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FINAL REPORT

XX MEETING OF THE CICAD EXPERT GROUP ON DEMAND REDUCTION

1. Opening ceremony

Ms. Sofía Mata Modrón, Director, Spanish Cooperation Training Center in Cartagena de Indias, Colombia.

Ms. Modrón welcomed the participants to this twentieth meeting of the CICAD Expert Group on Demand Reduction, and wished them great success in their work.

Ms. Javiera Astudillo, Cabinet Advisor, National Service for the Prevention and Rehabilitation of Drug Use (SENDA), Chile, and Chair of the Expert Group on Demand Reduction.

Ms. Astudillo began by welcoming the participants, and thanked the Inter-American Drug Abuse Control Commission (CICAD) and the Spanish Agency for International Development Cooperation (AECID) for their support. She said that this was an important meeting for discussion of drug demand reduction issues from a hemispheric perspective, and particularly to deliver the products developed by the Expert Group, namely: Recommendations on addressing trauma in the treatment of problem drug use, recommendations on working with adolescents in selective and indicated prevention, and evaluation of therapeutic outcomes using treatment indicators.

Ms. Jimena Kalawski, Chief, Demand Reduction Unit, Inter-American Drug Abuse Control Commission, CICAD/OAS

Ms. Kalawski welcomed the participants, and said that this meeting was one of the most significant meetings of the year: Not only did it bring together experts in demand reduction from throughout the hemisphere, but also included representatives of the National Chapters of the International Society of Substance Use Professionals (ISSUP), the Latin American Federation of Therapeutic Communities (FLACT), and the Colombo Plan for Latin America and the Caribbean. The meeting is fully in tune with AECID's expectations for strengthening networks of experts in the hemisphere.

Ms. Kalawski thanked AECID and the Spanish Cooperation Training Center in Cartagena de Indias for all of their help in organizing this meeting, and said she was also grateful to international cooperation agencies.

2. Review of the agenda

Presenter: Ms. Javiera Astudillo, Cabinet Advisor, SENDA, Chile. Chair of the Expert Group on Demand Reduction.

Ms. Astudillo outlined the objectives and scope of the meeting, and discussed the topics that would be addressed each day, including individual presentations, panels and working groups. She said that the work of the first day would involve presentations and discussions about the context of the drug problem in the hemisphere.

3. Report on Drug Use in the Americas 2019

Presenter: Mr. Juan Carlos Araneda, Specialist, Inter-American Observatory on Drugs (OID) - CICAD/OAS.

Mr. Araneda introduced the key findings of the *Report on Drug Use in the Americas 2019*, and discussed the following key findings:

- 1) Changes in trends in drug use
- 2) Early onset of drug use
- 3) Changes in drug use by sex, and
- 4) New challenges

In closing, he discussed the major conclusions of the report, its recommendations on the problem of drug use in the Americas, and the challenges ahead.

Comments and Questions

Ecuador: Said that it was necessary to discuss progress in strengthening public policies on alcohol use, and on the reduction of THC levels. He said that he would like to learn about CICAD's work on new psychoactive substances, and on early warning systems.

FLACT: Wondered whether there was any explanation for the reasons for the increase in the use of marijuana by children and adolescents, and whether any work was being done on public policy in this area. Mr. Araneda replied that this increase is associated with a decreased perception of the risk of drug use, which has been on a downward trend over the last ten years, particularly among youth.

United Nations Office on Drugs and Crime (UNODC): Discussed the significance of opioid-related deaths in the United States, and the risks for the region. She said that an important point for discussion was the fact that much attention is being paid to new psychoactive substances when attention should be concentrated on traditional drugs. Mr. Araneda responded that attention needs to be paid to both NPS and traditional drugs, since with NPS, people die before reaching the emergency room because no-one knows what it is they have ingested.

United States: Appreciated the fact that the OI's report had given a good perspective on the challenge of new drugs. He said that the deaths in 2017 due to drug use, and the involvement of new psychoactive substances in these deaths was a horrible situation. He encouraged the countries to use the United Nations *Toolkit on Synthetic Drugs*.

Peru: Pointed to the impact of this report on national drug policies, particularly in relation to the perception of risk and access to drugs. He said that the idea of programs needed to be changed to the idea of coordination of community-oriented services.

Chile: Said it was important to highlight the topic of adolescents, and the misuse of drugs without a doctor's prescription.

4. Results of the Multilateral Evaluation Mechanism (MEM) Seventh Round

National Reports in the Area of Demand Reduction

Presenter: Ms. Sofia Kosmas, Chief of the Multilateral Evaluation Mechanism Unit (MEM) CICAD/OAS.

Ms. Kosmas introduced the national MEM reports from the seventh evaluation round and the findings on demand reduction, and discussed the following highlights:

- 1) Content of demand reduction programs
- 2) Program evaluation
- 3) Coordination with other stakeholders
- 4) Measures to reduce the adverse consequences of drug use
- 5) Coverage of prevention strategies and programs
- 6) Types of prevention programs
- 7) Comprehensive specialized programs and facilities
- 8) Access to and quality of treatment
- 9) Protection of the rights of people in treatment programs and services
- 10) Programs for training and certification of human resources
- 11) Accreditation of prevention programs and treatment services
- 12) Meeting quality standards
- 13) Demand for treatment and availability of services at the national level

Comments and Questions

FLACT: Said there should be more outpatient treatment for children, so as not to take them out of school. He asked what type of treatment countries have for children, particularly therapeutic communities.

