



UNODC

United Nations Office on Drugs and Crime

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"EACH PERSON COUNTS"

UNODC'S GLOBAL PROJECTS ON DRUG USE PREVENTION AND TREATMENT OF DRUG USE DISORDERS

**CAMPINAS, BRAZIL 2016
INL DDR FOCAL POINTS MEETING**



Overview

- UNODC mandate and structure within the drug control system
- Major challenges in DDR
- UNODC work on drug prevention
- UNODC projects on drug dependence treatment and care
- Emerging topics
- Cross cutting areas

What is UNODC?

A UN programme created to support the UN Member States in addressing global challenges such as drugs, crime and terrorism through technical assistance.

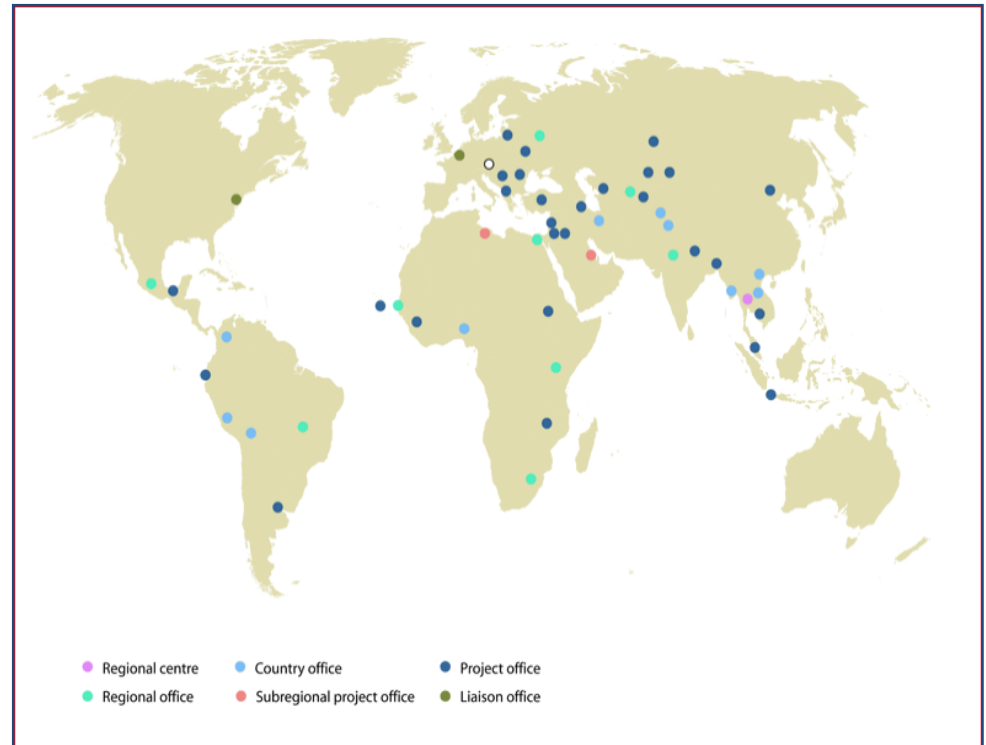


Part of the UN Secretariat:
Executive Director, Mr Yury Fedotov
UN Secretary General, Mr Ban Ki-moon

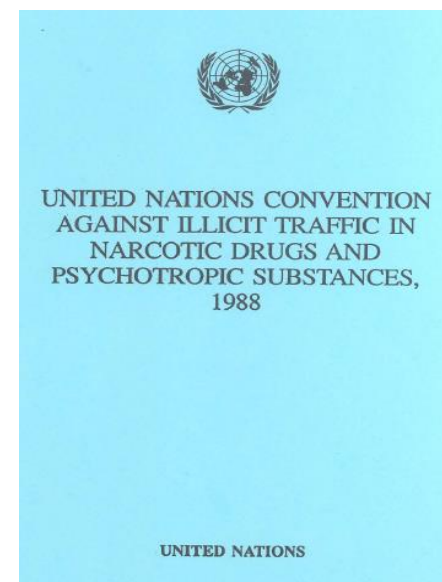
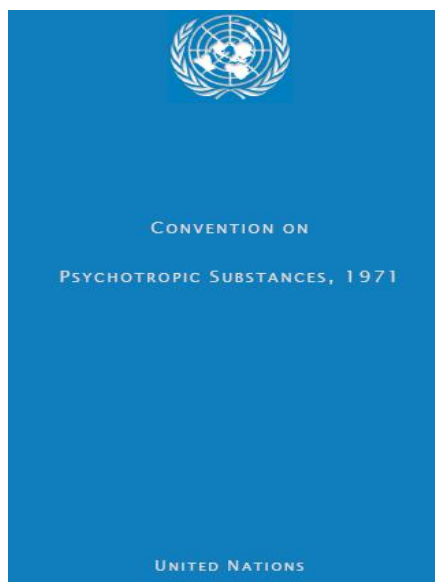
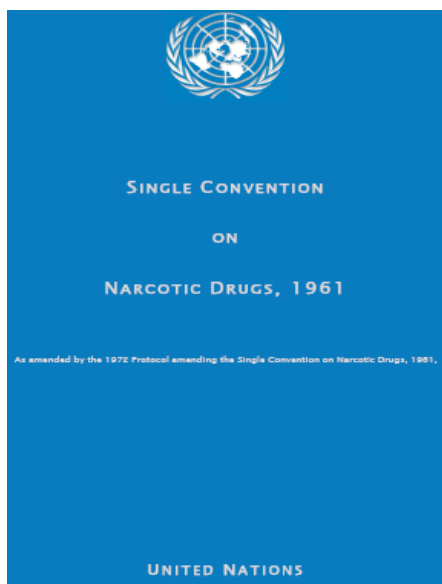


UNODC Field Office network

- UNODC operates in more than 150 countries around the world through its network of field offices.
- UNODC works closely with Governments and civil society towards **building security and justice for all.**



