

PUBLIC HEALTH POLICIES ON PSYCHOACTIVE SUBSTANCE USE

A manual for health planners

PAHO



Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE
Americas

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Washington, D.C., 2021

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ISBN: 978-92-75-12350-8 (PDF)

ISBN: 978-92-75-12349-2 (Print)

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Suggested citation. Public Health Policies on Psychoactive Substance Use: A Manual for Health Planners. Washington, D.C.: Pan American Health Organization; 2021. License: CC BY-NC-SA 3.0 IGO. <https://doi.org/10.37774/9789275123508>

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://iris.paho.org>.

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NMH/MH/2021

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ACKNOWLEDGEMENTS

This manual was developed under the direction of Dr. Luis Alfonzo, Advisor on Substance Abuse, and supervised by Dr. Devora Kestel, Chief of the Mental Health and Substance Use Unit, in the Noncommunicable Diseases and Mental Health Department at the Pan American Health Organization.

The Pan American Health Organization is grateful for the work of Dr. Angel Alvarez, consultant on Research and Analysis of Public Policies, who prepared this material, and the work of the experts who reviewed and commented on the preliminary versions.

Additional thanks are due to Spain's Governmental Delegation for the National Plan on Drugs and the Spanish Agency for International Development Cooperation (AECID), for their contributions in co-sponsoring the Central American and South American subregional validation workshops, carried out at the AECID Training Centers in Antigua, Guatemala in March 2017 and Santa Cruz de la Sierra, Bolivia, in October 2017.

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Antigua, Guatemala, 21-24 March, 2017:

Carmen Martínez, Lourdes Trigueros, José Miranda, Aldacira de Bradshaw, Lisbeth Cunningham, Eugenia Mata, Allan Rimola, Esner Velloso, Amini Galvez, Alma Cecilia Escobar, Mari-elisa Gonzalez, Roberto Maldonado, Lenin Fu, José Godoy, José Ayerdis, Francisco Landero, Angel Almanzar, Mercedes Germán.

Santa Cruz de la Sierra, Bolivia, 2-4 October, 2017:

Andrea Bruni, Xiomara Vidal, Roberto Canay, Carlos Martin De Lellis, Alfredo Negrete, Amador Noriega, Quirino Cordeiro Junior, Javiera Erazo, Elizabeth Menay, Carlos Diaz, Manuel Fresco, Diana Rodriguez, Miguel Hinojosa, Walter Moscol.

Editorial review and proofreading:

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Improving the definition of problems and needs

PROLOGUE

The material presented here is an instrument based on policy analysis techniques and methods. It was developed to facilitate the application of public health principles to the formulation of responses to the drug problem by governmental decision-makers and nongovernmental organizations working on the issue.

This manual is aimed at planners, policymakers, professionals, individuals, and social organizations, with the goal of helping to strengthen their technical skills related to policies on health and psychoactive substance use.

The manual does not provide guidelines for the development of specific programs or interventions. Instead, it is an instrument to facilitate the design of policies that provide integrated, balanced responses to health problems related to drug use and that could be adopted at the national or subnational level.

The purpose of this document is essentially practical. It is meant to support the planning process and it makes

use of examples and exercises that illustrate the different phases of the process. It is organized into five sections corresponding to the different phases and focusing on:

- » Improving the definition of problems and needs.
- » Managing the information needed to effectively formulate and plan responses.
- » Applying evaluation techniques to adjust, redefine, and improve policies.

This material can be used as a tool during implementation workshops, seminars, and other training activities. In addition, an annexed “Consultation Notebook” Annex provides additional information on the contents that serve as the basis for the manual.

We hope that this working tool is useful for those in public health or other related sectors, who are responsible for formulating, implementing, and evaluating policy to comprehensively address psychoactive substance use, especially its health and social impacts.



Introduction

Psychoactive substances, abuse, control mechanisms, and public policies

Psychoactive substances that are prohibited, regulated, or controlled and whose use is limited to medical and scientific purposes.

Psychoactive substances, by definition, have the capacity to alter behavior by acting on brain mechanisms that normally regulate the functions of people's state of mind, thinking, and motivation.¹ Many of these substances, due to their potential capacity to cause dependency and other health impairments, are subject to international control mechanisms^{2 3} in order to prevent their abuse.⁴

There are problems associated with the use of these substances that warrant attention in public policies. These include social and health impacts, which are usually

addressed from the health and social welfare spheres; and public safety-related aspects of drug control.

Governments define courses of action (i.e., policies) to respond to situations identified as problematic. These policies are formulated by government agencies in accordance with their specific mandates.

With regard to impact on health and well-being, policy objectives are established in the public health sphere in coordination with other relevant sectors. Priorities are established relative

- 1 Pan American Health Organization (PAHO). Strategy on Substance Use and Public Health. Washington, D.C.: PAHO, 2010.
- 2 Psychoactive substances that are prohibited, regulated, or controlled and whose use is limited to medical and scientific purposes.
- 3 Generically known as "conventions"; Commission on Narcotic Drugs of the United Nations Economic and Social Council
- 4 Any use other than for medical and scientific purposes, recognizing its potential capacity to produce a state of dependency, functional central nervous system disorders, or other harmful effects

to other health problems, along with the corresponding strategies to address them, including the allocation of resources needed to carry out actions to respond to the identified needs.

Depending on its approach and scope, the State’s response to drug-related problems can be addressed through policies or through other much more operational planning instruments, such as plans (strategies) and programs.⁵

► Differences between policies, plans, and programs

	POLICY	PLAN	PROGRAM
OBJECTIVE	Establish preferred course of action, based on societal values, information, and evidence	Set priorities, general and specific objectives, quantitative goals, criteria for resource allocation	Take action, using specific resources to achieve specific goals
CONTENTS	Long-term general approach to address a problem	Areas for strategic action in a given timeframe	Specific aspects of a problem in a specific time and place
AREA	National	National/Subnational	Regional or local
TIMEFRAME	Very long-term	Long- and medium-term	Short-term

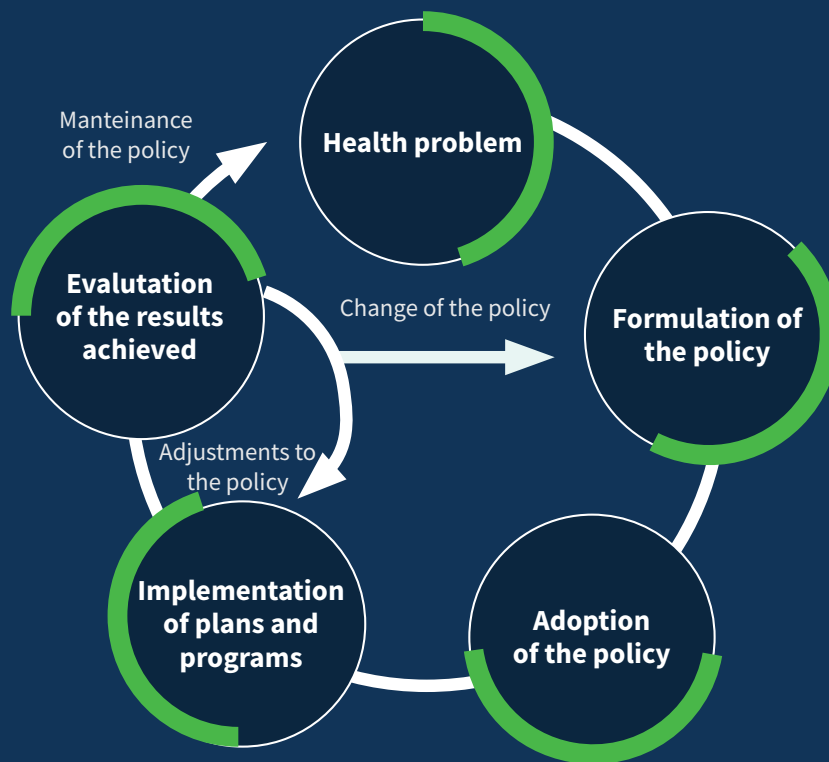
An explicit policy on health and psychoactive substance use makes it possible to set the courses of action necessary to protect and promote specific aspects of the population’s right to health, assigning these the appropriate political and budgetary priorities. Through such a policy, care can be improved at all levels, with responsibilities and agreements among the different actors aimed at achieving common goals through cooperation.

The process for formulating a policy is summarized in a typical sequence

of stages: definition of the problem (providing visibility to a need perceived by the population and ensuring that the issue is included in public and decision-making agendas); formulation of a policy proposal (providing solutions consistent with prevailing standards and values); adoption of the technical proposal by political decision-makers; implementation through plans and programs (prepared in compliance with policy mandates and making efficient use of the projected resources); and assessment of the results achieved.

5 World Health Organization (WHO). Mental Health Policies, Plans and Programmes. Geneva: WHO, 2005.

Figure 1. This process can be outlined as a cycle, which begins with a problem that affects the population:



Source: Adapted from William Dunn, *Public Policy Analysis: An Integrated Approach*, New York: Routledge, 2017, p.6.

Each stage of this policy process has corresponding actions and specific results.

STAGES	ACTIONS CARRIED OUT	EXPECTED RESULTS
DEFINITION OF THE PROBLEM	<ul style="list-style-type: none"> • Provide visibility to the issue, helping the public and decision-makers to see the importance of the problem and its solution. 	<ul style="list-style-type: none"> • Inclusion of the adequately defined problem on the public and decision-making agendas.
PROPOSAL OF THE POLICY	<ul style="list-style-type: none"> • Compile and analyze information and evidence. 	<ul style="list-style-type: none"> • Proposed solution to the problem and strategies to address it.
ADOPTION OF THE POLICY	<ul style="list-style-type: none"> • Obtain support from and prevent rejection by lobby groups and key decision-makers. 	<ul style="list-style-type: none"> • Acceptance of the proposal by the public and the parties involved.
IMPLEMENTATION OF PLANS AND PROGRAMS	<ul style="list-style-type: none"> • Fulfill and enforce the mandates of the proposal. • Use available resources to implement the proposal. 	<ul style="list-style-type: none"> • Implementation of actions to solve the problem, in the given timeframe, and with the assigned functions and projected resources used in an effective, efficient and equitable manner that respects and promotes human rights.
ASSESSMENT OF RESULTS OBTAINED	<ul style="list-style-type: none"> • Examine the distance between the proposed solution and the results obtained. 	<ul style="list-style-type: none"> • Change, adjust, or maintain actions, depending on the results and current situation.