Ms. Kosmas replied that the MEM does not offer a specific response the types of treatment modalities. Ms. Kalawski indicated that she had taken note of the question, which represents a challenge for mapping programs and services in the hemisphere.

UNODC: Asked whether there is any type of monitoring by peers or South-South monitoring of countries in relation to the report, and whether the more advanced countries provide the less advanced countries with support on the results of the reports. Ms. Kosmas replied that there have been some instances of cooperation among peers, but that it was not a systematic practice. However, one example was the case of control measures on pharmaceutical products and chemical substances, on which CICAD organized a meeting where countries discussed the weaknesses reflected in the findings of the MEM.

FLACT: Stated his organization's interest in the subject of the certification of services and professional staff, and wished to know whether the MEM had been able to determine whether a country does carry out standards-based certification processes, or not. Ms. Kosmas explained that

the member states simply inform the MEM whether or not they have a certification mechanism. However, some do mention standards such as those of UNODC.

Argentina: Said that the MEM is a process that is highly multilateral in nature, and invited the participants to read the reports and engage their National Drug Commission in discussions, particularly on the topic of certification.

Colombo Plan: Said that the MEM is a good technical and policy tool, but that in his view, it needed to go more deeply and refine the information collected, because it lacks specificity. Ms. Kosmas replied that each country responds to the MEM according to its own realities, and that on the basis of the report, many countries feel motivated to develop those areas in which weaknesses have been noted or where there are opportunities for improvement.

Costa Rica: Said that Costa Rica has national quality standards for certification, which certify people as professionals or assistants. Costa Rica has regulations for the approval of treatment programs, which is a matter of priority given the large number of treatment centers in the country.

United States: Congratulated CICAD and the Group of Government Experts on the results of the seventh MEM evaluation round. With regard to resources, the United States said it is pleased to support the MEM, and expressed concern over the possibility that the MEM would not receive the financial support it needs to continue its work, and encouraged countries to contribute to the MEM on a consistent basis. He said there was a need to be creative, by, for example, reducing the number of countries that participate in the MEM or reducing the number of questions in the evaluation instrument. He encouraged CICAD to explore and examine offers of technical assistance in line with the needs identified in the MEM, and that they should be ranked and prioritized.

Mexico: Spoke of the importance of the MEM, and asked that in the case of Mexico, the MEM should consider which agencies were the appropriate ones to provide data on demand reduction, since there was confusion about who are the appropriate reference points that should provide the information. He acknowledged that it is the governments that must say who should provide the information, but asked CICAD to take this problem into account.

Trinidad and Tobago: Congratulated the MEM Unit. She stressed the need to strengthen the certification of human resources and programs, and that there should be a standardized approach. She said that nothing in the MEM indicates what those standards are. She said that CICAD's Institutional Strengthening and Demand Reduction Units should look more closely at this possibility of standardization, using the basic information provided by the MEM.

5. CICAD's work in the field of Demand Reduction

Presenter: Ms. Jimena Kalawski, Chief, Demand Reduction Unit, CICAD/OAS

Ms. Kalawski highlighted the following aspects of CICAD's work:

- 1) CICAD's coordination with other international organizations on the drug problem
- 2) Priorities in demand reduction, including this Expert Group on Demand Reduction
- 3) Training of Trainers UPC and UTC (in English and Spanish), jointly with the Colombo Plan
- 4) The Latin American Symposium on Recovery
- 5) UTC training on line
- 6) Curriculum for adolescents with substance use disorders
- 7) Training in prevention, and treatment and rehabilitation for faith-based organizations
- 8) Advanced Certificate Program in Media-Based Prevention Science
- 9) Training curriculum for professionals and technicians in juvenile detention centers in Panama
- 10) Caribbean Youth Forum, mapping of institutions, and evaluation of training
- 11) Working with migrant populations and drug use disorders
- 12) The International Consortium of Universities for Drug Demand Reduction (ICUDDR)
- 13) Dialogue with FLACT

Comments and Questions

ISSUP Chapter-Brazil: Said that training was important for Brazil, and that it is interested in working with the media, since the alcohol and tobacco industries are the largest advertisers.

FLACT: Said that in discussions of drug policies, the role of civil society is questioned. A number of issues have been raised that are of concern to FLACT, and he would like to work with CICAD to gain support. He said that the best way is to have coordination between the State and civil society.

6. International Standards for Prevention and Treatment of Drug Use Disorders

Presenter: Ms. Elizabeth Sáenz, Coordinator of Global Programs, Prevention, Treatment and Rehabilitation Section, United Nations Office on Drugs and Crime (UNODC).

Ms. Sáenz made two presentations: the first was entitled "Evidence-based prevention based on the International Standards on Drug Use Prevention," in which she made the following key points:

- 1) There are many effective strategies for preventing substance use, but it is important to specify the particular setting: school, family, community, workplace, health sector, and age of the target population.
- 2) Prevention strategies prevent not only the use of drugs but also other risky behaviors, such as violence, early pregnancy, gang membership, and family/domestic violence.
- 3) In prevention...the earlier we begin, the better.
- 4) It is never too late to work on prevention

5) Let us use our resources better!