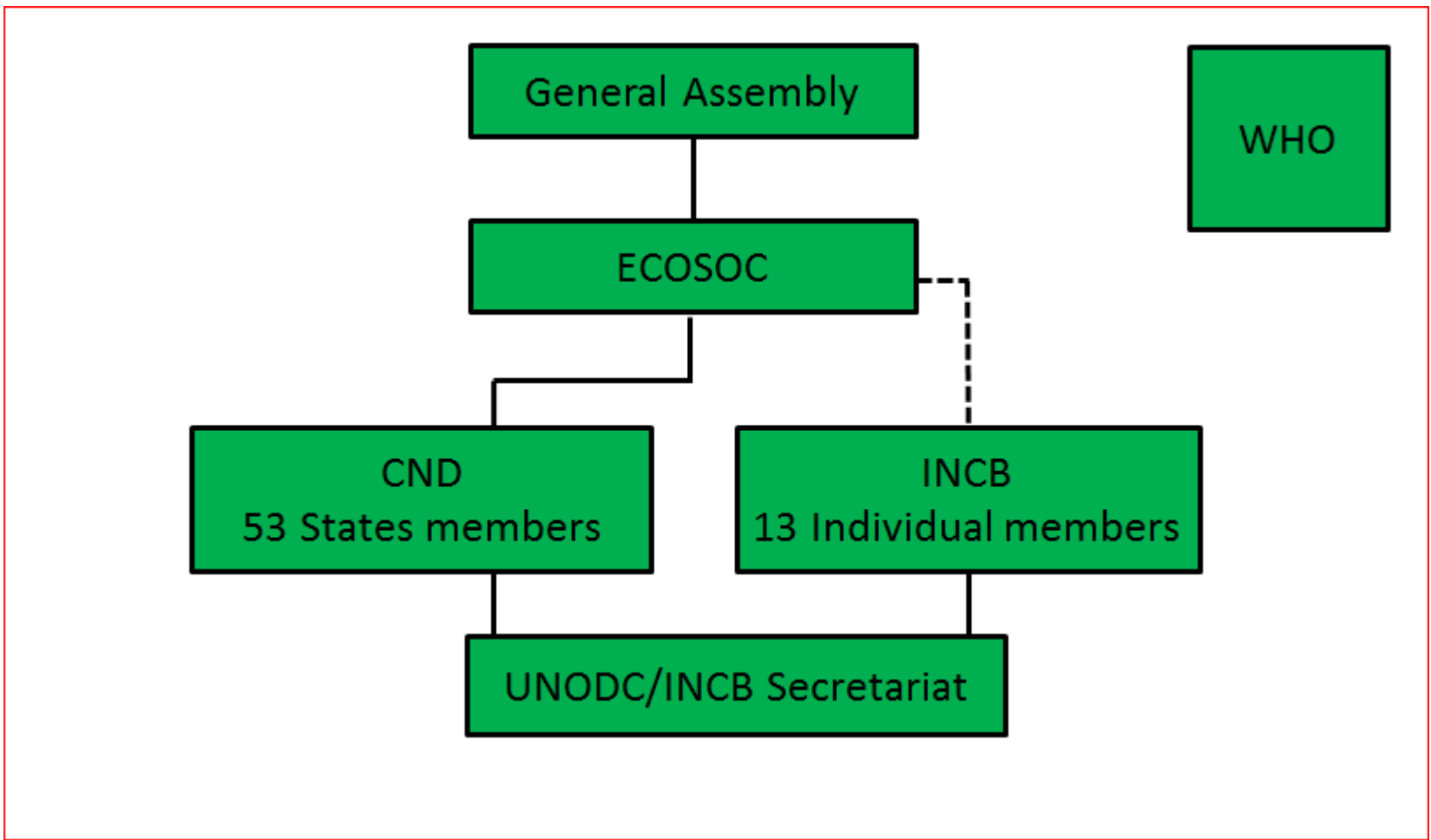
Mandate from the International Drug Control Conventions



- UNGASS (1998)
- Political declaration and plan of action (2009)
- High level review of Political declaration and plan of action (2014)
- UNGASS (2016)

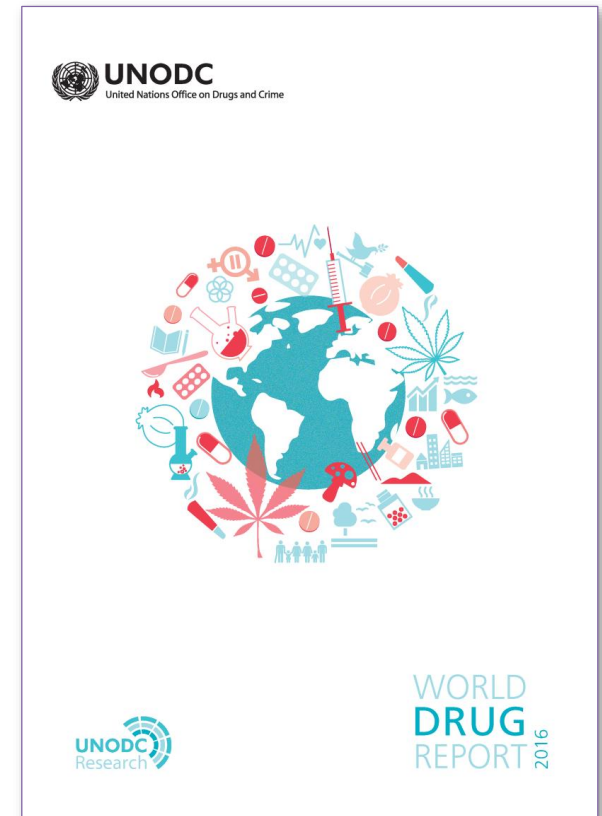


International system on drug control



Illicit drug use at global level - World Drug Report

- ca. **3.5%-7%** of the world population between 15-64 used illicit drugs at least once in 2014 (ca. 262-324 Mio people).
- 1 out of 20 people between 15 and 64 years, used an illicit drug in 2013.
- ca. **27 Mio** persons worldwide (between 15-64) are considered as problem drug users.
- **187,100** drug related deaths reported in 2013.
- **12.7 Mio** Injecting Drug Users and 1.65 Mio of them (13.1%) living with **HIV**.



Why is it important?

**DRUG USE IS ONE OF THE
TOP 20 RISK FACTORS TO HEALTH WORLDWIDE**

TOP 10 IN HIGH INCOME COUNTRIES

**HIV/AIDS HEPATITIS
TUBERCULOSIS
SUICIDE – PSYCHIATRIC DISORDERS
CARDIOVASCULAR DISEASES
OVERDOSE DEATHS**

30% of HIV infection is due to injecting drug users

when criminal activities related to drugs are included

**THE COST OF DRUG DEPENDENCE
CAN AMOUNT TO 2% OF THE GDP\$**

But,

Is it the numbers of drug users what really matters?

