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INTER-AMERICAN DRUG ABUSE
CONTROL COMMISSION

CICAD

Organization of American States

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FINAL REPORT
XI MEETING OF CICAD'S EXPERT GROUP ON DEMAND REDUCTION

DR. CARLOS RODRIGUEZ AJENJO

XI MEETING OF CICAD'S EXPERT GROUP ON DEMAND REDUCTION
Towards the Development of Comprehensive Public Policies on
Drug Treatment

Secretariat for Foreign Affairs
Mexico City, Mexico, September 29 - October 1, 2009

Final Report

CICAD's Group of Experts on Demand Reduction was established by the CICAD Commission at its twenty-first regular session in 1997. Composed of experts nominated by each member state, it is an advisory body to the Commission on technical matters having to do with substance abuse prevention and treatment. The Expert Group's remit includes developing models, programs and guidelines to address the many problems deriving from substance use and abuse in the hemisphere.

The eleventh meeting of the Expert Group on Demand Reduction was held in the Secretariat for Foreign Affairs, Mexico City, Mexico on September 29 – October 1, 2009 (see Annex I for the *schedule of activities*). The meeting was chaired by Dr. Carlos José Rodríguez Ajenjo, Technical Secretary of Mexico's National Anti-Addictions Council (CONADIC), with Mrs. June Sivilli, Senior Advisor for International Demand Reduction, United States Office of National Drug Control Policy (ONDCP), Executive Office of the President, as Vice Chair. Participating were experts from Argentina, The Bahamas, Bermuda, Bolivia, Brazil, Canada, Chile, Costa Rica, Dominican Republic, Ecuador, Jamaica, Mexico, Panama, Trinidad and Tobago, United States, Uruguay and Venezuela. Representatives of the United Nations Office on Drugs and Crime (UNODC), the Latin American Federation of Therapeutic Communities (FLACT), the Ibero-American Network of NGOs working in Drug Dependence (RIOD), and the Mexican State-level Anti-Addictions Councils (CECAs) also participated (see Annex II for the *list of participants and guest speakers*).

Despite some progress in the hemisphere in improving drug treatment over the last twenty years, a significant gap remains between the number of treatment slots available and the need for treatment. This has led CICAD to encourage member states to give more priority to drug treatment in their national drug policies, to improve conditions in their treatment facilities, and to step up their training for treatment personnel. The goal is to offer treatment programs that are accessible and affordable, and, insofar as possible, integrated into the national health care system at all levels of care.

The objective of the meeting was to advance the development of evidence-based public policies in drug treatment, rehabilitation and aftercare (reinsertion) in the member states, and to develop a consensus on a body of recommendations, summarized in a declaration of principles on drug treatment, to guide member states in their efforts to improve the care given to drug users and drug-dependent persons in the hemisphere.

The opening session was addressed by Dr. Thomas McLellan, Deputy Director, ONDCP; Ambassador Lourdes Aranda Bezaury, Under Secretary, Secretariat of Foreign Affairs of Mexico; Ambassador James F. Mack, Executive Secretary, CICAD; Dr. Mauricio Hernández Ávila, Under Secretary for Prevention and Health Promotion, Mexican Health Secretariat, and Ms. Margarita Zavala, Chair of the Council of the Mexican National System for Comprehensive Development of the Family (DIF), who formally declared the meeting open.

On the first and third days of the meeting, the experts considered a draft document entitled *Basic principles of the treatment and rehabilitation of drug-abusing and drug-dependent persons in the hemisphere* (CICAD/DREX/doc.4/09.rev.2, at Annex III). A number of suggestions and recommendations were made to the document, and were incorporated by the Executive Secretariat. The document would remain open to comment by meeting participants until October 31, 2009.

The presentations, which can be found on CICAD's website at: http://www.cicad.oas.org/Reduccion_Demanda/ENG/ExpertGroup.asp, and the discussions focused on five key areas of drug treatment, namely:

- a. Policy development in drug treatment
- b. Information as the basis for good policy
- c. Screening and brief intervention in the primary health care system
- d. Dual diagnosis
- e. Social reintegration and recovery

The participants agreed to continue working in more detail on these issues and to set up small task forces which, between now and the next Expert Group meeting in the autumn of 2010, would produce technical working papers recommending certain courses of action to the CICAD Commission, and to member states. These topics would include: treatment protocols for specific population groups; strategies for screening and brief intervention as an alternative to indicated prevention; information systems as the basis for the design and evaluation of drug treatment policies; social integration (aftercare), training and certification of drug treatment personnel, and policy development, financing and advocacy for treatment in the member states.