She stressed the importance of conducting prevention programs that are evidence-based and that have been shown in evaluations to be effective.

Comments and Questions

Mexico: Said that Mexico developed guidelines for prevention programs in 2018, but the final document is extensive and complicated, and he therefore asked for technical assistance to simplify the document in accordance with international standards. On this request, Ms. Sáenz suggested reading the UNODC document entitled *Evaluation of Prevention Programs*, which discusses key points in prevention: phased implementation, fragmented programs, and a first-rate evaluation program developed at the design stage.

Barbados: Said that Ms. Sáenz's presentation was very important, and was greatly heartened by the fact that her presentation had reaffirmed the importance of early intervention.

Peru: Said it was important to put international standards into a Latin American context, since many of them are Anglocentric and do not take local evidence into account. He thought that our programs would have to be rethought entirely, and that we would have to produce our own evidence. Ms. Sáenz said she fully agreed with this comment.

In her second presentation, entitled "International standards for the treatment of drug use disorders, and mechanisms and instruments for quality assurance", Ms. Sáenz discussed the following main points:

- 1) Limited access to services for people affected by the drug problem
- 2) Stigmatization of drug users and discrimination
- 3) The fundamentals of the International Standards on Treatment
- 4) The scope of the Treatment Standards
- 5) The Standards as a framework for implementing treatment services
- 6) The fact that quality assurance tools had been developed alongside the Standards
- 7) Investing resources where they are most needed
- 8) Establishing networks of services

Comments and Questions

Ecuador: Noted the importance of recovery, which means social inclusion and support for the person from social networks, in an effort to move beyond the biomedical approach to the problem.

FLACT: Said the problem of involuntary committal is a serious one, and one that becomes mixed up with judicial measures, particularly in Brazil. Ms. Sáenz responded that each country takes its

own sovereign decisions about involuntary committal. Science-based recommendations could be made in the event involuntary committal is not very effective.

7. Presentation of Chile's National Prevention Plan "Choose to Live Drug-Free" (Planet Youth Model).

Presenter: Ms. Javiera Astudillo, Cabinet Advisor, National Service for the Prevention and Treatment of Drug Use (SENDA), Chile

Ms. Astudillo discussed the most important points about Chile's National Prevention Plan, which are summarized below:

- 1) Unfortunately, Chile is in the top rank internationally in the use of alcohol, tobacco and marijuana.
- 2) The "Choose to Live Drug-Free" program was launched on April 1, 2019 as a priority of the Chilean Government.
- 3) The program is based on the Icelandic model called "Planet Youth", which has drastically reduced the prevalence of drug use in that country and tries to be cost-effective by making the best possible use of existing programs.
- 4) The first phase of the program in Chile began with six districts (*comunas*.) This year, forty-six more joined the program, beginning with a self-administered survey of seventy-seven questions to identify risk and protective factors.
- 5) Phase two of the program will take up the results of the survey in order to institute appropriate prevention programs, and the interagency coordination needed to carry them out.
- 6) In phase three, which is monitoring and evaluation, the survey will be administered again at years two and five, to evaluate the outcomes and identify areas for improvement.
- 7) Important milestones in the program were the agreements that were signed with fifty-two towns and cities in Chile, and with the Icelandic Center for Social Research and Analysis (ICSRA).
- 8) A major challenge will be the proposal to expand the program's coverage by 2020-2022.

Comments and Questions

Argentina: Underlined the importance of strengthening policies at the local level, and of integrating services.

UNODC: Said that she thought that Chile's decision regarding its National Prevention Plan was a very bold one, and she hoped that the experience would be properly documented and evaluated. She said that one of the factors behind the success of the prevention program in Iceland is the

country's high level of social cohesion, and wondered to what extent our societies will be able to achieve a similar level of cohesion.

Ms. Astudillo said she shared UNDOC's concern, and was clear that many things needed to change in order for Chile's Plan to have some basis for success, mainly in programmes and initiatives that respond to the particular needs of each territory

Mexico: Congratulated Chile on its efforts, and said that it was good to try something different.

8. Quality in Demand Reduction Programs and Accreditation in the National Health Systems

Presenters: Dr. José Luis Vázquez, Specialist, Demand Reduction Unit, CICAD/OAS; Dr. Luis Alfonso, Regional Adviser on Substance Use, Pan American Health Organization (PAHO), and Ms. Martha Oliva, Treatment Area, Program Division, SENDA, Chile.

Dr. José Luis Vázquez made the first presentation of this panel, which discussed demand reduction programs and indispensable criteria for the opening and operation of treatment centers.

The key points of his presentation were:

- 1) It is important to recognize drug dependence as a chronic relapsing disease that must be addressed as a public health matter.
- 2) Reference to a very significant example of GAP analysis of the criteria and the actual reality in Guyana, which shows that the indispensable criteria are already being verified on the ground.
- 3) The cooperation between CICAD, PAHO, the Cooperation Program on Drugs Policies between Latin America, the Caribbean and the European Union (COPOLAD), FLACT and the Expert Group to develop these standards, which are designed for continual improvement of the services.

