



**XVIII MEETING OF THE CICAD EXPERT GROUP ON DEMAND REDUCTION
AUGUST 22-24, 2017
SANTIAGO, CHILE**

FINAL REPORT

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1. OPENING REMARKS

Adam Namm, Executive Secretary, CICAD/OAS

Ambassador Namm began his remarks by welcoming the delegations present and thanking very particularly Chile, the host country and chair of the Expert Group, for its warm welcome and for all the work it had done to ensure the success of the meeting. He said that technical/policy forums such as these are very helpful in providing countries with scientific knowledge and in strengthening the exchange of successful experiences in the region. He said that the world drug problem and its consequences require our attention because of its impact on public health, individuals, the family, citizen security and people's wellbeing. The drug issue has no borders. There must be sufficient human, logistical and budgetary resources available, along with political will, to address the challenges that drugs pose to the region. In closing, he invited all the participants to work over the next three days to help find effective solutions and strengthen the capacities of member states.

Jimena Kalawski, Representative of the Director General of SENDA and Chair of CICAD's Expert Group on Demand Reduction

Dr. Kalawski began her remarks with special greetings from the Director of SENDA, Dr. Patricio Bustos, who was unable to attend the meeting for health reasons. She reiterated Chile's interest in working during her chairmanship of the Expert Group in coordination with all of the countries, and said that she hoped that the outcome of the meeting would meet the region's expectations and needs in the area of demand reduction. In closing, she thanked CICAD for all the support it had provided in convening and organizing the meeting, and said that SENDA's technical and logistical staff were fully available for any support needed during the event.

Review of the agenda, objectives and expectations of the meeting

Alexandra Hill, Chief of Demand Reduction, CICAD/OAS

Ms. Hill also welcomed the delegates and experts, and thanked the Government of Chile for its support and coordination with OAS/CICAD in shaping and organizing this Expert Group meeting. She then reviewed the agenda, and explained that the objective of the meeting was to work together with the countries and agencies to develop recommendations to the National Drug Commissions in the areas of prevention and treatment of drug use, dealing in particular with trauma, selective and indicated prevention for at-risk adolescents, and measurement of indicators of treatment outcomes.

Presentation of the Expert Group's work plan during the chairmanship of Chile

Jimena Kalawski, Chair of the Expert Group, SENDA/Chile

Dr. Kalawski invited the delegates of the nineteen participating countries over the next three days to examine experiences in the region on the issue of trauma and its relationship to substance use; selective and indicated prevention programs for adolescents, and experiences with the development and application of treatment indicators. She proposed that after this analysis, the countries together define the scope of work of the products to be developed during Chile's chairmanship of the Expert Group.

Hemispheric challenges in demand reduction: Hemispheric Plan of Action on Drugs 2016-2020 and UNGASS 2016

Presenter: Álvaro Ahumada, Chair of the Inter-Governmental Working Group of the MEM, and Chief, Inter-Ministerial Unit, SENDA / Chile

Mr. Ahumada explained the principles of demand reduction policies set out in the Hemispheric Drug Strategy and the bases on which the Plan of Action 2011-2015 had been developed. He also discussed the difficulties that had arisen during the sixth round of the MEM in connection with the demand reduction situation in the region. These, together with the recommendations from UNGASS 2016, had served as the parameters for developing the Plan de Action 2016-2020.

He went on to explain the principal goals of the current Action Plan 2015-2020, notably the concept of a comprehensive, balanced and multidisciplinary approach to the drug problem, an evidence-based approach that respects human rights and fundamental liberties. He explained the objectives of the Plan of Action and reported on the status of the Seventh Round of the Multilateral Evaluation Mechanism (MEM), as well as the work being done by the Governmental Expert Group (GEG) to analyze the information and carry out the process of national and hemispheric evaluations.

Trauma and recovery: Social and psychological implications

Presenter: Elizabeth Lira, Dean of the School of Psychology, Alberto Hurtado University, Chile

Dr. Lira began by describing the concept of trauma, and how traumatic events tend to occur in specific contexts such as natural disasters, wars, political violence and terrorism, and in private contexts such as accidents, rape, sexual abuse in childhood, neglect, abandonment, ongoing abuse, the sudden loss of loved ones, and so on. She explained the symptoms of post-traumatic stress disorder, and said that in many cases where social and affective support is lacking, the trauma becomes worse and cumulative, with more serious symptoms and more lasting consequences. She said it was important to understand that the conceptualization of trauma means not only identifying its symptoms and effects, but also identifying the resources that the person possesses to overcome his experience, and understanding the social and cultural context in which it occurs. People who suffer trauma become more vulnerable; this can contribute to the use of psychoactive substances, which may offer immediate emotional benefits that encourage the person to repeat the experience until it becomes an addiction. It is very important in therapeutic interventions with people like this to understand that the trauma process must be addressed in the context of the person's relationships and life history. In closing, Dr. Lira said that treatment must always be individualized, and that it requires family and collective support. People have a right to receive comprehensive, multidimensional and interdisciplinary care that takes into account social and psychosocial factors and provides ongoing emotional support, always ensuring equality of access and non-discrimination in modes of rehabilitation.