The Expert Group also agreed that the agenda for its next meeting will continue to focus on drug treatment and rehabilitation (recovery), but would address some more practical approaches to implementation of a policy. Concrete successes would also be showcased.

Some ways in which members of the Expert Group promote better drug treatment in their countries were also discussed. These included:

1. Reviewing current standards of care in drug treatment in their own country, to determine whether they need an update, whether it could be made mandatory for drug treatment facilities to comply with the standards, and whether some means of verification of compliance with the standards could be put in place.
2. Reviewing current policy on drug treatment, and determining that policy might be expanded to reflect some of the points discussed in this meeting.
3. Improving the collection and analysis of information on patients in drug treatment, working with the national observatory on drugs, for example.
4. Linking the work on drug treatment being doing at the national level with efforts at the municipal level, through the EU-LAC city alliances project and other decentralization efforts, such as SAVIA.

At the close of the meeting, Dr. Rodriguez Ajenjo, Mrs. Sivilli, and Ambassador Oscar Maúrtua de Romaña, Representative of the OAS in Mexico, all addressed the participants, and stressed the importance of the adoption of the *Basic principles of the treatment and rehabilitation of drug-abusing and drug-dependent persons in the hemisphere*.

On behalf of the Executive Secretariat of CICAD, Dr. Anna Chisman, CICAD's Head of Demand Reduction, thanked the Government of Mexico, and CONADIC in particular, for its generous contributions to the organization of the meeting, and its technical inputs to the agenda items. She thanked the participants for bringing their expertise to bear on the development of the *Basic principles of the treatment and rehabilitation of drug-abusing and drug-dependent persons in the hemisphere*, which would be presented to the forty-sixth regular session of the CICAD Commission, to be held in November 2009 in Miami, Florida, U.S.A.

ELEVENTH MEETING OF THE EXPERT GROUP ON
DEMAND REDUCTION
September 29 – October 1, 2009
Mexico DF, Mexico

OEA/Ser.L/XIV.4.11
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28 September 2009
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XI Meeting of CICAD's Demand Reduction Expert Group Towards the Development of Comprehensive Public Policies on Drug Treatment

Ministry of Foreign Affairs
September 29 – October 1st, 2009
Mexico City, Mexico

INTRODUCTION

CICAD's Group of Experts on Demand Reduction was established by the CICAD Commission at its twenty-first regular session in 1997. Composed of experts nominated by each member state, it is an advisory body to the Commission on technical matters having to do with substance abuse prevention and treatment. The Expert Group's remit includes developing models, programs and guidelines to address the many problems deriving from substance use and abuse in the hemisphere.

Despite some progress in improving drug treatment over the last twenty years, a significant gap remains between the number of treatment slots available and the need for treatment. This has led CICAD to encourage member states to give more priority to drug treatment in their national drug policies, to improve conditions in their treatment facilities, and to step up their training for treatment personnel. The goal is to offer treatment programs that are accessible and affordable, and, insofar as possible, integrated into the national health care system at all levels of care.

Under the chairmanship of Mexico for the term of office 2009-2010, with the vice-chairmanship being held by the United States, the Expert Group is to develop a body of recommendations, which will be summarized in a Declaration of Principles on Drug Treatment, to guide member states in their efforts to improve the care given to drug users and drug-dependent persons in the hemisphere.