In the second presentation, Dr. Luis Alfonso made the following points:

- 1) His perception that this is a good time to be discussing the issue of standards, and that international agencies are all moving in the same direction.
- 2) Treatment goals must be clearly defined, in order to learn which programs are effective and which procedures are essential and must always be implemented.
- 3) Health care systems are not, on the whole, organized to deal with the problems of substance use disorders
- 4) There are six important dimensions to the question of quality: technical, interpersonal, cost-benefit, organizational, structural, and policy
- 5) These basic elements of a quality assurance program, which is a question of organizational management.

Ms. Marta Oliva then made the final presentation of this panel, on Systems of Accreditation of Treatment Centers for People with Drug Use Disorders, and discussed the following points:

- 1) SENDA's treatment objectives, and the characteristics of the national accreditation system in Chile.
- 2) The critical points in the accreditation process: dissemination, clarification of criteria, particular situations, and standardization.
- 3) Accreditation manuals developed: Standards Manual, and checklist
- 4) Developing the standard for accreditation of treatment centers, and its scope, components and characteristics.

Comments and Questions

FLACT: He said it was very good to see that the presentations combined high quality with humanization. He asked how other behaviors associated with drug dependence could be made more prominent, so that the approach would not be so hospital-based. Dr. Alfonzo replied that it was for this reason that emphasis has been placed on the ability to differentiate drug use from drug dependence by using instruments such as the AUDIT and the ASSIST, even with their limitations in the area of screening. Dr. Vázquez said that it is important to note issues such as illegal alcohol use by minors, since alcohol is not legal for minors.

FLACT: Asked Dr. Vázquez why in his presentation he had indicated in the slide based on the DALYs that depression was the primary cause of death, when it has been shown that it is alcohol. Dr. Vázquez replied that the slide was using information from 2010, and that the source documents would need to be consulted.

Ms. Oliva was asked why SENDA uses a three-year time period for accreditation. She replied that the process is designed to be an ongoing quality improvement process, and that that amount of time is a good estimate of the time needed for implementation of all aspects of accreditation. Dr. Alfonzo added that international organizations do not propose accreditation mechanisms, and that each country defines its own mechanisms. He said that the guidance that is provided concerns standards and principles.

Brazil: Said that drug policy in Brazil is handled by three different ministries, and he would like to know whether there is a protocol for implementing certification.

Dr. Vázquez replied that there is no single protocol that applies to all treatment centers. What have been developed are guidelines. He added that implementation will not be successful unless there is a mechanism for forming an Interdisciplinary Committee made up of local health authorities and the national drug commissions. Dr. Alfonzo said that if the system is defined as a security system, it will be limited to factors of security, just as if it were thought of as an economic issue. This means that the accreditation process must be based on the reality of each country, and it would be a mistake if each sector were to do it separately.

UNODC: Proposed that the addictions be viewed as if they were a pediatric problem in which pediatricians would be involved in the process, including in the quality assurance procedures. Dr. Alfonzo replied that he thought it very interesting to look at the issue from new points of view and provide responses based on specific products. He suggested that the work of the Expert Group on Demand Reduction might include care during infancy and pregnancy and postpartum care. Dr. Vázquez underscored that it is important to stress the need to address vulnerable populations.

Peru: Agreed with UNODC's appeal to provide coordinated responses based on an interdisciplinary approach. He said that Peru has a law specifically on therapeutic communities, thanks to which, twenty-eight residential therapeutic communities had been licensed. However, there continue to be some obstacles, and in Peru they are concerned about two groups: first, there are one hundred TCs that meet the criteria established in the quality standards, but they are not accredited because if they were accredited formally, they would have to pay taxes, which in the end would be passed on to patients. There is another group that does not meet the quality standards and that would need an investment of funds in order for them to reach the standard. Someone has to meet that cost, and it is a challenge in the case of private centers. He asked Ms. Oliva what kind of help SENDA provides to this second group of treatment centers to help them reach the quality standard, and whether specific criteria had been developed for services for adolescents.

Ms. Oliva replied that the question of finance was a challenge, and that investment in treatment centers needs to be encouraged and made attractive. She said that in Chile, the first requirement these centers are asked for is a health authorization, and therefore the centers without authorization are few in number. She added that standards are also established during the process of contracting for services, and that SENDA monitors the centers on an ongoing basis and gives them advice. The process has also been piloted for adolescents, but some elements are still in the process of development.

Dr. Alfonzo said that when chaos prevails, someone is benefiting, and that our obligation is to ensure that people's rights are protected. Empowerment of clients/patients is a very powerful tool to help them know their rights and the type of services they need. He said that it is not simply a question of standards, and that at bottom, it is our role to protect people's rights, and therefore granting an accreditation is sometimes difficult.

Argentina: Said it would be important to set up a forum where the instruments could be shared and the processes for validation of the methodology be discussed.

Ms. Kalawski proposed holding a meeting parallel to this Group of Experts meeting, at which the experiences of member states interested in the topic of accreditation could be shared. Her proposal was accepted unanimously.

9. Drug Use and Gender

Presenters: Ms. Ana María Peñuela, Ministry of Health of Colombia, Ms. Sarita Nanku, National Antidrug Agency of Guyana, and Ms. Wendy Castro, in charge of training and advisory services, Institute on Alcoholism and Drug Dependency (IAFA) of Costa Rica.

