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INTER-AMERICAN DRUG ABUSE  
CONTROL COMMISSION

**CICAD**

Secretariat for Multidimensional Security

**FIFTY-EIGHTH REGULAR SESSION**  
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**Trujillo, Perú**

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**FINAL REPORT**  
**XVI MEETING OF THE DEMAND REDUCTION EXPERT GROUP**

**Final Report**  
**XVI Meeting of the Demand Reduction Expert Group**

**Executive Summary**

The XVI meeting of CICAD's Demand Reduction Expert Group was held in Miami Florida, on October 29 and 30, 2015, under the chairmanship of Brazil, in the person of Ms. Cejana Passos.

The XVI Expert Group meeting was held at a very opportune moment for supporting the initiative to adjust drug policies: worldwide, in January 2016, the Executive Board of the World Health Organization will discuss the Public Health Dimension of the Drug Problem, and preparations are moving forward for the special session of the United Nations General Assembly on Drugs (UNGASS), to be held in New York in April 2016. Regionally, the Consultation Meeting of the Health Sector in the Americas in preparation for UNGASS 2016 was held recently in Mexico City, and there is the upcoming regular session of CICAD/OEA in Trujillo, Peru.

The CICAD Expert Group meeting thus offered an opportunity for reflection on the review and updating of drug policies, with an emphasis on demand reduction from the public health perspective.

The experts at the sixteenth meeting had the opportunity to discuss the regional policy instruments approved by the member states, as well as the *travaux préparatoires* for the meetings mentioned above. As a result of these sessions, the delegates identified some recommendations and common interests on the public health approach to the drug problem and its implications, which will be laid before the delegates to the fifty-eighth regular session of CICAD/OAS for their consideration and future deliberations on the subject.

The Expert Group meeting was attended by 49 experts from 17 countries, international organizations, civil society and staff from the Demand Reduction area of the Executive Secretariat of CICAD/OAS.

The XVI meeting of CICAD's Demand Reduction Expert Group was held in Miami, Florida, on October 29 and 30, 2015, under the chairmanship of Brazil, in the person of Ms. Cejana Passos.

## **PARTICIPANTS**

### **1. Member states**

Thirty-eight participants from 17 OAS member states attended the meeting: Bahamas, Barbados, Brazil, Chile, Colombia, Costa Rica, Ecuador, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, the United States, and Venezuela.

### **2. International organizations and civil society**

Experts representing the Pan American Health Organization (PAHO), the United Nations Office on Drugs and Crime (UNODC), Intercambios, a civil society organization, and the Ibero-American Network of NGOs working in Drug Dependency (RIOD) also participated in the meeting.

## **BACKGROUND**

In recent years, the Americas region has been the scene of intense debate over the need to review and update the approach to drug policies, in a search for a more holistic and balanced approach that takes due consideration of the impact of the drug problem on public health, as evidenced by the heavy burden of morbidity, mortality and disability related to substance use and associated problems, as well as the enormous gap in access to treatment and care, which disproportionately affects the most disadvantaged groups.

As part of this discussion, the member states have committed to providing reports on the status of the problem, the design and approval of strategies, plans of action, policy declarations and resolutions<sup>12345</sup> that, among other things, stress the need to give impetus to the public health approach, and to strengthen the countries' health care systems and mechanisms for international cooperation on the matter.

The XVI Expert Group meeting was held at a very opportune moment for supporting this initiative to adjust drug policies: worldwide, in January 2016, the Executive Board of the World Health Organization will discuss the Public Health Dimension of the Drug Problem, and preparations are moving forward for the special session of the United Nations General Assembly (UNGASS) on Drugs, to be held in New York in April 2016. Regionally, the Consultation Meeting of the Health Sector in the Americas in preparation

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<sup>1</sup> OAS Report.

<sup>2</sup> Hemispheric Strategy and Plan of Action.

<sup>3</sup> PAHO Regional Strategy and Plan of Action.

<sup>4</sup> Declaration of Antigua.

<sup>5</sup> Resolution of the OAS General Assembly in Guatemala.

for UNGASS 2016 was held recently in Mexico City, and there is the upcoming regular session of CICAD/OEA in Trujillo, Peru.

The CICAD Expert Group meeting thus offered an opportunity for reflection on the review and updating of drug policies, with an emphasis on demand reduction from a public health perspective.