Is it the type and patterns of drugs used what we want to change?

What are the major challenges?



**Or,a health disorder non recognized as such:
patients discriminated, punished...**



Human rights systematically violated in the name of “drug dependence treatment”



**Drug
dependent
patients
in prison**



Methods not based on scientific evidence to treat drug dependent patients





**Drug users in the street:
the patients who
no one wants**

**Social
exclusion**





Barriers to treatment and care

- Stigma/discrimination (not recognized as health problem)
- No services available / only far from home
- Limited professional capacity
- Services isolated from the overall health care system
- Services not sensitive to the needs of special groups
- Punishment / Consequences of registration
- Services not for free or high threshold
- No complementary sustainable livelihood services

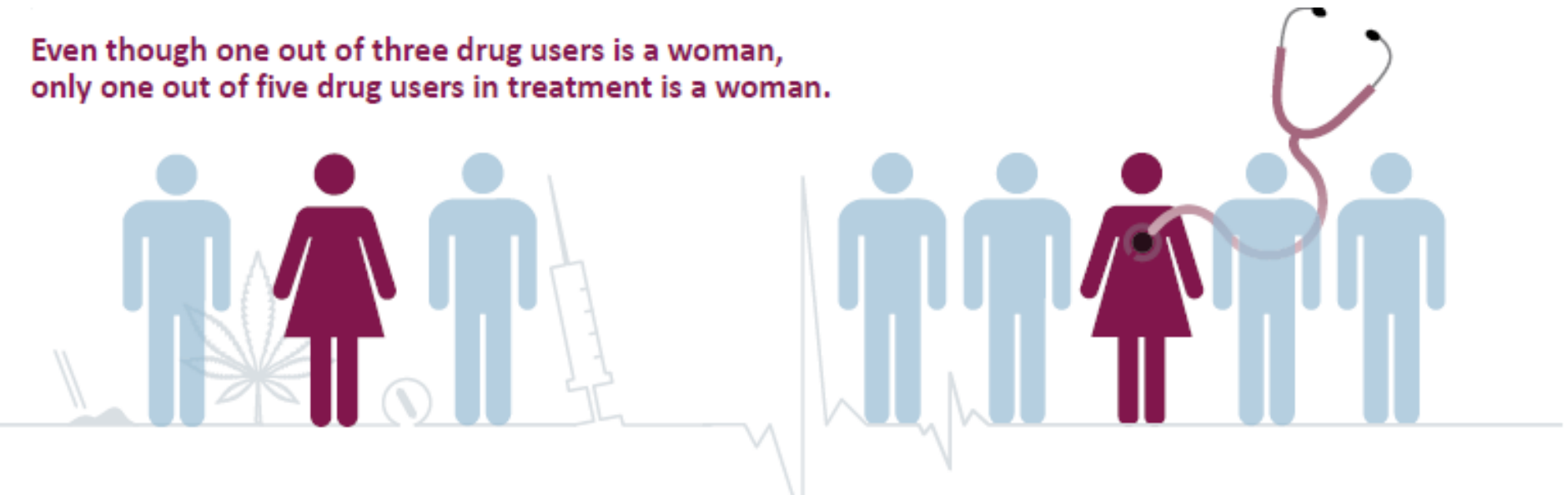
Access to treatment of drug use disorders

- 1 in 6 at the global level
- 1 in 18 in Africa
- 1 in 11 in Latin America / Eastern Europe
- 1 in 3 in the North America

