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EUDA EUROPEAN UNION DRUGS AGENCY

Action framework for developing and implementing health and social responses to drug problems

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Introduction

This action framework will help to clarify ideas on the process of implementing health and social responses and the factors to be taken into account when planning health and social policies or interventions to address drug problems. This is of particular interest to those professionally engaged in the development of policies and interventions, but can also be used to provide responses at individual level.

General overview

The Latin America and Caribbean (LAC) area is made up of countries with very diverse political, socio-economic and geographical realities. The response to drug problems is a challenge shared by all countries in the area, as it is a complex and dynamic phenomenon that is a major global public health problem and has a negative impact on security and human rights and people's well-being.

In the LAC region, there are reference documents such as the *Strategic Vision for Latin America and the Caribbean 2022–2025* of the United Nations Office on Drugs and Crime (UNODC) and, on the other hand, the *Hemispheric Plan of Action on Drugs 2021–2025* of the Organisation of American States (OAS). The latter points to the need to respond to drug problems through an evidence-based 'comprehensive, balanced and multidisciplinary approach with full respect for human rights and fundamental freedoms, in accordance with applicable international law, and in line with the principle of common and shared responsibility'.

Health and social responses to drug problems in the LAC countries are developed according to the national drug plans and legal frameworks of each country in the area, which condition the selection and implementation of policies and interventions. In fact, not all countries in the area have a national plan to respond to drug problems already developed and, in many cases, drug plans are out of date. In addition, the COVID-19 pandemic put a major brake on the development of such initiatives in the area, as resources were directed to cover other more pressing needs.

This document therefore provides some guidelines for the development of policies and interventions to address problems related to the use of psychoactive substances. In this regard, it should be noted that, as a guiding concept, all initiatives must comply with a set of key principles, for example, respect for human rights, including the right to the enjoyment of the highest attainable standard of physical and mental health. The UNODC *Strategic Vision for Latin America and the Caribbean 2022–2025* sets out four priority objectives in the field of drugs: tackling the global drugs problem; combatting transnational organised crime; fighting corruption and economic crime; and strengthening crime prevention and criminal justice. To this end, it identifies a number of main strategies, which are described below and which may be applicable as guiding principles for cooperation between the LAC countries targeted by this document:

- flexible collaboration between countries;
- design of research and evidence-based initiatives;
- addressing the nexus between security and development;
- developing a people-centred approach;
- strengthening and expanding partnerships;
- use of technology and communication.

The development and implementation of responses to drug problems at any scale involves three basic steps:

- *definition of the problem*: identifying the nature of the drug problems to be addressed;
- *selection of the response*: selecting possible effective interventions to address these problems;
- *implementation*: implementing, monitoring and evaluating the impact of these interventions.

In addition, various factors need to be taken into account at each stage of the development of the responses: some of the most important factors are described in this document.

The harms associated with drug use depend on the type of drugs involved and how they are used, who uses them and in what settings. The many different ways in which these factors can interact result in a wide array of possible drug use scenarios, which are associated with health and social effects of varying severity.

The most common combinations of forms of drug use, the profiles of people who use drugs and the contexts in which drug use occurs, vary between countries across the LAC area and, consequently, so do the nature and extent of problems associated with their drug problems.

In addition to varying from country to country, drug use and related problems may change over time or new emerging substances may also suddenly appear. This means that there can be no single blueprint for addressing drug problems, and that those charged with responding to these challenges must periodically review the range of services available and adapt existing interventions or develop new ones to meet these changing needs.

Finally, it is important to stress the need for a systematic approach in the development of policies and interventions, where the evaluation of the effectiveness of policies or interventions is integrated into the development, implementation and monitoring of responses to drug problems.

The main issues to be considered in the development and implementation of health and social responses to drug problems are presented below. This action framework is designed as a guide for those involved in developing and implementing health and social interventions. It can also be used as a checklist to review an existing policy or intervention or to design and develop new public policies, interventions or activities.

A framework for developing health and social responses to drug problems in the LAC area

This guide provides a reference point for those planning or providing health and social responses to drug problems in the LAC area. The most appropriate responses will depend on the nature of the specific drug problems, the contexts in which they occur, and the types of intervention that are possible and socially acceptable. By providing key information on some of the most important LAC drug issues and possible responses and examples of interventions developed in the area, this guide aims to help those involved in tackling these problems to develop new programmes and improve existing ones.

The action framework introduced here will help to clarify the current thinking on the response process and the factors to be taken into account at each stage. This will be of particular interest to those planning social and health policies or interventions to address drug problems, but can apply equally to responses at the individual level.

Definition: health and social responses to drug problems

'Responses to drug problems' are considered to be any action or intervention that is undertaken to address the negative consequences of the drug phenomenon. In considering health and social responses to problems related to psychoactive substances, the focus is on those actions or interventions that address drug use and associated health and social harm, such as deaths, the spread of infectious diseases, problem drug use, mental health disorders and social exclusion. Other measures, such as those taken to enforce drug legislation or to reduce drug supply, are not included in the definition.

Three stages to developing responses to drug problems

Drug use, and its associated problems, is a complex and multifaceted phenomenon that changes over time. Therefore, the responses developed to prevent and mitigate the associated harms to individuals and societies are, necessarily many and varied. In addition, they should have the necessary flexibility to adapt to the emergence of new substances or new uses of existing substances, changes in patterns of use and associated problems, as well as different regional, national and local contexts.

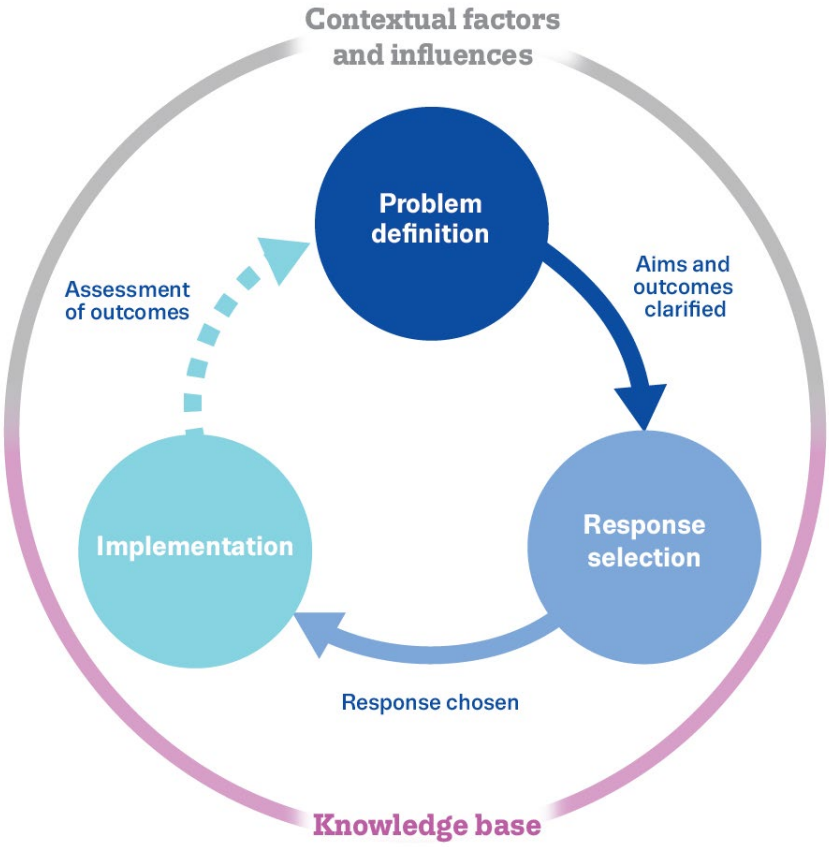
The drug response process can be divided into three main stages (Figure 1): identifying the specific problems to be addressed and the analysis of the economic, social and political context in which the response is provided; selecting the responses or interventions to be put in place; and implementing these interventions, including monitoring and evaluating their impact.

This strategy can be applied at any level: national, local or systemic. Similarly, these basic processes apply whether you are developing a response to a particular problem for the first time, or revising your existing response to that problem. These same phases — problem definition or needs assessment; selection of responses or interventions; and implementation, follow-up and monitoring for later evaluation and review — are also relevant when working with individuals who use drugs.

In all cases, the starting point should be to understand the scope and nature of the problems to be addressed, which can then be translated into objectives for change. This knowledge can be obtained from the review of available data on the problem, which may be national statistics, results of local research or needs assessments, and consultation with stakeholders, including people who use drugs and their closest contacts.

The selection of priorities and intervention objectives will stem from the definition of the problem and be based on the social and political context as well as on local and national priorities. It is therefore essential to analyse in detail the social, economic and political context in which the response to the drugs problem will be developed.

Figure 1. The three broad stages of developing responses to drug problems



In the second stage, decisions are made with regard to the actions that should be taken, and plans are formulated to implement them. Factors to be considered at this point are the types of intervention that are expected to be more effective, the target groups involved, and the settings in which the measures will be carried out.

Depending on the circumstances, this might involve selecting from a range of intervention options where there is evidence of effectiveness; adopting and adapting interventions that have been shown to work elsewhere; or extending or optimising existing evidence-based interventions. If no suitable options exist, this phase of the process may involve developing a new intervention.

Where a programme or strategy is already in place, it may be necessary to review provision in light of the needs of particular groups or to fill gaps in coverage. These decisions will be influenced by considerations such as the scale and severity of the problem, the resources and competencies available, the expected outcomes, and the values and preferences of the community.

Once the answers have been selected, the next stage is implementation. The effectiveness of an evidence-based intervention will depend on how it is implemented and the local context in which it is applied. Therefore, an essential component in this phase is the monitoring and evaluation of the implementation, including the costs and results, to feed back into an ongoing review of the intervention and planning process itself.