## **PROCEEDINGS OF THE MEETING**

### **1. Opening session**

The meeting was opened by the Assistant Executive Secretary of CICAD, Ms. Angela Crowdy, and Ms. Cejana Passos, General Coordinator of International Affairs of SENAD/Brazil representing the Government of Brazil, in her capacity as Chair of the Group of Experts. They both welcomed the participants, and said how important the meeting was in offering an opportunity for reflection on the review and updating of drug policies, with an emphasis on demand reduction from a public health perspective.

Angela Crowdy discussed the principal challenges facing the region, which could be framed as a recognition that drug dependence as a chronic, relapsing disease that must be addressed and treated as a public health matter where respect for human rights is a cross-cutting, uncompromising focus of policy. She also stressed that nowadays, it is very important to promote public policies that are evidence-based and that incorporate a gender approach and the participation of civil society in defining these policies.

She also emphasized the importance of ensuring the human dimension of drug use problems, centering on the wellbeing of the person, and not viewing drug users as merely objects of the criminal justice system, but rather seeking out new alternatives to criminal prosecution or incarceration.

In closing, Ms. Crowdy said that it was necessary to continue to work in the framework of safeguarding State sovereignty and national legislation, and to observe the agreed-on international conventions and agreements, in order to give impetus to comprehensive, multidisciplinary approaches, and promote greater international cooperation to address new challenges.

### **2. Working sessions**

#### **2.1. Report on drug use in the Americas 2015.** Speaker: Marya Hynes, Specialist, CICAD/OAS

Ms. Hynes emphasized the importance of research and the production and analysis of information as the basis for the design of public policies on drugs. Ideally, information should be interpreted in the context of the diversity that exists among countries as well as

within each country. Each substance has different epidemiological characteristics, both in terms of the substances themselves, and the patterns of use in the countries and populations, which change over time.

This diversity is seen in the data on trends in the use of different drugs in different countries, and in how the effects of a decline in prevalence rates are relative. Alcohol use shows that even though countries may have low prevalences nationwide, the level of alcohol consumption by higher risk groups is comparable or similar among several countries.

In order to obtain a broad picture of the status of drug use, it is very useful to have information from a variety of sources, such as high school surveys, household surveys, reports from treatment centers, data from prisons, etc.

In the current scenario, consideration must be given not only to the substances in and of themselves, but also to the adulterants used. For example, in the case of cocaine, phenacetin and caffeine, among others, play an important role in the development of dependency. Smokeable cocaines cause more tissue damage and greater cognitive dysfunction, and additionally, a longer period of time is needed both for treatment and complete recovery.

Looking at the overall picture in the hemisphere, it should be borne in mind that the different problems in the countries require different solutions, which means that we cannot speak of a single drug problem, or of a single, "one size fits all" solution. It is for this reason that outcome evaluations (and ideally, impact evaluations) must be conducted in order to determine the effectiveness of the interventions.

The information, presented as a call to action, shows that some of the main challenges in the hemisphere are, inter alia: addressing the diversity of the drug issue, both among countries and within each country; preventing onset of use at an early age; and providing timely care for and preventing problem use of different drugs.

The countries thanked Ms. Hynes for her remarks, and congratulated CICAD on the importance of these findings for the formulation of public policies, and the need for clear scientific information in order to identify appropriate national policies. They were also clear that these reports should not simply rely on quantitative analysis, but rather should always include qualitative aspects of the realities of the countries, their cultural contexts and their real possibilities of providing care.

The delegates also noted that in their national drug strategies, member states must not forget human rights, environmental protection or the structural causes of this phenomenon. They also emphasized the importance of exchanging successful experiences and good practices on the subject in the region, and said that the challenges posed by the diverse nature of the problem and its causes must not be forgotten, and that attention must be paid to the use of the new synthetic substances, which has been increasing in the region in recent years.

The delegate of Ecuador stated that the statistics on the drop in the age of first use is not only of concern, they are alarming, and she urged that States identify and establish public policies that are focused on prevention.

## **2.2. Status of the preparations for the special session of the United Nations General Assembly (UNGASS 2016).** Speaker: Elizabeth Mattfeld.

Ms. Mattfeld explained the process under way in UNODC for holding the special session of the United Nations General Assembly on the world drug problem.

She began her presentation by giving an overview of the international normative framework of the drug control conventions, and explained the work of the Commission on Narcotic Drugs, the body responsible for monitoring the world drug situation, developing international control strategies, and making recommendations on dealing with the drug problem, particularly in relation to drug demand reduction, alternative development initiatives, and supply reduction measures.