SCHEDULE OF ACTIVITIES

Tuesday, September 29

08:30	09:00	<i>Participant Registration</i>
09:00	10:00	<p>Inaugural Session</p> <p>Ambassador Lourdes Aranda Bezaury Under Secretary Foreign Affairs Secretariat, Mexico</p> <p>Ambassador James F. Mack Executive Secretary Inter-American Drug Abuse Control Commission Organization of American States CICAD/OAS</p> <p>Dr. Thomas McLellan Deputy Director Office of National Drug Control Policy ONDCP, United States</p> <p>Dr. Mauricio Hernández Ávila Under Secretary for Prevention and Health Promotion Health Secretariat, Mexico</p> <p>Lic. Margarita Zavala Chair Council of the National System for Comprehensive Development of the Family DIF, Mexico</p>
10:00	10:30	Coffee Break
10:30	11:00	<p>Introduction to the eleventh meeting of the Demand Reduction Expert Group: Towards the development of comprehensive public policies on drug treatment</p> <p>This meeting of the Demand Reduction Expert Group is designed to prepare guidelines that will help member states improve their drug treatment services by developing comprehensive public policies on</p>

treatment. The Chair and Vice Chair of the Group currently held by Mexico and the United States respectively, will discuss how the Group will work over the next two years to achieve this objective.

Dr. Carlos José Rodríguez Ajenjo, M.D.
Chair of CICAD's Demand Reduction Expert Group
Technical Secretary
National Addictions Council
CONADIC, Mexico

Mrs. June Sivilli, M.A.
Vice Chair of CICAD's Demand Reduction Expert Group
Senior Advisor International Demand Reduction
Office of Demand Reduction
Office of National Drug Control Policy
ONDCP, United States

Ambassador James F. Mack
Executive Secretary
Inter-American Drug Abuse Control Commission
Organization of American States
CICAD/OAS

11:00 11:20

Method of work for the Expert Group 2009-2010

- *How will the various topics on the agenda for this meeting be addressed in the panels?*
- *What do we expect the outcome of the meeting to be?*
- *By what means can the Expert Group promote improvements in drug treatment in the member states?*

Anna McG. Chisman
Head, Demand Reduction
Inter-American Drug Abuse Control Commission
Organization of American States
CICAD/OAS

11:20 11:45

Draft declaration on Principles of Drug Treatment
Drug use and its consequences are a serious public health problem that significantly affects the quality of life in our hemisphere. Recent research findings over the last few decades mean that we must refocus our drug treatment strategies to take account of good evidence and consensus expert opinion, and recommend that countries update their policies on treatment.

Key questions:

- *What are the hemisphere's priorities in the area of treatment for problems associated with drug use?*
- *What progress has been made in the hemisphere in the development of policies on drug treatment?*
- *What should our approach be to treatment of drug abuse and dependence, bearing in mind that it is a chronic, relapsing disease?*
- *What are the essential components of a comprehensive policy on treatment?*
- *In light of current knowledge,*
- *How is the idea of treatment as a continuum of care matched to client needs related to cost-effectiveness criteria?*

Dr. Carlos Rodriguez Ajenjo
 Chair, CICAD's Demand Reduction Expert Group
 CONADIC, Mexico

11:45	12:30	<p>Problems associated with drug use: an overview from the health perspective</p> <p>Viewing drug use problems as "public health problems" means a recalibration by the Governments of the hemisphere. Issues such as the epidemiologic basis for decisions, a determination of the health burden associated with drug use, and the inclusion of drug treatment in national health plans are key to this process.</p>
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Dr. Mauricio Hernández Ávila
 Under Secretary for Prevention and Health Promotion
 Health Secretariat, Mexico

12:30	14:00	LUNCH
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14:00	14: 30	<p>Hemispheric Approach to Public Policies in Drug Treatment</p> <p>The implications of drug treatment on member states' public policies in general must be examined. Questions such as the right to treatment, the allocation of government funds, the integration of drug treatment into the health care services, and respect for human rights must be raised in connection with drug treatment. CICAD is promoting a policy discussion of these issues on the basis of the best available evidence.</p>
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Key questions:

- *How much importance is attached to drug treatment in the context of overall policy development in the hemisphere?*
- *How does this influence the type of services offered?*

- *Why should the issue of treatment be linked to national policies?*

Dr. Luis Alfonzo Bello, M.D.
Demand Reduction Specialist
CICAD/OAS

14:30 16:30

PANEL 1

Laying the groundwork for a drug treatment policy
Discussion of the formulation of a drug treatment policy based on specific experiences – principles, strategies, design and implementation, challenges and opportunities

