

"AGENDA 2030 ON SUSTAINABLE DEVELOPMENT GOALS AND PSYCHOACTIVE SUBSTANCES USE: CHALLENGES FOR COUNTRIES IN THE AMERICAS"

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Latin America and social crisis

Substance Abuse /Social Determinants

Drug Policies: Global and Regional
approaches

Access and Quality on treatment

COVID-19 and Substance Abuse

LATIN AMERICA LATINA AND THE CARIBBEAN

One of the regions with higher social and health inequity in the world

- Low income and consume
- Precarious housing and employment
- Deficit access to quality health services
- Less access to education
- Deficit access to water and sanitation
- Marginalization and social discrimination

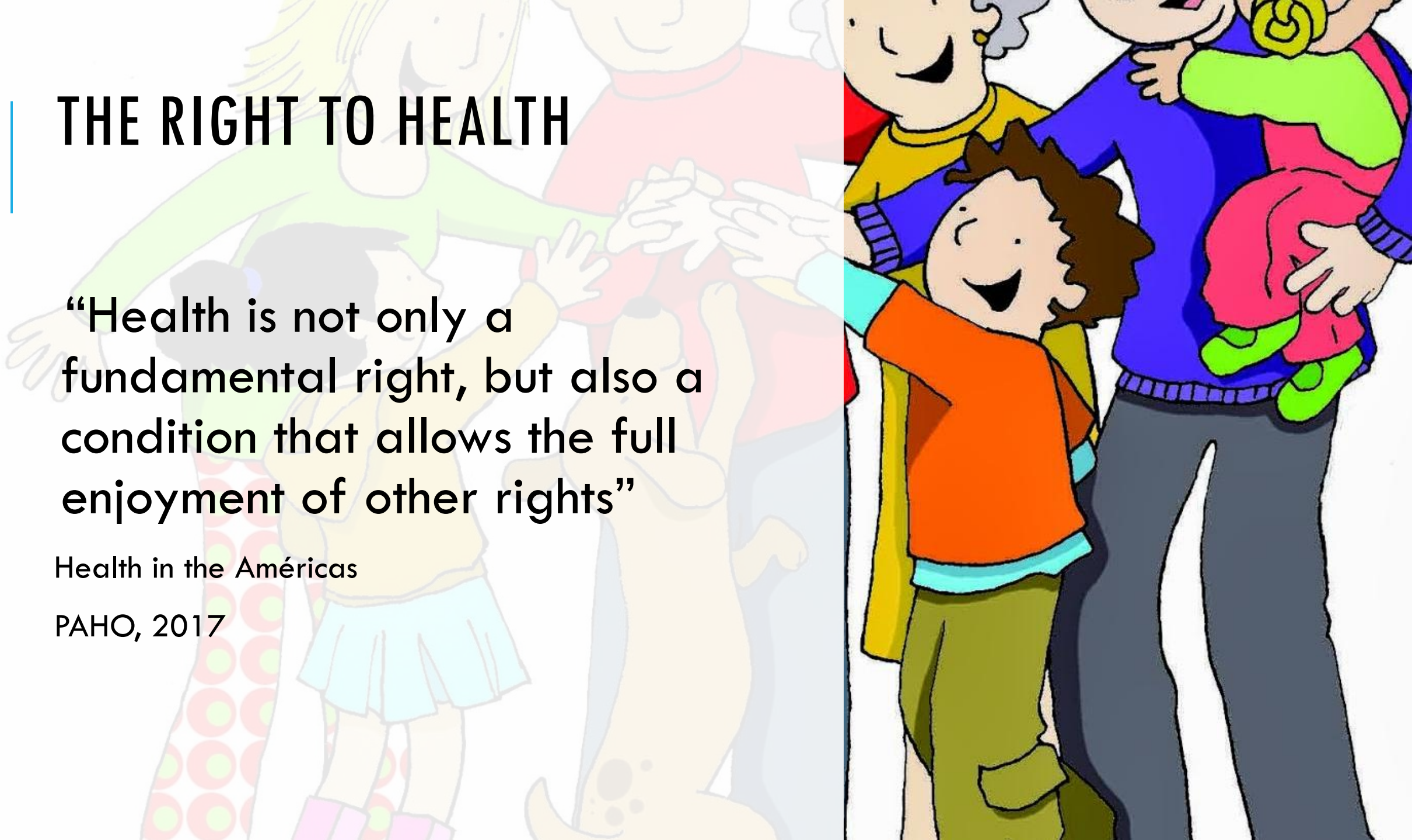


THE RIGHT TO HEALTH

“Health is not only a fundamental right, but also a condition that allows the full enjoyment of other rights”