Ms. Mattfeld went on to discuss the five main topics that have been addressed in the preparations for the special segment of the fifty-eighth session of the United Nations General Assembly on the Drug Problem, UNGASS 2016:

1. Demand reduction, including prevention, treatment and health-related issues. Assuring the availability of controlled substances for medical and scientific purposes.
2. Supply reduction, with responses to the activities needed to combat drug-related crime, money laundering and terrorist financing, and to promote judicial cooperation on criminal matters.
3. Crosscutting issues such as drugs, human rights, young people, women, children and communities.
4. New challenges, threats and realities in the prevention and treatment of the drug problem in the framework of international law, shared responsibility and international cooperation.
5. Alternative development, which requires addressing socioeconomic issues, and regional, inter-regional and international cooperation on development-oriented drug control policy.

Likewise, Ms. Mattfeld explained what UNODC has been doing to contribute towards the preparation of this special session of UNGASS 2016, by supplying member states with substantive information to help draft the final outcome document and keep the focus of the meeting on drug demand reduction. She also wished to highlight the work being done by civil society organizations, as well as alternative development issues.

Moreover, Ms. Mattfeld explained how the Prevention Media Event within UNGASS 2016 is an opportunity to raise the profile of evidence-based drug prevention through its two components: the High-level special event during UNGASS highlighting the effectiveness and cost-effectiveness of evidence-based prevention; and the social media campaign. The expected outcome for policy makers, (primary target group) is demonstrated interest in using evidence-based prevention to help children and youth grow healthy and safe; and for secondary target groups the campaign will highlight some evidence-based practices relevant to each group (parents, teachers, health workers, practitioners), thus raising their interest.

The countries commented that despite the complexity of the meetings in preparation for UNGASS 2016 in light of the differing points of view about the subject, the countries of the hemisphere have achieved great consensus in these fora.

**2.3. The health sector in the Americas and the search for balance in drug policies in the region.** Speaker: Luis Alfonzo, Regional Advisor on Substance Abuse (PAHO/WHO)

Dr. Alfonzo began his presentation by saying that inequities in health and social exclusion are a serious problem in the region. There are currently more than 240 million users, of whom 27 million are problem users.

Given the situation in the region, the great challenge is to translate the needs of the health sector in caring for substance users into public policies that are truly focused on providing solutions to the appropriate care of people who are psychoactive substance users. Here, Dr. Alfonzo discussed five fundamental issues to be borne in mind when examining the subject of drug policies and public health.

1. Policy dimension: a multi-institutional strategy should be developed in a framework of public policy and coordinated programs and actions that are executed under appropriate legislation in each country. Here it is important to introduce the right to health when setting policy, and also to bear in mind community participation and recognition of social determinants.
2. Health promotion and prevention: emphasis on the importance of recognizing differences among patients, so as to provide appropriate care. In addition, communities need to be educated and trained to have a better understanding of substance use and to have better information available on which to implement effective strategies.
3. Programs and services: there should be programs for promotion and prevention, early screening, harm reduction, treatment, prevention of infectious complications and better access to controlled medications. As regards services, the public health sector's response in dealing with these needs is not very encouraging, given the limited role of Primary Health Care Agencies, whose coverage for vulnerable, high-risk populations is unreliable and very uneven. Community-based alternatives have very weak links into the health systems and have very few pharmaco-therapeutic resources available. The situation with regard to human

- resources in the health sector is also not encouraging: there are no health care personnel to deal with the needs of people with psychoactive substance use problems and additionally, very poor capacity for accrediting programs that the countries are developing in this area.
4. Information systems: there is very little reliable information available on the needs for care of psychoactive substance users.
  5. Cooperation and partnerships: set out clearly the responsibilities of each sector for dealing with this problem, while maintaining an inclusive, inter-agency cooperation with NGOs.

In closing, Dr. Alfonzo outlined the challenges that the public health sector is facing today regarding the issue of drug use:

- Put the public health approach as the linchpin of any drug policy;
- Identify substance use and related problems as a public health priority, and adopt the corresponding plans;
- Strengthen the epidemiological support and scientific evidence for the health care approach to psychoactive substance use;
- Strengthening the response capacity of the public health services, based on health promotion agencies and the development of network systems to reduce gaps in access to care, with emphasis on the most vulnerable groups and community-based alternatives;
- Protecting human rights, avoiding stigmatization and discrimination against problem users of psychoactive substances;
- Strengthening human resources in health at all levels so as to respond effectively to the need for care resulting from psychoactive substance use;
- Developing strategic partnerships with key stakeholders in order to strengthen the public health dimension of the drug problem.