Definition of the problem

Section I

First step: Definition of the problem

The policymaking process starts with the public's perception that a "problematic" situation exists, and that this situation is associated with unmet pressing needs, requiring policymakers to develop a response or solution.

To the extent that this situation has been adequately defined (diagnosed), it

will be possible to develop appropriate responses. This involves consideration of the specific and operational aspects and different actors' perspectives on the situation, especially regarding complex issues such as the relationship between health and substance use.

In this section we aim to:

- 1 Recognize the technical and political importance of adequately defining the problem of psychoactive substance use, including the use of controlled substances, as a public health problem.
- 2 Provide criteria to determine the extent to which the health problems associated with psychoactive substance use are relevant to public health.
- 3 Understand that, when defining the problem, informed decision-making is an essential part of policy-making.
- 4 Identify the most important information sources for a precise, well-substantiated definition of the problem.
- 5 Recognize the methodological criteria to evaluate the quality of the information.

Challenges

▶ How can the problem to be addressed through the policy be best defined?

▶ How do we recognize the importance of a health-based approach to substance use as a public policy problem?

Suggested practice and exercises

► Identifying “problem situations”

Exercise 1.

Identify problem situations (as many as appropriate) related to psychoactive substance use, together with your working group.

- » Define the problem’s characteristics
- » Propose possible solutions, from the public health perspective

PROBLEM SITUATION		
FRAMEWORK	IDENTIFIED PROBLEM	PROPOSED SOLUTION
Public health		

Exercise 2.

Conduct a retrospective diagnosis (background)

- » Analyze the historical trend of each problem situation identified.
- » Highlight, in summarized form, the most influential externalities in the evolution of the problem.
- » Indicate the participation of the different actors and the results derived from each participation.

PROBLEM SITUATION		
EXTERNAL FACTS	PARTICIPATING ACTORS	RESULTS

Based on the information obtained through the diagnosis, identify possible courses of action for your organization as a “relevant actor” in the definition and implementation of the policy proposal, and as well as the areas that depend on other actors.

► Obtaining the information needed to define the problem

Exercise 3.

Identify the information sources that are necessary and available to define the problem situations that will be addressed by the policy.

PROBLEM SITUATION			
INFORMATION SOURCE		IS IT AVAILABLE?	
		YES	NO

Specialized

.....

General

.....

► Identifying the relevant actors and their influence on the changes that the policy will propose

Exercise 4.

Identify the relevant actors that influence the problem situations identified. If there are several actors who influence a single problem situation:

- » Highlight the three (3) actors that, in your opinion, have the greatest influence
- » What position could these actors adopt with regard to the policy that will be developed, in accordance with their interests, values, etc.?

PROBLEM SITUATION		
RELEVANT ACTOR	WHAT INFLUENCE DOES IT HAVE?	ITS POSITION ON THE CHANGES

.....

.....

.....

Suggested practice and exercises

Exercise 5:

Describe your organization’s role and indicate its **degree of influence** with regard to solving the problem situation addressed through the policy, by marking the corresponding space with a “X.”

PROBLEM SITUATION	ROLE OF YOUR ORGANIZATION	DEGREE OF INFLUENCE IN SOLVING THE PROBLEM				
		None Very low	Low	Average	High	Very High
		(1)	(2)	(3)	(4)	(5)

► Setting priorities in the policy

Exercise 6:

Discuss with your group the usefulness of the following criteria for determining the importance of problems related to psychoactive substance use as a health policy issue.

1. Prevalence of use of the substance(s)
2. How use of the substance(s) affects certain groups, and the impact of the problem on the community in general and health services in particular
3. Rights and guarantees for people who use substances and how they should be protected
4. Capacity of the health sector to address these problems through interventions based on scientific evidence
5. Cost of establishing, maintaining, expanding, or improving services to serve the health needs of people who are substance users
6. Economic and social consequences of not addressing the problem of substance use through a public health approach

Exercise 7:

Respond to the guiding questions associated with each of the previous criteria, applying them to each problem situation and estimating the relative importance of each criterion, together with your discussion group. Assign a value between 1 (minimum) and 5 (maximum) to each criterion. Compare the partial scores and the total scores between the two situations. Take notes on the comments made during the discussion.

Practical recommendation: Use the following guide for your assessment:

General criteria for prioritizing problems:

1. Directly affects many people and indirectly affects many others.
2. Causes severe damage to those suffering from the problem and also has severe consequences for the general population.
3. Not solving the problem severely affects people's right to health and people's other fundamental rights and guarantees.
4. There is a known, proven approach to address the problem and produce effective solutions at a reasonable cost.
5. The costs of not addressing the problem are higher than the costs of public intervention.

PROBLEM SITUATION		
CRITERION	GUIDING QUESTION	ASSESSMENT (1-5)
MAGNITUDE	How many people or groups of people does the problem affect, directly or indirectly?	
IMPORTANCE	What consequences does the problem have on people's guaranteed exercise or enjoyment of rights and equality?	
MANAGEABILITY	How complex is the problem? What technical or technological expertise and resources are required to address it?	
ECONOMIC VIABILITY	How expensive is it to solve or mitigate the problem, in comparison to the financial and social costs?	
POLITICAL VIABILITY	Can a substantive consensus among different visions of the problem situation be achieved?	
TOTAL		

Suggested topics for group discussions

Practical recommendation: Distribute the discussion topics to the different groups to expand and deepen the discussion.

1. 1. Definition of the *drug problem*

1. Review of documentary sources (laws, policy papers, plans, and strategies) in effect in the territory.

a. Is there only one definition? Are there different definitions? If there are different definitions, are they compatible with one another?

b. According to the group's criterion, what would be the best substantive definition of the drug problem in their territory, from a public health perspective?

2. 2. Use of information sources

a. Discuss how each information source identified can be used advantageously, to define or reformulate the *drug problem* from a public health perspective.

b. Analyze the validity and reliability of the information sources identified for use in public policy decision-making on health topics related to the *drug problem*. How safe is it to make decisions based on this information? How risky is it to make an incorrect decision based on this information?

c. Discuss ways to improve the quality of the available information.



Section II

Second step: formulation of a policy on health and psychoactive substance use

In each country, health policy on psychoactive substance use is formulated in accordance with the traditions and standards that guide the government's actions. In addition to considering the general public health framework and its essential functions, policies on psychoactive substance use should consider drug control

and should also focus on the population's social well-being. The policy should be based on the best available data on the problem situation and the possible solutions, while considering the target population's expectations.

In this section we aim to:

- 1 Identify criteria to define the values that support a policy, in accordance with the specific context of social reality and public health.
- 2 Recognize the importance of scientific evidence when formulating the policy's general objectives.
- 3 Identify the ideal information sources of scientific support for the objectives, according to the territorial context (country, province, or local level).

Practical recommendation:

The group discussion can start with a question about the rationale for a health policy expressly formulated to address the drug problem



Is a drug-specific health policy necessary? Why?

Suggested practice and exercises

► Analyzing current policy

Exercise 1:

Based on the planning documents and the standards that govern the approach to health and psychoactive substance use:

- » Identify the general objectives of “current policy” (both for drugs and health), at the country, province, or local level.
- » Indicate whether they are coherent with public health values.

To do this, use the following scoring scale and circle the assigned value:

0 = Not at all 1 = Very little 2 = Somewhat 3 = Moderately 4 = A great deal 5 = Fully

OBJECTIVES	PUBLIC HEALTH VALUES ⁶		
	Improve the population's health	Respond to the population's expectations and needs	Provide financial protection
	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5
	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5
	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5
	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5
	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5
	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5
	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5
	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5

Is it advisable to redefine the values system that underlies “current policy”? Provide reasons for your response.

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⁶ *Improve the population's health.* This is the main value of every health system.
Respond to the population's needs and expectations. The health system should respond in the way that people deserve and want to be treated, by meeting their needs through health services or health devices.
Provide financial protection. The health system should ensure that the cost of care is not a barrier to accessing care, often excluding low-income people.

Exercise 2:

Identify the sources used sources to provide the scientific evidence base for current policy objectives. Indicate the most relevant sources for each line of action in the corresponding space.

OBJECTIVES	LINE OF ACTION	EVIDENCE BASE		
		National or local experiences ⁷	Experiences from other countries or regions	Reports from the specialized literature

Is it advisable to redefine current policy objectives based on recent scientific evidence? Provide reasons for your response.

⁷ Review of the information available in the territory includes documentation of the current state of the health services that serve substance users and the resources available to operate these services. It is essential to identify the type of services that each care unit provides for users, including public sector, non-governmental organizations (NGO), and private service providers, and the characteristics of the population served in each case.

Suggested practice and exercises

► Formulating the policy proposal

Exercise 3:

With your group, discuss the objectives that the policy should have, based on the problem situations identified, and identify the corresponding areas of action.

OBJECTIVES	AREAS OF ACTION		
	Public health (*)	Drug control	Social welfare

(*) Within the framework of the Essential Public Health Functions

Practical recommendation: When defining the objectives, consider their correspondence with the dominant legal values, traditions, and standards, and remember that their achievement depends on the available capacities and resources (professional, technical and financial).

- » Identify the public health values that correspond to each proposed objective. Use the following criteria, already identified by the World Health Organization (WHO), as a reference.⁸
Use the following scoring scale and circle the assigned value:

0 = Not at all 1 = Very little 2 = Somewhat 3 = Moderately 4 = A great deal 5 = Fully

OBJECTIVES	PUBLIC HEALTH VALUES ⁹		
	Improve the population's health	Respond to the population's expectations and needs	Provide financial protection
	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5
	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5
	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5
	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5
	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5

⁸ World Health Organization (WHO). *Mental Health Policies, Plans and Programmes*. Geneva: WHO, 2005.
⁹ Improve the population's health. This is the principal value of every health system.
 Serve the population's needs and expectations. The health system should respond in the way that people deserve and want to be treated, by meeting their needs in each service or with each device.
 Provide financial protection. The health system should prevent the cost of care from being a barrier to accessing care that often excludes low-income people.

Section II

Identify the scientific evidence used to define the policy objectives and the lines of action to reach these objectives

OBJECTIVES	LINE OF ACTION	EVIDENCE BASE		
		National or local experiences ¹⁰	Experiences from other countries or regions	Reports from the specialized literature

State the intended results to be achieved through implementation of the policy, for each problem situation identified:

PROBLEM SITUATION	
RESULT 1	
RESULT 2	
RESULT 3	
RESULT 4	
RESULT 5	

¹⁰ Review of the information available in the territory includes documentation of the current state of health services that provide services for substance users and the resources available to operate these services. It is essential to identify the type of services that each care unit provides for users, including public sector, non-governmental organizations (NGOs) and private service providers, and the characteristics of the population served in each case.