Health in the Américas

PAHO, 2017



DRUG AND DEVELOPMENT POLICIES

Tackling the global drug problem requires a drug policy that is accompanied by broader programmes of sustainable development, security and human rights





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SUSTAINABLE DEVELOPMENT

Meets current needs,
without compromising
the ability to meet
future needs

Health and
sustainable
development are each
a cause and
consequence of the
other



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SUSTAINABLE DEVELOPMENT

“If the path to development does not lead to sustained improvements in health, it cannot be conceived as sustainable development”

Health in the Americas

PAHO, 2017



THE 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT

It intertwines human health and well-being, with economic growth and environmental sustainability.

Goal 3.5.- Strengthen the prevention and treatment of abuse of addictive substances, including drug abuse and harmful alcohol use

Indicator 3.5.1 Coverage of treatments (pharmacological and psychosocial and rehabilitation and aftertreatment services) of addictive substance abuse disorders

HEALTH IN LATIN AMERICA

Inequality in access to basic health care

Factors

Socio-economic situation

- Sex
- Race
- Ethnicity
- Place of residence

Context of economic slowdown

Pressure on health systems

Epidemiological heterogeneity

- Growing aging
- Increased NCD, mental and psychoactive substance use
- Violence and accidents
- Re-emerging and emerging infectious diseases
- Climate change





MENTAL, NEUROLOGICAL AND PSYCHOACTIVE SUBSTANCE USE DISORDERS

Main contributors to
the burden of disease
in the Americas:

Morbidity

- Disability
- Injury
- Premature death
- Risk factors for other health problems

HEALTH SYSTEMS IN LATIN AMERICA

Inequity

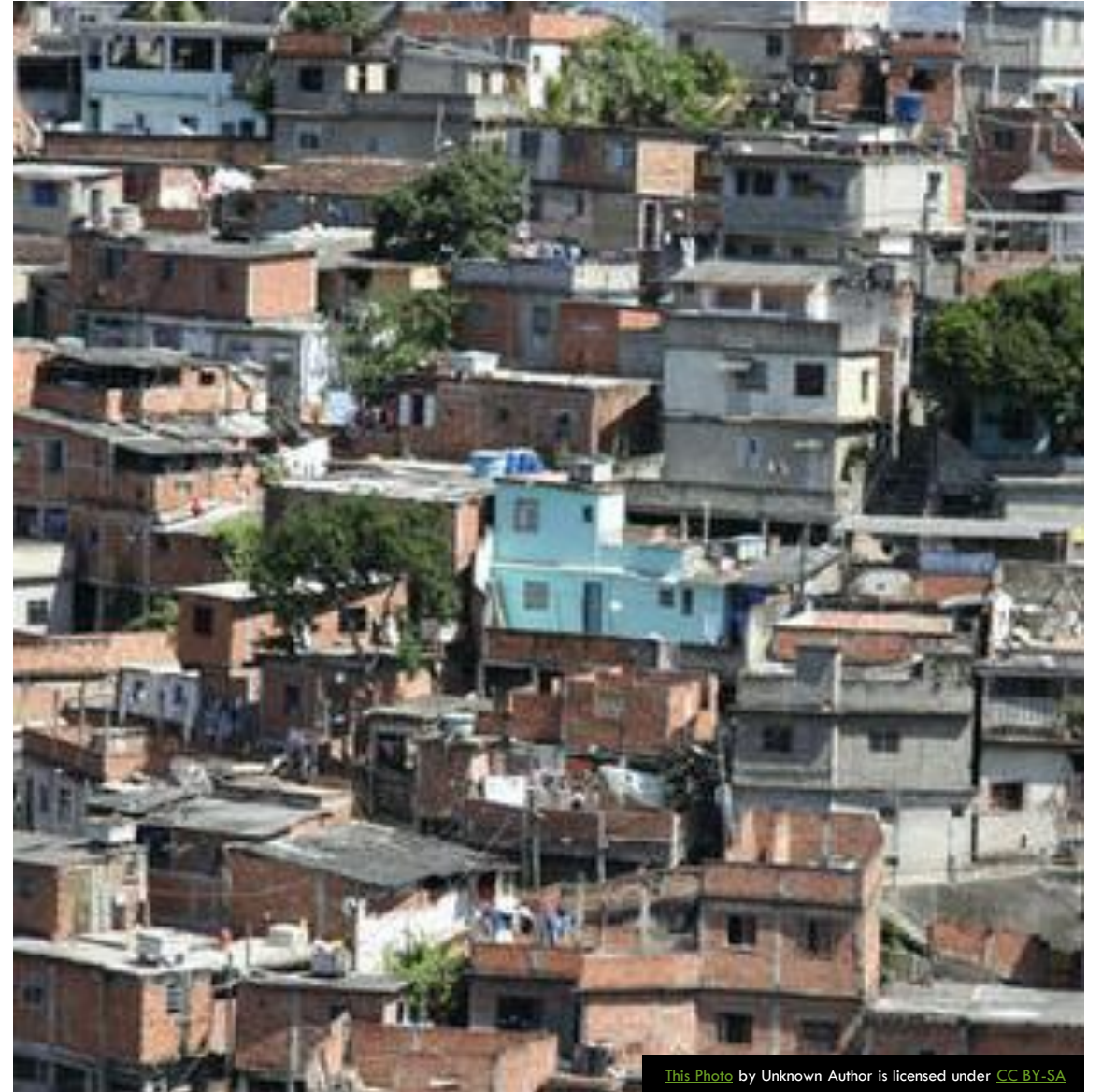
Unequal Financing

Fragmentation

Segmentation

Lack of sustainability

Little flexibility



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Salud universal

Acceso y cobertura para todos



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UNIVERSAL HEALTH AND SUBSTANCE USE

Right to Health, Equity and
Solidarity

Universal access and coverage

Need to remove barriers to
access to services
(Determinants)

Inequity in access to health care
for problem users of
psychoactive substances
prevents their enjoyment and
exercise of the right to health
and is associated with a context
of economic, social, cultural and
environmental inequalities



Poorer people face increased risk of drug use disorders

Poverty, limited education and social marginalization are associated with an increased risk of drug disorders and worse consequences.

SOCIAL DETERMINANTS AND DRUG USE

SOCIAL DETERMINANTS AND DRUG USE

“Vicious circle of disadvantage”

Socioeconomic disadvantage

Unemployment, poverty and homelessness

Drug use disorders

Barriers to access to treatment

Stigmatization

Criminal consequences

Vulnerability: Women, ethnic minorities and immigrants, sexually diverse groups, people displaced by armed conflict or disasters and people living in rural settings



INADEQUATE RESPONSE TO THE DRUG PROBLEM



Insufficient coverage ... very low?



Variability in the availability of interventions (substance type, country)



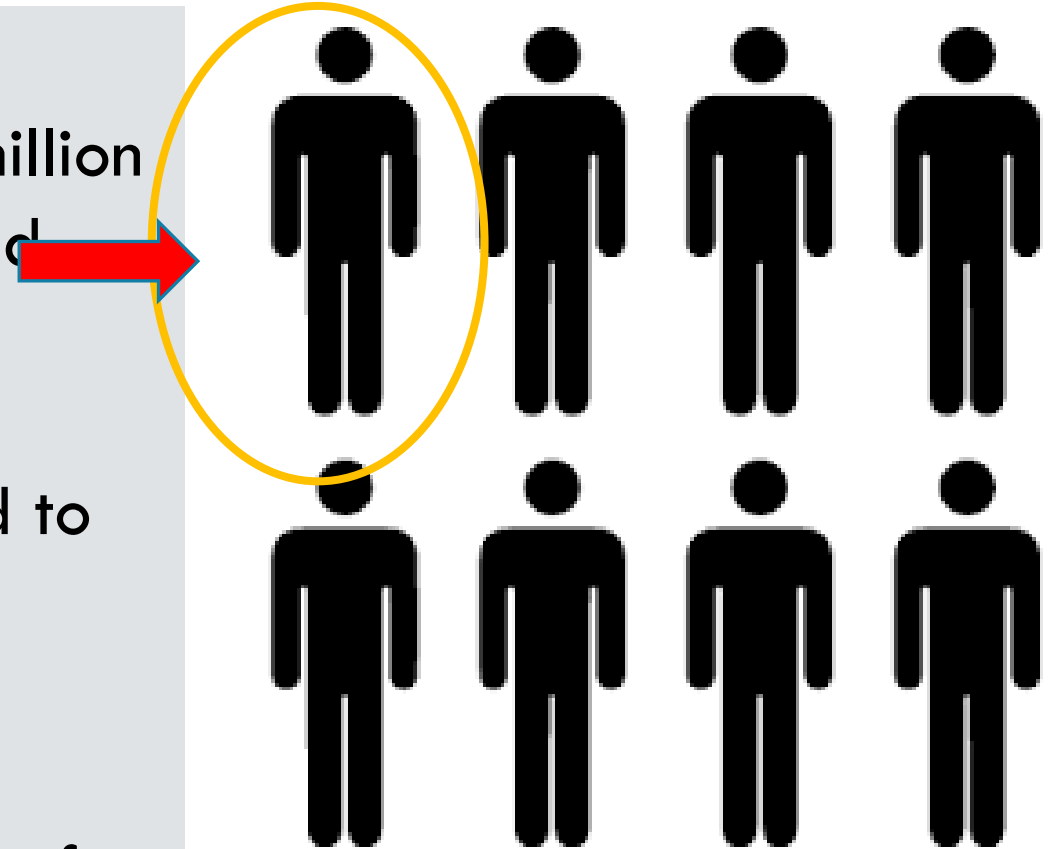
Range of access to treatment: < 1%
..... 86%