Comments by delegations and other participants

Bolivia: The Bolivian delegate said that treating drug use as a crime only worsens the situation for drug users and does not address the causes of this problem, many of which are related to trauma and violence.

El Salvador: The delegate of El Salvador noted that trauma is not just an individual matter but is also psychosocial, and that in many cases, it is addressed only when extreme violence has already occurred.

He said that treatment of trauma must not be confined to the individual but must also deal with the context in which it occurs.

Uruguay: The Uruguayan representative said that drug use and its relationship to crime should be viewed holistically, since violence causes societies to be very vulnerable—which can produce trauma. Professionals need to be trained, and need to have better understanding of the psychosocial context. A concentrated effort must be made to improve treatment and also improve the assessments.

Costa Rica: The delegate of Costa Rica called for a redirection of prevention and treatment policies. She stressed that the person must come first and not the substance, and that issue of trauma must be taken into account not only in universal prevention programs but also in selective prevention.

Alexandra Hill: Ms. Hill said that in many cases, drug use is the only thing that enables people to tolerate suffering, particularly when there is much pain and trauma. She said that we must question ourselves and examine these realities, and shift the paradigm to work on these needs. And, she said, this issue should be introduced into selective and indicated prevention.

Trauma and its implications for the treatment of drug use among women

Presenter: María Zarza, Clinical Director, Bioenxum Health Center, Spain

Dr. Zarza began her remarks by pointing out that violence against women is a serious public health problem as well as a violation of women's human rights, and in most cases, is perpetrated by a woman's partner.

Violence against women becomes more acute particularly when accompanied by factors such as lack of education, child abuse, violence in the family, alcohol use, social and gender inequalities, and cultural acceptance of violence. Statistics show that almost 35 percent of women say that they have suffered some form of physical and/or sexual violence by their partner or by a third person at some point in their lives. Dr. Zarza said that violence against women affects their mental, physical, sexual and reproductive health, and in many cases leads them to use drugs to escape. They engage in anti-social behaviors and coercive and unhealthy relationships with greater risk of trauma and re-victimization. The relationship between violence and substance use is a two-way relationship.

As regards the implications for prevention and treatment, Dr. Zarza discussed some school prevention and harm reduction intervention programs, particularly for young students, and talked about the nineteen points that need to be addressed in interventions for women who use psychoactive substances and have been victims of abuse, violence and trauma (UNODC 2004). She said that comprehensive strategies should be designed on the basis of individual needs, using treatment models that are comprehensive, safe and collaborative, and that will enable women to empower themselves and be independent, with access to professional teams, relevant support institutions, and assessment and diagnosis mechanisms. Treatment must ensure the woman's safety, guarantee confidentiality and economic support. Programs should also have available services to deal with symptoms and reactions associated with experiences of violence and trauma.

She presented examples of models for women suffering from trauma: the *Matrix Model*, *SBIRT*, and *Helping Women Recover* (HWR).

Trauma in the treatment of problem drug use

Presenter: Jimena Kalawski, Chair of the Expert Group, SENDA/Chile

Dr. Kalawski began by describing the criteria for defining post-traumatic stress disorder. She said that dealing with trauma in substance use treatment programs has not been a priority due, among other things, to the fact that the rights-based, gender-based and public health approaches have only recently been invoked as the framework for developing treatment programs. At the same time, many challenges have arisen involving special groups, specific needs and new substances that have drawn attention away from the problem of trauma. Like previous speakers, she described the possible causes and consequences of trauma, and highlighted the relationship between trauma and substance use. The symptoms of PTSD have an adverse effect on behavior, which increases the possibility of substance abuse. In turn, substance abuse increases the risk of future traumatic experiences, while withdrawal from substance use may trigger symptoms of PTSD.

In closing, Dr. Kalawski discussed the difficulties and challenges posed by treatment of these types of symptoms with trauma, including the difficulty of diagnosis at the beginning of treatment, possible relationship to relapse, the need for individual and group therapy, and specialized approaches.

Comments by delegations and other participants

Costa Rica: Ms. Mata described the vulnerability of women and the relationship to psychoactive substance use. She said it is more pronounced among women who are incarcerated, because they are not only dealing with the emotional part of being in prison, but also have all the problems that incarceration entails for bringing up and taking care of their children. She proposed that it is important to empower women and offer tools for emotional, social and economic support. It is clear that treatment for women must be differentiated in light of their family context. She also said that trauma is one example where drug use is a symptom of a more serious disorder. It is a problem that ought to be on the countries' social agenda and should be defined in public policy. But, she said, policy does not work if there is no budget with which to implement it and make it sustainable. The governments have shown little interest in addressing the problem of the demand for drugs in public policy in our countries. She also said that this topic must cover children, men, women, and trafficking in persons and migrants. And she concluded by saying that coordination with supply control areas is important in order to develop comprehensive policies.

Chile: The Chair of the Expert Group said that there are ways of diagnosing trauma such as post-traumatic stress. Through a therapeutic approach, we may find cases of childhood trauma due to family abuse. Abuse is sometime invisible. The region is still facing many challenges in dealing with this issue.

