



**DRUGS: GLOBAL  
HARM REDUCTION  
IN ACTION**

**AMRO  
REGIONAL GUIDE**

**2021 REGIONAL  
CONFERENCE**

University of Oklahoma

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# INTRODUCTION

The Pan American Health Organization (PAHO) serves as the regional office for the Americas of the World Health Organization (WHO). The regions of the Americas (AMRO) consists of 35 member nations. These nations possess a variety of developing and developed economies, population centers, and healthcare systems, which together present a diverse range of drug concerns.

The AMRO region boasts a high amount of drug research and development. American drug companies consistently produce nearly half of the world's new drug technologies. Unfortunately, this high amount of drug research and development is an indirect result of an American free-market system that contributes to region-wide inequities in the access to essential medicines. Also, large amounts of research and development in the region does not correlate to high levels of drug-related policies. Throughout the region, there is a high level of drug use among adolescents and a low perceived risk of the occasional use of drugs, raising questions as to how well public policies on the prevention of substance use disorder have operated thus far. It is also important to note that high levels of drug use in the region appears to be associated with a high level of perceived ease of access to drugs among adults and adolescents.

To help resolve drug-related issues in the AMRO region, the PAHO recognizes the importance of the strengthening of pharmaceutical services, the application of evidence in decisions regarding the incorporation and use of medicines, and the promotion of rational use of medicines in health systems.



# MENTAL HEALTH

The World Health Organization (WHO) conceptualizes mental health as a “state of well-being in which the individual realizes their own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community.” Mental health disorders and substance-related disorders are prevalent throughout the region and are major contributors to morbidity, disability, and premature mortality. The resources to tackle this burden are often insufficient, inequitably distributed, and inefficiently used. The stigmas and discriminations directed toward people with mental disorders compound the situation.

Drug use disorder is an area of major concern within the United States. According to the Surgeon General’s Report on Alcohol, Drugs, and Health, about 45% of those with substance use disorders also have mental disorders, and less than 50% of them receive treatment for these issues. It is also worth noting that childhood trauma (Adverse Childhood Experiences) is a leading environmental cause behind dual diagnosis. Common mental health disorders that contribute to drug use disorders include depression, schizophrenia, anxiety disorders, and personality disorders. According to the National Institute of Drug Abuse, opioids are among the most abused drugs within the United States.



# PHARMACEUTICAL INNOVATION

Drug research and development is broadly defined as the process of bringing a new pharmaceutical drug to the market. In the AMRO region, drug research and development is largely concentrated in the United States. The NIH contributes approximately 30 billion dollars toward research and development per year, and American drug companies rake in nearly 500 billion dollars per year, though the large majority of the money generated by pharmaceutical companies is directed toward marketing rather than research and development. Patenting, which (theoretically) stimulates research and development, also often makes drug prices unachievable for lower income peoples.

The AMRO region, while heavy in drug development, lacks a thorough “follow-up” research system. The region has come a long way in its efforts to generate and analyze drug data, but there are still many challenges ahead. Many areas lack data at local or municipal levels, inhibiting local initiatives to prevent drug use disorders. Additional research into youth drug use patterns is also urgently needed. Drug observatories need to be further strengthened, and they need to develop or improve national drug information networks that support their information gathering and dissemination efforts. The PAHO emphasizes that “political commitments by [its] member states will be essential ... to put into effect these valuable reforms.”



# ESSENTIAL MEDICINE

Health equity is a fundamental component of social justice that indicates the absence of unjust differences among groups of people due to their social, economic, demographic, or geographic circumstances. It is important to emphasize that differences in health statuses between groups are not the results of biological differences. Latin America and the Caribbean is one of the most diverse regions in the world, though it is also where one of the largest disparities in terms of socio-economic classes exist. The PAHO recognizes the need to address the ethnic, social, and cultural diversities that exist within its member nations in order to create health policies and services that are accessible to entire populations.

The COVID-19 vaccination effort across the AMRO region reveals international health inequities. The PAHO emphasizes that global asymmetry and the fragmentation seen in Latin America and the Caribbean in terms of access to COVID-19 vaccines demonstrate the urgent need to strengthen regional coordination and international cooperation. While Latin America and the Caribbean are on track to reach the WHO COVID-19 vaccination target of 40% before the end of the year (2021), six countries have yet to vaccinate 20% of their populations. Geographic barriers and limited transportation complicate access to rural and indigenous populations. Additional challenges to the reduction of vaccination inequities include insufficient provider networks, non-compliance of health service providers, and insufficient human resources, especially in rural areas. Colombia has implemented a Vaccination without Barriers strategy to make vaccines available to all citizens regardless of insurance status, socioeconomic status, gender, and other factors. Vaccination brigades are often planned in collaboration with indigenous populations and local leaders (and often include vaccine education methods).



# LEGALITY OF SUBSTANCES

The AMRO region presents a diverse range of drug-control initiatives, but in general, possession of illicit drugs and drug trafficking is illegal and can be highly criminalized. The PAHO acknowledges the regulations for the control and supervision of the use of substances, either for recreational use, such as alcohol or tobacco; for drug use, such as tranquilizers or opioid analgesics; or for general use, such as industrial solvents, though they emphasize that investing in evidence-based treatment for substance dependence decreases negative health consequences and social effects (e.g. crime, economic burden, and HIV infection). The WHO emphasizes the strengthening of the public health response to drug problems- including the provision of prevention, treatment, and harm reduction services - over the strict illegalization of illicit substances.

The legalization of recreational marijuana has become increasingly more common in the region throughout the last decade. In 2015, Chile President Michelle Bachelet signed a decree legalizing marijuana for medicinal purposes, and pharmacies began selling medical marijuana products in 2017. As a result, arrests for drug-related crimes fell by nearly 50 percent between 2012 and 2017. Uruguay has similarly legalized drugs on a larger-scale, and while the benefits of legalization are apparent, the importance of quality control and legal access to these drugs should not be ignored. Uruguaians can use some illicit drugs legally, but they struggle to purchase such drugs legally, which is counterproductive in reducing crime and substance misuse rates.



# VULNERABLE POPULATIONS

The WHO recognizes that the health of women and girls is of particular concern because, in many societies, they are disadvantaged by discrimination rooted in sociocultural factors. Violence can negatively affect women's physical, mental, sexual, and reproductive health, and may increase the risk of disordered substance use among women. Also, some of the unique issues that cisgender women who use drugs face relate to their reproductive cycles. Substance use presents risks during pregnancy and breastfeeding. Pregnant women using drugs, including tobacco and alcohol, can pass those drugs to their developing fetuses or through breast milk. Unfortunately, it can be difficult for a person with a substance use disorder to quit, and some women with such disorders fear that seeking help while pregnant or afterward could cause them legal or social problems. This fear contributes to a cycle of drug reliance and that can span generations. Preventative measures and health promotions targeted toward women and those who menstruate as well as prevention, treatment, and harm reduction services are all important in addressing the unique challenges women encounter with drugs and drug use disorders.

The opioid crisis is particularly relevant for women in the United States. Women are more likely to have chronic pain and use prescription pain-killers for longer periods of time than men. Women are more likely to experience economic barriers to treatment. Pay gaps, lower wages, less income, or the higher likelihood of women living in poverty prior to substance use disorder onset, can limit the financial resources available to seek services and treatment. Compared to men, a higher percentage of women with substance use disorder have been the victims of physical, sexual, or verbal abuse. Equitable access to harm reduction services and other support systems are important in furthering women's health.







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