Section 2

When establishing the lines of action:

1. Specify who the relevant actors are.
2. Specify what your organization needs from other actors (assumptions).
3. Identify (with an "x") whether the actions will depend on the public (Pu) or private (Pr) sector.

Indicate as many actions as needed for each problem identified:

PROBLEM IDENTIFIED				
LINE OF ACTION	RELEVANT ACTOR(S)	ASSUMPTIONS	PU	PR

Section III

Third step: adoption of the policy

For adoption of the policy, it is necessary to identify and convene all stakeholders or potential stakeholders, to consult them and promote their participation. It is necessary to resolve conflicts of interest and address resistance through negotiation, seeking consensus to approve the policy and promote its appropriation by different sectors. This section should help participants to:

- 1 Identify the relationship between the **technical quality** of a policy proposal and the likelihood of achieving the **support** needed to adopt the policy.
- 2 Become familiar with the criteria to identify active and potential stakeholders in the formulation and adoption of the policy.
- 3 Identify strategies to achieve the support needed to approve the policy.
- 4 Promote the policy proposal through a communication strategy with stakeholders.
- 5 Promote and reach **agreements** among people and groups, with different degrees of power and different degrees of interest in the policy.
- 6 Understand the importance of negotiation for reaching agreement.

it is necessary to identify and convene all stakeholders or potential stakeholders



Suggested practice and exercises

► Identifying the stakeholders

Exercise 1:

Make a list, as exhaustive as possible, of the different government institutions and other social stakeholders that have a known position or that may be interested in potentially formulating or reviewing the policy.

In the following table identify:

Which actors support or oppose the policy? Identify each actor's level of interest:

H = High M = Medium L = Low

1. Which means of expression do these actors currently have (or potentially have) to make their opinion known?
2. Which actors have resources (such as information, know-how, money) that are valuable for the policy?

STAKEHOLDERS (PEOPLE OR INSTITUTIONS)	POSITION AND LEVEL OF INTEREST H = High / M = Medium / L = Low		MEANS OF EXPRESSION Current (c) Potential (p)	AVAILABLE RESOURCES
	PRO	CON		
GOVERNMENT Leaders, authorities				
HEALTH PROFESSIONALS Associations, individuals				
SCIENTISTS RESEARCHERS, ACADEMICS				
PUBLIC MANAGERS				
NONGOVERNMENTAL ORGANIZATIONS (NGOS)				
PRIVATE SERVICE PROVIDERS				
USERS AND FAMILY MEMBERS, COMMUNITY LEADERS				

Exercise 2:

Work with your group to select two stakeholders and analyze their power vis-à-vis the policy using the following criteria:

1. Hierarchical relationships: Who reports to whom?
1. Information asymmetries: How do the actors receive information about the matters under discussion? What are the information sources? Who controls each information source? Who has more and better information?
2. Levels of organization: Which actors are better organized? Which interests can be organized to influence policy-related decisions?

STAKEHOLDER	LINE OF ACTION	Power analysis		
		Hierarchical relationships	Access and control over relevant information	Capacity for organization A = High / M = Medium / B = Low



Suggested practice and exercises

► Generating support

Exercise 1:

Given the premise of the problem and the lines of action identified:

1. Prepare a communication strategy to promote the policy proposal (information, participation, public consultations)
1. Determine a strategy for negotiation and partnerships with the parties to achieve agreements on the policy
2. With your group, discuss the extent to which it is possible to achieve collaborative agreements among the parties.

3.

PROBLEM IDENTIFIED			
LINE OF ACTION DEFINED IN THE POLICY	STAKEHOLDER	PROPOSED COMMUNICATION APPROACH: PROMOTION, CONSULTATIONS	STRATEGY FOR NEGOTIATION AND AGREEMENTS

Exercise 2:

Design a role play exercise based on these typical situations

1.

First typical situation: Actors with strong interest in approval of the policy and considerable power to influence the decision (natural allies).

- ▶ *Action by planners:* Move the greatest possible number of actors toward this position to form a broad coalition in favor of the change that the policy represents.

2.

Second typical situation: Very powerful actors with very little interest in approval of the policy. Enemies that will use their power to block the policy or, if they cannot impede its approval, cause it to be implemented unsatisfactorily.

- ▶ *Action by planners:* Reduce any resistance to change and, if this is not fully possible, present best arguments in defense of the policy.

3.

Third typical situation: Actors with strong interest in approval of the policy, but that lack resources to influence decision-making (potential allies).

- ▶ *Action by planners:* Motivate them, improve their capacity for organization and action, and incentivize their participation in decision-making.

4.

Fourth typical situation: Actors with little interest in the policy and little power.

- ▶ *Action by planners:* Monitor their behavior; ultimately, incorporate them into the process.



”

Implementation of the policy

Section IV

Fourth step: implementation of the policy

The purpose of the policies is to solve the problems identified through actions involving various sectors in the public and private spheres. Although the implementation of policies related to health and psychoactive substance use is primarily the responsibility of health workers, it also requires the support of other sectors and should respond to cultural and social patterns.

In this section we aim to:

- 1 Recognize the shared responsibility of the State and society in implementing the policy.
- 2 Operationally define the essential public health functions in addressing substance use.
- 3 Identify the specific actions and objectives of the programmed interventions within the framework of the policy.
- 4 Identify the realistic scope and the limitations of policy implementation.

Suggested practice and exercises

Based on the problem situations and courses of action identified, discuss with the group the sequence of actions that correspond to implementation of the policy. Identify the actor responsible and potential opportunities and obstacles.

SEQUENCE OF ACTIONS	OPPORTUNITIES	OBSTACLES
DISSEMINATE THE POLICY		
OBTAIN FINANCING		
DEVELOP SUPPORT TEAMS		
DESIGN AND IMPLEMENT PILOT PROGRAMS		
ACCREDIT AND SUPERVISE		
FACILITATE INTRASECTORAL COORDINATION		
FACILITATE INTERSECTORAL COORDINATION		
FACILITATE PARTICIPATION		

Section IV

In the following table, connect the objectives of current and proposed drug policies with the corresponding public health function:

Current policy

OBJECTIVE	ESSENTIAL PUBLIC HEALTH FUNCTION											
	1	2	3	4	5	6	7	8	9	10	11	

Proposed policy

OBJECTIVE	ESSENTIAL PUBLIC HEALTH FUNCTION											
	1	2	3	4	5	6	7	8	9	10	11	

► Essential public health functions (EPHFs)



EPHF 1:

Monitoring and evaluation of health and well-being, equity, social determinants of health, and health system performance and impact



EPHF 2:

Public health surveillance; control and management of health risks and emergencies



EPHF 3:

Promotion and management of health research and knowledge



EPHF 4:

Development and implementation of health policies and promotion of legislation that protects the health of the population



EPHF 5:

Social participation and social mobilization, inclusion of strategic actors, and transparency



EPHF 6:

Development of human resources for health



EPHF 7:

Ensuring access to and rational use of quality, safe, and effective essential medicines and other health technologies



EPHF 8:

Efficient and equitable health financing



EPHF 9:

Equitable access to comprehensive, quality health services



EPHF 10:

Equitable access to interventions that seek to promote health, reduce risk factors, and promote healthy behaviors



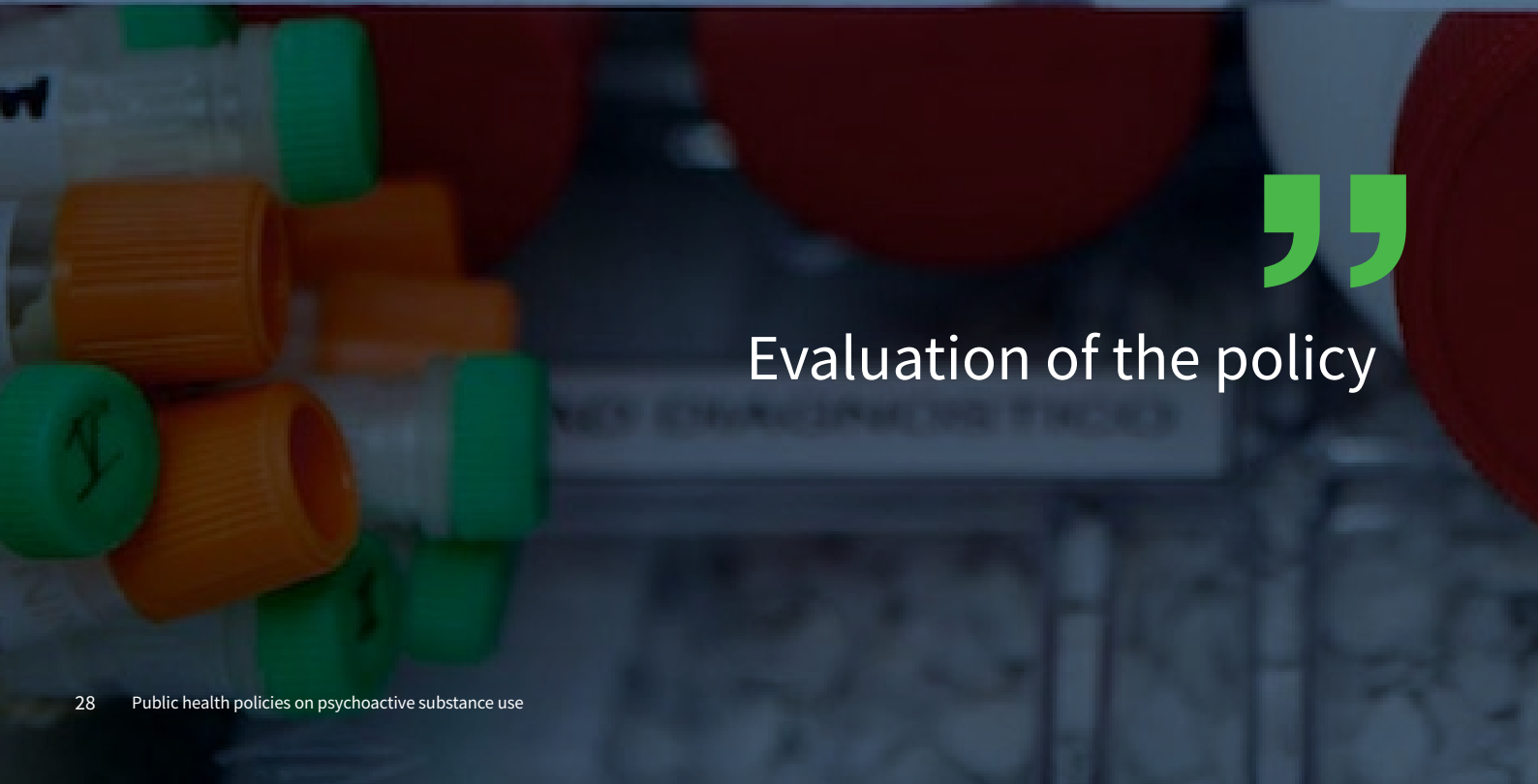
EPHF 11:

Management and promotion of interventions on the social determinants of health

(*) The Essential Public Health Functions in the Americas: A Renewal for the 21st Century. Conceptual Framework and Description (PAHO,2020)

Suggested topics for group discussions

- 1.** Based on the current drug policy in the territory, discuss the roles assigned to the government and to society in achieving the public health objectives contained in the policy.
- 2.** Discuss the degree to which the territory's drug policy incorporates an operational definition of the concept of essential public health functions in its proposed actions.
- 3.** Think about how well public health services in general, and mental health services in particular, are suited to addressing the problem psychoactive substance user.
- 4.** Think about how well the available human and material resources are suited to addressing the problems associated with psychoactive substance use.
- 5.** Discuss the current state of intrasectoral and intersectoral cooperation in the design and implementation of the following programs for problem psychoactive substance users: prevention; treatment and care at various levels; rehabilitation; and social reintegration.
- 6.** Operationally define how the essential public health functions are expressed in the framework to address psychoactive substance use.
- 7.** Identify the specific actions and objectives of interventions to address psychoactive substance use, from a public health perspective and within the framework of the territory's drug policy.
- 8.** Identify the health policy's specific areas of implementation with regard to psychoactive substances in your territory.



Evaluation of the policy

Section V

Fifth step: evaluation of the policy

Evaluation is a tool to determine to what degree and in what way the policy objectives were achieved. In other words, how much and in what ways the problem situation changed as a result of the interventions carried out within the framework of the policy. In this section we will:

- 1 Identify the role, purpose, and importance of evaluation as a substantive part of the policy-making process.
- 2 Recognize the components of an integrated policy evaluation scheme and use these components to analyze policies related to health and psychoactive substance use.
- 3 Distinguish between different methodologies for the qualitative and quantitative analysis of the impact of health policies.
- 4 Make use of **logical mapping** to organize the assessment of health and substance use policies.

Suggested practice and exercises

► Policy evaluation, in practice

Exercise 1:

Using the information available to you, build a matrix for comprehensive evaluation of the impact of the current drug policy in your territory, in terms of public health outcomes:

- » Determine how effective, efficient, equitable, pertinent, and sustainable this policy is at the present time, assigning a value between 1 and 5 to each variable:
- » 1 = Null or Very low 2 = Low 3 = Average 4 = High 5 = Very high or maximum
- » Add the total score obtained by the policy evaluated and interpret the result, developing proposals regarding how it should be reformulated or redefined.
- » Note: *If several evaluators participate, each one should assign scores separately and then discuss the results as a group. Discrepancies can be resolved by consensus or, if none is reached, by averaging the scores assigned by each evaluator.*

or the purposes of this exercise, the following example can be used as guidance:

► Hypothetical use of a matrix for the qualitative evaluation of a health and substance use policy

CRITERIA	COMMENTS	ASSESSMENT (1-5)
EFFECTIVENESS IN ACHIEVING RESULTS	The policy has produced positive results without severe unwanted effects, but the use of substance X is still an important problem in the target population.	3
TECHNICAL EFFICIENCY	Optimal utilization of the allocated resources has been achieved, but the resources are still insufficient to cover the cost of the proposed objectives.	4
SOCIAL EQUITY	The policy has been inclusive, has a gender approach, is not discriminatory, and has had no rights violation complaints. Nevertheless, there are still sectors that are excluded, due to lack of resources.	4
SOCIAL RELEVANCE	There was broad consensus with regard to the need for the policy at the time of its adoption, but its implementation generated resistance from some minority groups and professional trade associations that found their work overburdened when policy implementation began.	3
SUSTAINABILITY OVER TIME	There is national consensus with regard to the continuity of the policy and the resources needed are available.	5
CONCLUSION AND RECOMMENDATION	The policy has been partially successful, and its implementation should continue, although with adjustments to decrease resistance to the policy and increase its effectiveness and efficiency.	19/25 (76%)

► **Matrix for evaluation of the current policy**

CRITERIA	DEFINITION	GUIDING QUESTIONS	ASSESSMENT (1-5)
EFFECTIVENESS IN ACHIEVING RESULTS	Amount and degree of impact in solving the problem and level of satisfaction in meeting the objectives	<ul style="list-style-type: none"> • Which targets have been met and in what proportion? • To what extent is the achievement of these goals due to the implemented interventions? 	
TECHNICAL EFFICIENCY	Relationship between the amount or importance of the human and material resources used and the amount (or satisfaction) of the results obtained	<ul style="list-style-type: none"> • What is the cost to implement the policy? What amount of the estimated resources was used? • What amount of the required resources was allocated? 	
SOCIAL EQUITY	Inclusion without negative discrimination, with respect for the rights of all people and in harmony with the natural and social environment	<ul style="list-style-type: none"> • What part or proportion of the affected population is covered? • Does the policy adopt a gender approach? • Does the policy include the most vulnerable sectors: minors, older adults, people deprived of their liberty, sex workers? 	
SOCIAL RELEVANCE	Agreement between the policy's objectives and targets, the affected population's perception of the problem, cultural values, and current laws	<ul style="list-style-type: none"> • To what extent does achievement of the objectives solve or reduce the problem as defined by the policy? • To what extent did implementation of the policy consider the perspectives and preferences of the agents involved? • To what extent did the policy adhere or not to the regulatory framework and the population's customs and values? 	
SUSTAINABILITY OVER TIME	Possibility of maintaining over time the resources, institutions, and teams organized to respond to the problem	<ul style="list-style-type: none"> • With regard to the technical or technological expertise and resources that are required to address the problem: Are they and will they continue to be available and are they in use? • With regard to the necessary material and human resources: Are they planned and guaranteed in the short-, medium- and long-term? 	

Suggested practice and exercises

► Logical analysis of the relationships between the actions carried out and the results obtained

Exercise 2:

With the currently available information, rebuild the logical sequence of actions, outcomes, and final results of the current policy in your territory.

Identify:

- a. The relationships among the different components of the sequence previously described.
- b. The government entities and agencies and societal actors interested and involved in each component of the logical chain.
- c. The achievements at each stage, the contributions of every organization or participant involved in implementing the policy, and the obstacles that affected the achievement of results.
- d. Identify, in as much detail as possible, the achievements and obstacles in the implementation of the policy, for each component of the logical sequence; propose the actions needed to increase or consolidate the achievements and overcome obstacles in the future.

» Select some of the activities contained in the lines of action and in the results established for the policy. Using the following scheme, construct the logical sequence with the corresponding outcomes.

»

LINE OF ACTION	ACTIONS	OUTCOMES		FINAL RESULTS

- » Identify the actual or possible unintended negative results of implementation of the policy:
- a. Specifically, in the field of substance use, and for public health in general.
 - b. For other aspects of the population's well-being that are directly or indirectly associated with substance use.

Other group activities related to this exercise:

- » Evaluate whether partial adjustment or complete reformulation of the policy is required, and which steps are necessary to achieve this.
- » If reformulation or adjustment of the current policy is considered necessary or is in progress, do the exercises related to the logical sequence of actions and the outcomes and final results for the new policy in order to anticipate potential achievements and obstacles.
- » Make a list of the different types of information sources needed for a quantitative evaluation of the achievements, costs, and levels of inclusion and equity.
- » Discuss how to obtain information on relevance and sustainability.
- » Use this information to develop a plan to evaluate the current health policy on drugs in your territory
- » Discuss the main achievements and potential shortcomings of the current drug policy in your territory in terms of public health.
- » Think about how to achieve consensus to introduce the necessary policy reforms.
- »

► Policy checklist

What is a policy checklist and what purpose does it serve?

- It is a way to determine the level of progress and development of the policymaking process.
- Each planner develops a specific checklist for each policy.
- A checklist is used to:

Recognize the current phase of the policy process

- Determine which results to monitor and evaluate
- Plan courses of action through the policy development process
- Verify compliance with the requirements and activities involved in each stage of the policy
- Identify omissions or errors in the process
- Compile data to analyze and evaluate the policy's effectiveness
- Who uses the checklist?
- Individuals or groups in formal training sessions, self-study activities, planning activities, policy analysis, and process management.