Colombia: The representative of Colombia said that Dr. Zarza's presentation on the problems experienced by women was excellent. She also said that the problem of trauma is not confined to women, but should also be looked at in men: because of the macho culture in our societies, men often do not seek care, and that can lead to criminal behavior and relapse into drug use. She added that the problem of trauma should also be looked at in people who are socially excluded, as is the case of people who are removing themselves from lawless groups in Colombia

Alexandra Hill: Ms. Hill said that policy-makers need to work in their various areas of competence to include issues such as trauma and violence as part of treatment. She also said that in forums like these on demand reduction, everyone can use the same language that puts people at the center of the drug problem. She stressed that drug policies must be policies of the State and not of the government.

Guatemala: The delegate of Guatemala thanked CICAD and SENDA for the support given to the government of Guatemala to participate in this meeting of experts, and said that those institutions responsible for demand reduction face many challenges, both financial, technical and from the standpoint of public policy. She said that it is a multi-causal problem, which is often the product of neglect by our governments, and unless the need for financial resources and qualified personnel is taken seriously, our societies will become increasingly sick societies. He proposed that agencies that do not deal with the issue adequately should be decertified, and suggested that protocols be developed to ensure that demand reduction programs continue to function despite changes in the institutions responsible for dealing with this issue caused by changes in government.

Uruguay: The delegate noted that the problem of drug use is closely related to the effectiveness of social policies, which should encompass broad comprehensive programs of care for substance users who are victims of trauma and violence.

Honduras: The representative of Honduras referred to the gang problem in her country and how the government has been working with a technical demand reduction group to identify the areas most vulnerable to drug use, in order to develop social policies that complement treatment. She said that the media can play an important role in mental health by giving out more news and positive information.

Costa Rica: The delegate of Costa Rica said that CICAD as the prime drug agency in Latin America and the Caribbean has the opportunity to take the lead in policies to address drugs in the region, and identify strategies for building capacities and enhancing public policies in the countries. She said that these forums are very useful for the countries to discuss their situations and needs. She invited the Executive Secretary, Adam Namm, to continue to take the lead and to support the initiatives and proposals coming out of these meetings.

Adam Namm: The Executive Secretary thanked the delegates and other participants for their remarks, and said that CICAD's role is, without a doubt, very important in recommending public policies on drugs. But each country has to tailor the policies to address its own problems. What must be done is to encourage dialogue and the development of policies that are gender-based and that respect human rights. It is not a question of a single drug problem, but rather, it's a number of drug problems, depending on the country.

Argentina: The delegate said that the topics discussed were very helpful and moving. She said that treatment should make room for individual therapy. Special care must be taken in dealing with drug use and the effects of trauma. She also said that it is important to work on responses in the community setting.

Uruguay: The delegate of Uruguay thanked CICAD and SENDA for their support for participation in the XVIII meeting of the CICACD Expert Group, and discussed the following points:

1. The subject of the legislation in our countries on the drug issue: a significant number of legislative measures should be studied in order to align them with the perspective of the health and human rights of people using drugs. The complexity of the problem challenges us to develop a document on how the law impacts the work of the therapeutic process. She asked CICAD to prepare a document comparing legislation on this issue of prevention and treatment, and on the topics of possession, therapeutic justice and other points of this complex problem. Such a document would be an important backup to help justify, as a group, some vital changes so as to continue to work in prevention and treatment from the legal standpoint.

2. The proposal to bring together the work of supply reduction and demand reduction: one of the benefits of such rapprochement and cooperation might be “seized assets”, with the possibility in some cases of generating resources for demand reduction.
3. The third proposal was to continue to strengthen horizontal cooperation among countries, sharing lessons learned as well as the strengths that each country has deployed to reduce the demand for drugs and thus contribute to development in the Americas.

Colombia: The delegate of Colombia said she was in agreement with some of the delegates that the lack of budgetary resources radically affects the effectiveness of public policies. In connection with the problems of trauma and substance use, she said that we must view drug users as human beings who need to receive proper treatment and are given opportunities, and also to link these programs with families and communities so as to understand the problem in the context in which it occurs.

Paraguay: The delegate of Paraguay said that by convening these meetings, CICAD challenges us to discuss the realities of this problem. She said that in the Secretariat in Paraguay, the offices of demand reduction and supply reduction are working together, which has brought advantages not only from the budget point of view, but also in setting comprehensive public policies and joint legislation. She suggested comparing and reviewing the lessons learned in the region with regard to legislation, policies and programs, in an effort to be more productive and make use of successful experiences in some countries, which could be usefully transferred to the different circumstances in the countries of the hemisphere.

Care for drug users in the context of trauma from violence in armed conflict: Colombia's experience

Presenter: Ana María Peñuela, Ministry of Public Health and Social Protection, Colombia

Dr. Peñuela began her presentation with a chronology of the conflict and the impact it has had on people's daily lives and their relations with society. She described the political and legal framework in which the victims have been cared for. The program of Psychosocial Care and Comprehensive Health for Victims (PAPSIVI) was developed in 2013 to provide care and rehabilitation as part of comprehensive recovery, the goal of which was to mitigate the physical, mental and psychosocial impact on people who were victims of the armed conflict. It provides psychosocial care and comprehensive health care. She explained how the Havana Peace Accords addressed the drug issue, the goal of which was to reduce the impact on the population of drug production and use, transform the territories of the country, dismantle the criminal organizations and drug trafficking, and provide comprehensive care for drug users.