Key questions:

- *Which government departments or sectors should develop such a policy?*
- *Is there a road map for development and implementation of drug treatment policies?*
- *What are the essential elements of a comprehensive public policy on treatment?*
- *What are the obstacles to the development of policy in this area, and how can we overcome them?*

Panelists

Dr. Bartolomé Pérez-Galvez
Director of the Provincial Drug Plan of Alicante, and
Former Director General of Drug Dependence for the Community of Valencia
Spain

Lic. Eugenia Mata
Demand Reduction Coordinator
Institute for Drug Control (ICD)
Costa Rica

Moderator and comments

Dr. Mariano Montenegro
Director of Treatment
National Drug Council
CONACE, Chile

16:30 17:00

Coffee Break

17:00 18:30

Debate

Moderator

Dr. Mariano Montenegro
CONACE, Chile

18:30

Close

18:45

COCKTAIL RECEPTION HOSTED BY CICAD IN THE MINISTRY OF
FOREIGN AFFAIRS

Wednesday, September 30

09:00

11:00

PANEL 2

Role of information systems in the development of drug treatment policies: what do we need to know?
Information systems have become a key part of policy development, both in design and in execution, evaluation and course correction.

Key questions:

- *What kind of information is needed to design and implement a comprehensive policy on drug treatment?*
- *What are the indicators on drug treatment that we need to develop in the hemisphere?*
- *What sources do we need? Direct and indirect data.*

Panelists

Dr. Francisco Cumsille
Chief of the Inter-American Observatory on Drugs
CICAD/OAS

Dr. Indalecio Carrera
Psychiatrist
Addiction Assistance Center of the City Association Against Drugs of
ACALD A Coruña
Galicia, Spain

Mr. Terrance Fountain
Deputy Director
National Drug Observatory
National Antidrug Secretariat
Ministry of National Security

The Bahamas

Moderator and comments:

Dr. Jorge Villatoro
 Researcher
 National Psychiatric Institute "Dr. Ramón de la Fuente M.", Mexico

11:00 11:30 *Coffee Break*

11:30 12:30 *Debate*

Moderator

Dr. Jorge Villatoro
 National Psychiatric Institute "Dr. Ramón de la Fuente M.", Mexico

12:30 14:00 LUNCH

14:00 15:00 *Debate (cont.)*

Moderator:

Dr. Jorge Villatoro
 National Psychiatric Institute "Dr. Ramón de la Fuente M.", Mexico

15:00 16:00 PANEL 3

Screening and brief intervention strategies:

A bridge to the health system?

Public resources assigned to drug treatment tend to be scant, and are largely devoted to financing specialized interventions. However, more than 90 per cent of drug users who need treatment either do not seek it, or do not receive it in timely fashion. Brief intervention is proposed as one option for increasing coverage at low cost, and also as a form of indicated prevention.

Key questions:

- *Is it possible to develop brief intervention strategies for drug use as well as alcohol use?*
- *How effective are these interventions?*
- *Is the primary health care system in our countries a good location*

for conducting brief interventions?

Panelists

Dr. Wilson Compton, MD., M.P.E.,
Director
Division of Epidemiology, Services and Prevention Research,
National Institute on Drug Abuse (NIDA), United States
Screening, Brief Intervention, Referral & Treatment (SBIRT)

Dr. Paulina do Carmo Arruda Vieira Duarte
Deputy National Anti-Drug Secretary
National Secretariat for Drug Policy
SENAD, Brazil
System for the detection of the abuse, use of and addiction to
psychoactive substances: Referral, brief intervention, social
rehabilitation and follow-up (SUPERA)

Moderator and comments:

Dr. Carlos José Rodríguez Ajenjo
CONADIC, México

16:00 16:30 *Coffee Break*

16:30 18:30 Debate

Moderator

Dr. Carlos José Rodríguez Ajenjo
CONADIC, México

18:30 Close

19:00 RECEPTION HOSTED BY THE GOVERNMENT OF MEXICO

Thursday, October 1st

09:00	10:45	<p>PANEL 4</p> <p>Problems associated with drug use in the context of public health policies Drug abuse and dependence are very significant complications of drug use, but are not the only ones. Drug use is often associated with mental disorders and physical problems such as infections or lesions, which represent a serious problem for diagnosis and treatment.</p> <p><i>Key questions:</i></p> <ul style="list-style-type: none"> • <i>In addition to abuse and dependence, what other problems associated with drug use are having a major impact on the health systems of the countries of the hemisphere?</i> • <i>What is the state of the art in treating these co-occurring disorders?</i> • <i>What are the implications of co-occurring disorders from the epidemiological standpoint?</i> <p><u>Panelists</u></p> <p>Dr. Carlos José Rodríguez Ajenjo CONADIC, Mexico Medical Co-morbidity (infections and lesions)</p> <p>Dr. Winston de la Haye, M.D. Department of Community Health and Psychiatry University of the West Indies Psychiatric Co-morbidity</p> <p><u>Moderator and comments</u></p> <p>Ms. Harlie Outhwaite Research Analyst, Office of Demand Reduction Health Canada</p>
10:45	11:15	<i>Coffee Break</i>
11:15	12:30	Debate
		<u>Moderator</u>

Ms. Harlie Outhwaite
Health Canada

12:30 14:00 LUNCH

14:00 16:00 PANEL 5

Challenges for policies on post-treatment aftercare
Aftercare (or “social reintegration”) plays a crucial part in reducing the impact of drug use and in the medium- and long-term prognosis for people receiving treatment. However, the subject is relatively under-developed in the hemisphere.

Key questions:

- *What are the principal psychosocial complications of substance use in the countries of the hemisphere?*
- *What should our strategies be for developing public policies on aftercare?*
- *Is it possible to integrate aftercare into our countries’ other social policies?*
- *How can international cooperation help in this area?*

Panelists

Dr. Mariano Montenegro
CONACE, Chile

Dr. Westley Clarke, J.D., M.D.
Director, Center for Substance Abuse Treatment (CSAT),
Substance Abuse and Mental Health Services Administration
(SAMHSA), United States
Access to Recovery – Reentry, Treatment, Recovery and Social
Services Support

Moderator and comments

Mrs. June Sivilli, M.A.
Vice Chair of CICAD’s Demand Reduction Expert Group

16:00 16:30 *Coffee Break*
16:30 17:45 Debate

Moderator

Mrs. June Sivilli

Vice Chair of CICAD's Demand Reduction Expert Group
ONDCP, United States

17:45 18:15 Conclusions and Recommendations
Principles of drug treatment

18:15 18:30 Close of the meeting

Amb. Oscar Maúrtua de Romaña
Representative
Office of the OAS in México

Mrs. June Sivilli
Vice Chair of CICAD's Demand Reduction Expert Group

Anna Chisman
Head, Demand Reduction
CICAD/OAS

Carlos José Rodríguez Ajenjo
Chair of the Demand Reduction Expert Group
CONADIC, Mexico



Organización de los Estados Americanos
Organização dos Estados Americanos
Organisation des États Américains
Organization of American States

UNDECIMA REUNION DEL GRUPO DE EXPERTOS
EN REDUCCION DE LA DEMANDA
Septiembre 29 – Octubre 1, 2009
México DF, México

OEA/Ser.L/XIV.4.11
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1 de octubre de 2009
Original: Textual

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ELEVENTH MEETING OF THE EXPERT GROUP ON
DEMAND REDUCTION
September 29 – October 1, 2009
Mexico DF, Mexico

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**BASIC PRINCIPLES OF THE TREATMENT AND
REHABILITATION OF DRUG-ABUSING AND DRUG-
DEPENDENT PERSONS IN THE HEMISPHERE
(revised by the CICAD Expert Group on Demand
Reduction)**

Mexico City
September 29 -- October 1, 2009

BASIC PRINCIPLES OF THE TREATMENT AND REHABILITATION OF DRUG-ABUSING AND DRUG-DEPENDENT PERSONS IN THE HEMISPHERE

Drug dependence is a chronic, relapsing disease that is caused by many factors, both biological, psychological and social, and that must be addressed and treated as a public health matter, on a par with the treatment of other chronic diseases.