The delegates then made observations on the presentation, with the following points highlighted:

- The need to encourage and review the use of indicators to strengthen the topics to be discussed in the Expert Group;
- Forge strategic partnerships and share good practices, and
- The need for budgetary balance between supply and demand.

#### **2.4. Viability of strengthening the public health approach in drug policies in the Americas. Analysis of experiences in the region.**

**Speaker I:** Maria Skirk, INL

Ms. Skirk began her presentation by discussing the different phases of demand reduction, from promotion and prevention through treatment and recovery, and said that INL works on the subject of demand reduction with the United Nations Office on Drugs (UNODC), the World Health Organization (WHO), the Colombo Plan, the African Union and the

Organization of American States through the Inter-American Drug Abuse Control Commission (CICAD).

Ms. Skirk emphasized the impact that psychoactive substance use has on particular areas such as national security, public security, Government, social issues, economic development and public health. She said that significant research has been done over the last 60 years, and that advances and innovations have been made in the areas of prevention and treatment. However, the situation is not encouraging in this regard because scientific research has not been transferred to the field: in most countries, treatment practices that are not evidence-based continue to be used, such as detoxification without psychosocial support, treatment based on religious beliefs, and physical restraint, among other things. This has meant that the outcomes have been a failure and as a result, users and their families have lost confidence and hope in treatment.

Under these circumstances, Ms. Skirk continued by explaining INL's goals in this area, which are based on making the programs and staff who care for people with substance use problems more professional. This "professionalization" involves knowledge transfer about interventions based on scientific evidence and regulated by a process of certification and/or accreditation. To this end, INL is seeking to create a global network of treatment and prevention professionals. The work plan is to select the human resources, and then train and certify them, and in the end, form an association of international professionals.

In 2015, INL partnered with five international organizations to map treatment capacity in Africa, Asia and Latin America. The mapping identified the types of services provided in the countries, the target groups, the treatment capacity, and the donors.

Then, in coordination with the Colombo Plan and a group of international experts, INL developed the Universal Prevention and Treatment Curricula. Ms. Skirk explained the content of these curricula and the implementation format that INL is using in the countries, involving a team of international trainers who are responsible for training the national teams and public and academic institutions responsible for the subject. It is hoped that these training programs will disseminate knowledge and know-how to prevention and treatment workers in the countries.

**Speaker II:** Berenice Santamaría González, National Commission on the Addictions (CONADIC), Mexico.

Ms. Santamaría González began her presentation by describing the epidemiological picture in Mexico from 2002 to 2011, and stressed the need to approach the problem of the addictions from the perspective of public health, given that substance use is linked to issues that affect the individual in his environment.

Ms. Santamaría González said that the panorama in the region is changing on this, as seen in the Hemispheric Strategy on Drugs 2011-2015, which views drug dependence as a chronic, relapsing disease that is caused by many factors, including biological,

psychological and social, and in the resolution of the OAS General Assembly, which found that the world drug problem must be addressed adopting a cross-cutting human-rights perspective in order to promote and achieve the well-being of individuals.

Ms. Santamaría González continued her presentation with a description of the program for prevention and holistic treatment of the addictions in Mexico and the infrastructure available for it. Actions taken nationally in Mexico are focused on promoting comprehensive policies that emphasize public health measures to reduce demand, incorporate the dimension of a harm reduction policy, strengthen social policies in order to address the structural causes of the problem, emphasize violence prevention, and promote dialogue and evaluation.

She also outlined the main topics discussed by the Government of Mexico in international fora on drugs:

- Psychoactive substance use should be viewed as a public health problem and addressed from that perspective.
- A substantive, pluralistic and transparent debate must be called for and promoted and must gather as much input as possible from all sectors;
- Accept reality and new approaches, and encourage international agencies to gather relevant scientific evidence;
- Seek to have regional accords serve as contributions for debate at the international level, bearing in mind the transnational effects and externalities of unilateral policies and measures, and
- Enrich international commitments by introducing the vision of reducing social harms guided by the wellbeing of the individual, and not by control of the substances, as the center of government action.

Ms. Santamaría González concluded by referring to the main challenges and opportunities that Mexico currently faces in addressing this problem, namely: the implementation of public policies and regulations; actions by the health sector, health promotion and prevention, monitoring and surveillance, and international cooperation.

