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**PUBLIC POLICIES ON DRUG USE TREATMENT
- A HEMISPHERIC VIEW-**

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Public Policies on Drug Use Treatment

-A Hemispheric View-

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Public Policies on Drug Use Treatment – A Hemispheric View

(Discussion Paper)

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(1) "... The response of a country to drug abuse is best organized and guided by a public policy and a strategic framework..."

*The development of contemporary treatment responses to drug abuse at the local, regional or national level is best guided by a public policy and a planning process to develop the strategic framework..*¹

UNODC, 2003

I. Introduction

Drug use is as old as mankind, but the large-scale use of drugs and its consequences in different social settings has enhanced perception of it as a problem, and has caused a shift from considering it as a "private matter" to regarding it as a "public matter" that affects large sectors, in which a variety of stakeholders participate, including consumers, family members, health systems, security and safety organizations, and financial corporations. Since its impact on public health and its economic, social, and political effects cannot be avoided, drug use must be more squarely approached as a public policy problem, and not just as an individual behavioral issue.

The many stakeholders involved in drug use take various positions, ranging from defending use as an expression of self-determination or a search for treatment alliances, to development of legislation, to name a few. However, it is clear that, above all, society is increasingly demanding that the state play a more active role in solving the problem which, in principle, is defined as a public health issue, with significant implications for all areas of the collective life of countries.

Development of public policies is the concrete expression of government adoption of a position on a socially problematic issue². However, even though the drug use problem has been singled out as one of the major problems of the Hemisphere in recent decades, due to its serious health, social, economic, political, and safety implications, there continues to be a huge gap on the government agendas of most member countries, which do not include an item defining treatment and rehabilitation of drug users.

¹ UNODC, *Treatment Planning and Implementation Guide, Chapter 2 (Vienna, 2003)*

² Oscar Oszlac; Guillermo O'Donnell. *the Center for Studies on State and Society (CEDES) Buenos Aires, Argentina G.E. CLACSO/No.4, 1981*

To ensure consistency in this debate, member countries should give priority to defining a public policy on treatment, as an appropriate frame of reference for this issue, in their national strategies, as a key step towards building responses designed to solve the drug use problems.

Generally speaking, in our countries, which are afflicted with serious social problems, economic inequality and political crises, drug abuse and dependence have gone from being a marginal topic with little impact on society, to an “issue”, or a “socially problematic” need or demand, closely related to other important topics in the region, such as *personal insecurity, state security, social and political violence, poverty, and more recently, mental health or general health.*

II. The concept of public policy and its relevance to treatment of drug abuse and dependence

A public policy is a “series of acts and omissions comprising a specific government intervention modality, related to an issue that has aroused the attention, interest, or mobilization of other stakeholders in civil society” (Ozlak and O’Donnel, 1981), and it “*should contain the framework of the issue that gave rise to it, as well as the series of institutional, administrative, and programming policies or guidelines to be developed by the government, civil society, and social organizations*” (Huenchuan, 2003).

*“The policy determines the primary problems and objectives, defines the respective roles of the public and private sectors in financing and providing services, determines the policy instruments and organizational arrangements required in the public, and possibly the private, sector to achieve the objectives ... establishes the plan for increasing the organizational development and capacity, and provides guidelines for setting expenditure priorities, which means linking analysis of the problems to resource allocation decisions.”*³ (WHO, 2001)

³ WHO. World Health Report 2001. Mental Health: New Understanding, New Hope. Chap.4, pag. 77. Geneva, 2001

In short, a public policy on treatment, as proposed by the United Nations (UNODC, 2003),⁴ should serve to diagnose accurately the seriousness, magnitude, and scope of drug use, in order to describe and predict scenarios reflecting its consequences and the difficulties in offering adequate treatment services to the persons who require them. Thus, the policy must present a clear concept of the problem, including specific reference to the convictions, values, goals, objectives, and instruments of the government agencies and service providers.

This policy should specify the legal foundation supporting drug use treatment, the responsibilities of every stakeholder involved in the process, and a description of their functions in managing and in implementing the policy in question. A public policy on drug use should also include the participation and representation of the community, and an appropriate description of the organization of treatment services, availability of resources, the results expected of the intervention, and the procedure for evaluation of results.