She then described how psychoactive substance use is dealt with in Colombia: the Health Statute, the Ten-Year Health Plan, and the National Plan for Health Promotion and Prevention and Treatment of Psychoactive Substance Abuse 2014-2021. She pointed out that in Colombia, the right to health is guaranteed for drug users and drug-dependent persons, and stigmatizing and discriminating practices are prohibited. Health care is comprehensive.

In the last part of her presentation, Dr. Peñuela explained how care for drug users is being provided under the Peace Accords, and said that agreements had been reached in Colombia on caring for drug users in the context of trauma from violence in the armed conflict, on the understanding that the

implementation of these public policies has a significant impact on public health. For substance use prevention and treatment, the country has a National System of Care for Drug Users, and the National Program for comprehensive intervention for illicit drug use and psychosocial rehabilitation. For children and young people, a program called *Camino Diferencial de Vida* (A Different Road for Life) was developed to provide care for former combatants under the age of eighteen, and help them develop a plan for their future.

Selective and indicated prevention: Concept and basic aspects of intervention

Presenter: Eugenia Mata, Director of Prevention, Costa Rican Institute on Drugs (ICD)

Ms. Mata presented the work being done in Costa Rica with the model called Educational Centers dealing with prevention of drugs (CEPREDE). This model (which consists of five prevention programs) derived from the provisions of the National Drug Plan. Its main goal is to train people in the educational community to promote a drug-free environment, with the help of institutional policy guidelines. Thus far, prevention activities have been carried out in fifty-eight socially vulnerable schools. Innovative extracurricular activities have been conducted (the robotics workshop, for example), which have had a favorable impact on prevention and the promotion of healthy lifestyles. She also spoke of the good results of the community coalitions that the *Strong Families* program, which was adapted to the particular circumstances of Costa Rica. The different programs are implemented in different ways, since each group has different levels of risk and exposure.

Comments by delegations and other participants

Colombia: The delegate of Colombia said that it was very important to work in a coordinated way on prevention with schools, parents and the community. She said that she thought that the *Strong Families* program is more geared to families that are not so clearly vulnerable, and suggested working more with households that are determined to be more vulnerable.

Uruguay: The representative of Uruguay said that facilities should be set up to offer comprehensive prevention, to which people could come without the need for specific activities on drugs.

Jamaica: The delegate of Jamaica said it was important to work with schools and communities, because it is young people who are the most vulnerable.

El Salvador: The representative of El Salvador congratulated the speaker, and said that Costa Rica's experience could be very useful for other countries. El Salvador is working with the Ministries of Health and Education on a program for the Social Prevention of Violence. The CNA is currently aligned with this project in a joint effort. It operates in neighborhoods, schools and with families. He also said that it was important that PROCCER have a chapter on prevention, and suggested that INL examine the possibility of including prevention in the PROCCER model.

COPOLAD: The representative of COPOLAD said that interventions are needed in the schools, and that they should be evidence-based.

Selective and indicated prevention for adolescents: The Chilean experience

Presenter: Selva Careaga, Chief of Prevention, SENDA /Chile

Ms. Careaga described the interventions with schoolchildren that are being conducted in Chile. Different approaches are being taken depending on the characteristics of the target group. She highlighted the program *Actuar a Tiempo* (Act in Time), whose six phases address all of the needs of the school population, and conduct tailor-made activities around the objectives of selective and indicated prevention. She said that prevention programs like *Actuar a Tiempo* are delivered only to those students who had previously been exposed to environmental and universal prevention interventions. The design, development and implementation of the activities use a psycho-educational approach, with significant participation by the children and adolescents who are part of the target group.

Model handbook on selective and indicated prevention for adolescents: The Caribbean experience

Presenter: Esther Best, Chair of the PROCCER Advisory Committee for the Caribbean

Ms. Best said that the work with adolescents is a specialized program of PROCCER. The original design was based on the diagnostic evaluation conducted in the region in 2012, which found that only half of the service providers offered treatment to adolescents. In light of this and the findings of secondary school surveys, a Caribbean group of experts developed the curriculum, which currently consists of six discrete modules. Ms. Best presented the results of the pilot of the training curriculum for working with adolescents, which was conducted together with the University of the West Indies (UWI). With this material, there is now specific training for treatment of the addictions among adolescents. The work on the material continues. The following will take place shortly: refresher training workshops will be conducted; UWI will evaluate the curriculum content and the people trained; a new module on prevention and marijuana among adolescents will be developed; the comprehensive training program will be included in a post-graduate diploma, and the training content and activities will be implemented in five CARICOM countries, as part of the CARICOM Secretariat's EDF Work Program.

Comments by delegations and other participants

El Salvador: The delegate of El Salvador thanked SENDA for the work it has been doing with the Children's Institute of El Salvador, and said that the program is working very well. He hoped that it could be replicated in other countries in Central America.

Argentina: The delegate of Argentina said that in addition to stressing selective prevention programs in the education system, programs need to be designed for young people who are not in the school system, who are those who need them the most. Such programs should be linked into community service programs.