Overarching context and key principles

The LAC area faces a series of specific challenges according to the UNODC *Strategic Vision for Latin America and the Caribbean 2022–2025*. These specific challenges are described below:

- persistently high levels of income inequality;
- high levels of inequality regarding access to services, including education and health;
- significant levels of lethal and non-lethal violence;
- gender inequality;
- lack of opportunities for young people;
- prevalent perceptions of corruption and impunity;
- growing levels of social unrest;
- increasing vulnerability to environmental hazards;
- socio-economic impact of the COVID-19 pandemic.

In addition, the legal frameworks are distinct and specific in each country in the LAC area. For the purposes of this guide, some countries in the area have provided the reference documents for each country.

Both a country's legal framework and law enforcement activities can have an important impact on health and social responses to drugs, acting as a barrier to, or facilitator of, these interventions. For example, laws focusing on people who use drugs can inhibit help-seeking, while drug control activities can exacerbate the harms associated with drug use and pose a barrier to the efficient and effective operation of health and social services. On the other hand, employment legislation that prevents discrimination against people with a history of drug problems can promote social reintegration and improve the effectiveness of treatment and rehabilitation. The legislative contexts and policies developed by countries in the LAC area, which differ considerably from each other, can have a significant impact on the health and social responses adopted, their resourcing and, therefore, their effectiveness.

The following sections describe the response planning framework and examine in more detail the factors to be considered at each stage.

Key policies and legal frameworks

The United Nations 2030 Agenda for Sustainable Development provides an overarching global framework for health and social policies. The Sustainable Development Goals (SDGs) create a platform for action to improve economic, social and environmental conditions around the world. Measures to address drug problems can make an important contribution in this area, in particular with regard to Goal 3: 'Ensuring healthy living and promoting well-being for everyone at all ages'. Within this framework, three objectives will be directly affected by effective health and social responses to drug-related problems:

- 3.3. By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.
- 3.4. By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment, and promote health and mental well-being.
- 3.5. Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.

The UNODC *Strategic Vision for Latin America and the Caribbean 2022–2025* sets out the following objectives, which have been adapted thanks to the review of experts in the area. The following priorities are proposed:

1. ADDRESSING THE GLOBAL DRUGS PROBLEM
    - research, monitoring and analysis, including emerging threats such as new psychoactive substances;
    - capacity-building of law enforcement actors and regional cooperation;
    - alternative development initiatives, including public–private partnerships;
    - extension of prevention, treatment and assistance work;
    - incorporation of communication strategies as an integral part of the overall approach to drug problems for the dissemination of accurate information with the aim of educating and training people in their own context.

2. FIGHT AGAINST CORRUPTION AND ECONOMIC CRIME
    - a regional initiative, adapted and with strengthened expertise to respond to new priorities;
    - national strategies to implement the United Nations Convention against Corruption;
    - strengthening of comprehensive practices in the fight against corruption;
    - improved prevention and international cooperation.

3. COMBATTING TRANSNATIONAL ORGANISED CRIME
    - national strategies to implement the United Nations Convention against Transnational Organised Crime (UNTOC) and its three protocols;
    - harmonisation of specialised cross-border initiatives;
    - national and regional initiatives to address crimes affecting the environment;
    - evidence-based and context-adapted interventions, national and cross-country collaboration;
    - international cooperation that directs resources and provides continued technical assistance to countries that need it to effectively address public health issues related to problem drug use.

4. STRENGTHENING OF CRIME PREVENTION AND CRIMINAL JUSTICE
    - a regional initiative on the reform of the penitentiary system and alternatives to imprisonment;
    - preventing and combatting gender-based violence against women in cooperation with the United Nations and other partners;
    - crime prevention initiatives, with a special focus on youth.

The *Hemispheric Plan of Action on Drugs 2021–2025* of the Organisation of American States (OAS) points to the need to respond to drug problems through a 'comprehensive, balanced and multidisciplinary, evidence-based approach, with full respect for human rights and fundamental freedoms, in accordance with applicable international law and in line with the principle of common and shared responsibility'.

Health and social responses to drug problems mainly fit into the demand reduction element of drug policy. With regard to demand reduction, the UNODC considers that 'the most effective way to combat the drug problem involves a holistic, balanced and coordinated approach that addresses demand and supply reduction, in addition to appropriately applying the principle of shared responsibility'. In this regard, it is noted that 'various efforts are being made by governments, international organisations and non-governmental organisations to reduce the production, trafficking and distribution of illicit drugs. Demand reduction programmes should therefore be integrated to: promote cooperation between key actors; include a wide range of relevant interventions; promote social and health well-being among individuals, families and communities; and reduce the adverse consequences that drug use generates on people and society'.

The main documents guiding the response to drug problems in the area are:

Country	Title
ANTIGUA AND BARBUDA	National Anti-Drug Strategy Plan 2019-2023
ARGENTINA	National Mental Health Act
BAHAMAS	National Anti-Drug Strategy 2017-2021
CHILE	Law No. 20 000
COLOMBIA	Lines for the implementation of community devices in health: guidance for action on mental health and prevention of the consumption of psychoactive substances
COSTA RICA	National Plan on Drugs, Capitals and Financing of Terrorism (PNSD) 2020-2024
COSTA RICA	General regulation
ECUADOR	National Plan for the Comprehensive Prevention and Control of the Socio-Economic Phenomenon of Drugs 2017-2021
ECUADOR	Prevention of Money Laundering and the Financing of Crime Act
ECUADOR	Organic Law on the Integral Prevention of the Socio-Economic Phenomenon of Drugs
EL SALVADOR	Drug-Related Activities Regulatory Act
EL SALVADOR	National Anti-Drug Strategy 2016-2021
HONDURAS	Regulation of the Law of the Honduran Institute for the Prevention of Alcoholism, Drug Addiction and Drug Dependency
MEXICO	General Law on Health
MEXICO	Specific Action Programme. Mental Health and Addictions. 2020-2024
MEXICO	National Addiction Prevention Strategy, 2023
PANAMA	National Drug Strategy 2012-2017
PANAMA	The Mental Health Act, 2023
TRINIDAD AND TOBAGO	National Drug Policy of Trinidad And Tobago 2021
VENEZUELA	Legal Framework

Key principles for health and social responses to drug problems in the LAC area

Health and social responses should take a public health approach, and:

- respect human rights, including:
    - the right to the enjoyment of the highest attainable standard of physical and mental health;
    - the right of people who use drugs to give informed consent to treatment;
    - the right to education: everyone has the right to a systemically and holistically oriented educational training process aimed at strengthening their capacities, skills and abilities, and the application of comprehensive prevention of the socio-economic phenomenon of drugs.
    - the right to information: all people, especially those in vulnerable situations, have the right to receive quality information based on scientific evidence, immediately and effectively, to prevent and discourage drug use.
    - the right to non-criminalisation, non-discrimination and non-stigmatisation.
- respect ethical principles, including informed consent, confidentiality and equitable access;
- encourage the involvement of service users and individuals in the same situation in the design and implementation of the service;
- be based on a needs assessment and designed for the specific needs of the target population;
- respond to cultural and social characteristics, including gender issues and health inequalities;
- be appropriately developed and evidence-based, as well as properly monitored and assessed.