Suggested practice and exercises

► Checklist (Example)

PHASE	STAGE OF DEVELOPMENT	✓
DEFINITION OF THE PROBLEM AND ESTABLISHMENT OF THE AGENDA	The problem of drug use is publicly relevant	
	The problem of substance use is substantially defined as a public health policy issue	
	The problem, defined as a public health issue, is present on the public and decision-making agendas	
	The problem is operationally defined (with clear, observable and measurable indicators)	
FORMULATION OF THE POLICY PROPOSAL	The policy's foundational values have been clearly and expressly formulated in an official document	
	The policy's guiding values are aligned with the essential public health functions	
	The policy's values include a clear option for equity and the inclusion of diverse minority populations	
	The policy's values incorporate a gender perspective related to the problem	
	The policy's objectives are expressly formulated and are directly related to the guiding values	
	The policy's objectives respond expressly to the population's needs, which are identified through reliable social research methodologies	
	The policy is based on scientific evidence and experiences that were tested in comparable contexts	
POLICY ADOPTION	The policy is in the approval process or has been approved	
	The policy has the support of decision-makers in the health sector	
	The policy has the support of decision-makers in government branches, sections, or sectors other than health	
	The policy has broad backing from stakeholders with influence in the process	
	The policy has mobilized the support of the society's less influential stakeholders	
	The policy has achieved the consensus of all or the great majority of public institutions, private entities, social organizations, and other stakeholders	

IMPLEMENTATION	The policy has sufficient human resources for implementation
	The human resources have sufficient capacity to implement the programs derived from the policy
	Professionals and their trade associations are aware of and support implementation of the policy's programs
	There are pilot programs in process that were designed within the framework of drug-related health policy
	There are other programs underway, designed within the framework of the policy
	The programs underway, designed within the framework of the policy, encompass all areas of the health system
	There is a national multidisciplinary team of experts
	The national, provincial or local multidisciplinary team of experts has attributes and resources to monitor the implementation of programs within the framework of the policy
	The (national, provincial, or local) multidisciplinary team of experts coordinates its work with the directors of programs and units at the different levels of the territory's health administration (country, province, local level)
	The policy has material resources sufficient to implement its programs
	The activities of health providers (private and NGOs) align with the policy's values and objectives
	The national health authority for drug control, or another institution, supervises and certifies health providers' specific activities related to the management of psychoactive substance users, especially use of controlled substances
	There is consensus among policymakers and in society concerning the importance of the policy and its sustainability
	There is agreement that the policy is in harmony with society's values and the fundamental standards of the territory (country, province, local level)
There is agreement on the achievement of results and the quality of the achievements	
There is agreement on the efficient use of the allocated resources	
There is a clear and positive cost-benefit balance	
The policy has been inclusive and there was no negative social discrimination in its programs, related to gender, culture, or geography	
The policy and its programs are in harmony with respect for the fundamental rights of all people	
The policy and its programs are in harmony with respect for the right to health of people who are substance users, including those who use controlled substances	
The current policy needs fundamental changes	
The current policy needs adjustments in some areas	
The necessary adjustments are relatively easy to achieve and there is consensus on their content and anticipated effects	
The current policy does not need reforms and implementation can continue	
EVALUATION	



PUBLIC HEALTH POLICIES ON
PSYCHOACTIVE SUBSTANCE USE

A manual for health planners

Consultation Notebook



First step:

Definition of the problem

How to properly define the problem



The process of developing a public policy on substance use and public health begins with the population's perception that there is a problematic situation and that there are unmet needs related to the drug problem, impacting health and well-being and requiring the government's response. Next, policymakers have the urgent challenge and responsibility of making a substantive diagnosis that responds to the population's needs. This diagnosis leads to the definition of the problem.

A formal, detailed definition of the problem serves as the basis for determining the actions needed to address the issue. This is known as specification or operational definition of the problem.¹¹ In defining the problem, we are making a selection from a set of potential ways to describe the problem that are not always compatible. Decision-makers are required to reconcile different perspectives related

to this highly complex problem. Successful government intervention depends largely on this consensus.

It is important to consider the following:

Different definitions of the problem also lead to different possible solutions. If the criterion that prevails is judicial-criminal and the problem is defined as violation of laws, the solution will be judicial-criminal. By contrast, if it is defined as a health problem, the solution will be medical and health-focused.

- ▶ How we define the drug problem will impact our choice of a conceptual framework, in line with a specific vision of the situation.¹²
- ▶ A rigorous, technically specific problem should be politically relevant and it must offer solutions that are important for the public and policymakers. If this

¹¹ Veselý A. Problem delimitation in public policy analysis. *Central European Journal of Public Policy*. 2007;1(1): 81-101.

¹² Dunn WN. *Public Policy Analysis: An introduction*. 3rd ed. Upper Saddle River, NJ: Prentice Hall, 2003.

requirement is achieved, the issue will be put on the public policy agenda.

- ▶ Policies fail much more frequently when the problem has been poorly formulated than when a solution is implemented incorrectly.¹³

The following table exemplifies alternative definitions of a problem related to substance use, with proposed solutions that are framed from two different theoretical perspectives, namely, safety and health:

PROBLEM SITUATION <i>Repeat consumption of illicit psychoactive substances by a given population</i>		
FRAMEWORK	DEFINITION OF THE PROBLEM	SOLUTION
CRIMINAL	Possession and use of one or more substances, whose sale and use is illegal, in violation of the current legal framework. A repeat offense related to illegal drug use and trafficking constitutes an aggravated criminal behavior.	Imposition of sanctions as specified in the corresponding standards, by the court with jurisdiction in the matter.
MEDICAL	Repeat psychoactive substance use is associated with health disorders (dependency, several complications), some of which imply loss of control over substance use.	Skilled health workers intervene to reduce the problem's health impact (prevention, treatment, harm reduction, etc....).

Health problems related to substance use can be put on the policy agenda through reactive or active efforts:

» **Reactive approach:** result of a situation in which an emerging event captures the interest of the public and decision-makers, without anyone actively proposing the approach. Examples: news in communications media about overdose-related death of a famous person, or intoxication by substances that have not been reported before.

» **Active effort:** identification of problems through scientific research or observation of social processes, where a latent problem is revealed through an active effort to include it on the public and policy-making agendas. In this process, opinion leaders, social organizations, experts, and analysts and decision-makers from other areas can intervene, along with parties interested in influencing how the problem is defined.

13 Dunn WN. Methods of the second type: Coping with the wilderness of conventional policy analysis. *Policy Studies Journal*. 1988;7(4): 720–737.

Information needed to define the problem

Making appropriate diagnoses to define the problem requires both objective and subjective information obtained through various methods. Obtaining information on health and psychoactive substance use involves a series of challenges related to the legal status of these substances, the availability of time and resources, and the interference of special interests, all of which can condition the volume and quality of the information collected. Policy formulation involves a certain degree of uncertainty and the need to assume risks that can be addressed in subsequent phases of the process.

Most of the information sources relevant for health and drug policies are found outside the health sector, usually in national drug observatories or in law enforcement records, which are handled by the justice and public safety sectors, with restricted access. This can justify the need for rapid data collection methods, in order not to postpone planning while waiting for perfect information and to avoid counterproductive delays in decision-making.

Information and data that planners should have in advance include:

- » The state of *human resources for health*¹⁴ and other areas related to substance use, in terms of: Cantidad (absoluta y en relación con la población objetivo).
 - ▶ Quantity (absolute and with regard to the target population)
 - ▶ Degree of preparation and qualifications
 - ▶ Availability
 - ▶ Willingness to assume the changes implicit in the policy
 - ▶ Geographic distribution
- » The amount and location of the financial resources to be assigned to the policy and the approach for achieving their optimization. The planned allocation of budgetary funds responds to political decision-making and is a structural variable that can define the scope and results of the interventions.
- » The general situation of the health system and of the health care, support, and social welfare services that respond to the demands of the population affected by substance use.

14 Note: Planners need to be aware of health workers' potential support of (or resistance to) the policy and the changes involved. This analysis should take place even before the policy is accepted and implemented, especially when powerful trade union/labor organizations are involved. When policies are not sufficiently understood and supported, they can be abandoned even before they are publicly formulated. Prejudices about substance use are a source of stigmatization and exclusion of users, creating a negative environment among health workers and other sectors of the community. This can hinder a policy proposal that seeks to integrate care for this population into all levels of the public health services network.

▶ Sample description of health care for substance use problems (mental health services network)

Types of services:

- ▶ Community mental health programs
- ▶ Mental health consultations integrated in primary health care services
- ▶ Psychiatry services in general hospitals (ambulatory and inpatient)
- ▶ Specialized (psychiatric) hospitals for patients in an acute phase and with long stays: public and private

Priorities, as defined in the policy:

Free, public, community-based care, with an emphasis on health promotion and prevention of substance use.

Planners need to know:

- ▶ Which currently operating services should be restructured or reoriented
- ▶ Which new services should be developed
- ▶ Economic implications of changing the focus of care

▶ Some data collection and analysis methods

METHODS	QUANTITATIVE	QUALITATIVE
SPECIALIZED	<ul style="list-style-type: none"> • Epidemiological studies of the general population and special groups (e.g.: in schools, workplaces, detention centers for people deprived of their liberty). • Epidemiological reports by health services personnel, based on information contributed by patients. • Burden of disease studies (disability-adjusted life years--DALY). 	<ul style="list-style-type: none"> • Individual in-depth interviews. • Studies with focus groups defined according to their qualitative importance (for example: health workers, substance users, family members, community leaders, NGO workers, and others, according to the specific circumstances of the case).
GENERAL	<ul style="list-style-type: none"> • Sample-based studies on the subject, investigation perceived importance, opinions, and beliefs in the population. • Quantitative analyses of media content and social networks. 	<ul style="list-style-type: none"> • Consultations with experts and influential actors. • Qualitative analysis of the media, social networks, and the discourse of influential actors.

The following methodological criteria help to reduce uncertainty and increase precision when identifying the problems that the policy will address:

- » Reliability¹⁵ and validity¹⁶
- » Variability
- » Maximum volume of information

¹⁵ Information is reliable when it systematically reports equal observations or measurements for the same object under equal conditions. It depends on the use of a precise observation or measurement instrument.

¹⁶ Information is valid when it qualitatively reports or consistently measures the same reality, while ensuring that what is being observed is the situation that is intended to be observed or measured and not another reality. This depends on proper identification of the population's characteristics and the problem that needs to be addressed.

Second step:

Formulation of the policy

Why is it necessary to formulate an explicit policy on substance use and public health?



Each country formulates its drug policies in accordance with its values, traditions, and laws, on government action is based:

Institutional rules and processes for decision-making (for example, the functions of the Executive and Legislative branches, and reviews by the Judicial branch), religious beliefs, traditions, and customs influence the way in which societies respond to substance use. This should be recognized, without notwithstanding the fact that the policy should be based on scientific evidence, which does not exclude consideration of these other factors. (6)

Accordingly, the general objectives¹⁷ of government action that a policy on health and substance use should contain relate to three areas:

1. Public health, within the framework of its essential functions
2. Control of psychoactive substance use
3. Population well-being and meeting the population's expectations.

According to the World Health Organization (WHO), the fundamental values that should be inherent in a health policy (2) are to:

¹⁷ Note: The achievement of these objectives is limited by the professional, technical, and financial capacities and resources available to address health problems in general and mental health problems in particular, without excluding psychoactive substance users.

1

Improve the population's health. This is the principal value of every health system.

Note: Although other institutions, public organizations, social organizations, private enterprises, and individuals can collaborate to improve the population's health, the public health system is responsible for that improvement due to its specific competencies.

2

Serve the population's needs and expectations. The health system should respond in a way that people deserve and how they want to be treated, meeting their needs with each service and device.

Note: This is linked, inseparably, to the promotion and respect of the human rights of all people.

3

Provide financial protection. The health system should prevent the cost of care from being a barrier to accessing care that often excludes low-income people.