Evaluation of treatment outcomes

Presenter: Rodrigo Portilla
Chief of Treatment, SENDA

Mr. Portilla began his presentation by describing the treatment available in Chile and the way in which the treatment centers operate. He explained the four cornerstones of care and treatment: recovery; quality (accessible, timely, effective and satisfactory); the SISTRAT treatment information and management system, and the treatment cycle (intake, initial assessment, comprehensive assessment, preparation of the comprehensive treatment plan, implementation of the treatment plan, evaluation

and monitoring). He discussed in some detail the assessment process and the tools that are used, including the *Treatment Outcomes Profile (TOP)*, which is an instrument for monitoring outcomes in people over the age of 16. It enables the treatment teams to monitor their clients' progress in therapy using objective measures and comparing pre-, intra- and post-treatment behaviors. He also discussed other experiences, such as *Creating a new Standard for Addiction Treatment Outcomes* (Institute for Behavior and Health, 2014); *Global Appraisal of Individual Needs (GAIN)*; *Criteria for discharge from therapy* (Institute on the Addictions, Madrid), and *the Ontario Perception of Care Tool for Mental Health and the Addictions (OPOC-MHA)*.

Comments by delegations and other participants

Colombia: The delegate of Colombia congratulated Mr. Rodrigo Portilla on his excellent presentation, which was evidence-based and broad in content. She said that Colombia is interested in learning more about the system.

Paraguay: The representative of Paraguay also expressed interest in learning more about this system of monitoring and evaluation, and about the treatment system and how to link it to community-based treatment.

Drug Information Networks: Treatment indicators

Presenter: Pernell Clarke, Research Specialist, CICAD/OAS

In the context of information systems, Mr. Clarke explained what a National Observatory on Drugs (NDO) is, and said that the Observatories in the different countries of the Americas have very differing characteristics. In some cases, they are staffed with only one person, by contrast to other cases where the Observatory consists of an entire Department with a large full-time staff. What they have in common is that a National Drug Observatory is pro-active and must go beyond merely gathering information. The NDOs are different from Drug Information Networks (DINs), which are defined as a group of individuals from pertinent agencies or organizations who contribute to producing, collecting, analyzing and disseminating information on drugs, in order to monitor trends, develop policies, and implement appropriate programs and responses. Coordinated work by the NDO and the DIN can be guided by the projects and publications developed in the hemisphere through the Inter-American Observatory (OID). Mr. Clarke discussed two products that are useful for the countries' comprehensive treatment systems: 1. Manual on the design, monitoring and evaluation of a drug treatment information system, and 2. Treatment information system in the Caribbean. These publications can help obtain homogeneous information on the needs and characteristics of those potentially seeking treatment and to conduct long-term monitoring.

Comments by delegations and other participants

Honduras: The delegate of Honduras said that it was very important for the countries to be able to obtain this information, but, as Chile said, it is a process that should be gradual, depending on the technical capacity of each country.

Trinidad and Tobago: The delegate agreed that this is a process that in fact must be followed step by step, and said that it may take years to obtain adequate data that will allow for development of indicators on the realities of each country.

Uruguay: The representative of Uruguay said that interagency coordination was essential to obtaining realistic, practical, and evidence-based information for indicator measures. The Uruguay Observatory publishes research on emerging drugs.

General and specialized human resources training for selective and indicated prevention, trauma and treatment: UNAM's experience

Presenter: Silvia Morales, Coordinator of training centers and psychological services, and in charge of the M.A. in the Addictions, National Autonomous University of Mexico

Family dysfunction, lack of affection, the absence of social support networks, the increase in harmful lifestyles and unhealthy environments, together with poverty and social exclusion have given rise to higher prevalence, incidence and extent of mental health problems, with increasing impact on the psychosocial sphere, including in an increase in traumas, drug use and violence. Public policies are needed to reduce the stigmatization of people who have mental disorders, trauma and drug use. Policies need to be developed to promote the development of professional and community competencies for primary care of people with trauma and co-occurring mental disorders such as drug use. Policies must also be in place to promote monitoring and supervision of health professionals and non-professionals in the area of primary health care for mental and psychological disorders. In the area of public policy, guidelines should be established on producing empirical evidence generated by the day-to-day work of professionals, and the formation of coalitions among public and private universities, the health sector, the security sector and national policies. Lastly but very importantly, public policy must set guidelines and actions to form healthy alternative behaviors by children, families and communities in countries, towns and other areas—alternative behaviors that not only compete with drug use but also help develop skills in solving problems when faced with adversity and traumatic events.

Updates on INL's approach to drug demand reduction

Presenter: Alan Piracha, United States Department of State, Bureau of International Narcotics and Law Enforcement Affairs (INL)

Mr. Piracha gave an overview of INL's demand reduction initiatives worldwide, which involve a large number of countries. He pointed to the four pillars of INL's drug demand reduction program: 1. Develop DDR Workforce; 2. Professionalizing drug treatment and prevention services; 3. Building global networks and community coalitions, and 4. Addressing people with special needs. He also discussed the progress that had been made with the Universal Treatment Curriculum (UTC) and the Universal Prevention Curriculum (UPC), which are currently being implemented in cooperation with strategic partners and international organizations like CICAD/OAS, UNODC, WHO and the Colombo Plan.