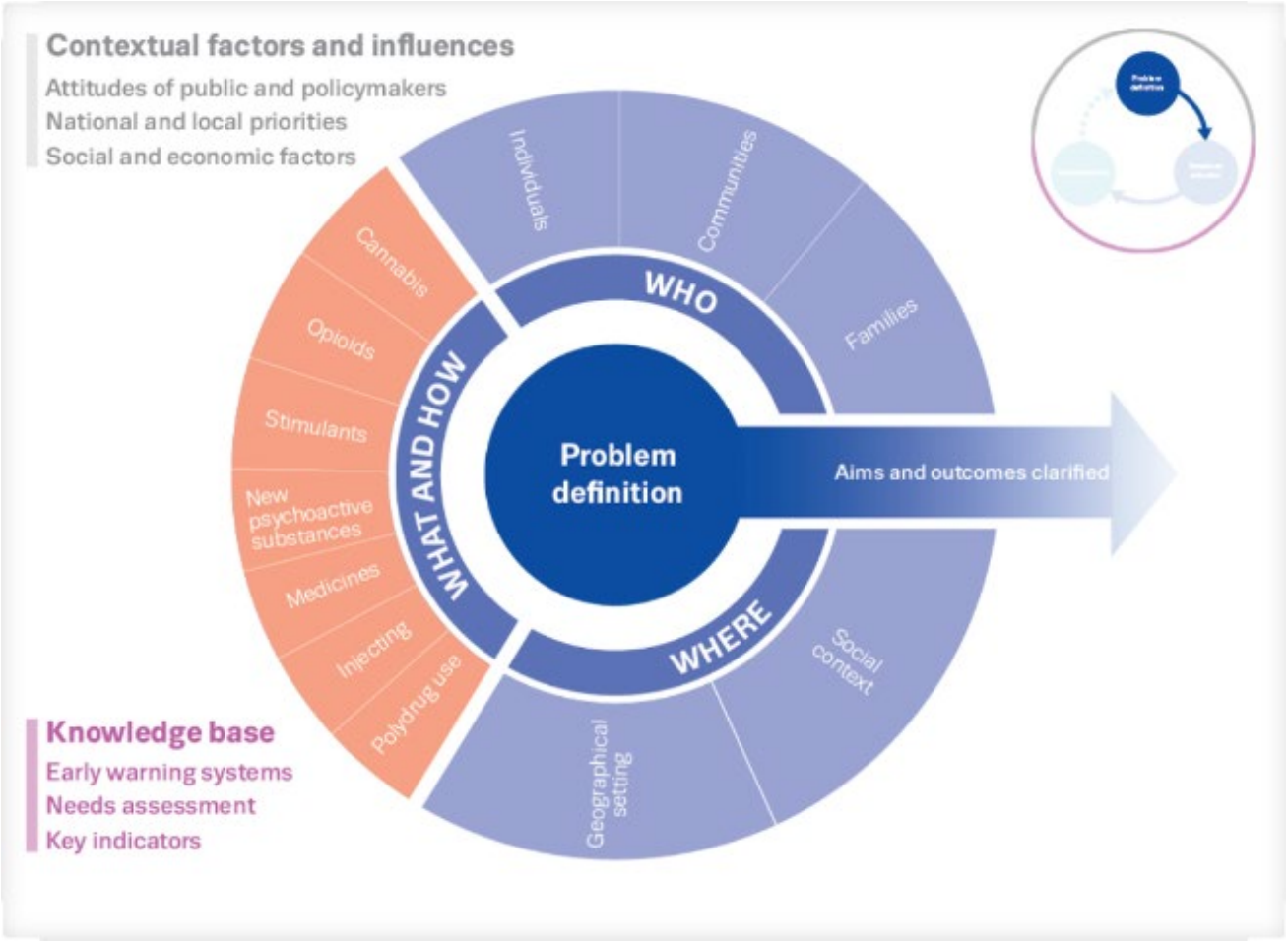
Problem definition and needs assessment

The definition of the problem or the needs assessment can be carried out at different levels and by different actors, such as a public authority, policy planners, consultants or health professionals. There are various strategies and numerous tools available to assist in the process, for example, the ASSIST tool, a screening test for alcohol, tobacco and substance use[1] developed by the Pan-American Health Organisation in collaboration with the World Health Organization (WHO). This is a technical tool to assist in the early identification of health risks and substance use disorders in primary health care, general medical care and other settings. In Mexico, for example, the 'mhGAP Operational manual: action programme to bridge mental health gaps'[2] is used. Other evaluation options are also employed in drug intervention programmes.

[1] https://www3.paho.org/hq/dmdocuments/2011/consumo-sustancias-Assist-manual.pdf

[2] https://iris.paho.org/handle/10665.2/52328

Figure 2: Factors to be considered in stage 1 — problem definition



In the initial assessment phase, a number of key issues need to be addressed: who is affected, what types of substances and patterns of use are involved, and where is the problem occurring? Responses (interventions and policies) need to be tailored to the specific drug problems being experienced, and these may vary from country to country and over time. In addition, drug policies and programmes must take into account structural factors as an element in the very definition of the problem. The wide variety of factors to be considered at this stage of the process is described in this section and illustrated in Figure 2.

At this stage, it is very important to know the magnitude of the problem. Various bodies are therefore involved in collecting information on the use of substances, and, in this regard, the work of the National Drug Observatories is particularly important. Examples are listed below:

Country	Type of information	Year
ANTIGUA AND BARBUDA	Communities urged to do more to curb drug use among youth Office of National Drug and Money Laundering Control Policy Antigua and Barbuda	2021
ANTIGUA AND BARBUDA	Data reveals worrying trend in substance abuse for A&B	2019
ARGENTINA	National Survey on Consumption and Care Practices – National Institute of Statistics and Censuses of Argentina and Argentine Observatory on Drugs	2022
BAHAMAS	Bahamas National Household Drug Survey Results	2017
BARBADOS	Barbados Drug Information Network Report National Council on Substance Abuse National Drug Observatory	2022
COLOMBIA	National Drug Observatory	2024
COLOMBIA	National Institute of Health	2024
COSTA RICA	VII National Household Survey on the Consumption of Psychoactive Substances	2022
ECUADOR	III Andean Epidemiological Study on Drug Use in the University Population of Ecuador, 2016	2016
ECUADOR	IV National Survey on the Use of Drugs in General Population between 12 and 65 years of age, 2014	2014
EL SALVADOR	National Report on the State of Drugs	2022
EL SALVADOR	Early Warning System	2024
EL SALVADOR	Fourth national survey on the use of psychoactive substances	2018
GUATEMALA	National Drug Observatory	2023
HONDURAS	National Report on Drugs 2020	2020
MEXICO	Context of the demand for illicit substances in 2022-2023 and the Mexican Government's actions on mental health and addictions	2023
MEXICO	Report on the Situation of Mental Health and the Use of Psychoactive Substances in Mexico 2021	2021
PANAMA	National Drug Observatory	
TRINIDAD AND TOBAGO	Drug Information Network Report 2022	2022
VENEZUELA	National Antidrug Superintendence	
VENEZUELA	Data on institutionalisation at the Black Hipolita Mission centre	2016
HAITI	Indicator on the prevalence of drug use in Haiti	2018

Understanding problems arising from particular patterns of drug use

Psychoactive drugs act on the brain, producing a range of changes in perception, mood, thinking and behaviour. Initially, these effects can be positive, for example, alleviating pain or mental distress, or producing pleasure. However, they can also cause a range of harms, either as a result of the direct toxic effects of the substance on the body or through intoxication, or because the drugs can induce a state of euphoria while impairing rational thinking and physical coordination.

If a person under the influence of drugs drives a car, operates machinery or engages in physical activity, they can injure themselves or others, or even, on occasion, cause death. People who are under the influence of drugs, including alcohol, can also develop violent behaviours. Chronic drug use, especially sustained daily use, can lead to dependence syndrome, in which people may have difficulties in reducing or stopping the use of a particular drug, despite the harm it is causing to their health and well-being, as well as to the well-being of family members and friends. In addition, persistent drug use can produce or aggravate the symptoms of mental and physical disorders and cause problems in playing important social roles, such as going to school, working, or caring for children. Among people whose drug use has progressed to dependence, mental health problems and physical comorbidities are common, and many will experience problems in maintaining employment or safe housing.

Drug-related problems may vary depending on the type of drug involved, the route of administration (e.g. oral, smoked or injected) and the frequency or pattern of use. These variables interact with other factors, such as the characteristics of the drug user (e.g. young people, women or men, socially integrated people or people in vulnerable situations) and the social environments in which drugs are consumed (e.g. the workplace, at home, in a night club or bar, on the streets), in order to increase or reduce the problems experienced by people who use drugs. It is therefore important to identify which factors are relevant when developing interventions to address drug-related problems.

Determining precisely what problems are caused by different drugs and patterns of use provides information on the most serious harm that may be associated with their use. Heroin and opioid drugs have a high risk of dependence, especially if injected. Their use can lead to fatal overdoses, and if people share injecting equipment, they are at risk of contracting and transmitting blood-borne infections such as HIV and hepatitis B and C. In addition, the use of fentanyl, a synthetic opioid that is potentially highly addictive and causes very rapid physical and mental deterioration in those who use it, has recently become popular. The risk of overdose and death associated with this drug is very high and could therefore constitute an unprecedented public health problem.

Stimulants, such as cocaine, MDMA and amphetamines, cause intoxication. They are often used recreationally, but can be linked to more problematic patterns and forms of use, such as injecting or smoking. People under the influence of these substances may have risky sexual behaviours and may engage in other activities (e.g. driving a car) that endanger their safety and that of others. Stimulant use for weeks or months, and at high doses, can lead to psychosis and serious cardiovascular events, such as heart attacks and strokes. For some stimulants, such as MDMA, fatal or very serious adverse events can occur as a result of a single high dose, and are therefore not necessarily associated with regular use.

Cannabis presents a very low risk of fatal outcomes, but its use may be associated with hospital admissions for acute toxicity. The risk of developing dependence on cannabis is estimated to be lower than for opioids or legal drugs such as alcohol and tobacco. However, people who use cannabis regularly may develop problem use and may need to seek help to stop using. In addition, regular or early cannabis use appears to be associated with an increased risk of developing mental health disorders or experiencing social and educational problems.

Finally, it should be noted that people who use drugs usually tend to use more than one substance. Most engage in polydrug use: the use of several drugs combined at the same time or at different times. For example, people who inject heroin often consume other opioids, alcohol, tobacco, benzodiazepines, cannabis and stimulants. People who consume cocaine tend to consume it together with alcohol. Many people who consume cannabis on a daily basis also smoke tobacco. These combinations of drugs can

increase the risk of harm, for example, by increasing the likelihood of toxicity, fatal overdoses or multi-drug dependence, which can be more difficult to overcome than dependence on a single drug.

Understanding the role of different settings

Understanding the setting in which drugs are used is essential because it influences the type of strategy to be designed and can affect the type and extent of the harm that drug use can cause. For example, people who use drugs when they are alone may have particular risks; for example, there will be no one who can help them in the event of an overdose. Therefore, the consumption of opioids when a person is alone increases the risk of a fatal overdose.

People who use drugs in public places often do so in a furtive and hurried manner. This may increase the risk of overdose, or of contracting a blood-borne infection if the injection material is shared. Lack of hygiene, often associated with these contexts, also increases the risk of contracting certain infections. This is a particularly important problem among homeless people. Drug use in prisons, on the other hand, is also clandestine and poses risks to people's physical and mental health.

In relation to use in recreational settings, use of MDMA in a nightclub where the temperature is high, for example, may put a person predisposed to hyperthermia (abnormally high body temperature) at increased risk of this rare, but serious, adverse outcome. On the other hand, drug use in the workplace can pose security risks, for example when using machinery or driving under the influence of drugs.

Understanding the harms to individuals and communities

An important step in defining the problem is to identify the most important drivers (or causes) of drug harms, and which individuals or communities are primarily affected. For example, is there a problem due to the increase in cannabis use in young people? If any, is it concentrated within a particular age group, community or geographical area? In addition, is this increase in cannabis use associated with early school leaving rates, rising youth unemployment or increasing mental health problems? The answer to these types of questions will clarify the issues to be addressed, the results to be achieved and the criteria to be used to determine the impact of the intervention.

There are a number of individual and social factors that can make some people who use drugs more vulnerable to harm. The same is true for families and communities affected by drug problems. These factors interact in complex ways that reduce or increase the risks and harm associated with drug use. They can also act together with drug use in a circular way to create a vicious cycle. Some of the key components to consider when analysing drug-related problems, together with their associated harm, are summarised in the table 'Examples of factors to consider when assessing drug problems'. In addition, further information is provided in the different chapters of the guide.