The following Basic Principles, derived from scientific research, should therefore govern policies and practice in the provision of drug treatment services:

Accessibility, non-discrimination and respect for human rights

1. Programs for the prevention of drug and alcohol use and for the treatment of abuse and dependence must fully respect the human rights of those participating in them. Treatment programs should be offered in the least restrictive setting possible while assuring the safety of clients and treatment personnel. Clients should be actively involved in determining their own treatment plan, together with the treatment team, on the basis of informed consent.
2. Treatment services should be accessible and located close to those that need them, without discrimination on the grounds of age, gender, race, religion, social or economic condition, or political affiliation.

Drug treatment should be governed by specific protocols based on available scientific evidence

3. Treatment protocols should consist of therapeutic interventions derived from available scientific evidence or, in the absence of convincing evidence, derived from the consensus of treatment experts. These protocols should define the duration of treatment, recommend the therapeutic options that are most appropriate for each individual, and determine the skills required by the various professionals making up the treatment team.
4. Treatment services should be organized as a policy-based treatment system, with a strategic framework to guide the various therapeutic interventions and services, which should be linked in a continuum of care in order to assure continuity, and which should be incorporated into the health system and coordinated with other relevant social sectors, such as housing, social development, job training, education and family support.
5. Treatment services and facilities should be diversified in order, insofar as possible, to match the specific treatment to client needs, on the basis of an assessment. The range of treatment services should include strategies for screening, early

problem detection, clinical diagnosis, motivation to treatment, brief intervention, psychological and medical care, clinical tracking of cases, relapse prevention and aftercare.

6. Treatment should be conceived as a long-term process, in which stakeholders from different disciplines may need to participate, and in which many treatment episodes of different types, in different combinations and for varying periods of time, may be required to achieve therapeutic success.
7. In defining the therapeutic interventions to be offered, the following should be given fundamental consideration: different models of psychotherapies, derived from available scientific evidence or, in the absence of convincing evidence, derived from the consensus of treatment experts; the use of medication when the clinical condition so requires; and, if necessary, a combination of psychotherapy and medication, among other interventions of proven efficacy.
8. Treatment services should incorporate models of care for those persons with drug abuse or dependence problems who present co-morbidity with other mental or physical health problems.
9. The most important tools for the timely identification of individuals at high risk of developing dependence include structured interviews and screening. Interventions and/or treatment in those cases that require follow-up can produce a favorable modification in the course of drug use and its consequences.
10. Treatment programs should include strategies for re-entry into society that will help the client effectively and productively restore his ties to his community.

Organization of treatment services

11. Drug dependence treatment services should be integrated, where possible, into regular health care clinics, settings and systems, to avoid segregation of substance abusers from other types of patients.
12. Care units should be developed for acute complications, especially for management of intoxication and acute withdrawal syndromes; such acute care units are not sufficient on their own, but are a valuable support at different points in any treatment strategy.
13. Community-based treatment options should encourage the participation of the family and community in the therapeutic process, by providing information and guidance to parents, teachers and other significant figures, since they play a key role in achieving and maintaining the success of treatment and social reintegration.

14. Governments should seek means of securing adequate financing for drug treatment programs, to assure the highest quality, greatest accessibility and broadest coverage possible.

Qualified drug treatment personnel

15. The proficiency of treatment personnel should be assured by means of systematic selection procedures, and their skills should be improved through specific training programs and periodic refresher courses for professional and non-professional personnel. Treatment services should, as much as possible, be delivered by a multidisciplinary team capable of meeting the various types of care that those needing their services require. Training programs for the accreditation and/or certification of treatment personnel should therefore be promoted.

Information systems for drug treatment

16. Strategies should be developed and set in place for ongoing supervision, monitoring, and evaluation of both the structure, operations, efficacy, coverage and cost-benefit of treatment programs, thereby enhancing the quality and appropriateness of the services.
17. The organization of treatment services should be supported by a reliable, timely and flexible information system that includes records of the diagnoses and clinical needs of the patients. The information system should also track changes in symptoms and status, through follow-up on patients to evaluate the outcomes of the therapeutic interventions.