Note: The health system requires financing, according to the financing model adopted by each country.

By extension, a policy on health and substance use should adhere to these values.

Establishing the objectives of evidence-based policy on health and substance use



Policy should be based on the best available data, whenever possible, including information on substance use and related problems. It is also advisable to identify the behavior or situations that communities identify as “problematic”. These translate into needed interventions and demands for care services.

When the situation diagnosis has been completed and the problem has been defined in terms of public health, it is necessary to gather the evidence on which to base the actions that have been identified as the best possible solutions. Evidence can be obtained from different sources:

► National or local experiences¹⁸

- » Results of the evaluation of policies, plans, and programs on psychoactive substance use, regardless of their approach, scope, and results, which were previously developed or implemented in the territory (country, province, local level).
- » Information on pilot, national, or local programs for prevention, primary care, treatment, reintegration, and promotion of mental and physical health, undertaken not only by the public health sector, but also by the private sector and NGOs.
- » Less systematized experiences to address the substance use problem carried out by communities and social organizations.

► Experiences of other countries or regions

- » Experiences in the formulation, implementation, and evaluation of health policies, plans, or programs related to substance use, particularly in countries or regions with comparable cultural traditions and socioeconomic features.
- » Exchange of information related to this and similar issues with other territories (countries, provinces, municipalities), to disseminate successful, creative, and low-cost experiences, and to increase knowledge about new trends and advances.
- » Cooperation with international agencies and experts, event reports, expert meetings, international congresses, and similar items.

¹⁸ Review of the information available in the territory includes documentation of the current state of the health services that serve substance users and the resources available to operate these services. It is essential to identify the type of services that each care unit provides for users, including public sector, NGOs, and private service providers, and the characteristics of the population served in each case.

► **Reports from the specialized literature**

- » Scientific publications (books, specialized journals, research reports, presentations and proceedings from national and international scientific congresses) about the implementation and evaluations of policies, plans, and programs (both those that are successful or those that failed--and especially those that operated for a relatively extended period of time).



Third step:

Adoption of the policy

Identifying the stakeholders in the policy



We will list some criteria that can be useful for identifying the stakeholders in the decisions that lead to adoption of a policy:

1. Governmental entities with legal competencies in areas related to the drug problem and in the development of public health policies, plans, and programs.
2. Nongovernmental organizations, associations, private entities, public and private research centers, and groups of academics, experts and other influential people in the areas of public health and drugs, having express interest and recognized trajectories in preventing substance use and the treatment, rehabilitation and social rehabilitation of problem psychoactive substance users.
3. Groups of users, family or community members or people who—in the media, social networks or political environment—publicly express their interest in the drug policy and who have or potentially have the will or capacity to support or block the policy's adoption or implementation.

The following table shows examples of parties that would potentially be interested in policies on health and substance use and whose opinion and support should be identified¹⁹:

STAKEHOLDERS	EXAMPLES
GOVERNMENT AGENCIES	Government and parliamentary leaders, ministers (domestic policy, justice, education, social welfare, economy and finance), governors and mayors, national, regional, and local police chiefs.
HEALTH PROFESSIONALS	Professional associations, unions, and key figures from medicine, psychiatry, psychology, and nursing professional associations.
SCIENTISTS	Academic researchers and university professors from the health, justice, education, economy, and social welfare sectors.
PUBLIC MANAGERS	Managers and administrators of public health services that currently serve or potentially could serve substance users.
NGOS	Social organizations devoted to the prevention, treatment, and rehabilitation of substance users.
PRIVATE PROVIDERS	Managers and administrators of private services devoted to the treatment and rehabilitation of substance users.
TRADITIONAL MEDICINE PRACTITIONERS	Experts in alternative health traditions, religions, and systems recognized by communities.
CLERGY	Religious leaders who are influential in public opinions and perceptions.
USERS, COMMUNITY LEADERS, AND GROUPS OF FAMILY MEMBERS	Representatives of associations of substance users, relatives of users, self-help groups, community leaders, and substance user support organizations.

The initial list of stakeholders can be expanded to include all potential support and obstacles that emerge during negotiations to approve the policy.

A practical, systematic way to expand this list consists of responding precisely to the following questions:

- ▶ Who is, or could be, willing to express support, reservations, or opposition to approval of the policy?
- ▶ Who probably lacks the means to express their opinion and how can their voice be heard?
- ▶ Who has resources (information, abilities, money) that could be valuable if used to support approval of the policy?

¹⁹ Some parties interested in the policy are easily identifiable because they expressly communicate their position either to authorities or through mass media and social networks. Others, however, are reluctant to express themselves or do not have access to the channels to do so.

Obtaining support for the policy



Promote the policy among the public and stakeholders through dissemination plans (general and targeted at specific groups) and the creation of inclusive participation entities

Note: Depending on the specific context, it may be useful to use the news media to discuss: the importance of the drug problem for public health; shortcomings in the ways in which the problem has been addressed to date; and optimistic news about the changes that can be achieved if the new policy is approved. It is important to gain the support of substance users, users' family members, social organizations, experts and academics that back the policy.



- » Carry out consultations with decision makers, the public, experts, and stakeholders, to understand and compare their regulatory frameworks, values, philosophies, traditions and beliefs that serve as the foundation for their positions concerning the policy.
- » Reduce the level of conflict among the parties through negotiation and agreements.

To determine the different stakeholders' level of interest in approving a policy on health and substance use, the following should be analyzed:

1. Which needs, interests, and expectations should be prioritized in a policy that addresses the drug problem from a health perspective?
2. Who are the potential beneficiaries of a policy that has this focus, and how can their organized opinion be expressed?
3. If one or more actors changes their opinion, how profound or important could this be in successfully approving and implementing the proposed policy?
4. Who may be resisting change due to fear that their preferences, values, or beliefs will be negatively affected by the policy? How might these actors impede approval of the policy?

Note: The stakeholders can be distinguished according to their level of power to influence the decisions related to the policy, according to their capacity to control (formal power) or pressure (informal power) governmental agencies. An actor's influence on decisions related to the policy depends on both the actor's power and interest in the policy.

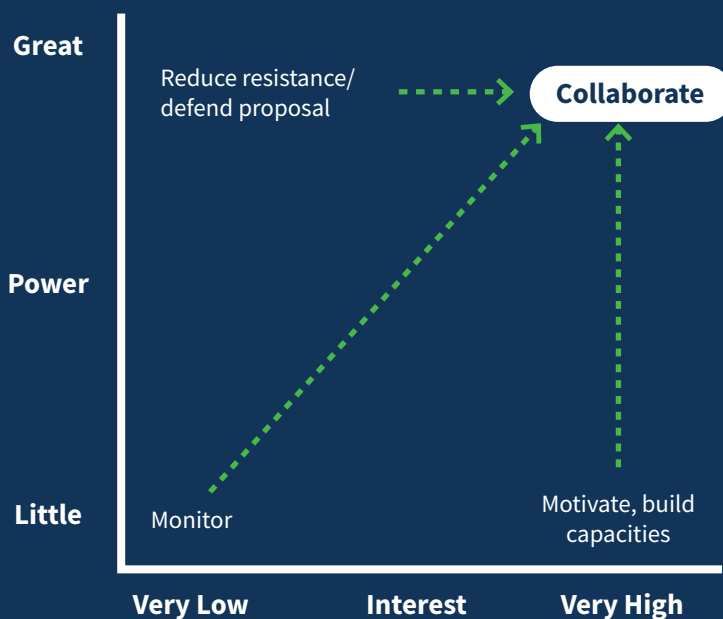
A practical way to determine which stakeholders have the power to influence the policy under development is to identify:

Hierarchical relationships: Hierarchically, who reports to whom?

5. Information asymmetries: How do the parties receive information about the matters under discussion? What are the information sources? Who controls each information source? Who has more and better information?
6. Levels of organization: Which actors are better organized? Which interests can be organized to influence policy-related decisions?

As shown in the following figure, when the power to influence the decision is combined with interest in the policy becoming a reality, four typical situations can be distinguished:

Figure 2. Development of agreements for a successful policy²⁰



20 These are extreme situations. There are various possible amounts of power and various degrees of interest in the policy, which result in a myriad number of intermediate positions concerning the policy, all of which planners should pay attention to.



- » **First typical situation:** Actors with strong interest in approval of the policy and considerable power to influence the decision. Natural allies of the policy.
 - ▶ *Action by planners:* Move the greatest possible number of actors toward this position to form a broad coalition in favor of the change that the policy represents.

- » **Second typical situation:** Very powerful actors with very little interest in approval of the policy. Enemies that will use their power to block the policy or, if they cannot prevent its approval, cause it to be implemented unsatisfactorily.
 - ▶ *Action by planners:* Reduce any resistance to change and, if this is not fully possible, present best arguments in defense of the policy.

- » **Third typical situation:** Actors with strong interest in approval of the policy, but that lack resources to influence decision-making. Potential allies.
 - ▶ *Action by planners:* Motivate them, build capacities for organization and action, and incentivize their participation in decision-making.

- » **Fourth typical situation:** Actors with little interest in the policy and little power.
- » *Action by planners:* Monitor their behavior and, ultimately, incorporate them into the process.

Recommendations:

To achieve a collaborative solution across the broadest possible range of actors, planners' efforts should be targeted at:

1. Getting stakeholders highly interested and broadly empowered. At that point, the final decision will probably be through consensus and not imposed.
2. Having committed spokespersons with the political, negotiation and communication skills to defend approval of the policy in various entities, with a vision that is cooperative, integrating, and based in teamwork.



Developing agreements through negotiation

In every policy process, there is conflict and consensus among the diverse sectors related to implicit changes. Policies achieved through consensus tend to be more successful than those that are imposed. Consensus is the golden rule for the success of the approved policy.

Consensus is almost always the product of a negotiation process in which the authorities who are promoting the policy are tolerant

of dissent, and stakeholders adopt more flexible positions and soften their resistance to change.²¹

Public policy planners should promote negotiation among stakeholders by formulating proposals that integrate the different visions of the problem. This should be preceded by the pertinent consultations to achieve a broad foundation for agreements that will make the policy viable.



