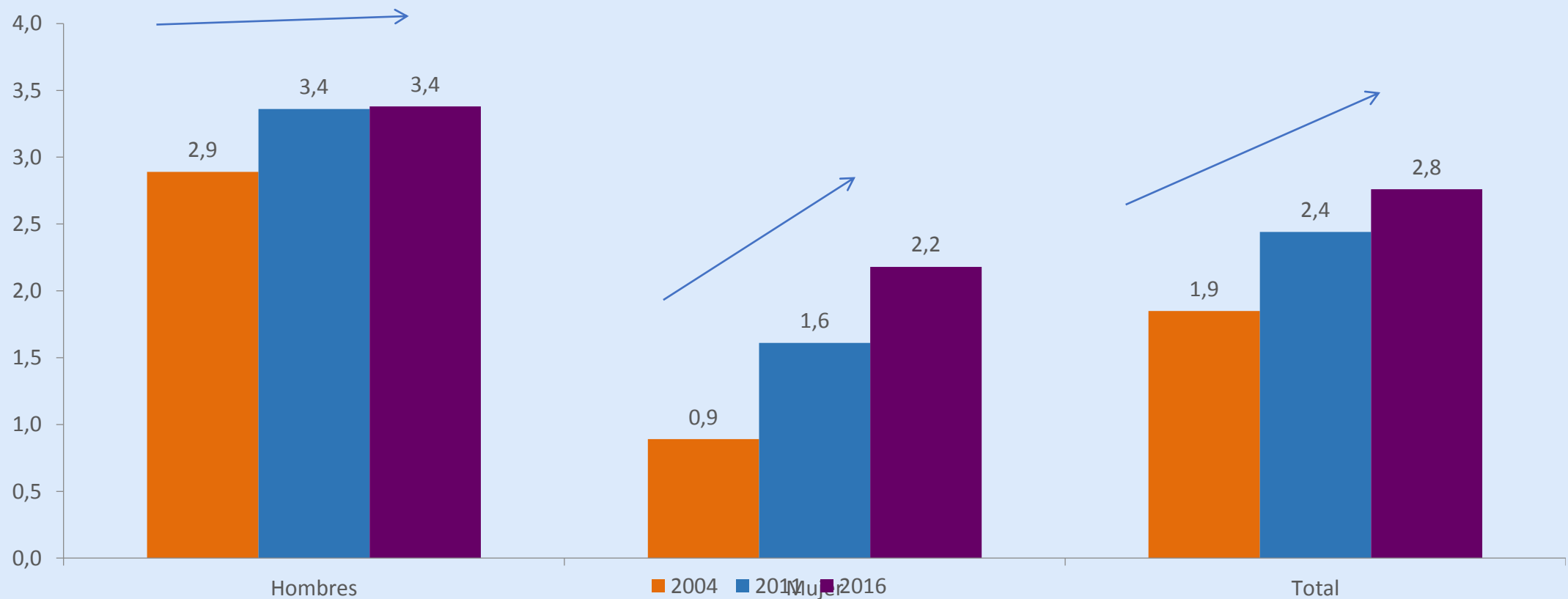


Illegal psychoactive substance more consumed 
4.29 in the last month

2011

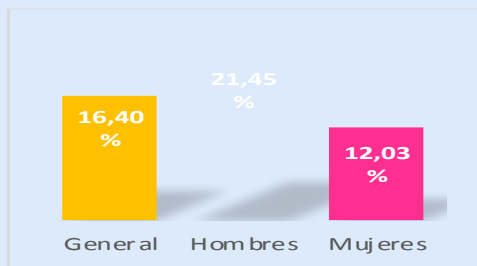
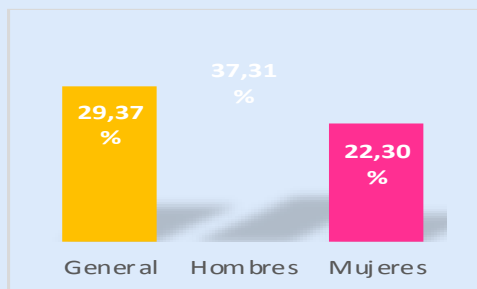
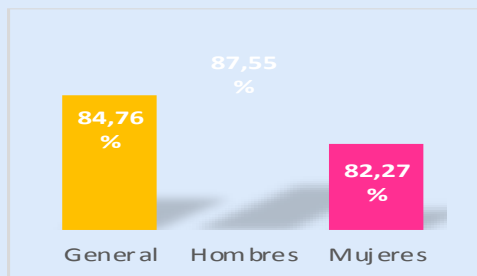
2016