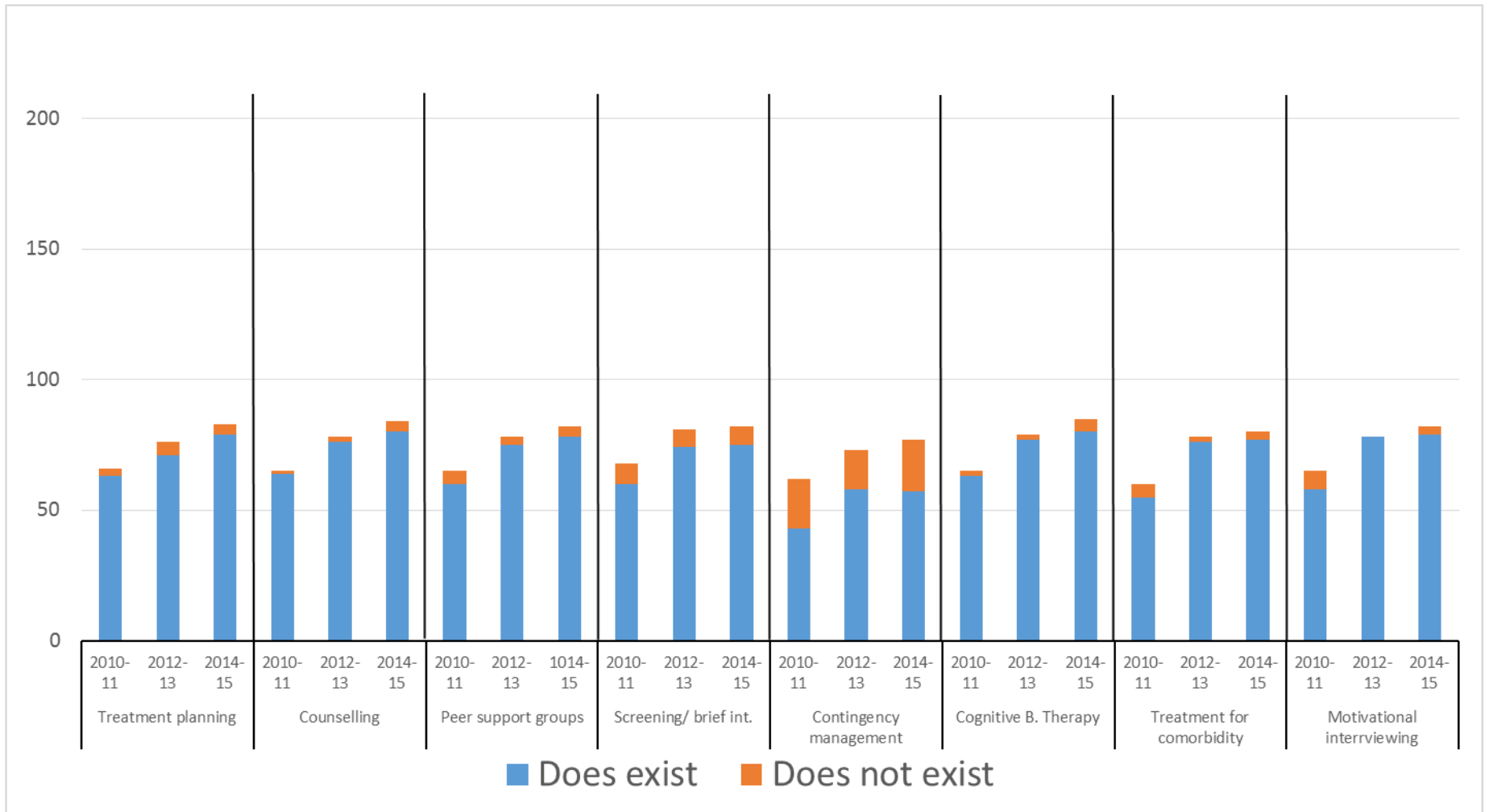


Gender imbalance in drug treatment and care

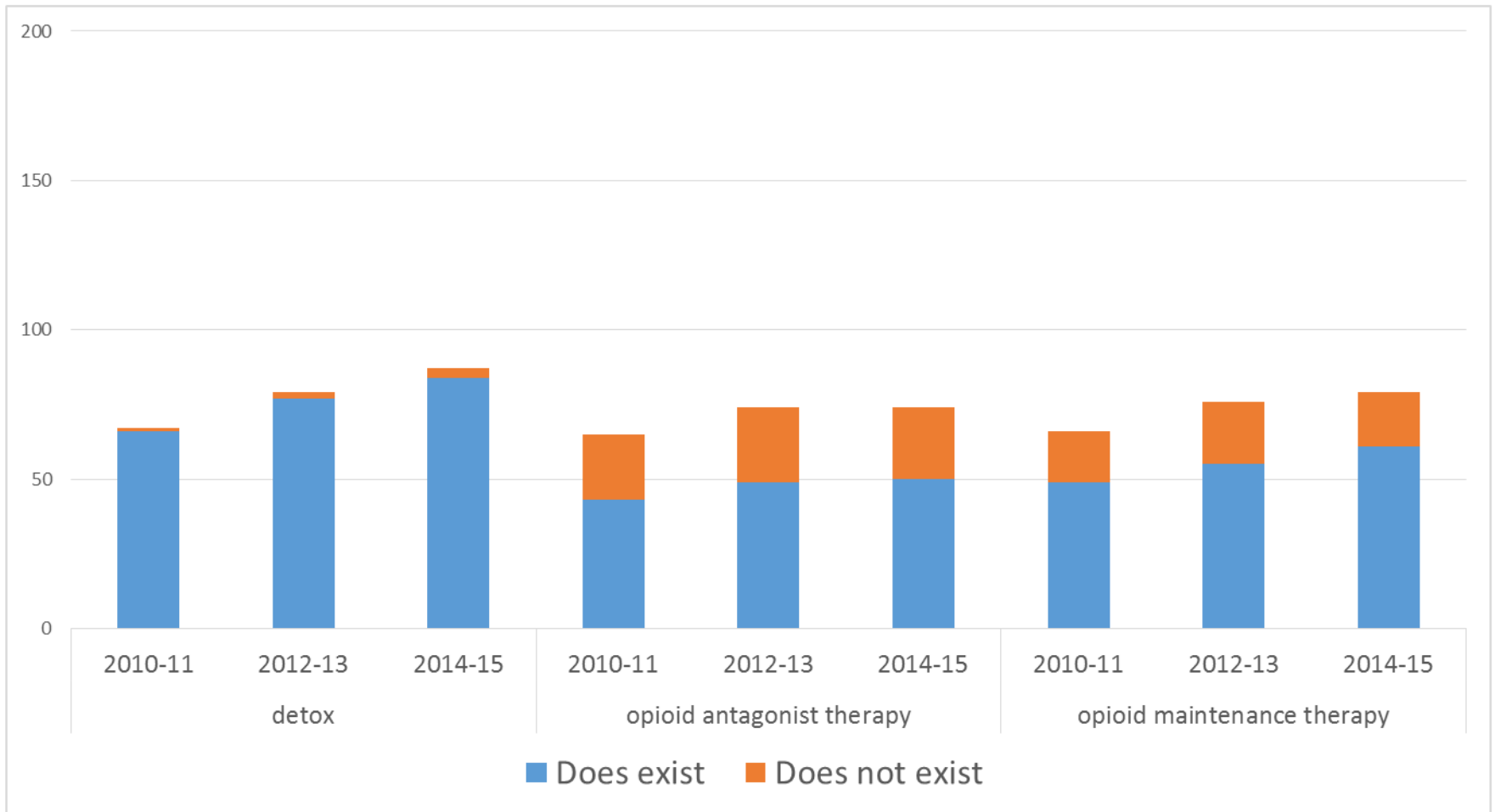
Even though one out of three drug users is a woman, only one out of five drug users in treatment is a woman.



Availability of psychosocial treatment services in the community



Availability of pharmacological treatment in the community



Come in WE'RE

OPEN

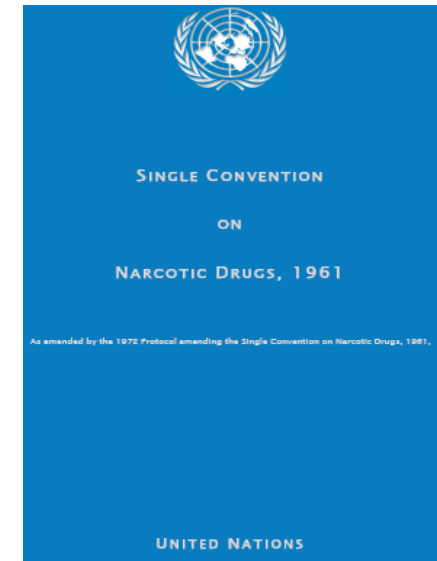


A new attitude toward people using drugs

- Non-stigmatizing attitude
- No social marginalization
- Non-discriminatory access to treatment
- Community-based treatment
- Outreach programs
- Long-term recovery

Drug addiction is often the result of an unwholesome social atmosphere in which those who are most exposed to the danger of drug abuse live

**Resolution III, 1972
(amendments to 1961 Convention)**





The focus of our work

Recognition of drug use disorders as health problems

Recognition of vulnerability conditions

Stop discrimination and stigma

Nothing less than what is expected for the treatment of any other chronic disease or health disorder.