As stated earlier, implementation of the public policy on treatment is based on a legal and regulatory framework, with government authority guaranteeing its enforcement. The government is the pivotal element, around which a problem-solving process in this area develops, and its social impact is greater than that of private policies, due to its importance. Legislation on drugs should codify and consolidate the fundamental objectives, goals, values, and principles of treatment, in order to guarantee protection of the dignity and basic human rights of patients. In this context, governments should update their legislation on the subject, to make it consistent with international obligations in the area of human rights.

When the government acts by designing and implementing a policy on treatment of drug-related problems, it alters the balance of power of the different social stakeholders involved in the problem. This positioning could have a positive influence on increasing the coverage and quality of the services offered to the affected population and could reduce the impact of drug use on the population.

Initially, official documents discussed in vague terms the problems of treatment, without specifying who is responsible for financing or implementing it, or even the conditions

⁴ UNODC. Treatment Planning and Implementation Guide, Chapter 2, UNODC, Vienna, 2003

under which treatment is provided. Consequently, in defining a public policy on drugs, the state must give priority to a more precise approach to the problem, by defining a framework for action, identifying the key stakeholders, and describing their functions, roles, spheres of action, and available resources, all in the framework of specific national laws and international conventions on drugs, and in the context of guarantees of the civil, economic, and social rights of citizens.

III. Development of a public policy for treatment of drug abuse and dependence

All public policy occurs in a specific context, it being understood as a “social process woven around the emergence, treatment, and eventual resolution of the issue” or the “series of factors extrinsic to public policies, that is indispensable for an understanding, description, and explanation of such policies and their impact on other variables” (*Ozlack y O'Donnel, 1981*).

In the field of mental health and alcohol- and drug-related problems, the specific policy should be undertaken in the context of a complex framework of public policies on health, well-being, and social protection in general. The social, political, and economic reality should be recognized at local, regional, and national level.

For this to be possible, the policy should be the result of a process of interaction and agreement among the different legitimate stakeholders in conflict, both within and outside government, who may have opposing positions. The adoption of a position by the state is of critical importance to the adoption or definition of a position by others outside government.

An important step in policy preparation is government designation of the persons responsible for designing it. A wide range of those directly interested (the stakeholders) should participate, including patients, family members, professionals, policy setters, and other interested parties. It should also comprise other indirectly interested parties, such as employers and members of the criminal justice system, *inter alia*.

Development of a public policy also entails an historical analysis to determine at what time in the country's history of drug use the first identifiable policy position on treatment of drug problems was adopted by the state. It should include information as to the terms in which the state defined the problem and the influence that government policy had on the position of other relevant social stakeholders.

The policy defined at a given moment should establish priorities and outline criteria, in keeping with the needs defined and available resources, but it should also recognize what has already been done, what are the previously observed successes and failures, and what is the institutional structure that has gradually been built (or dismantled). In policy there is a previous road that determines it, a path dependence.

Finally, unless there is no previous experience (which is virtually impossible to imagine today), any policy on drugs—as in any area—should acknowledge preceding events and circumstances, so that they can be changed, if necessary. An analysis of current dependence based on its history or path dependence makes it possible to anticipate critical junctures conducive to redefining or reactivating successful experiences and correcting errors made.

In approaching drug abuse and dependence as social problems, it is possible to identify different stakeholders, that are affected positively or negatively, and adopt a position on the problem, developing behaviors in the form of decisions or actions that have social consequences.

The experience of different participating stakeholders in relation to treatment problems is especially important in defining these problems, describing them, and determining the scope of action to resolve them. Also involved in this effort is the capacity of each to obtain resources and their perception of the behavior of others.

In generating a policy, the state itself becomes a stakeholder in the process, generating consequences not just for society, but also for itself, thereby calling for a new definition of the problem of abuse and treatment.

What happens, for instance, when government develops a treatment policy based on its national drug commission? How does the health or justice sector, or the business sector, react?

Within government, policy-making involves assignment of powers and allocation of resources among different areas, but also among different units working in the same area. For instance, if a policy defines drug abuse and dependence as a public health problem, it assigns authority to the health ministry, and must then allocate resources to the units formally attached to the area defined by the policy, in this case, hospital emergency units, mental health services, or primary care facilities.