Prevalence of last year of use of cocaine use by sex in schoolchildren 2004 - 2011 – 2016

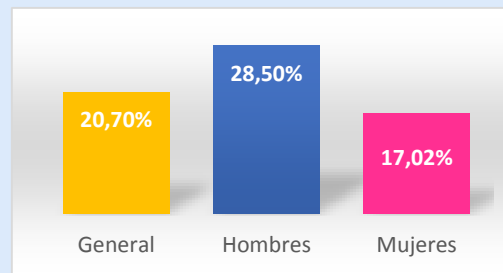
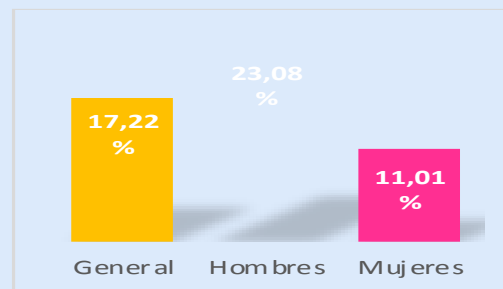
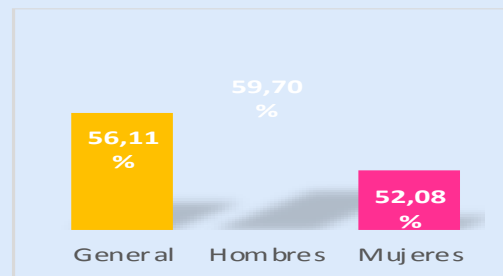


Fuente: Estudio Nacional de consumo de sustancias psicoactivas en población escolar. Colombia – 2004 – 2011 - 2016. ODC.

Prevalence of psychoactive substance use in university population



Prevalencia de último mes



Prevalencia de último mes

Prevalencia de último año

Most consumed psychoactive substance

Illegal psychoactive substance more consumed



(2) LSD last year 4.21

In tranquilizing drugs, women exceed the use of men: 2.2% and 1.4% respectively.

2012

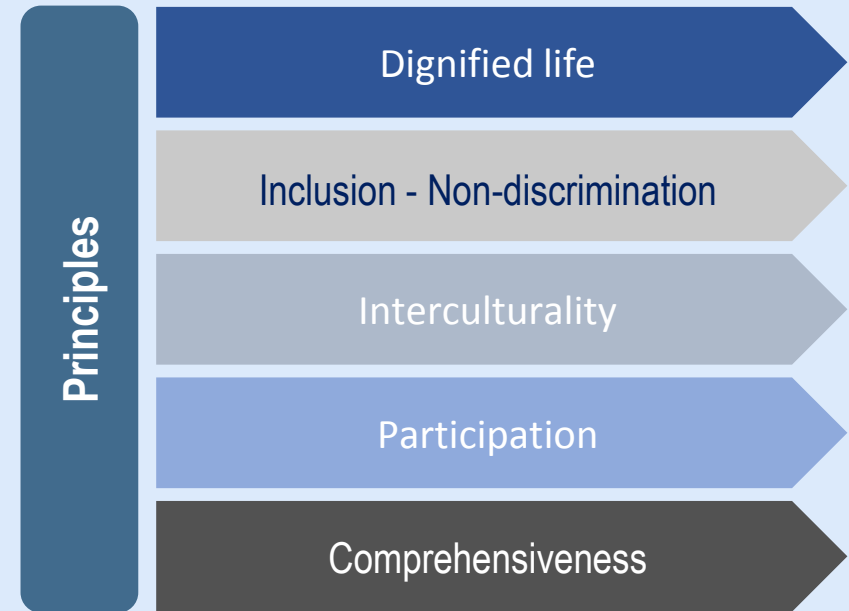
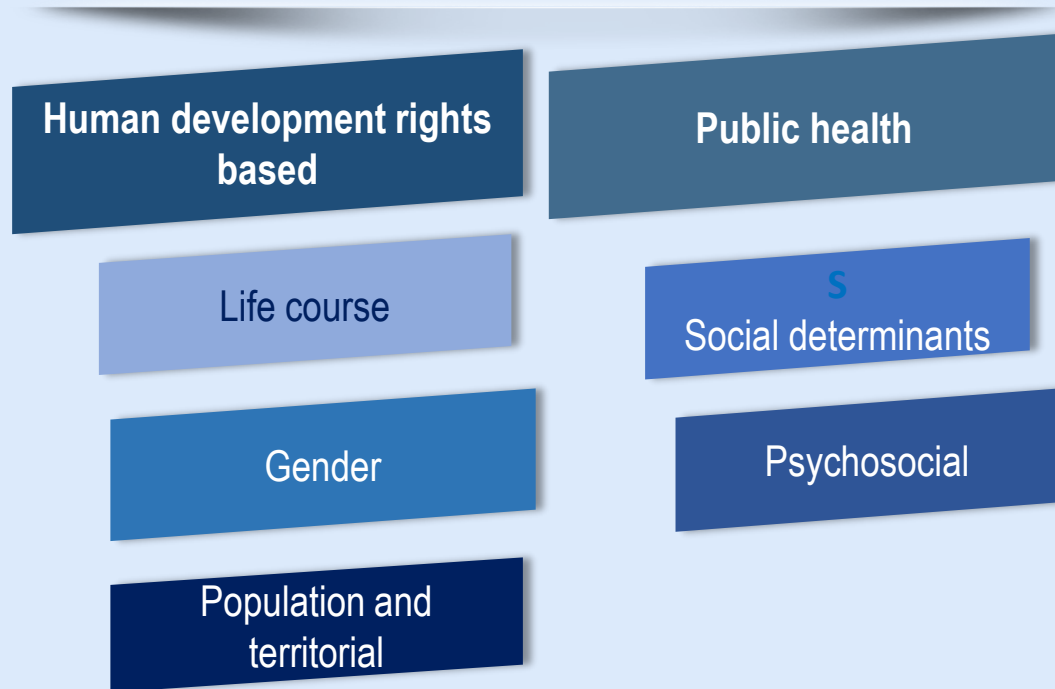
2016