**Temperament,
personality traits**

**Drug availability
exposure to drugs
and alcohol**

Peer pressure

Stressful life events

**Risk
perception**

**Exposure to
violence,
displacement**

**Insecure
parent-child
attachment**

**Psychobiological
Vulnerability:**

**Social
exclusion**

Neglect

**Synaptic function
Epigenetic changes
Behavioural attitude**

Abuse

**Mental health disorders
Pathogenesis of the disease**

**Extreme
poverty**

**Chaotic
family**

**Lack of
engagement
in school**

**Lack of bonding
to family**

**Affectionless
control
Excessive
protection**

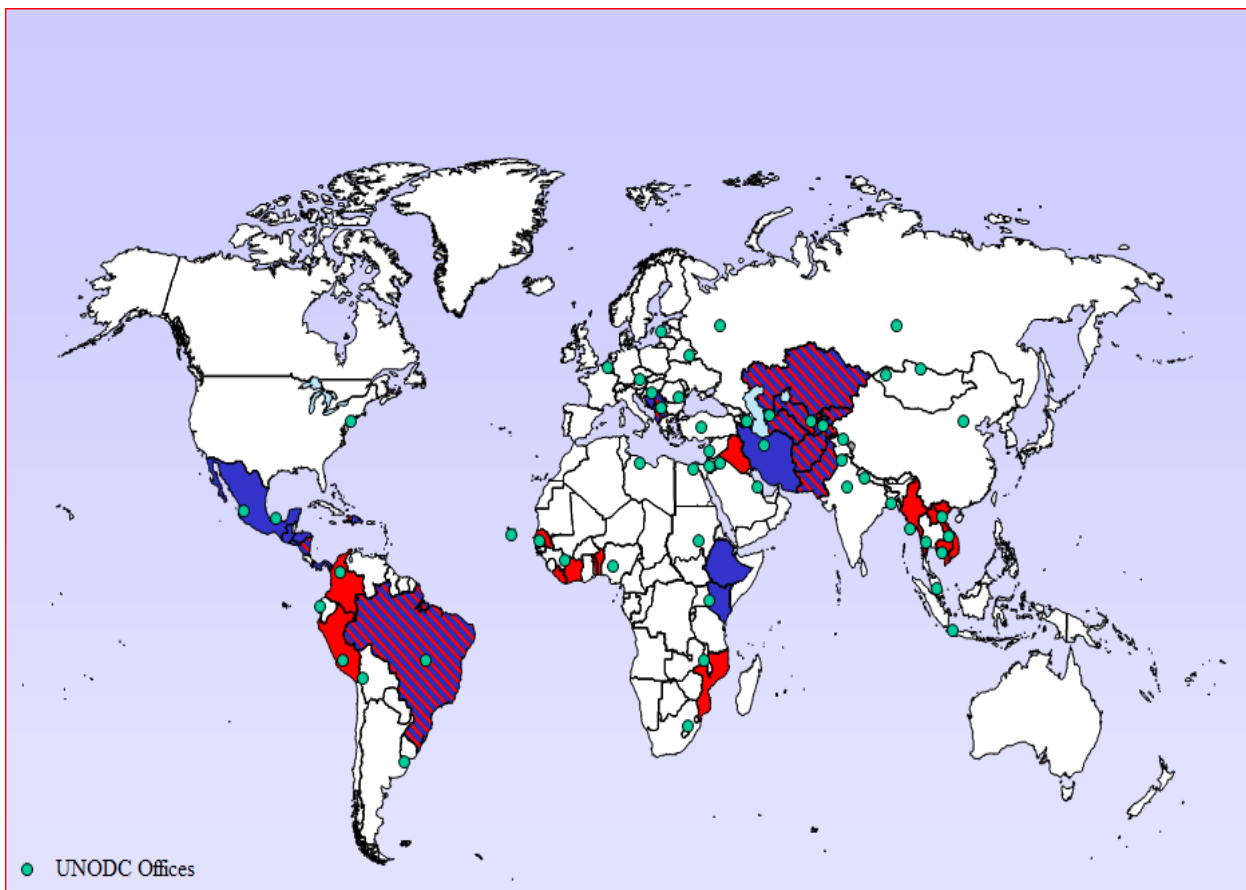


Health at the centre stage of the drug control system (UNODC Executive Director, 2009)





Each person counts – Our global projects on prevention & treatment



Prevention Projects Countries

Mexico, Guatemala, Honduras, Nicaragua, Panama, Bosnia, Serbia, Montenegro, Macedonia FYROM, Albania, Ethiopia, Kenya, Iran, Kazakhstan, Uzbekistan, Afghanistan, Tajikistan, Kyrgyzstan, Pakistan.

Treatment Projects Countries

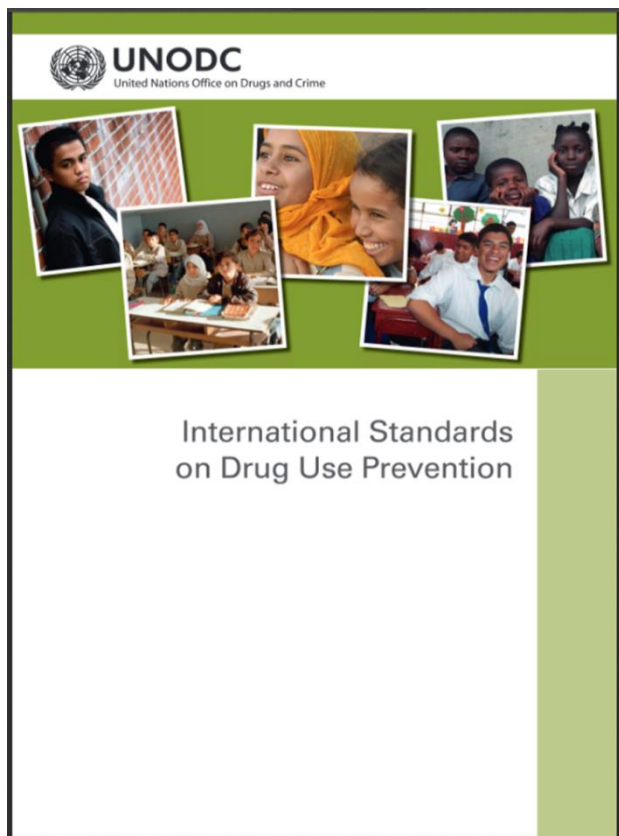
Nicaragua, Peru, Colombia, Brazil, Serbia, Montenegro, Albania, Macedonia FYROM, Senegal, Liberia, Cote d'Ivoire, Togo, Benin, Mozambique, Iraq, Kazakhstan, Uzbekistan, Afghanistan, Tajikistan, Kyrgyzstan, Pakistan, Laos PDR, Myanmar, Cambodia, Vietnam.