On assigning new functions to pre-existing units or on creating new units to implement a policy, conflicts can be generated among drug commissions, health services, nongovernmental organizations, and other stakeholders that participate in treatment-related aspects.

This is why a study of the processes generated by the policy within the state is so important, to learn about intersectoral processes or ones within the same sector. It is also important to identify the units that deal with drug use problems, and whether new bureaucratic structures were created, or existing ones reprogrammed for this purpose. In this context, it is important to analyze the conflicts and alliances that occur, and the different responses of the various social stakeholders and government units.

One of the principal stakeholders affected, the problematic user, usually participates very little or is isolated from the process that led to the perception of drug abuse or dependence--and its treatment--as a social problem. This could explain consideration of the user's condition as "normal," with reference to his private environment, since there are no mechanisms for participation or expectations regarding such participation are negative, making it appear as something meaningless.

It is frequently observed that the social process of response to drug-related problems is mobilized on the basis of interventions promoted by external or private stakeholders. On the one hand, nonprofit nongovernmental organizations (NGOs), with varying degrees of association, ranging from groups of affected subjects, groups based on religious orientation, or

professional or semi-professional organizations, and, on the other, private for-profit organizations, such as clinics or private rehabilitation centers, participate.

When these “private,” nongovernmental stakeholders adopt a position on treatment, they develop private policies that can be more influential than government policies in defining problematic issues and proposing solutions.

In their approach to treatment, they are going to play a significant role in the relationship between the public and private sector, whose positions or policies on treatment are mixed and inextricably interlinked, making it difficult to determine what proportion of the change that occurs can be specifically attributed to each of the sectors. What is true is that both in design and in implementation of public policy on treatment of drug abuse and dependence, the interaction with other stakeholders involved, including their “reaction,” should be specifically considered and, if possible, carefully measured. It is important to know who intervenes as stakeholders in the process, at what point they do so, with what resources, and how much they can manage, or in other words, to what extent they are capable of influencing—either enhancing or hindering—government policies.

In the policy design process, it is important to start with a clear definition of the problem of both drug use, including abuse, dependence, and other related consequences, and the challenge of offering adequate drug treatment services to the affected population. This definition is critical, since there may be different concepts and assessments of the “problem” by different stakeholders, which will have to be reconciled or redefined to ensure a coherent policy.

The problem should be put with adequate clarity and in terms that can be shared. Aspects such as the relationship between drug use and other social determinants, such as violence, insecurity, health problems, etc., should be defined. Moreover, the purpose of the policy, or the expected “solution,” should be established in the context of a multi-faceted social problem.

The various stakeholders will approach the problem from their own perspective and propose solution options that will not necessarily coincide, and they may also do so at different stages of the process. As the dynamic process of developing and implementing the policy unfolds, the stakeholders may change, as may their importance or prominence.

Drug abuse and dependence can be defined as a “health problem,” as a chronic, recurrent disease, as a close relationship with premature mortality due to accident, suicide, homicide, or other violent acts, or also as a high frequency of co-morbidity with other mental or general health disorders, such as infections (HIV-AIDS, hepatitis, and other sexually-transmitted diseases).

In approaching it from a health perspective, consideration must be given to the number of persons afflicted with the problem, the number dying or disabled as a result, the degree to which it interferes with a normal and productive life, its social and economic cost, and the urgency with which it must be treated, to prevent complications.

It is also possible to look at drug use from the standpoint of its relationship to poverty and social exclusion. Drug abuse and dependence is also related to this “multi-dimensional phenomenon that involves economic, political, and cultural aspects that combine to hinder the ability of social groups and individuals to change their position in society, in terms of income or social status.” (ILO, 1995)

Problem drug users face detachment, social rupture, functional losses, alienation, and decreased activity and commitments, leaving them socially segregated. Through treatment and rehabilitation, it is possible to socially integrate problem drug users. Social integration is understood on the basis of the assumption that society is “a harmonious or conflictive system that should be conducive to the order, synchronization, and discipline of its parts. Subjects should join the system and maintain the structure.” (Huenchuan, 2003)

Problem users are entitled to receive treatment, and to have the possibility of rehabilitating themselves and fully reintegrating into society. But the policy must also promote equality and nondiscrimination, property rights, individual autonomy, physical safety, the right

to information and participation, and freedom of religion, association, and circulation. It should ensure that the representatives of vulnerable groups participate in planning or preparing policies and programs.