Ms. Peñuela made a presentation on Colombia's experience with the gender issue from the point of view of public policy, and discussed the following topics:

- 1) The main gender differences with regard to mental problems and disorders.
- 2) The strategic areas of Colombia's gender-focused public policy: promotion, prevention, comprehensive treatment and rehabilitation and social inclusion.
- 3) Key actions and challenges in implementing the policy

The second presentation, which was by Ms. Nanku, discussed the Phoenix Recovery Project in Guyana, and made the following key points:

- 1) The Phoenix Recovery Project is the only rehabilitation center in Guyana that provides residential services for women (12 women, plus 30 men).
- 2) Ms. Nanku described the services offered in the center and the phases of treatment, and discussed the experiences with implementing the project and the challenges they had faced.

To conclude the panel, Ms. Castro presented on the topic of drug use and gender with emphasis on a comprehensive approach. The main points of her presentation were:

- 1) The causes and consequences of drug use disorders in women
- 2) The profile of women treated in IAFA's services and in NGOs
- 3) Access to treatment services
- 4) Substance use among women
- 5) Content of comprehensive treatment of women with drug use problems

Comments and Questions

FLACT: Said he was interested in learning more about post-treatment help in the case of drug use and gender, and wondered what criterion was used for the physical placement of a transgender patient in the treatment center in Guyana. Ms. Nanku replied that the patient is asked where he/she wishes to be located—whether with the men or with the women. She also said that they do not have specific programs for LGBTI+ people.

10. Synthetic Drugs and the Increase in their Use

Presenters: Mr. Juan Carlos Araneda, Specialist, Inter-American Observatory on Drugs (OID), CICAD/OAS, Ms. Jenny Fagua, Bureau for Strategy and Analysis, Ministry of Justice and Law of Colombia, and Dr. Roberto Canay, Under Secretary for Treatment and Prevention Strategies, Secretariat for Comprehensive Drug Policies of Argentina (SEDRONAR).

Mr. Araneda began the panel with a presentation on New Challenges: Synthetic Drugs and New Psychoactive Substances. The key points of his presentation were:

- 1) We are moving into “a synthetic world...”
- 2) More than nine hundred new psychoactive substances (NPS) have appeared over the last ten years
- 3) Deaths from drug overdose compared to other causes of death in the United States: drug-related deaths have surpassed all other causes of death, including suicide and automobile accidents
- 4) The impact of the opioid epidemic
- 5) The reported use of opioids in Latin America
- 6) The sale of synthetic drugs over the Dark Web
- 7) Categories of NPS
- 8) The impact of NPS in Latin America
- 9) Early Warning Systems in the Americas (SATA)
- 10) Legislation on NPS
- 11) Control of precursors for NPS
- 12) Future challenges

The panel continued with a presentation by Ms. Fagua on Colombia’s experience with its Early Warning System. Her main points were:

- 1) Emerging drugs
- 2) Early Warning System (EWS) of Colombia, created in 2013
- 3) NPS detected in Colombia (34 NPS)
- 4) Detection of NBOMe group: a case in Colombia
- 5) Public policy challenges posed by NPS

The panel closed with a presentation by Dr. Canay on the topic of Epidemiology and Action, who addressed the following key points:

- 1) The use of designer drugs
- 2) Synthetic drugs: 2017 National Study in the General Population aged 12-65 in Argentina
- 3) Information on drugs in virtual communities
- 4) Prevalence of substance use and the type of substances detected
- 5) Information from the Argentine Early Warning System (EWS), and events under EWS surveillance
- 6) Pre-alerts about emerging drugs, NPS and new patterns of drug use
- 7) The program called “*Pásala Mejor*” (Have more fun!)

Comments and Questions

FLACT: Said it was important to offer alternative approaches to the problem of NPS use among adolescents. Ms. Fagua said that she saw a real challenge here, and said that in the case of Colombia, the Early Warning System produces institutional information, but it also has partnerships with civil society organizations that work with young people in nightlife spots. Workshops on the topic have also been held for journalists.

Ecuador: Asked Dr. Canay how SEDRONAR coordinates its work with Uruguay on the topic of managing leisure activities. Dr. Canay replied that SEDRONAR shares its work with Uruguay on an institutional basis, and that the relevant information can be found on the website. He added that training and materials on NPS are provided to the provincial governments.

In conclusion, Mr. Araneda said that there is sufficient evidence to show that there is a problem surrounding this issue, but that the information on the subject in Spanish that has been distributed to the community at large and to potential users is very limited.

11. Delivery of the products developed under the chairmanship of Chile in the Demand Reduction Expert Group

Ms. Jimena Kalawski, Chief, Demand Reduction Unit of CICAD, and Ms. Javiera Astudillo, Cabinet Advisor to SENDA, Chile, representing the Chair of the Expert Group on Demand Reduction, delivered the products developed under the chairmanship of Chile. Three working groups were formed to review these products and make recommendations to the Chair.

12. Catalogue of Programs and Projects in Demand Reduction in Latin America and the Caribbean 2019-2020.

Presenter: Ms. Jimena Kalawski, Chief, Demand Reduction Unit, CICAD/OAS

Ms. Kalawski presented the document entitled *Catalogue of Programs and Projects in Demand Reduction for Latin America and the Caribbean 2019-2020*, which had been developed with the support of the Bureau of International Narcotics and Law Enforcement Affairs (INL) of the United States Department of State. The Catalogue lists the programs and projects that the main international and regional organizations working on the topic have made available for implementation in the region. She said that the Catalogue will be updated every year. She circulated a print version of the Catalogue, and noted that the electronic version would be available shortly on CICAD's web page.