1. Prevention

- International Prevention Standards
- Evaluation of Prevention interventions
- Family Skills Prevention project



International Standards on Drug Use Prevention



- Identify the interventions and policies that are effective in preventing the use of tobacco, alcohol and drugs, and describe their rationale and characteristics.
- More than 80 scientists from more than 30 countries contributed;
- Over 500 studies assessed in systematic review, findings of 81 'good' and 'acceptable' quality studies (mostly systematic reviews) summarized in to a menu of types of interventions and policies.



Guidance on the types of evidence based approaches and their characteristics

	Prenatal & infancy	Early childhood	Middle childhood	Early adolescence	Adolescence	Adulthood
Family	<p>Prenatal infancy & visitation ★★</p> <p>Interventions for pregnant women with substance abuse disorders ★</p>		<p>Parenting skills ★★★★</p>			
School		<p>Early childhood education ★★★★</p>	<p>Personal & social skills ★★★</p> <p>Classroom management ★★★</p> <p>Policies to keep children in school ★★</p>	<p>Personal & social skills & social influences education ★★★</p>	<p>Addressing individual vulnerabilities ★★</p> <p>School policies & culture ★★</p>	
Community				<p>Alcohol & tobacco policies ★★★★★</p> <p>Media campaigns ★</p> <p>Mentoring ★</p> <p>Entertainment venues ★★</p>	<p>Community-based multi-component initiatives ★★★</p>	
Workplace					<p>Workplace prevention ★★★</p>	
Health sector					<p>Brief intervention ★★★★</p>	



Disseminating the Standards: Regional and National “Policy makers and prevention strategy” seminars

- Improve the knowledge and understanding of prevention science.
- Guide participants through a process of **using the Standards** to take a **critical look** at what is going on in prevention in their countries and **plan for improvement**.
- Helping them to create national prevention systems that are **ethical** and **cost effective!**
- Pre-post evaluations shows **improved understanding of evidence based prevention methodologies**; anecdotal evidence of multiple countries starting to implement evidence based programs after seminars.

A truly global reach

- SEMINARS

- 58 countries
- Central America, West and Central Asia, Eastern Africa, East Asia, North Africa and the Middle East, South Eastern Europe, Nigeria
- **250 policy makers**

- BRIEFINGS

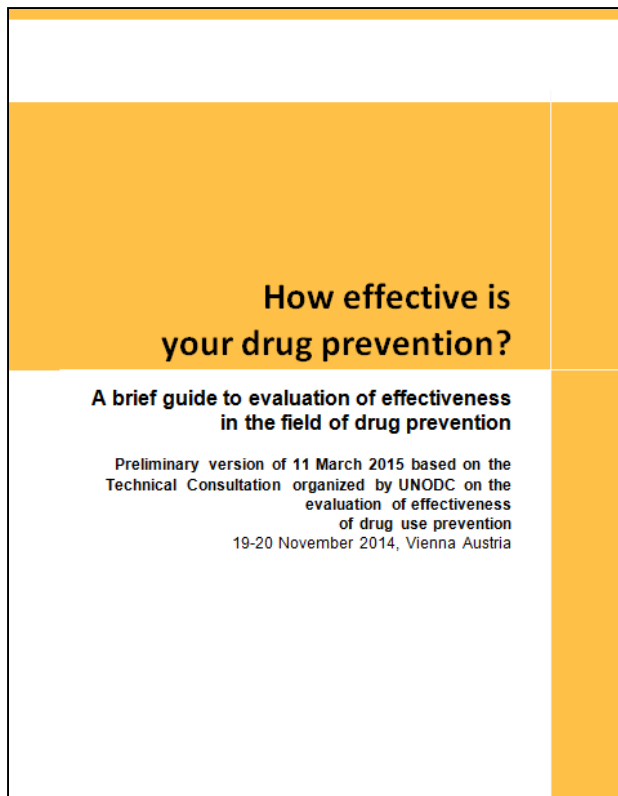
- 41 countries
- African Union, India, Israel, Iran, Russian Federation, Ukraine
- **1,000 policy makers (by 2014)**





Next steps: Support and guidance on evaluation

Guidance



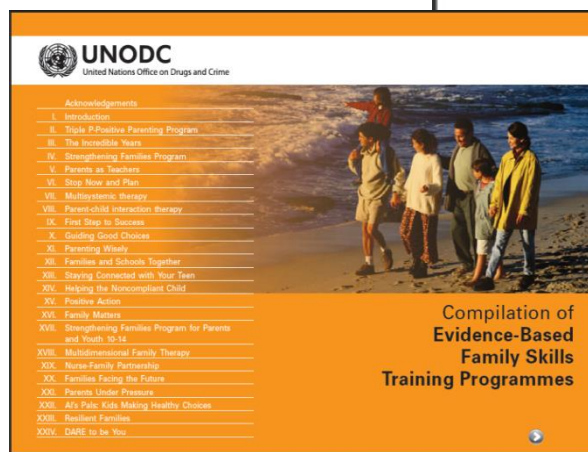
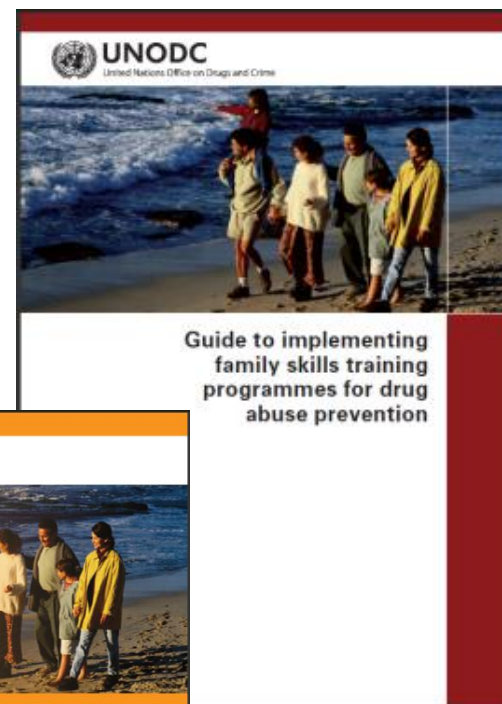
Regional Seminars with Policy Makers