Difficulty in determining progress in the scope of the SDG 3.5

ACCESS TO TREATMENT

- **According to the World Drug Report** (UNODC, 2020), In 2018, some 269 million people used drugs and 35.5 million had SUD
- Development of SUD is directly related to the usage pattern and socioeconomic disadvantages
-
- Only 1 in 8 people who need treatment for SUD gets it



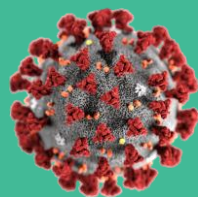
COVID 19: DOBLE IMPACTO



RECESIÓN ECONÓMICA
DISTANCIAMIENTO SOCIAL
VULNERABILIDAD AL CONTAGIO Y
COMPLICACIONES



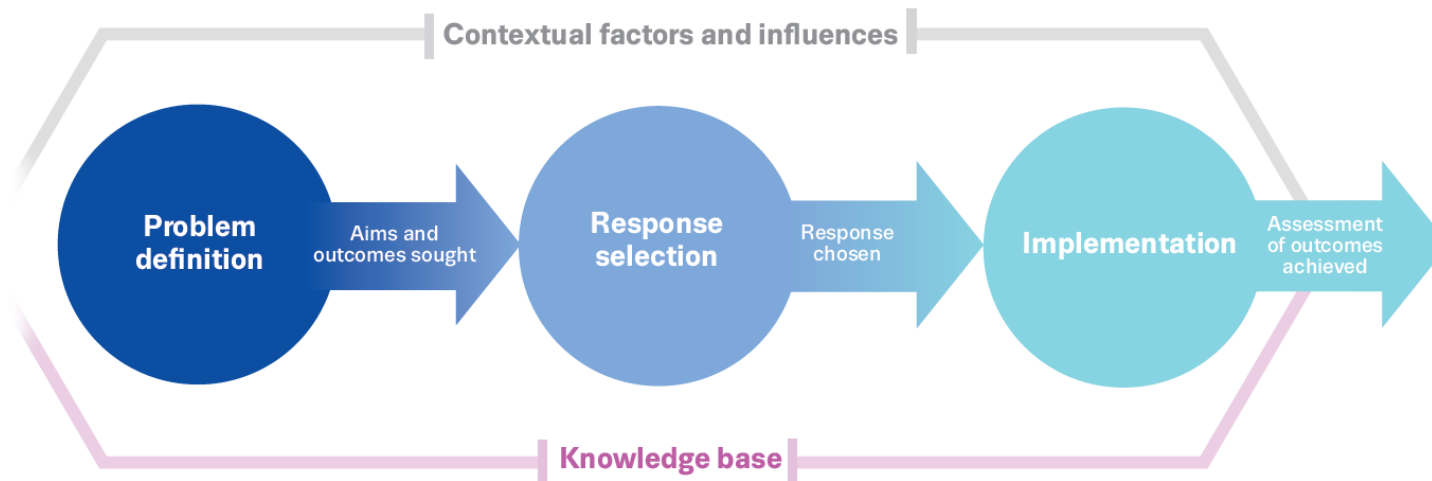
DIFICULTADES PARA EL ACCESO AL
TRATAMIENTO Y OTROS SERVICIOS



RESPONSES TO DRUG PROBLEMS (PHASES)

(EMCDDA, 2017)

The three broad stages of developing responses to drug problems



(1) Identify the nature of problems

(2) Select possible effective interventions

(3) Apply /Implement, Monitor and Assess Impact

INTERVENTION OPTIONS TREATMENT



FACTORS:



CHARACTERISTICS OF
PROBLEMS



HEALTH SYSTEM
ORGANIZATION

TREATMENT ENVIRONMENTS

Specialized Treatment Units

Primary Care

Mental Health Clinics

Low Threshold Services

Hospital Residential Services

Specialized Residential Centers

Prison Services

INTERVENTION OPTIONS TREATMENT

PSYCHOSOCIAL
INTERVENTIONS

DETOXIFICATION

PHARMACOLOGICAL
SUPPORT

PSYCHOSOCIAL INTERVENTIONS

Counseling

Motivational
Interview

Cognitive
Behavioral Therapy

Case Management

Group Therapies

Family Therapy

Relapse Prevention

DETOXIFICATION



Hospital



Specialized centre



Residence with
medical/psychiatric service

HOSPITAL/RESIDENTIAL INTERVENTIONS

Structured and individualized psychosocial treatments

Rehabilitation

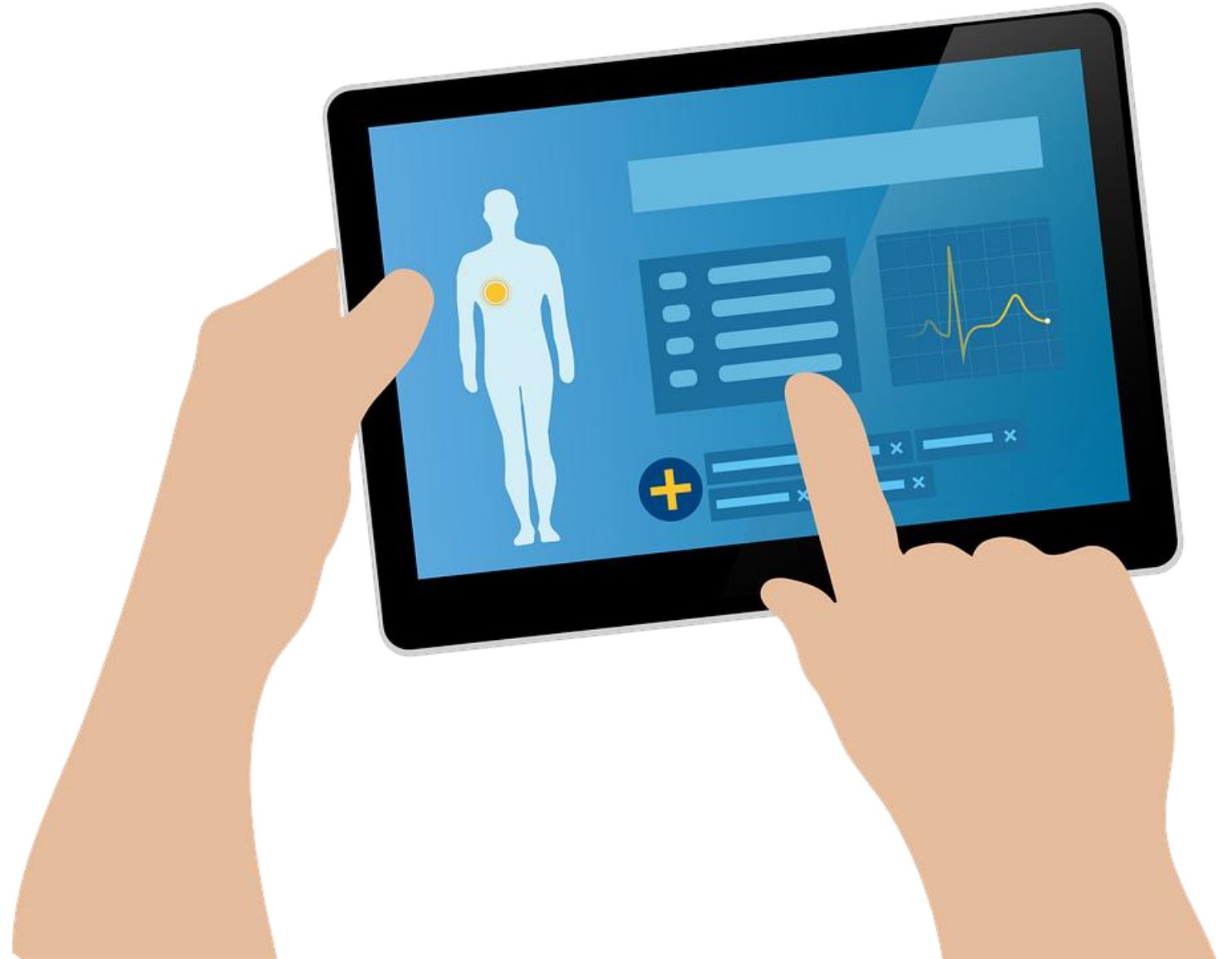
Social Reintegration

Community therapeutic approach

Psychiatric care (Dual Dx)