Fuente: III Estudio epidemiológico andino sobre consumo de drogas en la población universitaria (Bolivia, Colombia, Ecuador y Perú) , 2016. UNODC.

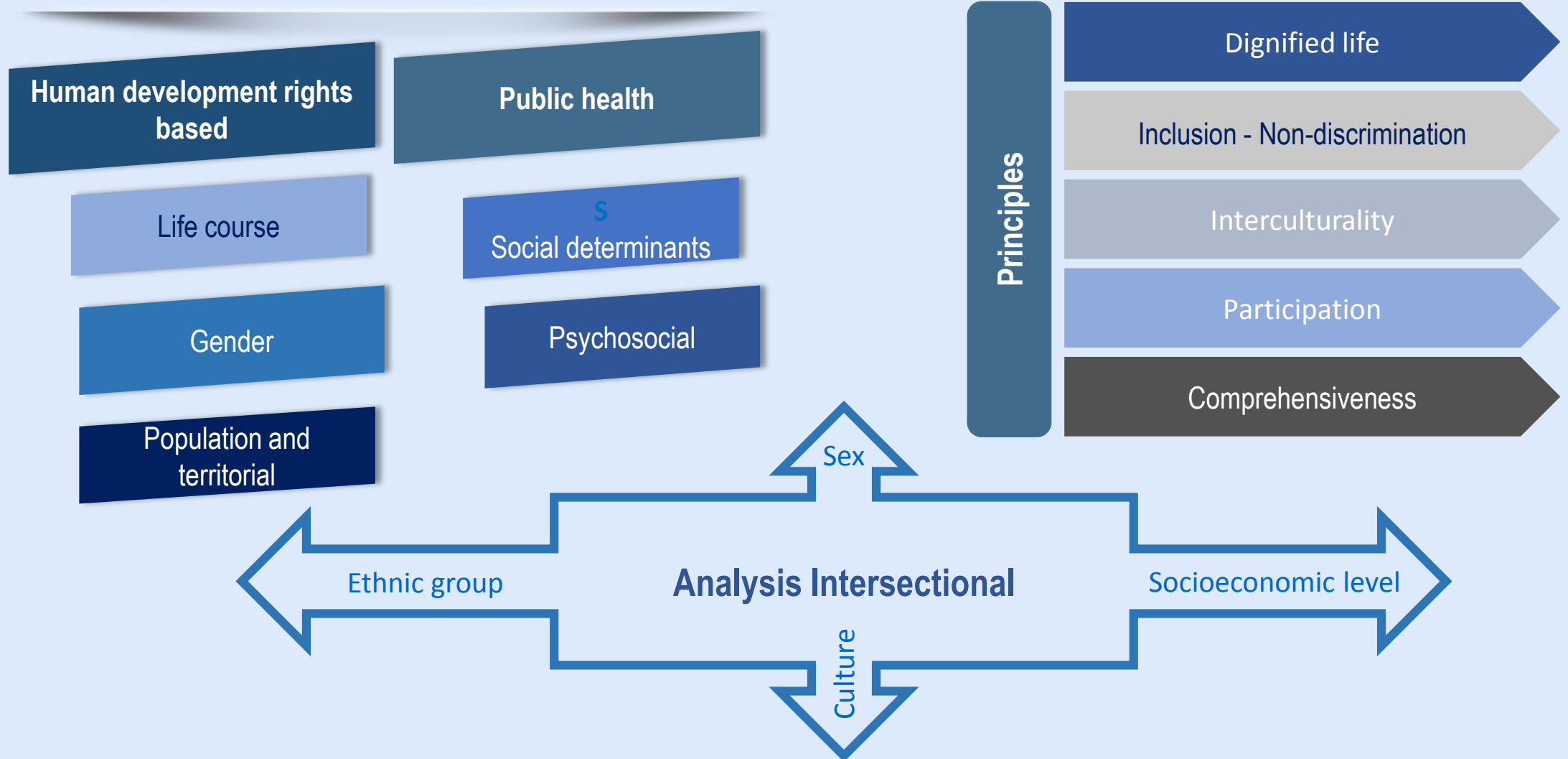
Estudio Epidemiológico Andino sobre Consumo de Drogas en la Población Universitaria. Informe Colombia, 2012