**Speaker:** Ángel Álvarez, Consultant on public policies

Mr. Álvarez presented the results of a preliminary exploration conducted in two countries of the region in an effort to determine the level of progress in the formulation, implementation and evaluation of drug policies having a public health perspective, and the obstacles to that.

Two types of sources were used in this study: the first were documentary sources referring to plans, strategies and programs, and the second were interviews with officials from the health authorities and from institutes on drugs. An important finding was that when they tried to align policy on psychoactive substances with the goals and objectives of public health, the countries studied faced common issues, regardless of their natural,

explicable cultural, economic and political diversity. The issues that stand out are the nature of their legal landscape, the difficulty in producing evidence, the lack of availability of reliable information, the difficulty in producing practices and programs that can develop the public health approach using a holistic perspective that is not limited to the bio-medical public health approach and that instead incorporates the variables of the social environment, and the difficulties in setting priorities for program financing. He also noted challenges in setting priorities for allocating resources to the various programs: promotion, prevention, early intervention, care and treatment, and social reinsertion/aftercare, with the latter having the lowest priority.

In conclusion, he noted a need to strengthen the capacity to form strategic partnerships, both sectoral and among sectors, that are focused on public health; expand the role of the body responsible for drugs in formulating and evaluating policy, and assure adequate availability of resources for those purposes.

The recommendations of the study were:

1. Strengthen the legal status of the substance user as a holder of the right to health, in order to help remove stigmatization, and provide effective protection of his/her human rights;
2. Strengthen the formation of more effective and systemic forms of inter-agency coordination;
3. Strengthen the capacity to produce timely, reliable information in order to plan interventions based on evidence from neuroscience as well as epidemiological, attitudinal and social evidence;
4. Strengthen capacities to monitor implementation of prevention, treatment and reinsertion policies and programs, and evaluate their outcomes in terms of cost-benefit;
5. Strengthen and expand prevention programs, particularly programs for especially vulnerable populations, with a gender perspective and tailored to ethnic and demographic differences, paying special attention to other groups with specific needs, such as people in prison and individuals living in the street;
6. Strengthen social participation, particularly in the areas of health promotion, and the promotion and protection of users' human rights;
7. Augment the gender perspective in the work of promotion and prevention, and
8. Give priority to the creation of specialized agencies and the allocation of resources to social reinsertion programs, in order to reduce the impact of social factors on post-treatment relapse.

## **2.5. The role of civil society in the review of drug demand reduction policies and the strengthening of the public health approach**

**Speaker.** Margarita Sánchez, President of the Ibero-American Network of Non-Governmental Organizations working in Drug Dependency (RIOD)

Ms. Sánchez introduced the work that had been done by the Civil Society Task Force (CSTF) for UNGASS 2016. This work was designed to ensure a balanced and inclusive participation of civil society in the coordination of the *travaux préparatoires* for

UNGASS. In its membership, the Task Force sought a balance in terms of geography as well as drug policy approaches and interventions.

Ms. Sánchez Villegas discussed advances made by the CSTF and explained its recommendations on the “Zero Draft” of the outcome document of UNGASS 2016. The five thematic areas discussed in the recommendations deal with drugs and health; drugs and crime; human rights; drugs and alternative development, and new challenges. On the topic of drugs and health, Ms. Sánchez Villegas talked about the importance of evidence-based programs to prevent drug use, with emphasis on early prevention, harm reduction services for active users, in order to assure their human rights and social inclusion; financing of programs to include evaluation; comprehensive, evidence-based, culturally-appropriate treatment for users that is free and can be accessed by all; the need to address stigma and discrimination in order to achieve reintegration, and access to controlled medications.

The second thematic area addressed by the CSTF recommendations was the relationship between drugs and crime. Here, Ms. Sánchez Villegas said there was a need to design and implement alternatives to incarceration in the area of drugs, from the perspective of public health and human rights.

The CSTF recommendations on human rights include abolition of law enforcement practices and sanctions that are not in accordance with the principles of human dignity and freedom; guarantee the right to programs to improve health and wellbeing, and access to basic necessities for livelihood; protection of children and young people from drugs and crime; prevention of drug dealing; the need for sensitive services for female users, and a guarantee of equal access to treatment without regard to race, gender, sexual orientation, occupation and/or age.

With regard to alternative development, Ms. Sánchez Villegas said that global drug policies should be redefined around a human approach that takes into account the people who live in production areas. It was also necessary to put an end to human rights abuses against farmers and their families who take part in cultivating the land for illicit use, and to implement crop substitution strategies that include access to financing for those farmers. Other recommendations under this heading include linking UNGASS with the objectives of sustainable development; halt forced eradication that does not provide alternatives; and sensitization to the needs of indigenous communities and traditional use by means of sustainable community approaches.