Treatment challenges in light of the findings of Ecodat 2017

Presenter: Nora Frías. Director General of Care and Treatment of the Addictions, CONADIC, Mexico

Ms. Frías showed statistical information from Mexico on prevalences of drug use, and the context of issues related to the use of alcohol, tobacco and other drugs. She also reported on the characteristics of the network of available care and treatment services, with its broad structure and organization. The work continues to evolve in an effort to provide a high quality response to the needs of the people of Mexico. She noted that CONADIC asks treatment centers for minimum requirements, in which the financing mechanism of the "treatment grants" is fundamental. The certification of competences (using

the Mexican Standard), backed by the Secretariat of Public Education (SEP) is key to ensuring continuous improvement in quality, giving formal job recognition to those who provide treatment services in a variety of settings, particularly in civil society organizations.

Report on the products developed by the Group of Experts, Brazil

1. Practical guide for implementation and systematization of early intervention and brief intervention strategies in community and primary care settings

Presenter: Telmo Mota Ronzani, Juiz de Fora Federal University, Brazil

Mr. Mota Ronzani outlined the general structure, background and content of the document, and gave an overview of the product *Guide for implementation of Screening and Brief Intervention in the Americas*. He gave a detailed description of centers that conduct SBI, and said that region-wide, the results had been good but there is still a great need for training for SBI practitioners, and for process and outcome evaluations. The guide was based on a systematic review of articles published in countries of the region, which identified the strengths that need to be adapted for implementation in other countries.

2. Protocol for long-term monitoring and relapse prevention for use in brief intervention problem users of psychoactive substances

Presenter: Silvia Morales, National Autonomous University of Mexico

Ms. Morales explained that the information she was presenting was a follow-up to her presentation at the previous meeting of the Demand Reduction Expert Group. The pilot was conducted using direct observation, a very important new approach in implementing the guidebook. The most successful format was a mix of classroom and distance training.

Commitments and adjournment of the meeting

The nineteen delegates of the participating countries thanked CICAD and the Expert Group Chair, SENDA, for the excellent work done on the agenda items over the three days of the meeting, and commended the speakers on the technical and scientific quality of their presentations. The delegates all said that they were ready to work together over the next two years to develop the products of the Expert Group.

In her capacity as Chair of the Expert Group, Dr. Jimena Kalawski, opened the floor to the delegates for ideas and suggestions on developing the three products that Chile had proposed be developed during its chairmanship.

- **Product No 1:** Recommendations on addressing trauma in the treatment of problem drug use, with emphasis on the treatment of trauma in women, adolescents and adults
- **Product No 2:** Recommendations for selective and indicated prevention for adolescents
- **Product No 3:** Recommendations on treatment indicators for the evaluation of therapeutic outcomes

Comments by delegations on the products to be developed

El Salvador

The delegate of El Salvador considered that in developing Product 2, guidelines are needed for decision-makers and agency coordinators. He also said that consideration should be given to training those who will be responsible for the interventions, for example, schoolteachers who do not know or understand what prevention means.

Colombia

The delegate of Colombia said that the guidelines should be simply that, a guide, and not a straightjacket, so that they can be adapted to the circumstances of the countries. The technical part should also be simple and flexible.

Uruguay

The delegate of Uruguay said that selective and indicated prevention programs should be implemented when universal prevention has already been conducted. She added that in order truly to determine which contexts and population groups are highly vulnerable, the Observatories should provide detailed information on the different groups of people, including differences and specificities about patterns of use among adolescents, for example.

María Zarza

Dr. Zarza said that people in the community who provide services and care need to be supported and given training.

Argentina

The delegate of Argentina proposed that Product two be a simple and effective document that comes from the countries themselves: each country should identify its own programs and experiences.

Chair

Dr. Kalawski said that the products on trauma should consider women and children. If we do not act to provide care for trauma, the risk of substance use is very high.

Decisions

After full discussion and suggestions and recommendations from delegates, it was decided to develop these products in two phases. The first phase would be to put together a short, simple, practical document that would take into consideration the different circumstances of each country, and make evidence-based recommendations for implementation. The second phase would be to pilot these recommendations in the region. Delegates also emphasized the importance of training and of identifying successful programs that can be transferred and shared with other countries. The countries then indicated their interest in participating in the drafting of these products, and the following working groups were constituted:

- **Product 1:** Colombia, Guatemala, Mexico, Bolivia, Ecuador, Paraguay, Peru, El Salvador, and Honduras.
- **Product 2:** Colombia, Guatemala, Argentina, Mexico, Ecuador, Peru, Paraguay, El Salvador, Jamaica, Honduras, Bolivia, and Panama.
- **Product 3:** Colombia, Argentina, Guatemala, Mexico, Ecuador, Paraguay, Peru and Honduras.

Dr. Kalawski advised the delegates that they would receive the work plan within one month at the outside, along with the methodology proposed for developing the products over the next two years.

Dr. Jimena Kalawski and Ms. Alexandra Hill made closing remarks, saying that the work of the Expert Group is and will continue to be a challenge, given the needs of the region. The Expert Group is able to develop and share with the countries new and creative initiatives for addressing these issues. They thanked the participants for their invaluable remarks, and their full commitment to working together to produce recommendations to improve the care of those who use psychoactive substances.