Support for evaluations

UNODC Family skills prevention: Prevention of drug use, HIV/AIDS and crime among young people through family skills training programmes in low- and middle-income countries (since 2009)

Current evidence-based programmes adapted and piloted

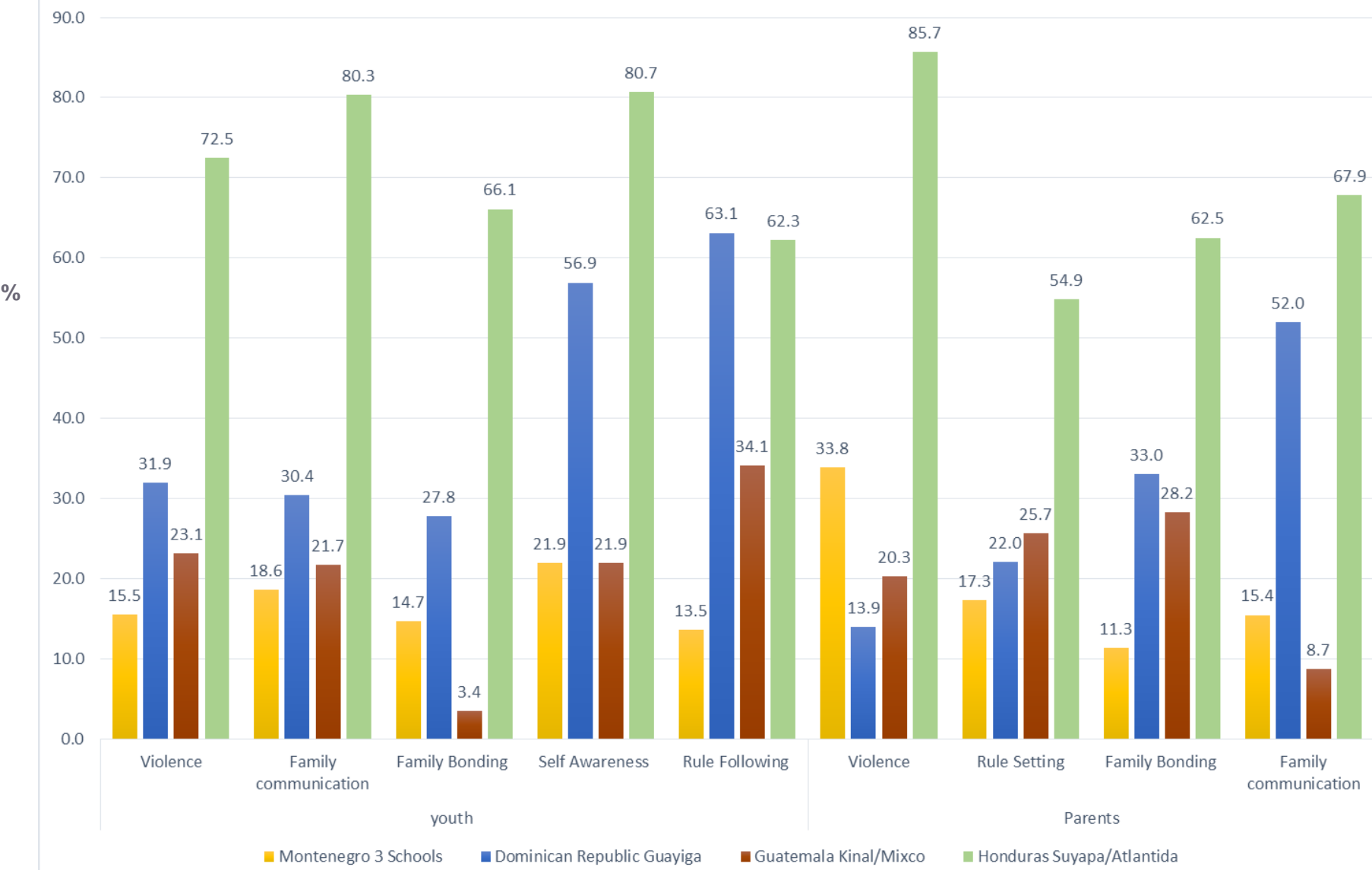
- Strengthening the Family Programme 10-14 yrs, (SFP 10-14)
- Families and School Together (FAST).



- All activities are undertaken in collaboration with the Governmental counterparts concerned.



SFP 10-14 improvement on Pre-Post aggregate indicators per youth and parent assessment by pilot site



2. Prevention of illicit drug use and treatment of drug use disorders for children and adolescents at risk





Prevention of illicit drug use and treatment of drug use disorders for children and adolescents at risk

- Development and implementation of psychosocial and pharmacological (as feasible) intervention **protocols**.
- **Advocacy/Policy** support, **training** of trainers and practitioners, **service** development.
- Monitoring, **evaluation** and expansion to other countries.
- Development of standards, tools and **guidelines** (e.g. drug treatment during pregnancy with WHO).