In closing, Ms. Sánchez Villegas spoke of the new challenges involved in the world drug problem, which include: new psychoactive substances, the lack of consensus on decriminalization, and trends in regulation.

**Speaker:** Graciela Touzé, President of Intercambios

Ms. Graciela Touzé, President of the civil society association Intercambios, made a presentation on the role of civil society in the review of drug demand reduction policies and the strengthening of the health care approach. On the first point, she stressed that the

participation of civil society in the development and implementation of policies and programs to address the world drug problem was very important, since civil society organizations can offer their experience and knowledge of the problems affecting the communities they represent. She also explained how civil society relates policy to the social, transferring problems from the private sphere to the public arena thanks to its capacity for political and social pressure.

As to the approach taken by policies to address the world drug problem, she emphasized that there must be a change from the current punitive approach to a human rights approach that includes the decriminalization of certain behaviors such as use, possession and cultivation for personal use, and said that the drug problem in Latin America comes down to a problem of social integration in settings of exclusion and disaffection.

## **2.6. Recommendations agreed by the CICAD Demand Reduction Expert Group on the public health approach to drug policies**

Working sessions were held during the second part of the meeting at which the delegates reviewed the regional policy instruments approved by the member states, as well as the preliminary reports in preparation for the meetings mentioned earlier in this report. As a result of these sessions, the delegates identified some recommendations and common interests on the public health approach to the drug problem and its implications, which they hereby submit to the delegates to the fifty-eighth regular session of CICAD/OAS for their consideration and as input for future deliberations on the subject.

### **Drug Demand Reduction**

- Support a public health approach to substance use disorders informed by science, and focused on prevention and early intervention, as well as the reduction of adverse consequences of substance use, treatment, rehabilitation, social reintegration, and health systems management. A public health approach has the goal of promoting the health and social well-being of individuals, families and communities, through effective prevention, screening, early intervention, treatment, care, rehabilitation, after-care and social reintegration for individuals suffering from substance use disorders. The national legislations, active international conventions and the sovereign decisions of each Member State must be respected, recognizing the different efforts that countries undertake, taking into account their own realities and particularities.
- Demand reduction is a priority component in guaranteeing a comprehensive, balanced approach to the global drug problem, given that the substance use is a social and public health problem that requires a multi-sectoral and multidisciplinary approach, and must be addressed by adopting a crosscutting human rights perspective in order to provide for and achieve the well-being of individuals, their social inclusion, and their access to justice and health.

- For prevention purposes it is fundamental to include as key components universal, selective and indicated programs, based on scientific evidence, oriented towards the family, the educational system and the community, emphasizing prevention of underage alcohol use.
- Demand reduction policies should be supplemented with methods to disseminate information on the risks associated with drug use, through the use of new information technologies and through mass media, to inform the general public and the various target populations about available prevention and treatment services.

### **Cross Cutting Areas: human rights, youth, children, and women**

- Promote availability, accessibility and affordability of treatment systems that offer a range of comprehensive therapeutic intervention models informed by science and following internationally recognized quality standards. Treatment models should consider the needs of different populations, taking into account factors such as gender, age, culture, and vulnerability.
- Support research on social, economic, and environmental determinants of substance use and public health policy, and health services needs to be strengthened throughout the region. Evaluating and disseminating information on the public health impact of legislative policies is a priority, and can be demonstrated through a fiscal approach that balances resources for demand reduction and supply reduction interventions.
- **Alternative development**  
Incorporate a public health approach into alternative development, with a component of strong social support including drug prevention and treatment and rehabilitation services that address specific intergenerational issues for vulnerable groups.

### **3. CLOSING OF THE MEETING AND NEXT STEPS**

The Brazilian Chair of the Expert Group, Ms. Cejana Passos, thanked the delegates for their participation in the meeting, and explained that the conclusions would be presented to the upcoming fifty-eighth regular session of CICAD/OAS for consideration of the Commission. The Chair highlighted that the agenda for the next meeting of the Expert Group would include consideration of the request of the Government of Ecuador to review the mandate and work of the Expert Group, as well as the proposal of Ecuador to rename it the Expert Group on the Prevention and Reduction of Drug Abuse. The Chair concluded by informing that the next meeting of the Expert Group would be the appropriate place to address this request.