General comments about the meeting by the countries and other participants

Bolivia: The delegate of Bolivia thanked CICAD for organizing the event so excellently, and said that this exchange of experiences is very important and useful for the countries. There must be follow-up, and more frequent meetings of this type should be held.

Costa Rica: The representative of Costa Rica thanked and congratulated CICAD and SENDA on the excellent work that had gone into making the meeting a success and for the timeliness of the issues discussed. She said that her country is ready to continue to support CICAD, and to continue to work together on these issues, and said that it would be very helpful to have more face-to-face meetings to ensure continuity of the work.

UNAM: The representative of UNAM thanked CICAD for the invitation to participate in this important technical/policy meeting, and stated the University's interest in continuing to work shoulder to shoulder with CICAD to seek improvements in the treatment of substance users.

Uruguay: She again thanked and congratulated CICAD and SENDA on the excellent organization of the meeting and for the valuable contributions that had been made. She said that the government of Uruguay is committed to working with CICAD on demand reduction issues.

Mexico: Dr. Frías was also appreciative of the way the meeting had been conducted, and noted that CICAD has always been a great ally and supporter of Mexico in carrying out its programs. She said that it was important to work closely with academia and with the countries, and that it is very important to continue working together in the region, and take advantage of face-to-face meetings like these that to learn of new experiences in the region.

Guatemala: The delegate of Guatemala thanked and congratulated CICAD and SENDA on the very significant meeting, which had been excellent from the point of view both of the thematic content and the logistical arrangements. She said that she hoped to continue to support the initiatives and recommendations coming out of this meeting, and invited CICAD to continue working with Guatemala on demand reduction topics.

Trinidad and Tobago: The delegate of Trinidad and Tobago thanked SENDA and CICAD for their support in enabling her to attend the meeting. She congratulated all the speakers on their presentations, and said that the knowledge gained in these meetings and the experiences shared are very important for the Caribbean, since the information is very useful for the countries of the region. And she said that CICAD has always been and will continue to be an ally for programs and initiatives in the Caribbean.

El Salvador: The delegate of El Salvador congratulated the host country and CICAD on the logistical arrangements and excellent conduct of the meeting, and thanked CICAD for the support and for the work that it has been doing jointly with the country for several years, particularly in the implementation of the PROCCER Model, which has been operating since 2007 with valuable outcomes and results in improving the treatment of substance users.

Jamaica: The delegate of Jamaica was grateful for the invitation to participate in the meeting, and reiterated Jamaica's interest in continuing to work with CICAD in developing these issues.

Colombia: The delegates of Colombia thanked the organizers, and said they were very pleased with the quality of the meeting, and appreciated the presence of the Executive Secretary of CICAD, which confirms the seriousness of the OAS commitment to support the countries in the implementation of their public policies and programs to improve treatment and reduce substance use in the region. They also said that Colombia is very interested in working together with CICAD on the challenges the country faces in this area, and added that they would like to implement a process of agreements for working with CICAD and the countries on these issues.

Ecuador: The representative of Ecuador congratulated CICAD and SENDA on a very important meeting over these three days, and said that his country also was very interested in participating with CICAD in all these initiatives. He felt that the high level of the technical content of the experiences and topics dealt with in the meeting would be very useful for his country.

Paraguay: The delegate said that she too was very interested in working with CICAD on these initiatives, and that her country will continue to participate in and support the Expert Group. She suggested that the demand reduction section of the CICAD web page should post best practices and experiences in the countries, so that they would be available to interested countries. She thanked both CICAD and SENDA for the excellent meeting.

Peru: The representatives of Peru said that they would inform their superiors about the excellent initiatives and experiences that had been presented during the meeting, which would undoubtedly be looked at for possible application in their country. They congratulated the organizers on the meeting, and said they were pleased to continue to work with CICAD.

Argentina: The delegate of Argentina said that the work being done by CICAD is serious and well-coordinated, and that these processes should continue to be supported. She congratulated CICAD and the speakers on their important work over the last three days.

COPOLAD: The representative of COPOLAD said that coordination of work is very important in the region to identify needs and particular realities, and reiterated that COPOLAD will continue to contribute to training in the region, and to cooperate with CICAD and SENDA as it feels appropriate.

PARTICIPANTS

1. MEMBER STATES OF CICAD

Argentina, Bahamas, Bolivia, Chile, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Jamaica, Mexico, Panama, Paraguay, Peru, Trinidad and Tobago, United States, and Uruguay.

2. INTERNATIONAL ORGANIZATIONS

Cooperation Program between Latin America, the Caribbean and the European Union on Drugs Policies (COPOLAD); Clinic, Bionexum Health Center, Spain.

3. CICAD

Adam Namm, Alexandra Hill, Pernell Clark, Adriana Montana and José Luis Vázquez.