OPPORTUNITY: ELECTRONIC HEALTH

Use of technology
(mobile phones,
computers, etc.) for
health improvement



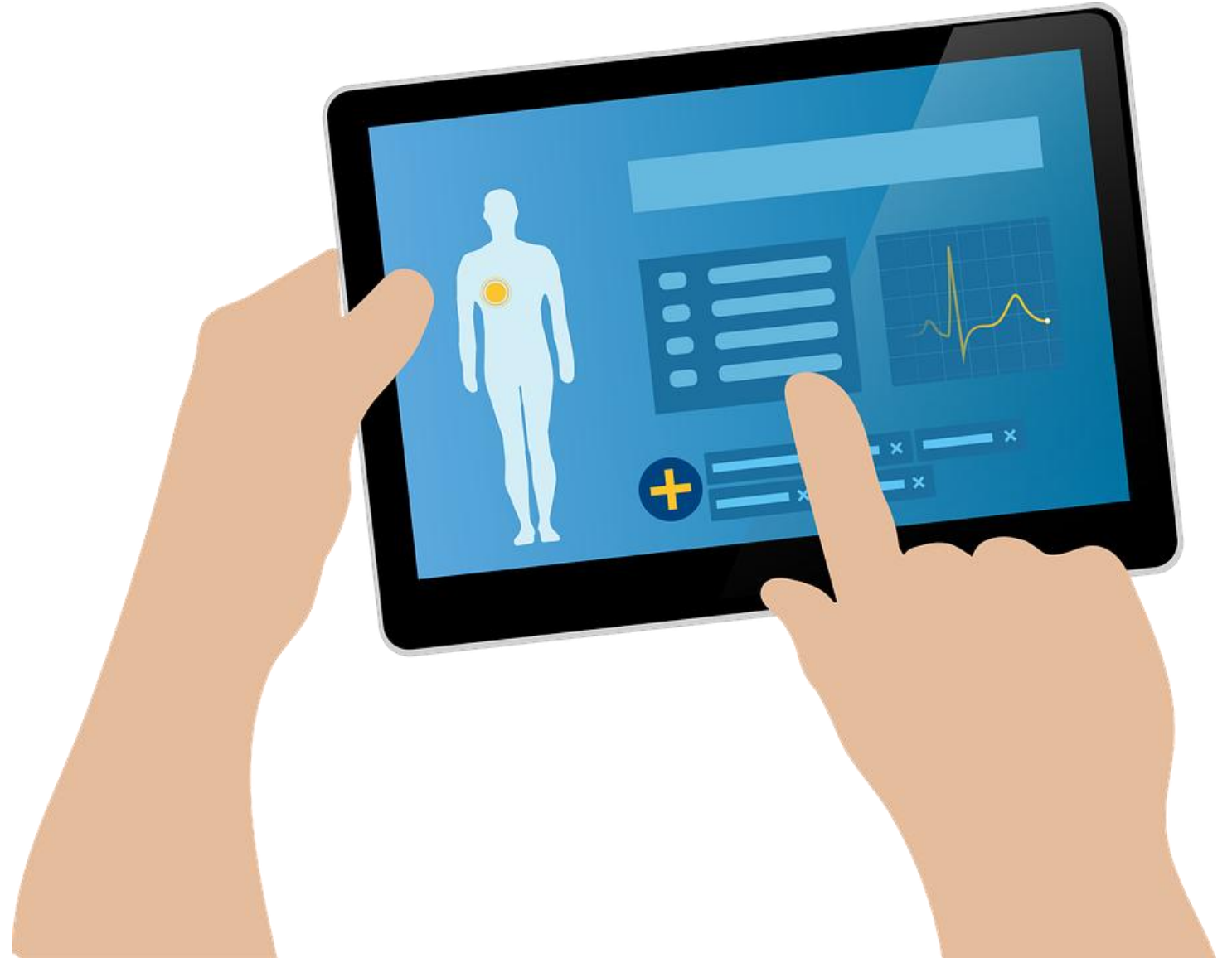
ELECTRONIC HEALTH

(1) Drug Information:

- Harm reduction advice

- Personalized advice from professionals

- Linking with services



ELECTRONIC HEALTH

The background features a stylized illustration. On the left, a hand holds a tablet displaying a white silhouette of a human figure with a yellow circle on the chest. On the right, another hand interacts with a tablet showing a blue interface with a yellow heart rate line graph and various UI elements like buttons and sliders.