As part of the definition of the problem is an adequate understanding of it, what is the problem and what type of problem is it? What are the causes or determining factors? How much do we know about the problem? Is it new? Is it changing? Who are the affected groups? Who is interested in the problem? How does it affect them? What power do they have to influence a policy decision?

Once the concept of the problem is clarified, goals are determined, and the most important limitations are set out, we can move on to selecting a method for resolving it.

Management of conflicts related to the policy within a state entails a series of negotiations or adjustments that occur in the area of government known as the "public arena." This management leads to identification of a dominant approach or point of view, and the stakeholders that position the issue of treatment and maintain it as a social problem. It is also possible to learn whether fluctuations in the prominence or relevance of the issue are observed over time and the underlying reasons for it.

In designing a policy, it is useful to identify the existence of networks made up of experts and professionals in treatment of drug abuse and dependence, who share technologies, concepts, and skills. They are generally grouped together in expert "task forces," for the purpose of designing policy options with similar frames of reference; they advocate joint solutions, and are interlinked through shared interests.

Is drug use and the treatment of its consequences a problem of social relevance in the Hemisphere? Who decides and how, what is the agenda of issues or what space does the problem occupy in society?

Inclusion of treatment on the agenda of prevailing social problems is not exempt from conflict, with the result, among other things, that there are limitations in handling with the different problems and interests, concepts, and resources of the stakeholders involved.

The issues of concern to the people and those of concern to governments are not necessarily the same, and operate as two separate agendas. The government's agenda, on the one hand, tends to be more specific, concrete, and subject to the parameters that define it, and the public agenda, on the other, reflects the concerns of the people.

According to Huenchuan (2003), the most important factors influencing the spread of a problem among citizens are first, that it is well defined, that it is of lasting significance for large segments of the population, that it is relevant, it is described in a simple, nontechnical manner, and that there are precedents.

The government agenda is the *"series of problems, demands, issues, and matters that leaders have selected and ordered as objects for action, or better said, as objects that they have decided to act on."*⁵ On the other hand, the public agenda is made up of *"all the issues that members of a political community regard as deserving public attention, and that come under the competence of the existing government authority,"*⁶ but having a less precise, and more abstract and general nature.

The development of public policies on drug treatment is first the result of the expansion and greater visibility and consensus regarding drug problems, which have become a "public problem," and then the result of the attention it has drawn on the part of politicians, government officials, and civil servants, who have come to accept it as a target for intervention. The necessary requirements for inclusion on the government agenda are that the issue is the focus of widespread attention and public knowledge, there is public demand for action to solve the problem, and, the action called for is within the purview of a public agency. (Huenchuan, 2003)

⁵ Huenchuan, S. (2003)

⁶ Huenchuan, S. (2003)

In short, in analyzing public policy for drug treatment, the importance of this issue for the government and prominent sectors of society is evaluated. Development of this policy responds to a “cycle” that begins when the problem is recognized as such by society, and then moves to the government agenda, followed by the design of possible solutions, implementation, and evaluation.

A public policy on treatment would be part of a complex network involving drug use and treatment problems and the entire social process that accompanies the problem, as well as the interconnection with other public and private policies.

In a scenario such as this one, it is very difficult to identify and describe the effects generated by the policy, and to attribute any type of causal relationship to it. We may be able to determine the total impact of a series of variables that includes the treatment policy, but there is no way to figure out the proportion of the change to be attributed to each variable.

In the policy analysis process,⁷ relevant data on possible consequences of current or alternative policies must be compiled and analyzed. At the same time, from the standpoint of the government, it is important to determine if it is possible to attribute a social change or a change within the state to the policy development process.

The key decision for governments in allocation of public funds may be linked to the cost-effectiveness ratio, but this is not the only relevant criterion. Consideration must also be given to “public utility,” the social and media impact of the problem, the opportunity costs of intervention, and the criterion of equity.

In evaluating drug use treatment programs, the same criteria as those used by other health services must be applied. However, there are certain divergent characteristics, one being that treatment of drug users brings benefits that are frequently not directly related to health, such as the reduction of accidents and traumas, lower costs for some social services, and a reduction in the crime rate, among others.