13. Africa/Asia/Latin America/Caribbean Dialogue

Presenters: Mr. Mawouena Bohm, Deputy Permanent Secretary, Togo Inter-Ministerial Anti-Drug Committee--Comité National Anti-Drogue (CNAD), and Ms. Gulmira Suleymanova, Drug Advisory Program (DAP) of the Colombo Plan.

Mr. Bohm made the first presentation, which was on Africa's Best Practices in Drug Use Prevention, Treatment and Recovery. His key points were:

- 1) Structure and mission of the African Union (AU)
- 2) Drug situation in Africa
- 3) Measures taken by the African Union to address the drug problem: Plan of Action on Drug Control and Crime Prevention (2019-2023)
- 4) International cooperation AU-ISSUP/UNODC/CICAD
- 5) The five pillars of Nairobi's First Dialogue African Union/Asia/Latin America/Caribbean, December 2018 in Nairobi.
- 6) Innovative drug demand reduction initiatives in Africa
- 7) Successful prevention and treatment initiatives in Africa

The second presentation was by Ms. Suleymanova, who focused on the drug situation in Asia: Emerging concerns.

The key points of her presentation were:

- 1) The drug situation in Asia
- 2) Training based on the UPC and the UTC
- 3) Reflections on the impact of UTC training in the Philippines

Comments and Questions

Colombia: Said that learning about the drug situation in Africa and in Asia was important because it allows us to make some comparisons about different approaches.

UNODC: Discussed the case of Afghanistan, the world's largest producer of opium, which had changed its pattern of use to methamphetamines. It was therefore important that quality management and the training of human resources take into account the constant changes in the drug problem.

Barbados: Congratulated the speakers, and said that the presentations reflected an excellent example of cooperation and not competition.

FLACT: Thanked the Colombo Plan for all the cooperation it had provided. He said he was worried over the fact that States appear apathetic towards the victims of drug use, and put most of their efforts into combatting drug trafficking.

14. Interventions in Vulnerable Populations

Presenters: Mr. Rodrigo Zarate Soriano, Advisor, Treatment Area, SENDA, Chile, Ms. Esther Best, Manager, National Drug Council of Trinidad and Tobago, and Dr. Yuri Cutipé Cárdenas, Executive Director, Mental Health Department, General Department of Strategic Interventions in Public Health of Peru.

The panel began with a presentation by Mr. Zárate Soriano on the Treatment Program for Street People in Chile. He addressed the following issues:

- 1) The street scene based on information from the Ministry of Social Development of Chile
- 2) The treatment program for street people: objectives and proposed interventions
- 3) Lessons learned and challenges of the intervention model

The panel continued with a presentation by Ms. Best on supporting Caribbean LGBTQ+ populations with meaningful interventions.

She discussed the following key points:

- 1) The situation of LGBTQ+ populations in the Caribbean
- 2) How the LGBTQ+ population functions in a “toxic environment”
- 3) Similar challenges exist in other areas
- 4) Risk factors for the LGBTQ+ population
- 5) Treatment options in the region for LGBTQ+ people who are affected by the drug problem
- 6) The need to train people to deliver programs for the LGBTQ+ community

The last presentation was by Mr. Cutipé Cárdenas, who discussed treatment of the addictions in sexually-diverse populations. His main points were:

- 1) The findings of the on-line survey conducted by the Peruvian Statistics Institute of the LGBTQ+ population who had been victims of discrimination and/or violence
- 2) Social and cultural determinants of health as they pertain to the LGBTQ+ population
- 3) Barriers to services for the LGBTQ+ population
- 4) Construction of culturally appropriate treatment services for the LGBTQ+ population
- 5) SOGI Peru: training of national facilitators

Comments and Questions

Brazil: Asked what percentage of street people in Chile have drug use problems. Mr. Zárate replied that between 65 and 70 percent of street people use drugs, but it is not known whether their drug use has progressed to being a disorder or not. He explained that the data he presented do not come from therapeutic communities, which are not considered to be shelters for street people.

CICAD: Said that it was important to work with other Ministries in order to set in place coordinated facilities to support street people.

Argentina: Is making available to all who are interested the documents that SEDRONAR has published on street people.

FLACT: Asked the panelists how they coordinate their work with that of other agencies and with the social support networks that work closely with street people. Mr. Cutipé replied that in the case of Peru, this work is done by workers from the health sector, which has a service unit specifically for the promotion of community participation.

Peru: Asked Mr. Zárate why Chile began by addressing adult street people rather than young people on the streets. Mr. Zárate replied that this had to do with administrative and financial decisions: adults are the largest street population in Chile.

Colombia: Asked how they carry out work with peers or provide peer support, and whether the therapeutic goal with street people is abstinence. Mr. Zárate replied that a treatment plan is an individual one that sets goals that are achievable: depending on the patient's wishes, the goal may be abstinence or may be to cut down on his/her substance use. Mr. Cutipé said that working with peers is essential, and that the challenge is in training. He said that in Peru, there are three members of the LGBTQ+ community who have been trained by the Colombo Plan and who are now part of the national training team that will address the problem.

