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PUBLIC POLICY IN DEMAND REDUCTION, BASED ON SCIENTIFIC EVIDENCE: EXCHANGE OF EXPERIENCES AND INSTITUTIONAL STRUCTURES

Public Policy in demand reduction, based on scientific evidence: Exchange of experiences and institutional structures



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The Drug Problem in Chile

It is a complex and multicausal phenomenon, and all aspects should be considered when addressing it, using a multidisciplinary perspective, and the participation of a broad range of institutional and social actors.

Our drug policy is based on an integral and balanced approach, in which we strive to assure that actions aimed at reducing supply and demand are mutually supportive.

The Ministry of the Interior is the state institution that establishes national drug policy, which follows two main strategies: the demand reduction strategy coordinated by SENDA and the supply reduction and strategy which is the responsibility of the Undersecretariat of the Interior.

National Service for the Prevention and Rehabilitation of Drug and Alcohol Consumption – SENDA

SENDA is housed in the Ministry of the Interior and was created and became operational on October 1, 2011. Its mission includes:

- The implementation of policies related to the prevention of consumption of drugs, psychotropic substances, and abusive consumption of alcohol.
- The implementation of policies related to treatment, rehabilitation and social integration of people affected by the consumption of drugs and psychotropic substances.
- The development of a national strategy regarding drugs and alcohol.

In these areas, SENDA provides continuity of the activities carried out previously by the National Council for Drug Control (CONACE).



National Strategy for Demand Reduction

The 2009-2018 National Drug Policy, established during President Bachelet's first administration, provides a comprehensive framework within which resources are assigned and activities carried out by the different institutions with responsibility in this area.

However, considering the dynamic nature of the drug phenomenon, the demand reduction strategy is currently being revised and updated.

Actors participating in this process include professionals from SENDA and other institutions with responsibility in this area, members of the scientific and academic community, and representatives of civil society, through regional dialogues.



Main principles of the Demand Reduction Strategy

- Human development
- Rights perspective
- Integral responses with geographic specificity
- Corresponsibility, intersectoral action and collaboration
- Social participation and citizenship
- Gender perspective and cultural diversity
- Focalization
- Avoiding stigma and favoring social inclusion



Key aspects of the Demand Reduction Strategy

The objective of the Drug Demand Reduction Strategy is to establish a preventative culture that helps prevent consumption, reduce use/abuse of drugs and its negative effects on individuals and society, through coordinated efforts involving national, regional and local government and civil society.

- The strategy is considered a matter of public health, based on the perspective of social determinants of the phenomenon of drug use.
- From this perspective, the strategy seeks to strengthen social capital and promote community organization to foster a culture of care and protection regarding substance use.
- Prevention strategies to prevent or delay drug consumption among teenagers is a priority.

Key aspects of the Demand Reduction Strategy

- Strengthening and empowering communities to address the phenomenon at the local level, with existing resources, is part of a process of shared responsibility.
- Prevention proposals respond to a diversity of patterns of consumption and needs, which range from the least to the most complex, and guarantee care in all cases.
- The strategy promotes the development of human capital, highlighting the role of parents and adults in the care of children, and that of citizens committed to welfare and health.

Key aspects of the Demand Reduction Strategy

- Develop capacities among the adult population, providing necessary information and enabling them to strengthen self-regulation and self-determination regarding their health, and minimize the risks of consumption.
- The actions carried out in the strategy are based on knowledge, scientific evidence and experience.
- One of the State's key functions is to assure quality services provided by public and private institutions, in this case, continual care from promotion and prevention to treatment and social integration.

Cabinet:(3 areas)

- Communications
- Planning
- International

Four divisions:

- Program
- Territorial
- Legal
- Administration and Finance

National Distribution:

- 15 regional offices and a national office
- 214 municipalities with local offices (60% of municipalities in the country and 80% of the total population)

Annual budget U\$100 million, for a population of 17 million



Program Division (6 areas):

- Prevention
- Alcohol (prevention and supply reduction)
- Treatment and rehabilitation
- Social integration
- Training
- Evaluation and Research

Territotial Division: (3 areas)

- Community contact (fonodrogas, bibliodrogas, OIRS)
- Territorial management (15 regions)
- Territorial development (methodologies, instruments, planning, relationship with program division)



Program Division

Prevention: (programs)

- Universal prevention
- Selective prevention
- Schools, workplace, community, health, police, legal and prison systems.