⁷ Weimer, D. and Vining, A. (2004) cited by Puentes,C.: Analysis for Decision-Making: Social Construction of Populations. AMNET Workshop (PAHO/WHO, 2008)

IV. Challenges in the Hemisphere related to development and implementation of a public policy on treatment of drug abuse and dependence

1. Identifying the types of public policies for treatment developed in member countries:
 - i. Government policies – They involve a policy document or plan; they are not necessarily based on a law, but they rely on the priorities of the Executive Branch. This type of policy is usually limited in time to the term of the government in power.
 - ii. State policies – These are concrete, institutionally-based policies, that are established in a law; they go beyond the term of the administration in power, and are designed on the basis of a broader consensus.

2. Framing treatment policies: “Action organized by member countries to deal with the social, economic, and cultural consequences of drug use by part of the population.” This entails:
 - i. Strengthening the institutional base of the policy: government agencies responsible for treatment, including committees, institutes, services, units, councils, and the like;
 - ii. Development of the legal underpinnings of the policy: program-law or the like;
 - iii. Defining an action plan: treatment plan, treatment program, projects.

3. Defining the key components of the policy
 - A. Community-based care
 - B. Integration of services into the health network (especially primary care) and parity among services
 - C. Participation of key stakeholders: individuals, families, communities, and service providers
 - D. Promotion of respect for the fundamental rights of persons
 - E. Treatment practices based on evidence and on expert consensus
 - F. Universal coverage with duly trained service providers

- G. Professionalization of care
- H. Care for marginalized, vulnerable populations with special needs
- I. Continuous monitoring and evaluation of services
- J. Development of prevention and promotion strategies
- K. Strengthening intersectoral links

4. Development of an information system for support and policy evaluation purposes

The policy should be framed on the basis of reliable, up-to-date information on the community, health indicators—and especially for mental health—treatments likely to be effective and affordable, prevention and promotion strategies, and the required resources. This information should be reviewed periodically to modify or update programs as necessary.

By gathering and analyzing pertinent epidemiological information, it is possible to define the basic psycho-social factors determining drug use and its consequences. At the same time, it may provide quantitative data on the magnitude and principal characteristics of the problems in the community.

Diagnosis of the situation should include an exhaustive review of existing treatment structures and resources in the communities and regions, as well as a critical analysis of the extent to which they meet the defined needs. It should be possible to identify the various provider sectors, the source of resources, and the way in which these sectors are linked.

Governments should invest resources in developing information surveillance systems that include indicators for the principal demographic and socioeconomic determining factors—including drug use, health status of the general population, and the persons in treatment. (WHO, 1991)

5. Linking the treatment policy with other anti-drug policy components

In addition to treatment, it is important to control the availability of drugs and reduce demand by prevention and other measures targeting the general population and risk groups.

Programs will be more effective if they broadly cover the drug use phenomenon and related problems, and the way in which it has evolved over time.

The relationship between use and other social problems, such as marginalization, requires prevention programs to adopt a comprehensive approach, with strategies designed to improve living conditions, and especially access to education and health care. (WHO 1991)

6. Resolving problems that hinder the provision of services (WHO,1991):

i. *Policies*

- Shortage of care facilities: limited budgets, not proportional to the magnitude of the problem;
- Inadequate or nonexistent drug treatment policy;
- Inadequate or nonexistent legislation on drug treatment;
- Discriminatory health insurance, that excludes persons with drug problems and other mental problems.

1. *Inherent in the organization of health systems:*

- Predominance of therapeutic community-type residential care programs(*)
- Stigmatization, poor conditions in institutions, human rights violations, high costs
- Inadequate care and treatment
- Lack of sensitization, skills, training, and supervision in the area of treatment of drug and mental health problems on the part of general health personnel, especially in primary care
- Deficient health services infrastructure (primary care)
- Shortage of specialists and general health personnel with the necessary knowledge and qualifications to handle problems involving drug use at all levels of care
- Poor coordination of services, including services outside the health sector.