15. Latin American Federation of Therapeutic Communities (FLACT)

Presenter: Mr. Fabian Chiosso, President of FLACT

Mr. Chiosso made a presentation on the work of the Latin American Federal of Therapeutic Communities, highlighting the following points:

- 1) Background, mission and vision of FLACT
- 2) FLACT's structure
- 3) The work that FLACT does
- 4) FLACT's strategic lines of action: the institutional quality program, ongoing training, and the certification of drug treatment counsellors
- 5) The future of FLACT-Lines of work:
 - Quality
 - Training
 - Research and evaluation
 - Impact on public policies
 - On-line platform

Comments and Questions

CICAD: Thanked Mr. Chiosso for his presentation, and noted that FLACT's challenges are quality assurance, respect for human rights, and gender mainstreaming.

FLACT: Said that for twenty years, they had had the support of the United States Department of State, which had enabled FLACT to develop a humanist model. He added that the quality of the

treatment depends on the quality of the people who provide it. He said that the problem at the moment is that *“any old place can be called a therapeutic community,”* and therefore the name had been prostituted. And he closed by saying that the issue of financing needs to be addressed again, because it has had an influence on this problem.

16. National Chapters of the International Society of Substance Use Professionals (ISSUP)

Presenters: Ms. Livia Edegger, Deputy Director of ISSUP, Ms. Andrea Escobar, Demand Reduction Unit, CICAD and Mr. Gustavo Mausel, ISSUP National Chapter in Argentina.

The first presentation was by Ms. Edegger, who discussed the work of ISSUP.

Her main points were:

- 1) What is ISSUP?
- 2) The areas where ISSUP works: digital, events, and national chapters
- 3) ISSUP in Latin America and the Caribbean
- 4) ISSUP National Chapters: thirteen established and six “in process”

Ms. Escobar summarized the relationship between CICAD and ISSUP, and CICAD’s support in creating National Chapters of ISSUP in Latin America.

The second presentation was made by Mr. Mausel, who discussed the ISSUP National Chapter in Argentina, and made the following main points:

- 1) SEDRONAR issued a call for formation of the ISSUP Chapter
- 2) The role of the Universidad del Museo Social Argentino in the basic areas of academic endeavor: training, research and publication of the research, and link with civil society.
- 3) The *“Proyecto de Vida”* (Project for Life), developed by the Universidad del Museo Social Argentino for working with vulnerable populations: the project beneficiaries are given 100 percent scholarships by the university, and when they graduate, the university helps them find jobs.

Comments and Questions

Guatemala: Emphasized the role of academia in the issue of drug dependence, and said that it was the intention of the Executive Secretariat of the Guatemalan Commission against the Addictions and Drug Trafficking (SECCATID) to form a National ISSUP Chapter in Guatemala. He said that the National Chapter would be aligned with the UTC and UPC training, as well as with the work of the International Consortium of Universities for Drug Demand Reduction (ICUDDR). He said that he was concerned over the threat to the continuation of the training carried out in Guatemala in coordination with CICAD, since the training had been discontinued. He asked that an effort be made to ensure that this training not depend on the ups and downs of politics.

Barbados: Asked whether it was true that ISSUP is creating virtual or online networks as a new development with the National Chapters. Ms. Edegger replied that these networks operate on-line, but are in the process of being developed. They are not related to the ISSUP National Chapters.

17. The Evaluation and Improvement of the Quality of Training Activities

Presenter: Mr. Rodrigo Portilla, Colombo Plan.

Mr. Portilla discussed the following key issues related to the evaluation and improvement of the quality of training activities:

- 1) The strategy for dissemination of the UPC and UTC training
- 2) Implementation: Translating what was learned during the training into practice
- 3) Models for evaluating training: reaction, learning, transfer and outcomes
- 4) The value chain of evaluation
- 5) Evaluation of the UTC training
- 6) Measuring the results of a training program
- 7) Evaluating the outcomes

Comments and Questions

UNODC: On the question of training, she said that knowledge transfer is actually evaluated in the treatment centers, since unless the protocols and clinical supervision are good, training does not do much to improve the services. Mr. Portilla replied that consideration should be given to bringing training and quality standards together, and that the work should indeed be comprehensive in nature.

Peru: Said that in addition to training, there should be a national technical standard and systems that enable the State to audit the work of treatment services. He mentioned the experience with the GROW training, and the need to develop competencies in treatment services. It was also necessary to give this training on an ongoing basis, because of the turnover of staff. He asked that support for standards be part of the assistance package provided by international organizations.

17. Conclusions and Recommendations

The participants said that important progress had been made in a significant number of important facets of drug demand reduction in the hemisphere, and stated the following as the conclusions and recommendations of the meeting:

- a) The work of the Inter-American Observatory on Drugs (OID) and the network of drug observatories in member states, particularly in relation to the *Report on Drug Use in the Americas 2019*.
- b) The importance of the Multilateral Evaluation Mechanism (MEM) and the results of the seventh evaluation round. Member states are urged to make financial contributions on a consistent basis to the MEM to enable the work to continue.
- c) The importance of *the International Standards for the Prevention and Treatment of Drug Use Disorders*, and of *Quality Assurance in demand reduction programs*, and Accreditation in the national health systems, noting that the greatest challenge at the moment is implementation and development of quality assurance tools for treatment services, and empowering clients to know their rights and the type of services they need.
- d) The need to strengthen policies and integrate services at the local level, noting that a significant experience under way was Chile's National Prevention Plan "Choose to Live Drug Free."
- e) Recognition of the main gender differences in problems of drug use and mental disorders, and implementation of public policies with a gender perspective.
- f) The impact of the increased use of synthetic drugs in the hemisphere, and the pivotal role played by the Early Warning Systems.
- g) The important of instruments such as the *Catalogue of Demand Reduction Programs and Projects in Latin America and the Caribbean 2019-2020*, which is very helpful for governments, institutions, policy makers, regional and local program operators and coordinators, civil society, experts and professionals, researchers and the academic community, and others interested in demand reduction issues.
- h) The African Union/Asia/Latin America/Caribbean Dialogue as a successful example of international cooperation efforts.
- i) The importance of interventions with vulnerable populations, such as treatment programs for street people, and meaningful interventions and treatment of the addictions in sexually diverse populations.
- j) The role of civil society in addressing the drug problem, based on respect for human rights and gender orientation.

- k) The importance of evaluation and measurement of results with a view to improving the quality of training activities.

18. Closing session

Addressing the closing session were Ms. Sofía Mata Modrón, Director of the Spanish Cooperation Training Center in Cartagena de Indias, Colombia; Ms. Javiera Astudillo, Cabinet Advisor to the National Service for the Prevention and Rehabilitation of Drug Use (SENDA), Chile and Chair of the Expert Group on Demand Reduction; Ms. Jimena Kalawski, Chief of the Demand Reduction Unit of the Inter-American Drug Abuse Control Commission (CICAD), and Mr. Juan Francisco Espinoza, Vice Minister of Justice of Colombia, who warmly congratulated the participants on their invaluable contributions, and on the significant results of the work done during the chairmanship of Chile.

Mr. Juan Francisco Espinoza, Vice Minister of Justice of Colombia, presented the official candidacy of Colombia to serve as Chair of the Expert Group on Demand Reduction.

PARTICIPANTS

1. OAS MEMBER STATES

Antigua and Barbuda, Argentina, Bahamas, Barbados, Brazil, Chile, Colombia, Costa Rica, Ecuador, Guatemala, Guyana, Honduras, Jamaica, Mexico, Nicaragua, Peru, Saint Kitts and Nevis, Saint Lucia, Trinidad and Tobago, United States, and Uruguay.

2. NON-OAS MEMBER STATES

Togo.

3. INTERNATIONAL AND REGIONAL ORGANIZATIONS

Inter-American Drug Abuse Control Commission (CICAD), Latin American Federation of Therapeutic Communities (FLACT), International Society of Substance Use Professionals (ISSUP), Pan American Health Organization (PAHO), Colombo Plan and the United Nations Office on Drugs and Crime (UNODC).

4. LIST OF PARTICIPANTS

	OAS member states	Name of participant
1	ANTIGUA AND BARBUDA	Feona Charles-Richards
2	ARGENTINA	Roberto Canay
3	BAHAMAS	Novia Carter-Lookie

4	BARBADOS	Paulavette Atkinson
5	BRAZIL	Claudia Leite
6	CHILE	Javiera Astudilla
7	CHILE	Rodrigo Zárate
8	CHILE	Martha Oliva
9	COLOMBIA	Jenny Fagua
10	COLOMBIA	Ana Maria Peñuela
11	COLOMBIA	Sergio Peñaranda
12	COSTA RICA	Wendy Castro
13	ECUADOR	Roberto Javier Enríquez Anaya
14	ESTADOS UNIDOS	William Stange
15	ESTADOS UNIDOS	Alexandra Paez
16	GUATEMALA	Juan Rafael Sánchez
17	GUYANA	Sarita Nanku
18	HONDURAS	Andrea Nunez
19	JAMAICA	Michael Ashton De Vere Tucker
20	MEXICO	Nadia Robles
21	NICARAGUA	José Alberto Ramírez Guevara
22	NICARAGUA	Yara Suhyen Perez
23	NICARAGUA	Manuel Garcia Morales
24	PERU	William Cabanillas Rojas
25	PERU	Yuri Cutipé Cárdenas
26	SAINT KITTS AND NEVIS	Karimu Ashaki Maisha Byron
27	SAINT LUCIA	Charmaine Hippolyte
28	TRINIDAD AND TOBAGO	Esther Dunstene Best
29	URUGUAY	Gabriela Olivera
	Estados No Miembros de la OEA	Name of participant
30	TOGO	Mawouena Bohm
	International and Regional Organizations	Name of participant
31	ISSUP	Gulmira Suleymanova
32	ISSUP	Gustavo Mausel
33	ISSUP	Paulo Martelli
34	ISSUP	Livia Edegger
35	ISSUP	Carolina Marty
36	COLOMBO PLAN	Rodrigo Portilla
37	UNODC	Elizabeth Saenz
38	PAHO	Luis Alfonso
39	FLACT	Fabian Chiosso
40	FLACT	Pablo Kurlander
41	FLACT	Gloria De Salvador
42	FLACT	Jhonny Huanto Flores

43	FLACT	Jorge Olivares
44	FLACT	Quetzalli Manzano Ruíz
45	FLACT	Gabriel Antonio Mejía
46	CICAD	Jimena Kalawski
47	CICAD	Alfonso Abarca
48	CICAD	Jose Luis Vázquez
49	CICAD	Isabella Araujo
50	CICAD	Andrea Escobar