Examples of factors to be taken into account when assessing drug problems

- **Age:** In general, the younger a person is when they first use a drug, the more likely they are to move on to regular use, develop dependence and experience drug-related harm later in life. Older people who have used drugs for a long time may be particularly vulnerable to both acute and chronic health problems.
- **Gender:** Although drug use is less common among women than men, women who use drugs are more likely to develop problems and adverse health effects than men. In women of reproductive age, drug use can impair fertility and, if taken during pregnancy, can affect the developing foetus.
- **Physical health:** People with specific physical health problems (e.g. cardiovascular and respiratory diseases) are at higher risk of harm from drug use, which can exacerbate these diseases and increase the risk of fatal overdoses. Drug use can also interfere with therapeutic compliance, leading to worse health outcomes.
- **Mental health:** Many people with a drug use problem also have concomitant mental health problems. The relationship between drugs and mental health is complex: drugs can increase the

risk of developing mental health problems in vulnerable people or can aggravate existing mental health problems, while people suffering from depression, anxiety disorders and schizophrenia are more likely to develop problems if they use drugs.

- **Social determinants related to health:** Limited access to healthy food, air and clean water plus the lack of resources to meet basic needs have a significant impact on people's physical and mental health and can exacerbate the negative impact of drug use.
- **Biological influences:** A person's neurobiological make-up affects their body's response to drugs and their susceptibility to harm; a dose that is tolerated by one person can lead to a fatal outcome for another. Some personality traits, such as impulsivity, also influence the risks of drug use and the likelihood of sustaining harm.
- **Socio-economic factors, poverty and extreme poverty:** People in disadvantaged and/or socially excluded situations are more at risk of drug use and drug-related harm. In turn, drug use problems can also exacerbate social difficulties, for example, by reducing young people's chances of completing their education or obtaining well-paid jobs. Homeless people who use drugs may need to adopt riskier practices, such as sharing the injection equipment or using drugs in unsafe environments.
- **Educational and/or occupational factors:** Inequalities in access to education and the labour market can produce school drop-out, occupational drop-out, lack of job opportunities and lead to social and community isolation.
- **Family factors:** Family factors can increase or decrease a person's vulnerability to drug problems. For example, having substance-intensive family members can increase the likelihood of someone using drugs, while having strong family support and parental monitoring can protect people against drug-related problems or help them overcome these challenges.
- **Ethnicity, religion, sexual orientation and gender identity:** People are sometimes discriminated against on ethnic, religious or sexual orientation grounds. Stigma and discrimination can be associated with substance use, so it is important to facilitate access to appropriate services and target people who identify with these groups. Drug use rates may be higher if drugs are more readily available in particular communities or if prevention programmes are not appropriate for certain groups. If people in certain settings develop drug-related problems, stigma or poor access to health services may prevent them from seeking help. However, some minority communities have lower rates of substance use due to strong social cohesion, close family ties and religious prohibitions on drug use.

For example, Ecuador has the 'Geographical model for identifying areas vulnerable to the drug phenomenon in Ecuador', which identifies vulnerable and priority areas for the country's attention in relation to illicit drug-related activities. This model is a technical tool that uses multivariate analysis and geostatistics to estimate the degree of vulnerability of geographical areas to the drug phenomenon, generating easily interpretable maps. Four general components were assessed separately, each related to different characteristics and variables:

- Component 1: Presence of illicit activities (anti-narcotics operations — related crimes, internal drug trafficking, international drug trafficking);
- Component 2: Socio-economic conditions (poverty through unsatisfied basic needs/UBN);
- Component 3: Biogeographical conditions and anthropic restrictions (soil fitness and anthropic restrictions);
- Component 4: State presence (presence of community police units, health system, educational infrastructure, social rehabilitation centres, customs controls, ports and airports, military units and detachments).

Identifying and prioritising the problems to be tackled

The needs assessment is likely to identify a series of problems to be addressed. In deciding which problems to tackle, a public health approach is useful. This approach first assesses the severity of the problems experienced by people who use drugs. The next step in the process is to look for interventions that will reduce the impact of the problems identified. This approach identifies priority areas for action based on evidence, but also depends to some extent on political and social issues.

For example, drug use and trafficking in public places could be a cause for concern in some countries in the area. These scenes, associated with social unrest and the potential for violence, often generate public concern and may be a priority for developing interventions. In this case, responses should take into account the needs of both local communities and people using drugs who are in situations of high vulnerability.

With regard to substances, in some LAC countries, concern about the use of drugs such as fentanyl is increasing. Specifically, this drug has an important impact on the physical and mental deterioration of people who use it and leads, in many cases, to death. In addition, these premature deaths have a huge impact on families (who lose parents, children or siblings), as well as on society at large, and place a high demand on emergency health services. Reducing deaths related to substances such as fentanyl may therefore need to be raised as a public health priority for drug policy development.

Deaths and other adverse events associated with new psychoactive substances often generate considerable media attention and public concern. Although these events occur infrequently, addressing the harm associated with the use of these substances, which pose unknown risks to people who use drugs, is a priority in Latin America and the Caribbean. In this regard, some countries are already developing interesting initiatives. For example, El Salvador has developed an Early Warning System. This alert mechanism is based on a timely detection of new psychoactive substances or emerging drugs in the country, in which the chemical characterisation of the substance is carried out and the risks associated with its use are assessed. With all the information gathered, alerts are generated and issued based on scientific evidence, and disseminated to related institutions and bodies and to the general public[3]. This system also exists in other countries, such as Argentina. Initiatives such as this are interesting for the timely management of new substances arriving in national contexts.

Developing appropriate health and social responses

Clarifying the objectives of the interventions

Once the drug problems to be addressed have been identified, the next step is to identify the responses that are expected to be most effective in dealing with them. Where appropriate, a combination of interventions may be used. This requires a clear understanding of the objectives of the interventions. For example, the objectives could be one or more of the following:

- preventing the onset of drug use among young people;
- delaying the age at which people start using drugs;
- preventing occasional drug use from turning into regular drug use;
- helping people to stop using drugs;
- reducing drug use and harm among people who already use drugs;
- decreasing drug-related harms experienced by communities;
- improving the social integration of people with drug problems.

The objectives will depend on a combination of factors, including an assessment of the nature and stage of development of the problem to be addressed, for example:

[3] https://www.seguridad.gob.sv/cna/?page_id=3719

- Is a new drug, such as fentanyl, starting to cause problems, although the number of people using it is still relatively small?
- Does an established drug, such as heroin, cause new problems, with many people using high-risk drugs, or are interventions failing to address long-term harms?
- Is there concern about the resurgence of an illicit drug such as MDMA?

In the case of a new psychoactive substance, the aim may be to discourage young people from experimentation or to encourage those who have started using to stop or not to use regularly, avoiding social normalisation of the use of these drugs. Research may be needed to identify problem patterns of use relating to new drugs. Health educators may need to explore effective and targeted ways to inform people who use drugs of the potential harms and riskiest patterns of use, such as through peer interventions or messaging on selected and trusted social media channels.

In the case of an established drug, the goal may be to prevent the use of new drugs, while encouraging people already using and experiencing problems to engage with drug services.

EXAMPLES

Argentina drew up a *Guide to evaluating drug demand reduction programmes*. The purpose of the guide is to provide a methodological tool for the evaluation of public policies, programmes and interventions. The guide is structured into three chapters.

- Conceptual reference framework for the evaluation of public policies, programmes and interventions. It also addresses the characteristics, types and objectives of the evaluation.
- Description of the steps to guide the design and launch the assessment.
- Concrete examples of evaluation carried out in the different programmes taking place in the country and some reflections for the daily challenge involved in the evaluation.

Best practice portal

Good practice in developing an Action framework, and especially in selecting the most appropriate responses to a given problem, is to use best practice portals to select and, eventually, adapt those evidence-based interventions that have proven to be most effective.

The EUDA Best practice portal[4] provides more details on the evidence of what works for different drug problems, target groups (priority groups to steer interventions) and settings, including examples of successful implementation of evidence-based interventions and care models, as well as quality guidelines and standards for delivering different interventions. Updates to the evidence are based on systematic reviews, review assessments and synopses of evidence included in the guidelines (normally not considered as individual studies, except in exceptional cases). They are developed in collaboration with members of the Cochrane and Campbell collaborations, and are reviewed by experts in the field.
As these are research studies that include performance evaluation, they can be applied in other contexts as scientific evidence. The Best practice portal also contains collections of international standards and guidelines, along with examples of practices.

[4] https://www.euda.europa.eu/best-practice

Understanding and using evidence

Different sources of evidence can be used to develop and implement responses. These may include:

- **Evaluations of the effectiveness of interventions**, which are generally carried out by randomised clinical trials and other experimental design studies. They can confirm whether the intervention has an effect based on the outcome measures defined in advance.
- **Systematic reviews**, which have the capacity to assess the quality of the evidence and apply methods to group results from multiple research studies and measure the combined effect. The direction of this effect (beneficial or not) can be used as a standardised metric to summarise various effect measures from different studies, but should never be confused with the directionality of an association that can only be detected in longitudinal observational studies such as cohort studies.
- **Observational studies**, which can help analyse associations, risk factors and other relationships, providing critical descriptive data on the efficacy and safety of a long-term intervention, which clinical trials cannot provide. In addition, they allow for the evaluation of the results and impact of an intervention, even more so if combined with other methods.
- **Implementation research**, which includes all types of studies that investigate the application of scientific findings and other knowledge based on evidence, policy and practice. Qualitative research results and syntheses of expert opinion are considered to be of a very low level of evidence, but can be used, for example, in the development of guidelines (to complement other forms of information and evidence, and also to explore new topics and identify research questions for future scientific projects). Ideally, this should include contributions both from those involved in the implementation of the intervention and from its potential recipients.
- **Basic research, mechanistic studies and research findings** from animal studies, which can provide information in rare cases and assist in the design of interventions. But it should always be considered that the information provided by these studies is neither applicable nor memorisable to real world situations and humans.