() In many countries, informal or semiformal institutions, such as shelters or nonprofessional or religion-based treatment facilities, with services for acute and chronic cases, continue to be the most common treatment scenario. Persons admitted to these institutions have an uncertain prognosis, and may suffer human rights violations*

7. Reform of specialized treatment services for persons with drug use problems

- a. Gradual increase in care in professional establishments
- b. Development of community-based care services
- c. Incorporation of the services in a general health network (**)

8. Financing services (WHO, 1991):

- Release of resources needed to develop community services, based on replacement of traditional residential care modalities (usually more expensive)
- Provisional financing of the initial investment in new services, to facilitate the shift from residential or hospital care to community-based care
- Parallel funds to ensure continued financing of a certain level of residential care, which will always be needed to some degree, even after establishing community services.

(**)Incorporation of services in a general health network

Incorporation of care for drug use problems into general health care services, and especially primary health care, entails a series of advantages:

- Less stigmatization of users (patients) and staff;
- Better early detection rates of risk conditions or disorders;
- Greater possibilities to treat organic problems of drug users or addicts;
- Better treatment of drug use problems for persons who come forward for other "organic" pathologies;
- Administrative advantages in sharing the same infrastructure (savings due to increased efficiency);
- Possibility of offering universal coverage for drug use problems;
- Use of community resources to offset the limited availability of resources to attend to drug problems.
- Requirements for inclusion of drug treatment:
 - The general health care personnel must have theoretical and practical knowledge, and the required motivation to treat or care for patients with drug use problems;
 - There must be an adequate number of professionals with the knowledge and authority needed to indicate the appropriate interventions in primary and secondary health care;
 - Therapeutic resources, such as medicines, must be available at primary and secondary health care levels;

- Specialists on drug use and mental health are required to provide support and supervise the general health care personnel;
- There must be effective referral procedures among the different levels of care;
- Funds should be redistributed from specialized or tertiary care to the secondary and primary levels of care (unless new funds are mobilized);
- A data recording system must be established, in order to continuously monitor, evaluate, and update the integrated activities.

9. Strengthening intersectoral links

Drug use problems require psycho-social solutions, making it necessary to establish links between treatment services and various local community organizations, in order to obtain sufficient support in key areas such as housing, income, subsidies for disabilities, employment, education, and other social services for patients, and to be able to implement more effectively prevention, rehabilitation, and social reinsertion strategies.

10. Development of Human Resources

Many countries in the Hemisphere do not have enough health personnel and specialists with the theoretical and practical knowledge needed to deal adequately with drug use problems, and this poses a significant obstacle to developing treatment facilities.

To correct this situation, governments need to invest resources in assessing the number and type of human resources needed to cover the demand for care in the immediate future, which is related to the care strategy to be developed.

It is possible that incorporation of drug treatment into the general health system will lead to a greater demand for general health care personnel with specific training in drug treatment and, at the same time, a greater demand for specialists. Integration into the general system and development of community-based interventions will also entail a redefinition of the functions of health teams at different levels.

Health personnel that will participate in treatment of drug problems will probably comprise general physicians, toxicologists, psychiatrists, community agents, nursing personnel,

occupational therapists, psychologists, social workers, and other groups, including religious workers or volunteers. The functions of this personnel will focus on detecting cases in a timely manner, orientation, and referral, monitoring, and follow-up on cases.

All of the foregoing relies on a strategy for basic and advanced training that will enable the health care team to develop the new skills needed for its new functions and responsibilities. It will include refresher courses at university level in health-related professions, which should cover the use of evidence-based psycho-social strategies and development of tools for management, policy framing, and research.

11. Solution of legal aspects regarding treatment in countries

- a. Designation of a coordinating authority. A controversial issue due to the many related problems, such as personal, health, social, family, economic, and criminal problems, that call for the participation of many different government stakeholders
- b. Observance of professional ethics
- c. Non-discrimination
- d. Culture of legality and respect for the rule of law, and compliance with regulations, standards, and procedures
- e. Promotion of the rights of users
- f. Professional capacity and supervision of interventions
- g. Observance of the organization's values
- h. Rights of users; "problem drug users have the same right to receive treatment as other persons suffering from chronic health disorders"
- i. Establishment of systems for accreditation of services and verification of compliance with protocols
- j. Operational rules and quality control of services
- k. Regulation of therapeutic interventions (medicines, psychotherapy, etc.)
- l. Administrative aspects (government and contractual)
- m. Legal pressures for initiation of treatment

- n. Treatment in the context of the penal system (alternatives under judicial supervision, in prisons)

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