ANNEX A

Presenters	Presentations
<u>Álvaro Ahumada</u>	Hemispheric challenges in demand reduction: Hemispheric Plan of Action on Drugs 2016-2020 and UNGASS 2016
<u>Elizabeth Lira</u>	Trauma and recovery: Social and psychological implications
<u>Maria Zarza</u>	Trauma and its implications for the treatment of drug use among women
<u>Jimena Kalawski</u>	Trauma in the treatment of problem drug use
<u>Ana M. Peñuela</u>	Care for drug users in the context of trauma from violence in armed conflict: Colombia's experience
<u>Eugenia Mata</u>	Selective and indicated prevention: Concept and basic aspects of intervention
<u>Selva Careaga</u>	Selective and indicated prevention for adolescents: The Chilean experience
<u>Esther Best</u>	Model handbook on selective and indicated prevention for adolescents: The Caribbean experience
<u>Rodrigo Portilla</u>	Evaluation of treatment outcomes
<u>Pernell Clarke</u>	Drug Information Networks: Treatment indicators
<u>Silvia Morales</u>	General and specialized human resources training for selective and indicated prevention, trauma and treatment: UNAM's experience
<u>Alan Piracha</u>	Updates on INL's approach to Drug Demand Reduction
<u>Nora Frias</u>	Treatment challenges in light of the findings of Ecodat 2017
<u>Telmo Mota</u>	Practical Guide for Implementation and Systematization of Early Intervention and Brief Intervention Strategies in Community and Primary Care settings
<u>Silvia Morales</u>	Protocol for long-term monitoring and relapse prevention

ANNEX B

List of Participants	
Name	Country /Agency
Carola Lew SEDRONAR Government of Argentina	Argentina
Terrence Lionel Bernhardt Fountain Director, National Anti-Drug Secretariat Ministry of National Security	Bahamas
Godogredo G. Reinicke Borda Chief of the Holistic Prevention Unit, Vice Ministry of Social Defense and Controlled Substances, Ministry of the Interior, Plurinational State of Bolivia	Bolivia
-María Jimena Kalawski Isla Chief of the Program Division, SENDA -Selva Careaga, Chief of Prevention, SENDA -Rodrigo Portilla, Chief of Treatment, SENDA -Paola Tassara, Chief of Training -Alejandra Guzmán	Chile
-Camila Patiño, Ministry of Justice and Law, Adviser to the Director of Drug Policy -Ana María Peñuela Adviser to the Minister of Health and Social Protection	Colombia
Eugenia Mata Chief, Prevention Projects Costa Rican Institute on Drugs	Costa Rica
Violeta Batul Rojeab Bravo, Acting Director, Advisory Services and Technical Assistance on Comprehensive Drug Prevention Policies	Ecuador
Luis Torres Treatment Coordinator, CNA	El Salvador
Alan Piracha, United States Department of State, Bureau of Narcotics and Law Enforcement Affairs(INL)	Estados Unidos
Juan Rafael Sánchez Executive Secretary, SECCATID	Guatemala
Marie Emica Jourdain Exceus, CONALD	Haiti
Ana Leonor Palma Rodríguez Executive Secretariat for Anti-Narcotics Matters,	Honduras

Attorney	
Dr. Kevin Goulbourne National Council on Drug Abuse Consultant Psychiatrist	Jamaica
Nora Frías Director General of Care and Treatment of the Addictions, CONADIC	Mexico
Major Joel Hurtado Advisor, Senior Bureau of the Ministry of Security	Panama
Graciela Barreto SENAD Director General of Demand Reduction	Paraguay
-Mónica Ochoa Navarro -Martha García García DEVIDA	Perú
Esther Best Manager of the National Drug Council	Trinidad and Tobago
Victoria González Responsible for Prevention Issues, SND	Uruguay
María Zarza	Clinical Director, Bioenxum Health Center
Elizabeth Lira	Dean of the School of Psychology, Alberto Hurtado University, Chile
Telmo Ronzani Juiz de Fora Federal University, Psychologist, Professor	Juiz de Fora Federal University
Silvia Morales National Autonomous University of Mexico	National Autonomous University of Mexico
Elizabeth Arribas Training coordinator	COPOLAD
Adam Namm	CICAD
Alexandra Hill	CICAD
Pernell Clark	CICAD
José Luis Vázquez	CICAD
Adriana Montana	CICAD

ANNEX C



Participants in the XVIII meeting of the CICAD Demand Reduction Expert Group



Inauguration of the XVIII meeting of the CICAD Demand Reduction Expert Group



Jimena Kalawski, Chief, Programming Division, SENDA, chairs the XVIII meeting of the CICAD Demand Reduction Expert Group; Amb. Adam Namm, Executive Secretary, CICAD and Alexandra Hill, Chief of Demand Reduction, CICAD



Selva Careaga, head of Prevention, SENDA, presents the Chilean experience with selective and indicated prevention programs



Rodrigo Portilla, Chief of Treatment, SENDA, discusses treatment services in Chile



Esther Best, CARICOM, presents results of implementation of selective and indicated prevention interventions with adolescents in countries of the Caribbean



Pernell Clarke, of the Inter-American Observatory on Drugs, discusses treatment indicators



Nora Frías, CONADIC's Director General of National and International Inter-Agency Coordination and Relations makes a presentation on challenges in treatment of the addictions



Ana María Peñuela of the Ministry of Health and Social Protection of Colombia discusses comprehensive care of trauma and drug use among people affected by the armed conflict