(2) Treatment for people with substance use disorders

(3) Human resources training (virtual treatment training modules)

(4) Digital monitoring of people in treatment

(5) Screening and Brief Interventions

ELECTRONIC HEALTH WARNING

Quality Management and Computer
Security

Protecting Confidentiality

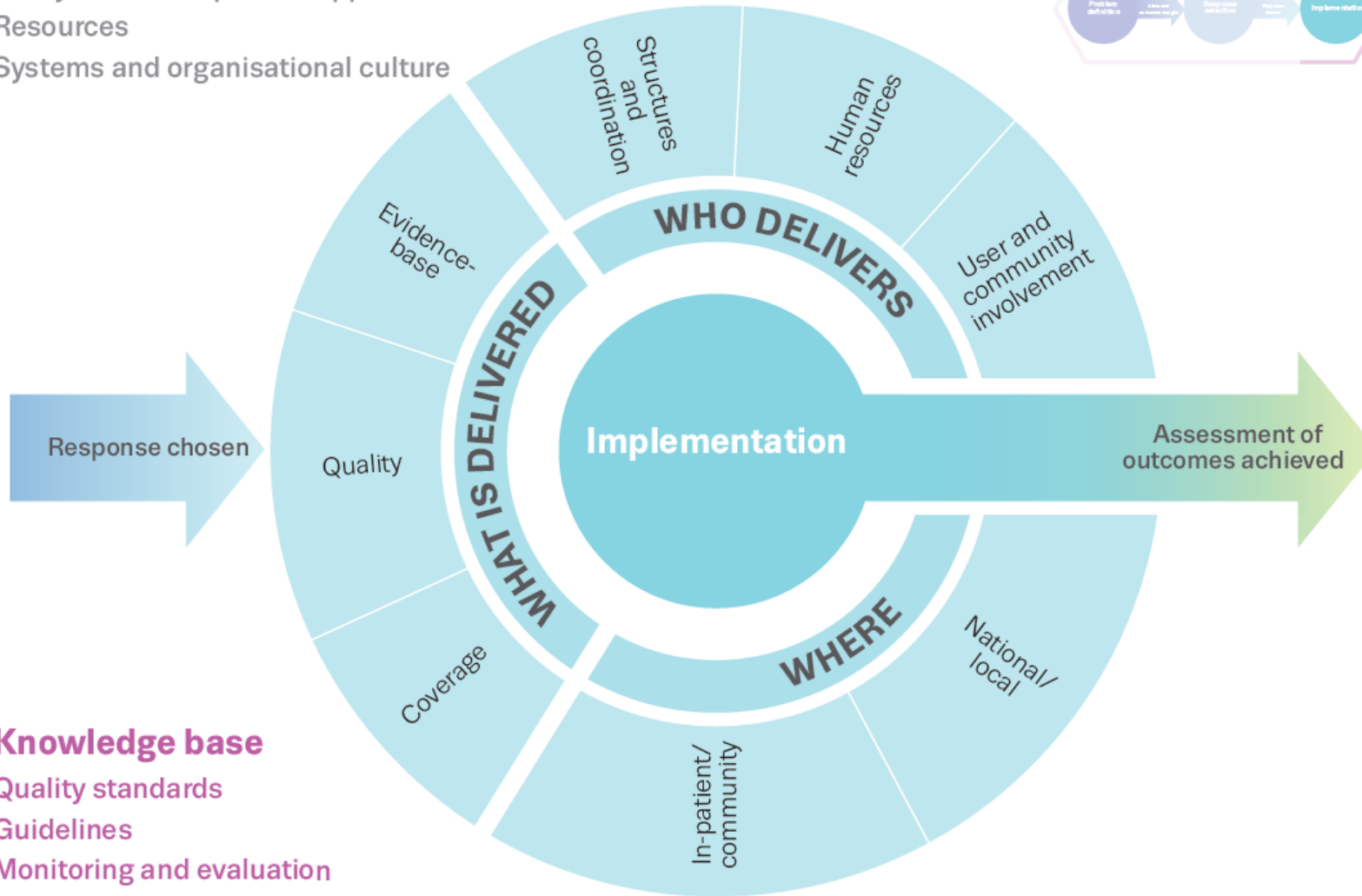


Contextual factors and influences

Policymaker and public support

Resources

Systems and organisational culture



(EMCDDA, 2017)