The various types of evidence vary in terms of their strengths and weaknesses, as well as in the information they can provide. Drug-related problems are multidimensional and require medical, socio-economic and educational interventions. Consequently, it is often necessary to integrate evidence from a range of disciplines and types of study, using both quantitative and qualitative research methods.

When examining the available evidence to guide decision-making, the first step is to define the research question, which in turn determines the most appropriate study design. For example, the effectiveness of treatment interventions is best assessed through randomised controlled trials. To determine the long-term impact of an intervention that has already proven to be effective or the impact of broader policies or population-based interventions, observational studies are likely to be more appropriate. These include, for example, longitudinal or cohort studies, interrupted time series or controlled pre- and post-intervention studies.

It is also important to take into account the quality and levels of evidence available. Are the results drawn from appropriately designed studies and are they based on well-conducted research that minimises bias? Are they correctly reported and related to the target interest groups?

There are several ways to assess the quality of the evidence available, but studies are often simply classified according to the risk of bias inherent in their study design. Based on this criterion, the best evidence comes from systematic reviews that combine the results of multiple studies and assess their quality and the consistency of their results, thus minimising the risk of bias. However, in newer settings it may take some time before sufficient primary studies are completed and systematic reviews cannot always be conducted when needed, which means that services will often have to be implemented on the basis of a weak scientific evidence base or limited amount of evidence available for the effect being studied.

When assessing the evidence, it is also important to recognise that the quality of the studies is not the only consideration, as there may be interventions that have been shown to be a few studies, but for which the results have not yet been sufficiently replicated, and the available evidence therefore remains weak because the intervention has not yet been sufficiently researched. The magnitude of the effect measured is also relevant. There may be sufficient evidence from high level (i.e. high quality) studies that an intervention is effective. But if all studies detected only a small effect, the intervention will have only a limited beneficial effect, regardless of the high quality of the evidence. It is important to mention that statements regarding evidence cannot be applied generally to the intervention, but should always be related to concrete results and, typically, to specific populations or contexts. Therefore, understanding how the results have been defined and measured is crucial when assessing how the available evidence can be interpreted, and it is important to clearly state what effect is supported by an evidence base (e.g. the effectiveness of an intervention or its safety).

Evaluating the evidence used for this guide

The evidence statements included in this guide are a compilation of what is known about responding to drug use. They only reflect areas where we have clear evidence that they support an intervention. In many situations, the evidence supporting an intervention is limited because of the lack of a robust assessment, or because the available evidence has not been synthesised in a way that would facilitate an assessment (i.e. systematic reviews or meta-analysis of the evidence have not been performed). Lack of evidence, or low-quality evidence, does not necessarily mean that an intervention does not work. It means that the intervention has not yet been adequately evaluated, so at this stage there is a high degree of uncertainty in predicting the impact it will have.

Methodology

In this guide, the evidence statements are based on studies from systematic reviews and meta-analyses published between January 2010 and March 2021. Systematic reviews and meta-analysis were identified from PubMed searches for each topic using the titles of relevant medical topics. From the relevant studies identified, full text documents were obtained for the corresponding reviews, from which key data were extracted: details of the publication, the population studied, the intervention assessed, a description of the studies included (i.e. number of trials/participants, types of study design) and quality (study design). Where available, test statements and their GRADE quality scores (Cochrane GRADE) were extracted and used. Evidence from individual studies was qualified as 'evidence of very low or insufficient quality'. When there was more than one review available on a particular topic, the classification of the evidence relied on the most recent solid evidence available and took into account the consistency of the evidence across all revisions. In cases where the evidence was inconsistent, a judgement was made on the most robust evidence, based on the recent review and the number and quality of studies covered. In some cases, the GRADE quality ratings for reviews had to be reassessed in order to maintain consistency between revisions. Tests of narrative revisions were generally excluded.

Because of the methods used, evidence claims are necessarily limited to areas where adequate evidence is available to confirm (or refute) the benefits of an intervention. In some cases, robust evidence may be available to demonstrate the benefits of an intervention, but it has not been synthesised in a way that makes it possible to judge the quality of the evidence (i.e. there are no systematic reviews or meta-analyses). In these situations, the evidence relating to this intervention was not included in the statements on the evidence. In other situations, evidence was available only from a single study, or was of low quality (e.g. due to limitations in the study design). This meant that the evidence was inconclusive; the quality rating assigned to the evidence claim in these situations was very low or insufficient. In many intervention areas, evidence was not reported where it was inconclusive or of very low quality due to space limitations.

Summarising the evidence

The evidence-based rating system used in this guide has two dimensions. All evidence relates to a specific outcome measured in a specific population and/or environment and time frame.

The first dimension reflects the **direction of the effect of the intervention**, i.e. whether the intervention has been systematically found to produce a profit, an unclear benefit or potential harm:

- **Beneficial:** Evidence of benefit in the intended direction.
- **Unclear:** Unclear whether the intervention produces the intended benefit.
- **Potential harm:** Evidence of possible harm or evidence that the intervention has the opposite effect to that intended (e.g. increase rather than decrease in drug use).

The second dimension represents the **quality of the evidence** and is based on the Cochrane GRADE rating system[5], in which ratings reflect confidence in the quality of the evidence. This is shown by the qualifiers:

- **High:** We can have a high level of confidence in the evidence available, as there is a low risk of bias inherent in the design of the study.
- **Moderate:** We have reasonable confidence in the evidence available, as there is a moderate risk of bias inherent in the study design.
- **Low:** We have low confidence in the available evidence, as there is a high risk of bias inherent in the study design.
- **Very low:** The evidence available is currently insufficient and therefore there is considerable uncertainty as to whether it will produce the intended result, as there is a very high risk of bias inherent in the study design.

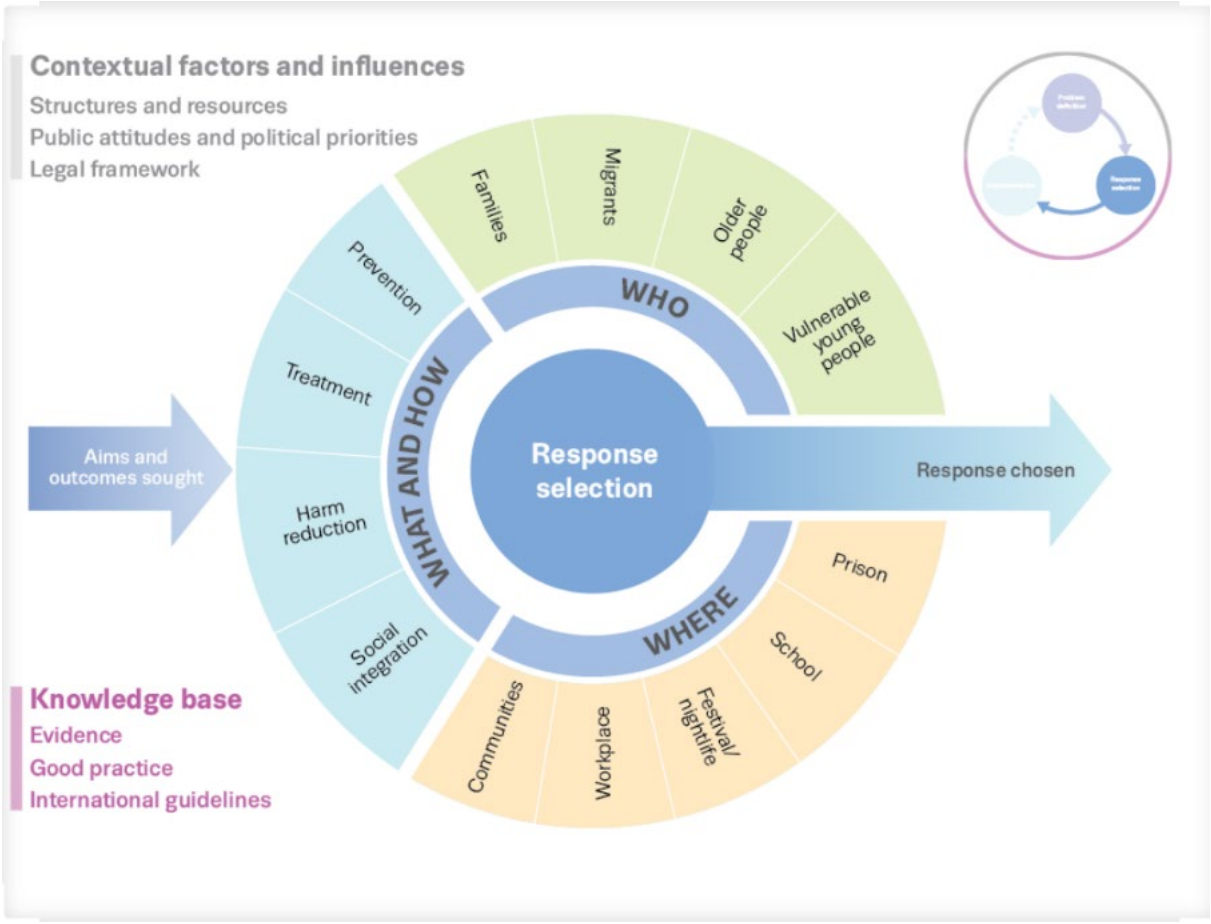
Low or very low-quality evidence is common for new responses or interventions that address emerging problems. It is therefore important to include an assessment and to be alert to possible adverse or unwanted outcomes.

Selecting the most appropriate response options

The next step, based on the needs assessment and defined objectives, is to select an appropriate response for the problems identified. To this end, there are three different procedures: extending or improving an existing response; importing a strategy or programme that has been used elsewhere; or developing a new intervention. In some cases, the most appropriate tactic may be to slightly modify an existing response (e.g. extending the opening hours of a service or adding a component to a training programme). In other circumstances, a new intervention may be necessary and, in this case, a number of factors will have to be taken into account in order to select the most appropriate and effective response (Figure 3).