Alcohol: (programs)

- Drivers
- Stores, bars and restaurants
- Supply reduction (legislation and regulation)

Program Division

Treatment and rehabilitation:(programs)

- Adults
- Women
- Teenager
- Offenders
- Homeless
- SBIRT

Social integration: (programs)

- Social integration during treatment
- Integration in the work place
- Half-way homes



Program Division

Training:(programs)

- Training for SENDA staff
- Training SENDA collaborators

Evaluation and Research:

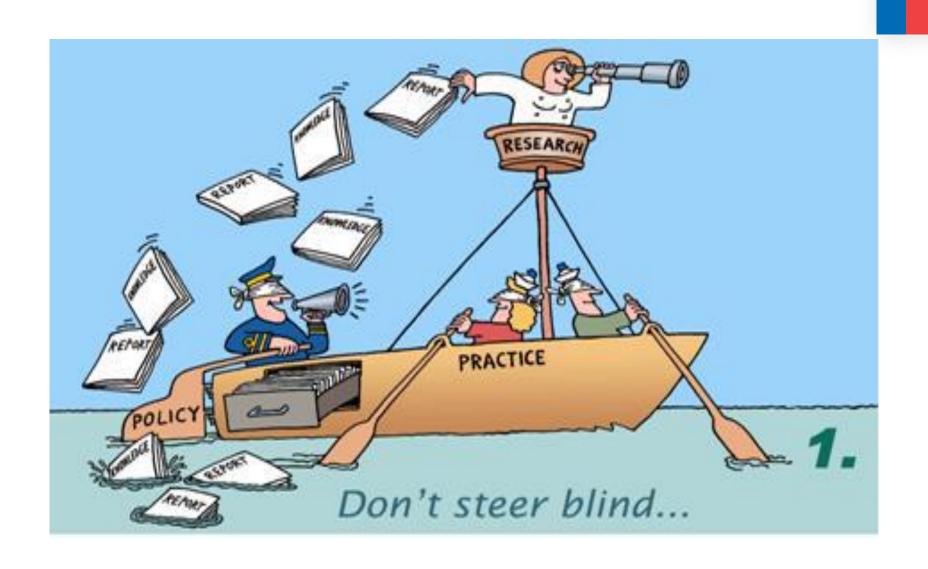
- National general population studies
- National school population studies
- Quantitative and qualitative studies
- Evaluation of programs (design, implementation, results and impact)

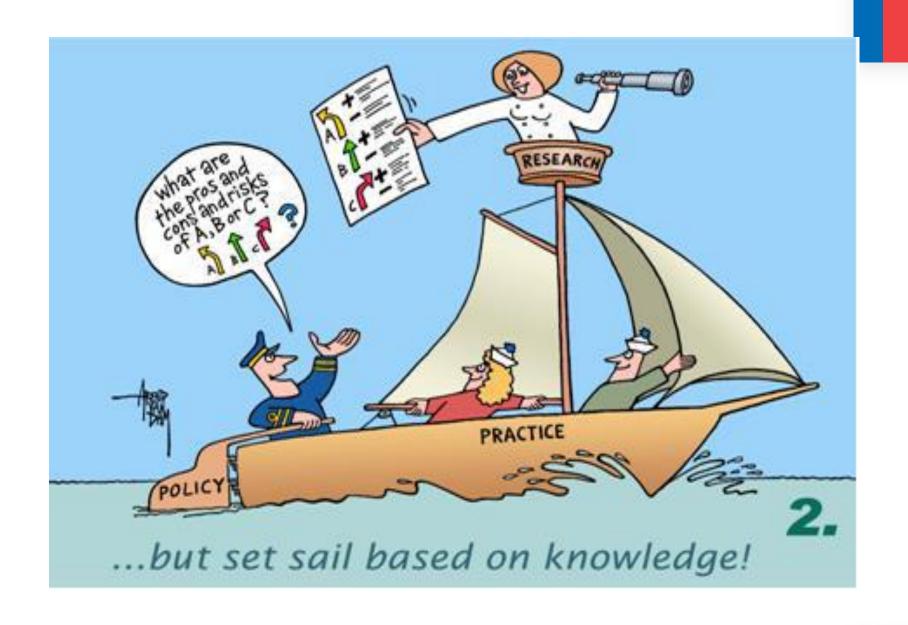


- Everything that is done in the Program and Territorial Divisions is based on scientific or at least empirical evidence.
- We created a Consultative Council of 50 experts, who contribute to the design, implementation and evaluation of policies.
- These experts come from the fields of clinical science, neuroscience, social sciences and public health.
- The Council meets every other month, to discuss design, implementation, and evaluation of public policy, funds for research and strategies to increase innovation in and effectiveness or our strategies.

- Institutions are fundamental for the implementation of public policy
- Demand reduction policies should be based on available scientific evidence and empirical evidence when scientific evidence is not yet available.
- It is important to establish partnerships with the scientific community, to guarantee that the public policy is based on available scientific evidence.
- Evidence should be both quantitative and qualitative

- The State must guarantee reliable, effective, safe and quality public policies.
- Demand reduction policies cannot wait, and we reduce errors to the minimum, as these can have serious consequences.





Exchange of Experiences

 The exchange of experiences enriches perspectives and reduces error.

 Chile is eager to share its experiences, receive and give advice

Thank you



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