ANNEX III



Organización de los Estados Americanos
Organização dos Estados Americanos
Organisation des États Américains
Organization of American States

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Mexico City
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**BASIC PRINCIPLES OF THE TREATMENT AND REHABILITATION OF DRUG-ABUSING AND
DRUG-DEPENDENT PERSONS IN THE HEMISPHERE**

Drug dependence is a chronic, relapsing disease that must be addressed and treated as a public health matter, on a par with the treatment of other chronic diseases.

The following Basic Principles, derived from scientific research, should therefore govern policies and practice in the provision of drug treatment services:

Accessibility, non-discrimination and respect for human rights

18. Programs for the prevention of drug and alcohol use and treatment of abuse and dependence must fully respect the human rights of those participating in them. Clients should be actively involved in determining their own treatment plan, together with the treatment team, on the basis of informed consent.
19. Drug and alcohol treatment services should be accessible and located close to those that need them, without discrimination on the grounds of age, gender, race, religion, or social or economic condition.

Drug treatment should be governed by specific protocols based on available evidence

20. Treatment protocols should consist of therapeutic interventions derived from available scientific evidence or, in the absence of convincing evidence, derived from the consensus of treatment experts. These protocols should define the duration of treatment, recommend the most appropriate therapeutic options, and determine the skills required by the various professionals making up the treatment team.
21. Treatment services should be organized as a policy-based treatment system, with a strategic framework to guide the various therapeutic interventions and services, which should be linked in a continuum of care in order to assure continuity of care, and which should be incorporated into the overall health system and coordinated with other relevant social sectors, such as housing, social development, job training, education and family support.
22. Treatment services and facilities should be diversified in order, insofar as possible, to match the specific treatment to client needs, on the basis of an assessment; the range of treatment services should include strategies for screening, early problem detection, clinical diagnosis, brief intervention, motivation to treatment, and clinical tracking of cases.
23. Treatment should be conceived as a long-term process, in which stakeholders from different disciplines participate, and in which multiple interventions of different types may be required to achieve therapeutic success.
24. In defining the therapeutic interventions to be offered, the following should be given fundamental consideration: different models of psychotherapies, derived from available scientific evidence or, in the absence of convincing evidence,

derived from the consensus of treatment experts; the use of medication when the clinical condition so requires; and, if necessary, a combination of psychotherapy and medicinal therapies, among other interventions of proven efficacy.

25. Drug treatment services should incorporate models of care for those persons with drug abuse or dependence problems who present co-morbidity with other mental or physical health problems.
26. The most important tools for the timely identification of individuals at high risk of developing dependence include structured interviews and screening, which, when followed up on with interventions and/or treatments, can produce a favorable modification in the course of drug use.
27. Treatment programs should include strategies for re-entry into society that will help the client effectively and actively restore his ties to his social environment.

Organization of treatment services

28. Drug dependence intervention and treatment services should be integrated, where possible, into regular health care clinics, settings and systems, to avoid segregation of substance abusers from other types of patients.
29. Care units should be developed for acute complications, especially for management of intoxication and acute withdrawal syndromes; such acute care units alone are not sufficient, but are a valuable support for any treatment strategy.
30. Community-based treatment options should encourage the participation of the family and community in the therapeutic process, by providing information and guidance to parents, teachers and others, since they play a key role in the success of treatment and social reintegration.
31. Governments should seek means of securing adequate financing for drug treatment programs, to assure the highest quality and broadest coverage possible.

Qualified drug treatment personnel

32. The proficiency of treatment personnel should be assured by means of systematic selection procedures, and their skills should be improved through specific training programs, and periodic refresher courses for professional and non-professional personnel. Treatment services should usually [or preferably] be delivered by a multidisciplinary team capable of meeting the various types of care needed by

those asking for their services. Training programs for the accreditation and/or certification of treatment personnel should therefore be promoted.

Information systems for drug treatment

33. Strategies should be developed and set in place for ongoing supervision, monitoring, and evaluation of both the structure and operations as well as the effectiveness of treatment programs, thereby enhancing the quality of the services.
34. The organization of treatment services should be supported by an appropriate information system that makes it possible to keep a record of diagnoses and clinical needs of the patients, and track changes in symptoms and status, through follow-up on patients to evaluate the outcomes of the therapeutic interventions.