## XVI MEETING OF THE DEMAND REDUCTION EXPERT GROUP

### **Drug Demand Reduction Policies in the context of Public Health**

October 29 and 30, 2015  
Miami, FL

**Objective.** To offer an opportunity for reflection on the review and updating of drug policies, with an emphasis on demand reduction from a public health perspective. To examine the processes that have taken place and that are under way in the countries of the Americas by governments, international agencies and civil society organizations in the framework of the updating of the Hemispheric Plan of Action on Drugs (CICAD/OAS) and the preparations for the special session of the United Nations General Assembly on Drugs (UNGASS) in 2016.

#### **THURSDAY, OCTOBER 29**

9:30 – 10:00	<b>Registration of participants</b>
10:00 – 10:20	<b>Opening session</b>  Angela Crowdy Assistant Executive Secretary, CICAD/OAS  Cejana Brasil Cirilo Passos General Coordinator of International Affairs, SENAD, Brazil Chair of the Expert Group
10:20 – 10:30	<b>Review of the agenda, meeting goals and expectations</b>  Alexandra Hill Chief, Demand Reduction, CICAD/OAS
10:30 – 11:00	<b>Report on drug use in the Americas 2015 (CICAD/OAS)</b>

	Marya Hynes Specialist, CICAD/OAS
11:00 - 11:15	<b>Discussion of the report on drug use in the Americas</b>
11:15 -11:30	<b>Break</b>
11:30 - 12:30	<b>Status of the preparations for the special session of the United Nations General Assembly (UNGASS 2016)</b>  UNODC Elizabeth Mattfeld United Nations Office on Drugs and Crime (UNODC)
12:30 – 14:00	<b>Lunch</b>
14:00 – 14.30	<b>The health sector in the Americas and the search for balance in drug policies in the region</b>  Dr. Luis Alfonzo Regional Advisor on Substance Abuse, PAHO/WHO
14:30 – 15:15	<b>Panel: viability of strengthening the health care approach in drug policies in the Americas. Analysis of experiences in the region</b>  Maria Skirk Bureau of International Narcotics and Law Enforcement Affairs (INL), United States  Berenice González Santamaría Council against the Addictions (CONADIC), Mexico  Dr. Ángel Álvarez Expert consultant on public policies
15:15 – 16:00	<b>The role of civil society in the review of drug demand reduction policies and the strengthening of the public health approach</b>  Margarita Sánchez President of the Ibero-American Network of Non-Governmental Organizations that work in Drug Dependency (RIOD)  Graciela Touzé President of Intercambios, a civil society association
16:00 – 16:15	<b>Break</b>
16:15 – 17:00	<b>Participant comments and adjournment</b>

## FRIDAY, OCTOBER 30

10:00 – 10:15	<b>Introduction to the working groups</b>
10:15 – 11:30	<b>Working groups</b> Objective: To draw up a set of recommendations agreed to by the CICAD Demand Reduction Expert Group concerning the public health approach in drug policies
11:30 – 12:00	<b>Presentation of the outcomes of the working groups</b>
12:00 – 12:45	<b>Plenary discussion</b> <b>Conclusions and next steps</b> Moderator:

	Alexandra Hill Chief, Demand Reduction, <b>CICAD/OAS</b>
12:45 – 13:00	<b>Closing session</b>
13:00 – 14:30	<b>Lunch</b>

### **Lista de Participantes/List of Participants**

#### **XVI REUNION DEL GRUPO DE EXPERTOS EN REDUCCIÓN DE DEMANDA/**

#### **XVI MEETING OF THE DEMAND REDUCTION EXPERT GROUP**

<b>Bahamas</b>	<b>Dr. Chaswell A. Hanna</b> Assistant Superintendent of Police (ATG) Director National Anti-Drug Secretariat Ministry of National Security <b>Carla Johnson</b> National Anti-Drug Secretariat Ministry of National Security
<b>Bolivia</b>	<b>Dr. Christin Arce Vargas</b> Jefe de la Unidad de Prevención Holística Viceministerio de Defensa Social y sustancias Controladas, Ministerio de Gobierno
<b>Barbados</b>	<b>Wendy Greenidge</b> National Council on Substance Abuse Barbados
<b>Brasil</b>	<b>Cejana Passos</b> Presidente del Grupo de Expertos Secretaria Nacional de Políticas Sobre de Drogas (SENAD) Brasil
<b>Chile</b>	<b>María Jimena Kalawski Isla</b> El Servicio Nacional para la Prevención y Rehabilitación del Consumo de Drogas y Alcohol (Senda) Chile
<b>Colombia</b>	<b>Jenny Constanza Fagua</b> Dirección de Política contra las Drogas y Actividades Relacionadas - Observatorio de Drogas en Colombia
<b>Costa Rica</b>	<b>Eugenia Mata</b> Jefe de Sección de Reducción de Demanda del ICD