CHANGING PERSPECTIVE ON DRUG POLICIES

More balanced and inclusive
approach

Attention to results in public health
and development

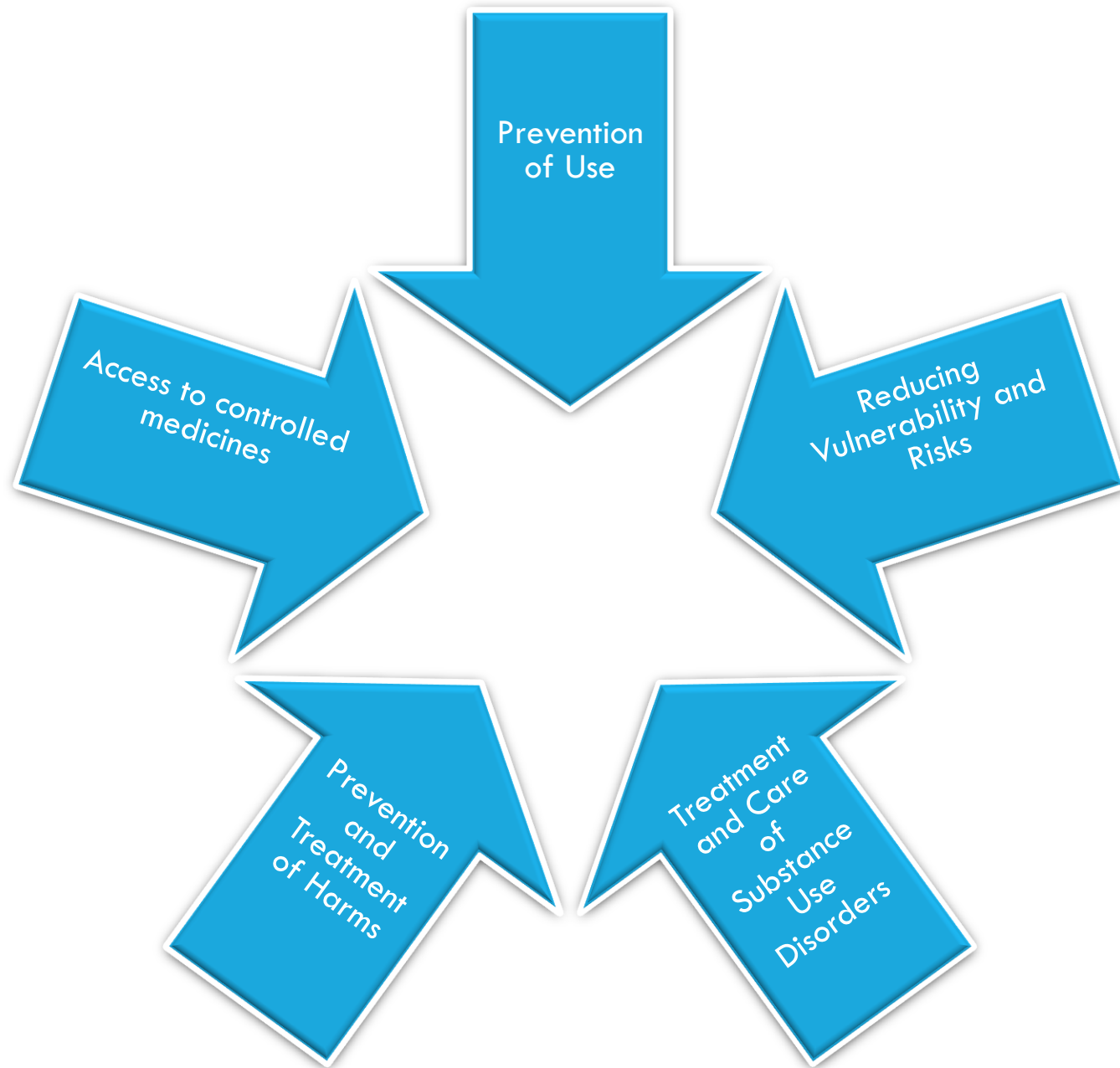
Political Declaration (CND, 2009)

UNGASS 2016

Agenda 2030 for Sustainable
Development



ESSENTIAL ELEMENTS OF PUBLIC HEALTH IN A COMPREHENSIVE, BALANCED AND COMPREHENSIVE DRUG POLICY



FUNDAMENTAL PUBLIC HEALTH PRECEPTS (...THAT A DRUG POLICY MUST COMPLY)

Equity

Social Justice

Human Rights

Preferential care
for those most in
need

Social, economic
and environmental
determinants

Interventions based
on scientific data

"People-centered"
approach"

MUCHAS GRACIAS

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**THANK
YOU!**