2. National Mental Health Policy - Comprehensive Policy for the prevention and care of the use of psychoactive substances

Approaches



Approaches



Strategic axes

Promotion of mental health and strengthening of protective factors against the use of psychoactive substances.

01

Prevention of mental health problems, mental disorders, epilepsy and risk factors against the use of psychoactive substances

02

Comprehensive treatment of mental health problems, mental disorders, epilepsy and use of psychoactive substances

03

Integral rehabilitation and social inclusion

04

Sectoral and intersectoral coordination and coordination

05

Promotion

01

Capacities and egalitarian behaviors overcoming gender stereotypes and imaginary that limit life projects.

02

Roles, practices and scenarios regardless of what is traditionally assigned by gender.

03

Family responsibilities in an equal way reconciling work and family life.

04

Gender equality relations that eliminate justifications for abuse of power and the exercise of violence

05

Elimination of justifications for abuse of power and violence

06

Working conditions without gender expectations and justifications for violence.

07

Priority access to social protection services

Risk factor prevention

01

Actions and interventions to prevent or delay the onset of substance use in girls, adolescents, women and pregnant women.

02

Strategies for selective and indicated prevention of girls, adolescents, women and people with gender identities or diverse sexual orientation

Comprehensive treatment

01

Primary care approach

02

Adaptation of care with community participation for girls, adolescents and women according to territorial characteristics and contexts

03

Specialized care for pregnant women and newborns, prevention of neonatal withdrawal syndrome to psychoactive substances and fetal alcohol syndrome.

Integral rehabilitation and social inclusion

01

Health and social offer for women, pregnant women, girls and adolescents, guaranteeing protection, self-care and autonomy (access to drinking water, basic sanitation, shelters, among others).

02

Reduce stigma and social exclusion

03

Social, labor, educational, recreation and culture opportunities.

3. Policy Implementation

Key actions expected for policy implementation

Sanitary
Authority

Monitoring the implementation of policies

Health providers

Continuity and integrality in care without stigma or administrative barriers.

Civil society

Effective social inclusion through public-private and community alliances

Academic
institutions

Study programs aimed at health promotion
Investigation

Other sectors

Recognize intersectorality and its importance in mental health

Sectoral and intersectoral **programmatic responses** oriented to the recognition of rights and **the integral development of the population.**

Challenges

Approach to the expectations of the citizen against mental health services, recognizing **population characteristics**

Understand that **mental health is a commitment of society and all sectors**.
Investment in mental health has **higher returns in social capital**.

Mental health care should be available at all levels of complexity, **decentralizing the offer to also take it to the rural**.

Strengthening of primary care

Effective social inclusion



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Minsalud