**Ecuador**  
**Gloria Polastri**  
Representante Alt.  
Misión de Ecuador Ante la OEA

**Estados Unidos**  
**Maria Skirk**  
INL  
**Teddi Shihadeh Bouffard**  
INL

**Haiti**  
**Ermica Jourdain Exceus**  
Responsible - Demand Reduction  
The Haitian National Council of Drugs  
(CONALD)  
**Hector Saint**  
Agent  
The Haitian National Council of Drugs  
(CONALD)

**Honduras**  
**Corina Alvarado Lagos**  
Sub-Directora  
Instituto Hondureño para la Prevención del  
Alcoholismo, Drogadicción, y  
Farmacodependencia (IHADFA)

**Jamaica**  
**Michael Tucker**  
Executive Director  
National Council on Drug Abuse (NCDA)

**México**  
**Berenice Gonzalez Santamaría**  
Directora de Vinculación y Coordinación  
Operativa  
Comisión Nacional contra las Adicciones.  
(CONADIC)

**Nicaragua**  
**Luis Alvarado Ramírez**  
Ministro Consejero Misión Permanente de la OEA  
Comisionado Mayor  
**Jaime Vanegas**  
Jefe de la División de Asesoría Legal de la Policía  
Nacional  
**Coronel José Alberto Ramírez**  
Segundo Jefe de la Dirección de Inteligencia y  
ContraInteligencia Militar del Ejército de  
Nicaragua

**Panamá**  
**Adela Ch. De Rey**  
Cónsul General  
Consulado General de Panamá  
**Ana Isabel Rodríguez B.**  
Vice-Cónsul  
Consulado General de Panamá

<b>Paraguay</b>	<p><b>Graciela Barreto</b>  Directora de Reducción de la Demanda  Secretaria Nacional Antidrogas (SENAD)  Paraguay</p>
<b>Perú</b>	<p><b>Patricia Y. Raez Portocarrero</b>  Deputy Consul General  Consulado General de Peru</p>
<b>Venezuela</b>	<p><b>Miosoty Gomez</b>  Directora de Reducción de Demanda  Oficina Nacional Antidrogas (ONA) Venezuela</p> <p><b>Yuraima Reyes</b>  Consultora Jurídica  Oficina Nacional Antidrogas (ONA) Venezuela</p> <p><b>Lilimar Chinae</b>  Representante de la Oficina de Relaciones  Internacionales  Oficina Nacional Antidrogas (ONA) Venezuela</p>
<b>CICAD</b>	<p><b>Angela Crowdy</b>  Secretaria Ejecutiva Adjunta, CICAD</p> <p><b>Alexandra Hill</b>  Jefa, Reducción de la Demanda, CICAD</p> <p><b>Marya Hynes</b>  Especialista, Observatorio Interamericano de  Drogas (OID), CICAD</p> <p><b>Erin Moreno</b>  Oficial, Reducción de la Demanda, Demand  Reduction, CICAD</p> <p><b>Jose Luis Vázquez</b>  Especialista en Tratamiento, Reducción de la  Demanda, CICAD</p> <p><b>Adriana Montaña</b>  Consultora, Reducción de la Demanda, CICAD</p>
<b>INTERCAMBIOS</b>	<p><b>Graciela Touzé</b>  Presidenta  Asociación Civil para el Estudio y Atención de  Problemas Relacionadas con las Drogas  (Intercambios) Argentina</p>
<b>OPS</b>	<p><b>Dr. Luis Alfonzo</b>  Asesor Regional en Abuso de Sustancias -  OPS/OMS</p> <p><b>Dr. Ángel Álvarez</b>  Consultor experto en políticas públicas</p>

**RIOD**

**Margarita Sanchez**

Presidente

Red Iberoamericana de Organizaciones no  
Gubernamentales que Trabajan en  
Drogo dependencia (RIOD)

**UNODC**

**Elizabeth Mattfeld**

Prevention, Treatment and Rehabilitation Unit

Drug Prevention and Health Branch

United Nations Office on Drugs and Crime  
(UNODC)