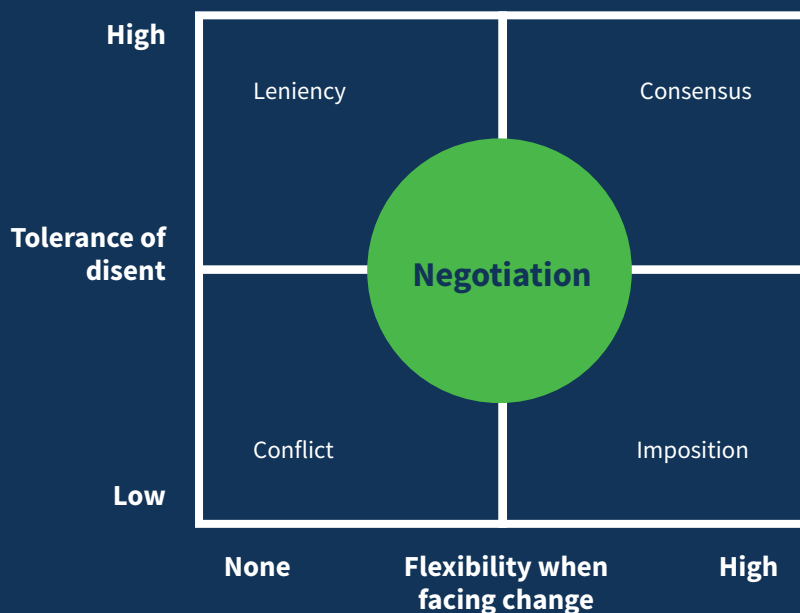
Note: Under exceptional conditions, authorities may have no other choice but to impose the policy, given its technical legitimacy, relevance, and desirability.

Recommendations:

1. Try to identify existing mechanisms to generate political consensus for a course of action toward a policy approach to the drug problem that integrates a public health approach.
2. Help facilitate opportunities for negotiation, agreement, and commitment among a majority of stakeholders.

21 In this process, the following situations should be avoided: situations in which the policy ends up being defined by the stakeholders due to governmental leniency or institutional weakness; and situations in which divergent positions are ignored and the policy is imposed without consultation due to society's inability to communicate its demands in an organized manner.

Figure 3. Development of agreements for a successful policy



Considerations regarding conflict management when adopting a policy

1. It is common to observe a certain level of dissent concerning the formulation of the problem and the proposed solutions.
2. The only way to move forward with negotiations and reach agreements is to recognize the spectrum of existing agreements and disagreements.
3. Openness to negotiation and agreement should not be confused with leniency.
4. Not all participants in the consultation and decision-making processes will assign equal importance to the public health approach to the drug problem.
5. Disagreements should be expected regarding the specific actions that the government should undertake or promote in this area.
6. The national health authority and other parties that promote the public health approach to the drug problem should avoid being placed in a situation in which the policy is decided by the stakeholders with the greatest power to resist change.
7. Policies imposed without considering social habits, values, traditions, and interests can fail and can have highly undesired effects.

Fourth step: Implementation of the policy

Implementation of the policy is a task for government and society

A policy on health and psychoactive substance use is considered to be in implementation when:

- » The nation's plans and budgets allocate resources to implement the programs designed within the framework of the policy.
- » The budgeted resources are executed to carry out priority interventions, in alignment with the defined mandates and general objectives.

The actions corresponding to implementation of the policy are:

- » both public and private
- » carried out directly by health workers
- » facilitated or strengthened by cultural patterns and the social fabric
- » targeted at:
 - ▶ maximizing the conditions of health and well-being of the population as a whole
 - ▶ confronting health disorders that affect the psychoactive substance user as an individual.

A policy on health and substance use includes actions for:

prevention of substance use

- » detection and early intervention in at-risk or affected populations
- » treatment, rehabilitation, and social reinsertion of people with disorders due to substance use
- » administration of health systems and epidemiological information.
- » Addressing psychoactive substance use, based on the essential public health functions



The health approach to addressing the drug problem needs to have a legal, institutional, and organizational framework for adequate implementation of programs and actions through effective, efficient, responsible, and transparent management and the support of a network of service structures that ensures coverage and access in conditions of equity.²²

The essential public health functions (EPHFs) constitute an essential reference for development and implementation of this course of actions in comprehensively addressing the drug problem from a health perspective. Implementation of this policy should consider the following elements:

1. Generation of intrasectoral and intersectoral cooperation and coordination, among the different intervening areas and levels of government
2. Integration of public health and personal care services
3. Targeting of programs in family and community contexts
4. Compilation and use of precise information, based on scientific evidence and comparable experiences, to plan interventions and improve the quality of existing services
5. Development of capacities to accumulate experiences, organizational memory, learning, and change management²³
6. Promotion and protection of the human rights of all people who are directly or indirectly involved in the policy
7. Development of international cooperation in support of strengthening this approach
8. Actions required to implement a policy on health and psychoactive substance use



22 Pan American Health Organization (PAHO). *Public Health in the Americas. Conceptual renewal, performance assessment, and bases for action*. Scientific and Technical Publication No. 589. Washington, D.C.: PAHO, 2002.

23 Ratnapalan S, Uleryk E. Organizational learning in health care organizations. *Systems*. 2014;2(1):24-33.



ACTIONS	PURPOSE
DISSEMINATE THE POLICY	Raise awareness of the philosophy, objectives, and resource requirements of the policy, using all relevant means to encourage the participation of all stakeholders to support the policy and guarantee its implementation.
OBTAIN FINANCING	Ensure that the policy has the necessary resources allocated in the nation's plans and budgets, and through legal contributions and donations from society and social organizations. In some circumstances, incentives may be given for the participation of accredited, trained volunteers, since they reduce the cost of some activities and link the population with the achievement of results in a more direct manner.
DEVELOP SUPPORT TEAMS	<ul style="list-style-type: none"> • Create and sustain a multidisciplinary, intersectoral team of experts in drug policies, in charge of monitoring advances in the implementation of the plan and, later, suggesting corrections and adjustments. • Include psychiatrists, family doctors, psychologists, mental health nurses, social workers, sociologists, occupational therapists, and public policy experts on the team. • Create teams or designate people to be responsible, at each level of the system, for collaborating with the national team in monitoring the policy.
DESIGN AND IMPLEMENT PILOT PROGRAMS	Select a representative sector whose problems are well known, implement the planned interventions in that sector, and assess the personnel training programs and supervision of other actors in the process.
ACCREDIT AND SUPERVISE	Incorporate and strengthen the actions of health providers (private sector, NGOs, communities, mutual support groups, groups of family members, and traditional medicine practitioners), guiding their actions toward cooperation to achieve the policy's objectives in the areas for which they are responsible, in accordance with the policy and laws.
FACILITATE INTRASECTORAL COORDINATION	Make it possible to have frequent, planned horizontal and vertical interactions among the different health areas or districts and the different national health authority entities involved in the policy.
FACILITATE INTERSECTORAL COORDINATION	Coordinate activities with professionals from other ministries and secretariats to design, implement, and evaluate joint interventions at the different levels of the health system.
FACILITATE PARTICIPATION	Promote interaction among the stakeholders at the different levels of the health system, especially among problem substance users and their organizations, families, the organized community, NGOs, and health care providers.

Areas of policy implementation

Generally, a policy on health and substance use covers a wide spectrum of actions. These actions can be summarized by associating them with three areas of implementation,²⁴ namely:

- 1.** Prevention of initiation of use, and development of strategies to live a healthy, productive life.
 - a.** Primary prevention: aimed at reducing the number of people who use substances for the first time or delay the age that people start using substances. The aim is to reduce or control risk factors and strengthen protective factors.
 - b.** Secondary prevention: focused on identifying and assessing risk among people who already use substances and those who show signs of health-related problems or disorders. This includes early intervention to avoid progression toward more severe complications.
 - c.** Tertiary prevention: involving strategies to limit or reduce the adverse effects (emotional, health, economic, and social) of psychoactive substance use.
- 2.** Care and treatment for users through social service and health programs that aim to modify behavior or reduce the harmful effects of substance use.
- 3.** Approval and application of legal instruments and administrative actions to control the supply of substances.

²⁴ Babor et al., *op. cit.*, p. 5.



Fifth step:

Evaluation of the policy

Analyzing achievement of policy objectives

Through evaluation, we can determine to what extent and in what ways implementation of the programmed actions has made it possible to achieve the objectives proposed in a policy. As a result, evaluation constitutes the final step of the process and includes monitoring, analysis, discussion, and evaluation of an existing or proposed policy.

Through evaluation, we can determine the impact on public health and identify the

factors that hinder or favor government action to solve problems. The PAHO performance standards and indicators related to compliance with the essential public health functions,²⁵ applied to the area of psychoactive substance use, constitute a fundamental reference.

Planners should respond to these questions once the policy has been implemented:

- » Should the current intervention program be maintained without changes or should it be replaced with a less expensive program?
- » Should more resources be injected into the current program to expand its coverage and improve its results?
- » Should resources from various programs be reallocated to innovative interventions that could ensure better results, although they are more expensive?



The most successful policies are those that generate less resistance to change in their environment.²⁶



²⁵ Pan American Health Organization (PAHO). *Public Health in the Americas. Conceptual renewal, performance assessment, and bases for action*. Scientific and Technical Publication No. 589. Washington, D.C.: PAHO, 2002.

²⁶ Morestin F, Gauvin FP, Hogue MC, Benoit F. Method for Synthesizing Knowledge about Public Policies. Montreal, Canada: National Collaborating Centre for Healthy Public Policy, 2010. Salamon, LM. The new governance and the tools of public action: An introduction. *Fordham Urban Law Journal*. 2001;28(5):1611-1674. McKinnon RA. *Policy Research Methodology: How to assess policy impacts*. s.l.:US Department of Health & Human Services, National Cancer Institute, National Institutes of Health, 2011.