[5] https://methods.cochrane.org/gradeing/

Figure 3: Factors to be considered in stage 2 — selection of response or intervention



The first questions to be asked are: what response options are in place to address the problem and what evidence is there about its effectiveness? Ideally, interventions should be supported by the strongest available evidence, if possible, meta-analyses and systematic reviews of large-scale randomised controlled trials and treatment outcome observation studies combining the results of several studies with a large number of people. However, this type of evidence is not always available and, at the other end of the spectrum, in cases where data are very limited or non-existent, expert consensus may be the best option until more conclusive evidence can be gathered.

If there is no suitable response available, then a search will be needed to prepare an intervention, investigate its feasibility and assess its acceptability by the target audience. Then, when the programme has been implemented and experience has been gained in its use, research should be carried out to evaluate it.

The main types of responses available and delivery modes are briefly described in the following section. Often, a combination of measures is needed to address various aspects of complex problems.

Another factor to be taken into account at this stage is the specific target group that is intended to benefit from the intervention. For example, will the programme be developed for:

- the whole population of people who may potentially use drugs, for example the adult population?
- subsets of the population who are at a higher risk of starting to use drugs or with special needs, such as socially disadvantaged young people, homeless/street people, women, ethnic groups?
- people who already use drugs or who are individually vulnerable?

A final consideration is the setting in which the programme will be carried out, for example: schools, nightclubs, workplaces, prisons or treatment centres. This variety of contexts can offer opportunities and impose limitations, which should be taken into account.

In addition to the factors listed above, other factors should be considered when choosing the combination of interventions to be implemented. These include the structures and resources available to provide the relevant services. For example:

- Are there official, non-profit, charitable and civil society organisations already providing such services?
- Are the services available on a sufficient scale or, if not, do they have the capacity to expand?
- What additional resources may be needed to enable existing services to expand their capacity, for example resources for new buildings, additional staff and staff training?

At times when resources are scarce, or if a rapid response to a crisis is needed, a compromise may have to be struck between the coverage of services (reaching the greatest number of people) and the intensity or level of delivery (quality of service) that can be offered.

The level of political priority given to drug problems is an important factor in the allocation of resources. Is it sufficient to generate the necessary resources to expand capacity, or are established service providers expected to address the new problem with existing resources? How will decisions be taken on prioritising the provision of services to different target audiences and the allocation of resources between the different services?

In addition, social perception of drug use can be a determining factor in the setting of political priorities, influencing the number of resources allocated and the strategy adopted to address drug-related problems. These behaviours will depend on the prevailing 'guiding image' of drug use, whether drug use is perceived primarily as a vice, a crime, a personal choice, a disease or a disability.

In addition, a country's drug legislation can influence the type of responses offered to people with problematic use of psychoactive substances and aspects such as stigma, criminalisation, violence and accessibility to the network of existing services. In some Latin American and Caribbean countries, such as Trinidad and Tobago, the law may define the possession of drugs as an offence and the use of these drugs can also be considered a crime. In Mexico, for example, the possession and use of illicit drugs is not considered a crime; however, possession of more than the amount provided for by law is a criminal matter.

In some countries, illegal drug users can be sentenced to imprisonment, but many countries adopt a public health approach to the health and social problems associated with drug use, diverting drug users away from the criminal justice system, avoiding criminalisation and guiding them towards treatment. In some countries, this has led to increased funding for treatment and initiatives to address the health and social problems experienced by people who use drugs. In Ecuador, the *Organic Law for the Integral Prevention of the Socioeconomic Phenomenon of Drugs and the Regulation and Control of the Use of Scheduled Substances Subject to Inspection* aims at the comprehensive prevention of the drug phenomenon, the control and regulation of scheduled substances under control and medicines containing them, as well as the establishment of a sufficient and effective legal and institutional framework.

In Chile, according to Law No. 20000, drug use is considered a misdemeanour (not a crime), and therefore no prison sentences are associated with it. However, its Article 50 provides for sanctions against persons who use drugs in public places or places open to the public.

OTHER EXAMPLES — USE OF CANNABIS IN ANTIGUA AND BARBUDA

Cannabis use in Antigua and Barbuda has been decriminalised since 2018, and the country has adopted a hybrid approach. The hybrid approach allows an individual to possess a maximum of fifteen (15) grams of non-medical cannabis. The Cannabis Act 2018 therefore makes it an offence for an unauthorised person or group to be in possession of more than 15 grams of cannabis.

However, holders of a medical cannabis authorisation card may possess up to 2 ounces or 57 grams of medical cannabis flower or fourteen grams of medical cannabis extract or non-infused medical cannabis product.

Both the Cannabis Act 2018 and the Cannabis Regulations 2018 provide for the monitoring and control of cannabis for religious use, by documented members of registered religious organisations, to defend the constitutional rights granted to each citizen of Antigua and Barbuda.

Main types of responses available

A wide range of health and social responses are available to address drug problems. They can be used with different populations, at different stages of the drug problem, individually or in combination. When considered at national or local level, all these measures can form part of a comprehensive drug demand reduction system and should be coordinated and integrated. Nowadays, more and more prevention, treatment and harm reduction interventions are offered on the internet and through mobile applications.

Prevention approaches

Drug prevention strategies[6] cover a broad spectrum, ranging from those that target society as a whole (environmental prevention) to interventions that focus on individuals at risk (indicated prevention).
The main challenges lie in adjusting these different strategies to the right target groups and contexts, while ensuring that they are evidence-based and have sufficient population coverage. Most prevention strategies focus on substance use in general, although some also take into account associated problems such as violence and high-risk sexual behaviour, and a limited number of them target specific substances such as alcohol, tobacco or cannabis.

- **Environmental prevention** strategies aim to change the cultural, social, physical and economic environment in which people make their decisions about drug use. They include measures such as alcohol pricing and bans on advertising and tobacco consumption, for which there is clear evidence of effectiveness. Other strategies aim to provide protective school environments, for example, by promoting a positive and supportive learning environment and by teaching norms and values of citizenship.
- **Universal prevention** addresses whole populations, usually in school and community settings, with the aim of providing young people with the social skills to avoid or delay the onset of drug use.
- **Selective prevention** is involved in specific contexts or with particular groups, families or communities that are more likely to develop drug use or dependence, often because they have fewer social links and resources.
- **Indicated** prevention focuses on individuals with behavioural or psychological problems, which predict an increased risk of substance use problems later in life. For example, indicated prevention mainly involves counselling for young people who use drugs.

There are various initiatives in the LAC area aimed at the prevention of drug use. For example, in Mexico from the Ministry of Public Education in coordination with the National Strategy for the Prevention of Addictions, a prevention programme has been developed in schools 'Strategy in the classroom'.

[6] https://www.euda.europa.eu/topics/prevention

This initiative offers tools and documents to develop actions in the classroom and provides a dissemination campaign to contribute to the prevention of drug use among secondary and high school students, through spaces for reflection and assertive communication messages.

In Chile, there is a school prevention programme which proposes to link the strategies and preventive actions of the programmatic offer of the National Service for the Prevention and Rehabilitation of Drug and Alcohol Consumption (SENDA) and the Ministry of Education and where establishments design and implement action plans. To this end, three components to be developed are identified: preventive school management, school engagement and linking with the social environment. Each of these proposes a series of activities that seek to contribute to the achievement of the component's objective.

Treatment

In Latin America and the Caribbean, a variety of interventions are used for the treatment of drug-related problems, including psychosocial interventions, pharmacological treatment and detoxification. The relative importance of the different treatment modalities available depends on a number of factors, such as the organisation of the national health system and the nature of drug problems in each country. Treatment services for people with problem alcohol and other drug use can be provided in a variety of modalities, including: outpatient, inpatient and residential services; specialised treatment units; primary care and mental health clinics; low-threshold services or facilities; inpatient residential units and specialised residential centres; units within correctional facilities; or community resources.

In the LAC region, there has been an important theoretical and practical development of diverse experiences of community-based approaches to problems associated with substance use. Responses of this kind are presented by associations, NGOs or the states themselves. Given the complexity of the contexts in which they operate and the incipient nature of this approach, it is essential that they receive official accreditation that they are doing this work adequately and continuous monitoring for the development of evidence. In El Salvador, for example, the steps to obtain such accreditations are very complex, so the authorities have opted to issue 'good practice seals' to certify entities and have created a Directory of residential establishments that offer good practices in the care of people with psychoactive substance use disorders.

In Mexico, there is a mechanism for the supervision and recognition of residential establishments, which has a directory of recognised residential contracting institutions and which are supervised jointly with other institutions, such as human rights organisations (National Mechanism for the Prevention of Torture of the National Human Rights Commission).

Indeed, the variety of processing interventions offered on the internet is increasing. These interventions could broaden the scope and geographical coverage of treatment programmes for people with drug use problems who would otherwise not be able to access specialised services. However, it is important to bear in mind that in Latin America and the Caribbean, internet access is still limited in various regions and for certain vulnerable groups.

The treatment with opioid agonists [*] is the predominant intervention for the consumption of opioids in LAC. It is generally administered in specialised outpatient services, although in some countries it is also offered on an inpatient basis in health care facilities and prisons. In addition, general practitioners play an important role, often through shared care arrangements with specialised addiction treatment centres. Ecuador, for example, has a protocol on care for acute opioid poisoning and abstinence syndrome, the implementation of which is mandatory in all health establishments of its national health system and compliance with it is the responsibility of the national health authority.

Psychosocial interventions include counselling, motivational interviewing, cognitive behavioural therapies, case management, group and family therapies and relapse prevention. These interventions help people to manage and overcome their drug-related problems. They are the main form of treatment offered to users of cannabis and stimulating drugs, such as cocaine and amphetamines. They are also available to people who use opioids in combination with opioid agonist treatment. In many countries, such as Trinidad and

Tobago, the provision of outpatient psychosocial treatment is shared by public institutions and non-governmental organisations. In Argentina, for example, there is a network of devices from the Secretariat of Comprehensive Drug Policies of the Argentine Nation (Sedronar) that offers a cross-sectoral and interactor network approach to ensure access to treatment at all stages and levels of complexity.