The following scheme can be useful for comprehensively organizing the evaluation of health and substance use policies. It emphasizes the importance of impact assessment, as well as other aspects that contribute to achieving the goals of governmental interventions, namely:



» Effective achievement of results (reduction of substance use and its consequences)



» Efficient use of resources



» Equitable access and protection of people's rights, especially the most vulnerable



» Sustainability over time (including potential changes of government administration)



» Social relevance and collective assessment of the policy

The following table shows the criteria for comprehensive evaluation:²⁷

Criteria for policy evaluation. Definitions and guiding questions

CRITERIA	DEFINITION	GUIDING QUESTIONS
EFFECTIVENESS (*) IN ACHIEVEMENT OF RESULTS	Amount and degree of impact in solving the problem and level of satisfaction in meeting the objectives	Which targets have been met and in what proportion? To what extent is the achievement of these goals due to the interventions implemented?
TECHNICAL EFFICIENCY (*) (*)	Relationship between the amount or importance of the human and material resources used and the amount (or satisfaction) of the results obtained	What is the cost to implement the policy? What amount of the estimated resources was used? What amount of the required resources was allocated?
SOCIAL EQUITY (*) (*) (*)	Inclusion without negative discrimination, with respect for the rights of all people and in harmony with the natural and social environment	What part or proportion of the affected population is covered? Does the policy take a gender approach? Does the policy include the most vulnerable sectors (minors, older adults, people deprived of their liberty, sex workers)?
SOCIAL RELEVANCE (*) (*) (*) (*)	Concordance between the policy's objectives and targets and the affected population's perception of the problem, cultural values, and current laws.	¿To what extent does achievement of the objectives solve or reduce the problem as defined by the policy? To what extent did implementation of the policy consider the perspectives and preferences of the agents involved? To what extent did the policy adhere or not to the regulatory framework and the population's customs and values?
SUSTAINABILITY OVER TIME (*) (*) (*) (*) (*)	Possibility of keeping resources, institutions, and teams in place to respond to the problem over time	Are the expertise and technical or technological resources needed to address the problem available and will they continue to be available? Are the necessary material and human resources planned and ensured in the short-, medium- and long-term?

(*) Effectiveness. Achievement of a given amount and quality of the proposed objectives is the “expected value” of every policy.

(*) (*) Efficiency. The cost-benefit analysis provides a realistic foundation for the policy and includes:

- Impact on the finances of patients, families, communities, and other stakeholders.
- Non-financial consequences for the government, such as political, environmental, and social costs.
- Psychosocial consequences, such as crime, disruption of the public order, poverty, and social dependency on the State.
- **(*) (*) (*) Equity.** Equal treatment for all individuals with similar needs, and different treatment for individuals with different needs, in proportion to their differences.

(*) (*) (*) (*) Social relevance. Degree to which the policy conforms with stakeholders' perceptions of the problem, society's values and traditions, and the policy's legal framework. Relevance is perhaps the most complex component of the analysis and formulation of public policies, but it should not be overlooked (Judge, 2008; Hann, 2007).

(*) (*) (*) (*) (*) Sustainability. This includes guaranteed employment and management of the quality of personnel and availability of resources, instruments, and other supports, including cooperation from other agencies and international cooperation, all targeted at achievement of the objectives. A policy that can be sustained over time requires:

- Financial resources
- Resolution of shortcomings
- Support from influential people or groups in society and government

27 When resources are abundant (information, time, and capacity for technical analysis of data), these five criteria can be operationally defined as variables to be measured quantitatively. In practice, however, when it is impossible to conduct multivariate statistical analyses, it is valid to use qualitative analyses. Each criterion can be operationalized as a category to be measured from its lowest to highest level, for example, ranked from 1 to 5.

A policy is successful when the interventions that take place under its guidance achieve the proposed objectives in the required time and at the lowest possible cost, and create opportunities for the benefit of all people, especially those in conditions of need. All of this presumes that the interventions can be adequately carried out and face few legal obstacles and the least potential rejection by stakeholders.

The main methodological problem in analyzing and evaluating public policies in the health field (and any other field) is how to attribute an observed impact to a given intervention or set of interventions.

The ideal method to evaluate health and substance use policies depends on the:

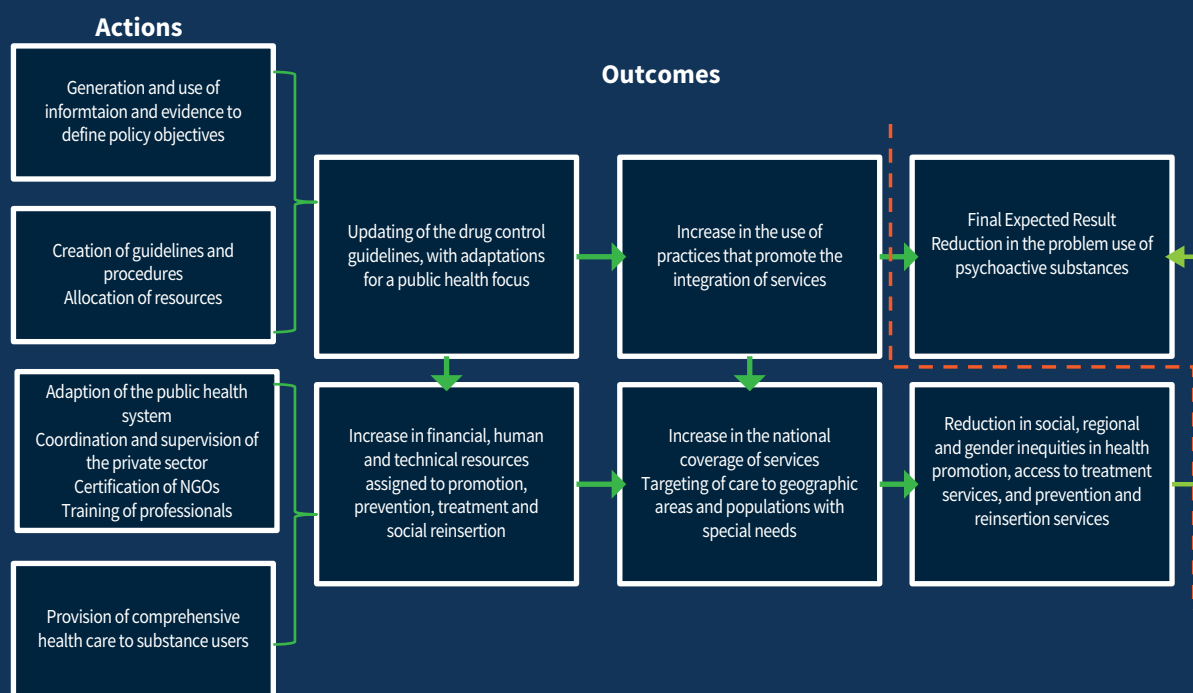
- » context of the problem.
- » current state of: knowledge about individual and collective effects, use of each psychoactive substance, and specific interventions for managing substance use.
- » availability of valid, reliable information.
- » existing capacity to process such information on a timely basis.
- »

► **Logical analysis of relationships between actions and results**

Starting with the policy design phase, it is necessary to identify the chain of the policy's expected effects on the problem (both outcomes and final results). This chain can be represented in a logic model as a cycle that starts with the identified problem situation and moves through the definition and imple-

mentation of actions and the results obtained, in accordance with the established objectives. According to this model, each stage of the cycle corresponds to specific actions and results.

Figure 4. Example of a simplified logic map for the evaluation of a policy on health and psychoactive substance use



Sources: based on Hrishikesh Belani et al, “Integrated Prevention Services for HIV Infection, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis for Persons Who Use Drugs Illicitly: Summary Guidance from CDC and the U.S. Department of Health and Human Services”, *Morbidity and Mortality Weekly Report (MMWR)*, 2012 / 61(RR05); p. 40 (Available at: <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6105a1.htm>); y Morestin, F. A framework for analyzing public policies: Practical guide. Quebec, Canada: National Collaborating Centre for Healthy Public Policy. 2012 (Available at: http://www.ncchpp.ca/docs/Guide_framework_analyzing_policies_En.pdf)

The policy analyst should pay attention not only to the desired effects, but also to unwanted effects that have a negative impact. It is necessary to ensure that the

policy is not causing harm, which can happen even if it is having positive effects. If there are negative effects, it is important to determine their scale.

Examples of negative effects of a policy

- » **1:** A policy based exclusively on prohibition of the use of certain substances. Instead of reducing use, it may increase it, since prohibition without other action can encourage substance use among individuals with a high propensity to risk (for example, adolescents).
- » **2:** A policy based exclusively on legalization of the use and sale of certain substances. There may be consequences, especially for the public health system, with increased incidence of the adverse side effects of substance use.

It is not always simple to demonstrate a cause-and-effect relationship between the policy and the results, since the policy is only one of many factors that simultaneously influence the variables related to the problem.²⁸ The “golden rule” for judging the effectiveness of an intervention in any field, including substance use and public health policy, is to examine its experimental design. The correct application of this method requires sufficiently broad population-based samples and control mechanisms that prevent “contamination” of the sample with uncontrolled variables. Other methods used in impact assessment include designs based on statistical analyses. Quantitative analysis makes it possible to approximate a causal explanation, if there are sufficient data and adequately prepared models.²⁹ Whenever possible, recent quanti-

tative data that were obtained using reliable, valid methodological procedures that are statistically representative should be used.³⁰

More commonly, comparative analyses can be made between regions of a single country, or between different countries. Although it is relatively simple to reproduce the same policies in dissimilar contexts, it is important to emphasize that the same actions (legal instruments, procedures, investment priorities, programs, and interventions) can produce incomparable results. Accordingly, it is useful not only to identify which policies have been successful in given countries, but also to compile as much information as possible about how the context influences the effectiveness of policy implementation, before making judgments about the possibility of transferring a policy from one context to another.³¹

28 Milton B, Moonan M, Taylor-Robinson D, Whitehead M, eds. *How can the Health Equity Impact of Universal Policies be Evaluated? Insights into approaches and next steps*. Synthesis of discussions from an expert group meeting. Liverpool, 2-4 November 2010. Copenhagen, Denmark: World Health Organization, 2011. Available at: http://www.euro.who.int/_data/assets/pdf_file/0019/155062/E95912.pdf.

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30 Babor et al., op. cit.: p. 100-102.

31 Kok MO, Vaandrager L, Bal R, Schuit J. Practitioner opinions on health promotion interventions that work: Opening the ‘black box’ of a linear evidence-based approach. *Social Science & Medicine*. 2012;74(5):715-723.

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The use of psychoactive substances has various social and health consequences, which can be addressed from the field of health and social welfare through policies formulated by government agencies in accordance with their specific mandates. An explicit policy on health and psychoactive substance use allows the development of the necessary responses to protect and promote the right to health of the population as it relates to this complex problem.

This manual is an instrumental tool based on policy analysis techniques and methods developed with the purpose of facilitating the application of public health principles to define responses to problems associated with psychoactive substance use. To accomplish this, the manual contains examples and exercises that illustrate the various phases of the planning process and can be used in workshops and other training activities. It is intended for those who have the responsibility of formulating, implementing, and evaluating policies, plans, and programs aimed at reducing the consequences of substance use on collective health, from government health agencies and other relevant sectors to civil society.