A smaller proportion of drug dependence treatment in LAC is provided in inpatient facilities. In-patient or residential treatment, whether in a hospital or not, requires patients to live in the treatment centre for a period ranging from a few weeks to several months, in order to enable them to refrain from drug use. The provision of treatment with agonists of opioids in hospital centres is scarce, but it is carried out in certain patient groups with high morbidity levels. A prerequisite for entry may be detoxification, a medically supervised short-term intervention aimed at the reduction and cessation of substance use, with support to alleviate withdrawal symptoms or other negative effects. Typically, detoxification is an intervention that requires admission to a hospital, a specialised treatment centre, or a residential facility with medical or psychiatric services.

In hospitals, patients receive individually structured psychosocial treatments and participate in activities to rehabilitate them and facilitate their reintegration into society. A community therapeutic strategy is often used. Inpatient treatment can also be provided in psychiatric hospitals to those who also suffer from mental disorders. Public institutions, the private sector and non-governmental organisations are involved in the provision of income-based care in LAC, and the main providers vary from country to country. In Ecuador, work is also carried out in Intensive Ambulatory Services with multidisciplinary teams.

[*] The term opioid agonist treatment is used here as a favoured expression to cover various treatments involving the prescription of opioid agonists to treat opioid dependence. The reader should be aware that this term includes opioid substitution treatment (OST), which can still be used in some of our data collection tools and historical documents.

Social reintegration

Social exclusion affects many people who use high-risk drugs, especially people with chronic opioid use. Unemployment and low educational attainment are common among these people and many of them are homeless or living in temporary accommodation. Interventions addressing these issues focus on the social reintegration of people who use drugs, including improving an individual's ability to gain and maintain employment.

The strategies adopted include vocational training programmes aimed at improving the skills and qualities needed to find and maintain employment. The transition from treatment to work can be facilitated by social enterprises and cooperatives offering work experiences and assisted jobs. Programmes that work with companies to encourage them to hire people who have had drug-related problems and provide on-the-job support to these people are also valuable in this regard.

In Ecuador, the Decentralised Autonomous Governments carry out actions such as occupational workshops and sometimes deliver tools for entrepreneurship in small businesses, for example hairdressing. In addition, in the Intensive Ambulatory Services and Occupational Therapy Addictions Treatment Centres, social integration, educational and also income-generating activities are carried out as part of the reintegration process.

In Chile, social integration programmes exist to improve the conditions of people in the recovery network, encouraging the development of skills, the improvement of working and living conditions and the link with social benefits. The structures of the programmes consist, on the one hand, of methodological tools, and on the other hand, of social inclusion arrangements and take the form of housing in support of social inclusion and employment-related guidance.

In Barbados, the local NGO 'Jabez House' provides assistance to street workers by teaching them skills and helping them with employment/entrepreneurship opportunities. There is also a government-funded shelter that provides housing for women victims of domestic violence. They also help find residential alternatives and contribute to social reintegration.

In Trinidad and Tobago, social reintegration services are provided by various government agencies. They could be grouped into: employment and vocational training programmes, lifelong skills education and training, legal assistance and support for criminal justice, social and family support services and, finally, community participation activities.

In some countries, there is no information on organisations and institutions that help people with problem substance use to reintegrate into society. This is the case, for example, for Honduras.

Harm reduction

Harm reduction encompasses interventions, programmes and policies that seek to reduce the health, social and economic harm caused to individuals, communities and societies by drug use.

A fundamental principle of harm reduction is the development of pragmatic responses to deal with drug use through a hierarchy of intervention objectives which places particular emphasis on the reduction of health-related harm due to persistent drug use. Harm reduction addresses the immediate health and social needs of people experiencing problematic drug use, especially those who are socially excluded, by providing treatment with opioid agonists and needle and syringe exchange programmes to prevent overdose deaths and reduce the likelihood of contracting infectious diseases. Other approaches include outreach/proximity programmes, health promotion and education.

Protecting people who use drugs and the general population from the harm associated with drug use requires a framework of interventions that address different domains and potential harm and risks and that can contribute to better health and social outcomes over time. Possible targets for interventions in this area include measures to reduce the risk of HIV/AIDS or viral hepatitis infections among injecting drug users, the prevention of overdose and strategies that encourage drug users to adopt lower risk behaviours, as well as the promotion of health and safety objectives.

Recent developments in the field of harm reduction interventions include the use of mobile and e-health applications to deliver brief interventions and support recovery more broadly, expanding the use of telemedicine and the use of behavioural information to develop more effective programmes for targeted individuals.

In the LAC area, there are some experiences of work in this field, for example, the work developed by the American Network of Organisations for Intervention in Situations of Social Suffering (RAISSS), a network of national networks that brings together social organisations, which intervene in situations of social suffering (Drugs, HIV, Prisons, Street Situation, Children in vulnerability, etc.) in local communities, the activities developed on the basis of the ECO2 model community treatment methodology.

At the Tijuana border (Mexico), the work in the field of harm reduction by the organisation Prevencasa AC is recognised. Ecuador has worked on risk and harm reduction with education and communication strategies for which materials have been developed with important information to reduce substance consumption. In Honduras, there are several prevention programmes for children and young people in primary and secondary education to raise awareness of both licit and illicit drug abuse.

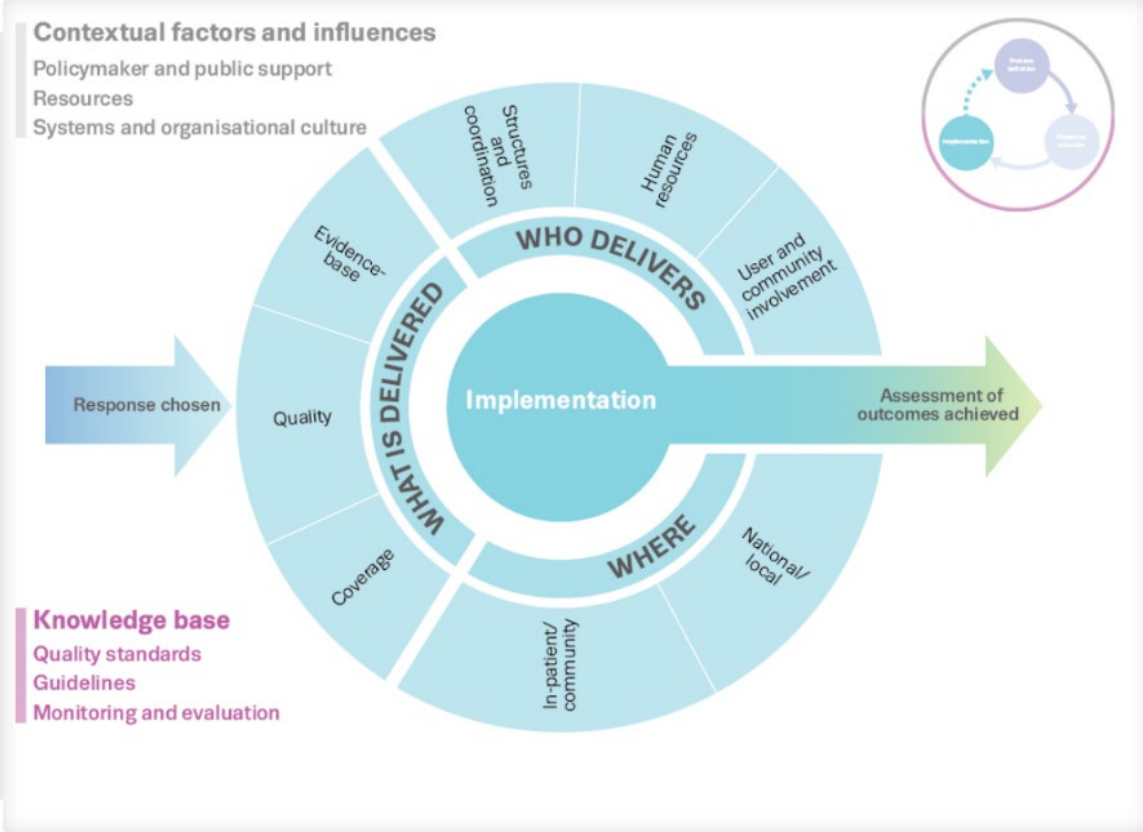
Implementing, monitoring and evaluating the selected responses

The successful implementation of any policy response depends on a number of factors that need to be taken into account when planning or reviewing policies or programmes (see Figure 4).

Factors affecting implementation

Firstly, it is essential to gain the support of policy makers and society. Policymakers and society need to accept that there is a drug problem that requires a specific response. They should also be convinced that a public health strategy is more appropriate than a fundamentally public policy response. A focus on the cost-benefit of action and inaction may be necessary to ensure the allocation of the social resources needed for an effective public policy response.

Figure 4: Factors to be considered in stage 3 — implementation



The effective implementation of an intervention also depends on whether sufficient trained staff are available to deliver it. This may require the training of additional staff to allow services to be expanded and involved. It may also involve re-training staff more accustomed to dealing with other types of drug use problems (e.g. injecting opioid use rather than problem stimulant or cannabis use) or providing them with the necessary skills to work with new groups, such as younger clients. In Argentina, for example, a Manual of concepts and tools for research into the consumption of psychoactive substances has been developed to help professionals train and incorporate some tools into their daily practice.

Interventions also require appropriate facilities and locations where treatments, outreach activities to the community or other programmes can be carried out. Involving local communities can be essential if they are to host treatment or proximity services. Concerns to be addressed include fears that services will attract more drug users to the area and increase drug-related problems, or lead people who use drugs to congregate around treatment centres, openly engaging in drug trafficking and drug use. In the design

phase of interventions, it is necessary to work on these concerns, often based on stigma, in order to create the necessary conditions to ensure the sustainability of the intervention.

Management and coordination of services

Management systems are needed to coordinate the efforts of the different agencies and services working to address drug-related problems. Coordination may require the establishment of consultative committees or reference groups with broad representation of key stakeholders. These bodies can determine the direction of an overall strategy. They can also ensure the participation of all those affected by a policy, which facilitates greater acceptance of the strategies involved.

Furthermore, the interaction between drug-related issues and other health and social problems means that it is important to ensure adequate coordination between drug services and other health care services. For example, drug-related problems are often associated with mental health problems, so it is essential that drug dependence and mental health services work together to ensure that both issues are addressed effectively. In this regard, a work of the Group of Experts on Demand Reduction coordinated with countries in the region recommended to the Inter-American Drug Abuse Control Commission (CICAD) that it is essential to focus on mental comorbidity and also on mental health care from an early approach[7].

Quality standards for service delivery provide another mechanism to support effective implementation. Agencies involved in service delivery may need to be consulted periodically to identify and address any implementation problems. Representatives of groups using a particular service can provide feedback on its performance and make suggestions for improving its design and delivery. It is essential to create an organisational culture in which there is collaboration between agencies and service providers, rather than competition for resources and clients.

Monitoring and evaluation of service delivery

Monitoring, evaluation and feedback on the functioning of the intervention are key to the successful delivery of the service. These procedures enable staff to monitor programme performance, improve delivery, assess cost-effectiveness and be accountable to funding agencies and entities for the services they provide. They also enable service providers to identify any unintended negative consequences of specific interventions or other actions, for example, a change in practice that results in increased drop-out rates, or measures taken to prevent diversion of prescription medicines that may reduce access to medicines for those who need them, resulting in ineffective treatment and associated pain and suffering, as well as increased healthcare costs.

Monitoring of the implementation and adoption of interventions requires the establishment of sustainable data collection systems. In order for the data to be useful, the forms should be completed systematically and appropriately. The results should be communicated to staff to demonstrate the value of the data collection. Examples of the types of questions that should be asked in monitoring and evaluation actions include:

- What types of interventions have been provided (e.g. counselling, social support, opioid agonist treatment)?
- How many or what types of patients or target groups have been treated?
- What are the results in terms of preventing or reducing drug use and drug-related harm or improving patients' quality of life?
- What are the costs of the intervention compared with alternative programmes or services?

[7] https://www.oas.org/ext/es/seguridad/grupo-expertos-reduccion-demanda#:~:text=El%20Grupo%20de%20Expertos%20en%20Reducci%C3%B3n%20de%20la%20Demanda%20realiza,rehabilitaci%C3%B3n%20y%20la%20integraci%C3%B3n%20social

These data are useful for both internal and external purposes, for example: to assess and refine services and responses to users/as; inform funding entities; defend continuity of funding or additional funding for existing services; or advocate for more cost-effective alternative interventions. Monitoring and evaluation of ongoing service delivery are usually carried out by the service providers themselves, although ideally the evaluation of outcomes and impact should be carried out by external evaluators, who can be more objective.

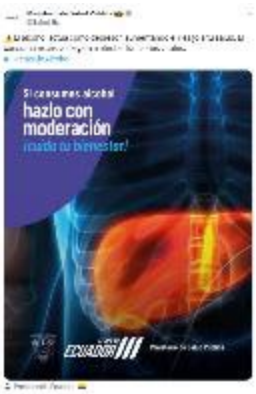
In this regard, Argentina has developed a Guide for the preparation of Single Registers for the design of data collection systems in treatment centres.

As there may be a delay before interventions have detectable effects on drug-related harm, a potential challenge for policymakers is to ensure that services continue to be funded after a perceived drug crisis has passed. Research findings on the impact of services, their cost-effectiveness and the magnitude of drug problems at population level can play a useful role in this process.

Examples of campaigns and interventions

1. ECUADOR

Prevention of alcohol consumption



Source:
https://x.com/Salud_Ec/status/1732782201392029895?t=Pli_IBuhMIggL1DFXXl5XA&s=08
https://x.com/Salud_Ec/status/1733148917259247993?t=PlLYSp15cgh5vk9Q-_zlbw&s=08
https://x.com/Salud_Ec/status/1733836310572335203?t=FWjH6dB42yopPojqptjz0w&s=08

Drug consumption prevention and HIV prevention

Source:
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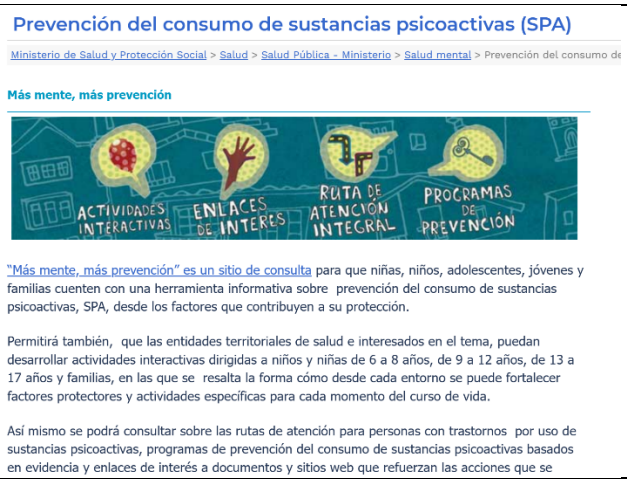
https://x.com/Salud_Ec/status/1732868432138256424?t=QdjC2naQ-rj6VRgH5bjDSg&s=08
https://x.com/Salud_Ec/status/1730350053133324463?t=xD25nrqYdRMh_2WwiIWDyQ&s=08

Prevention campaign for the use of fentanyl

Source:

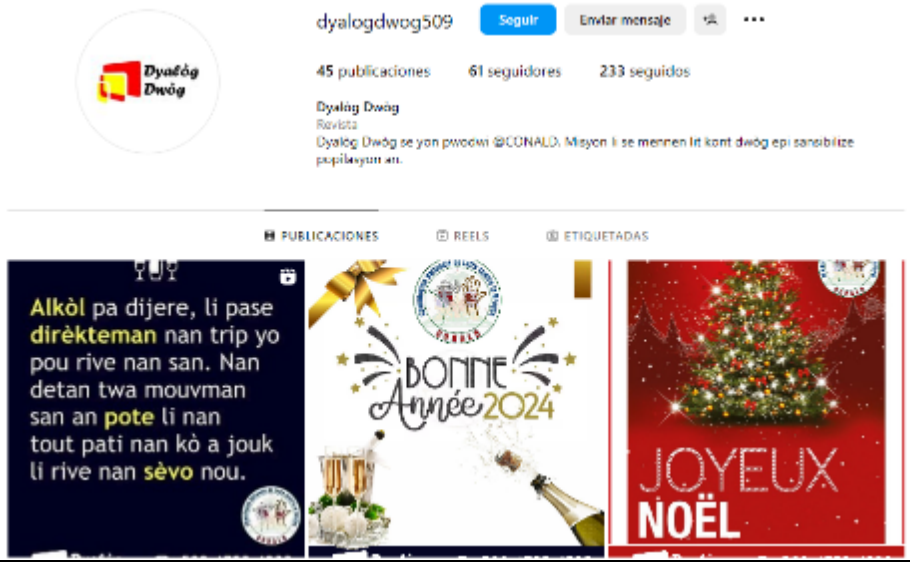
https://m.facebook.com/story.php?story_fbid=pfbid02mfowWrZ1dma8sriuBKgu1VMK7taj16NzwNCWppc
https://x.com/Salud_Ec/status/1715397466898788690?t=b9Z1aQHMRnZ-j3xNEqwBUg&s=08
https://www.instagram.com/p/Cyv4J8ZiUNP/?igshid=MTc4MmM1YmI2Ng==

2. COLOMBIA

Strong families, a strategy to improve relationships and prevent drug use	'More mind, more prevention' a briefing tool on psychoactive substance prevention, SPA targeting children, adolescents, young people and families
	
https://www.minsalud.gov.co/Paginas/Familias%20fuertes,%20una%20estrategia%20para%20mejorar%20las%20relaciones%20y%20prevenir%20consumo%20de%20drogas.aspx https://www.corpocaminos.org/2019/09/02/iniciamos-familias-fuertes-amor-y-limites/	https://www.minsalud.gov.co/salud/publica/SMental/Paginas/convivencia-desarrollo-humano-sustancias-psicoactivas.aspx

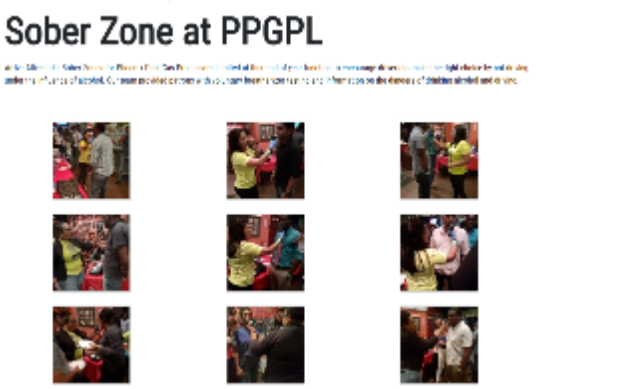
3. HAITI

DyalogDwÓg magazine to improve information and knowledge about drugs in the population



https://www.facebook.com/dyalogdwog509

4. TRINIDAD AND TOBAGO

Video 'Trinity S.M.A.R.T. Episode 4 - A Different Kind of Weed' on drugs	'Arrive Alive', an organisation that encourages drivers not to drive under the influence of alcohol
	
https://www.youtube.com/watch?v=Jc5aCx76WhQ	https://arrivealivett.com/?s=sober+zone

5. PANAMA

Videos on substance use on social media	
	
https://x.com/PGN_PANAMA/status/1568724748531441664	https://www.instagram.com/reel/CxqDFawuxfs/