Key population of UNODC's children's project in Afghanistan)

At-Risk children and adolescents –
trauma, mental health challenges,
school drop out

Orphans – children living in
orphanages or away from their families

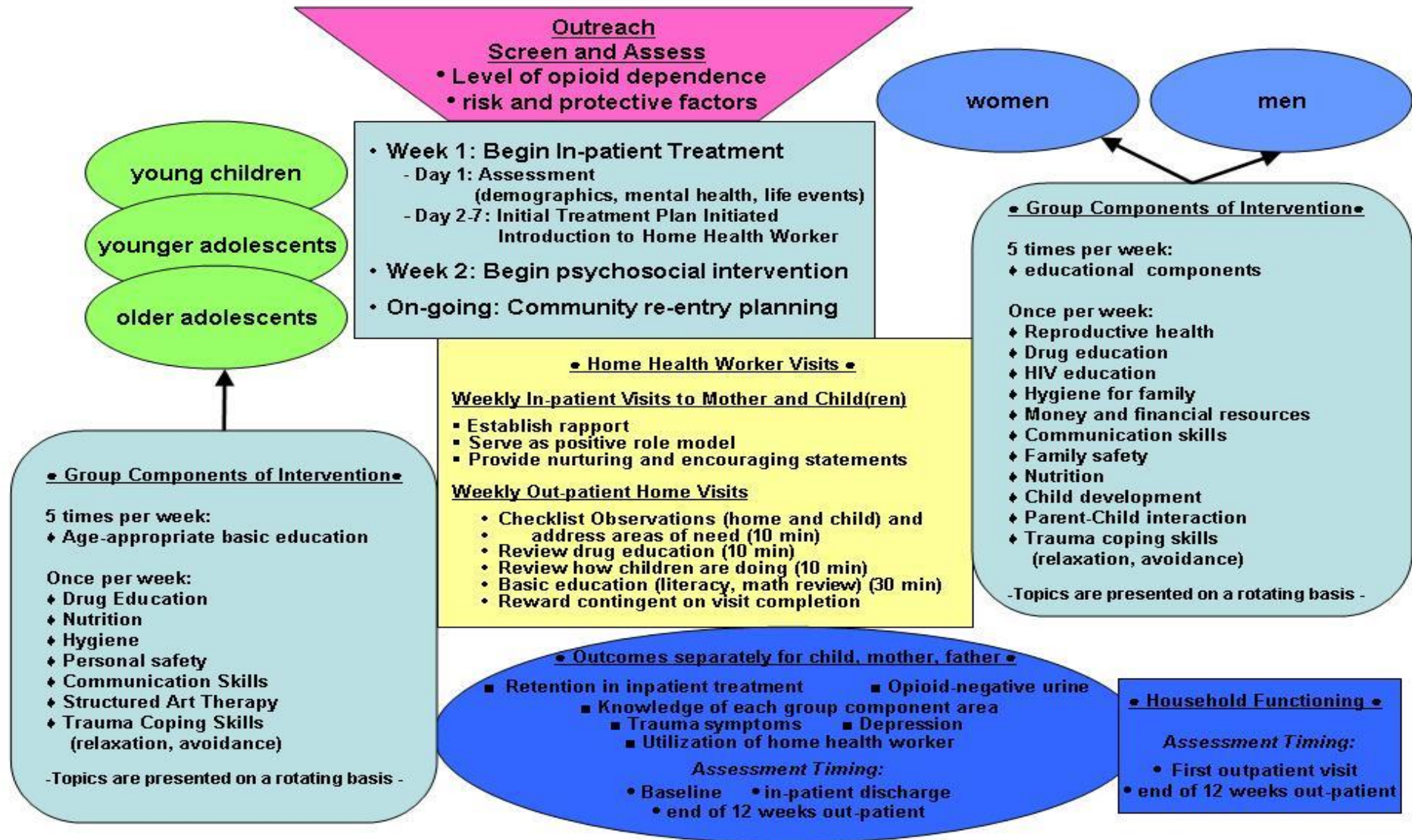
Children living and working on the
Street

Children involved with the **Justice
System** – closed and open settings





► **Figure 1. Children/adolescents at-risk to become or are currently using drugs: Intervention Summary** ◀





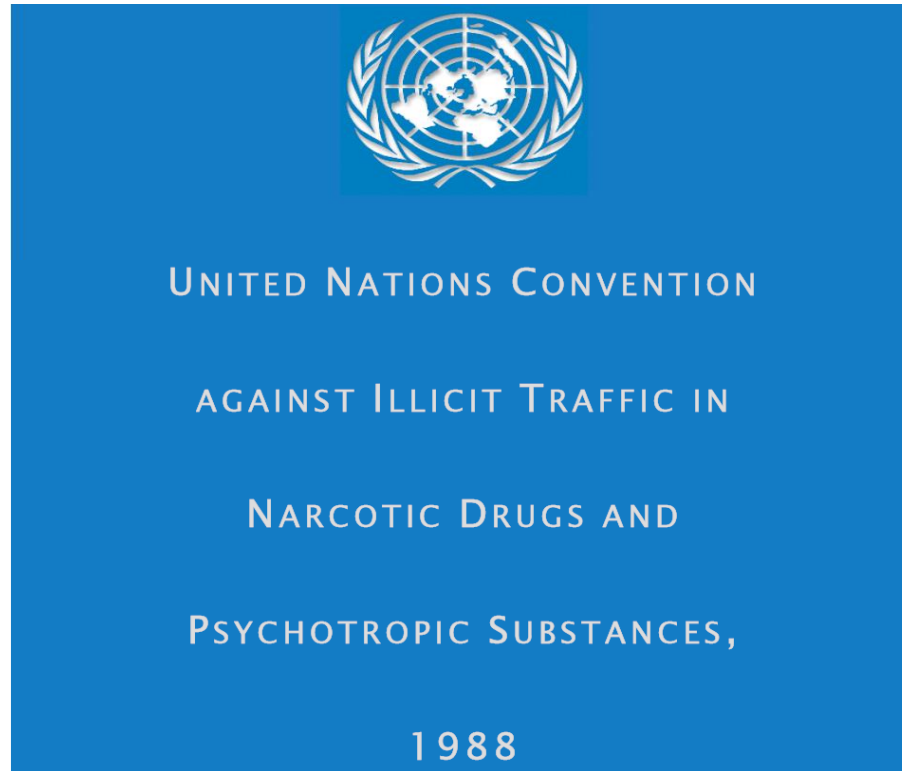
3. Drug dependence treatment and care

- **Vision**

All persons whose lives are impaired by drug use receive a wide range of services

- **Mission**

Working together for universal access to evidence-based, comprehensive and ethical drug dependence treatment and care



**...eliminating or reducing illicit demand
for narcotic drugs and psychotropic substances
with a view of reducing human suffering**

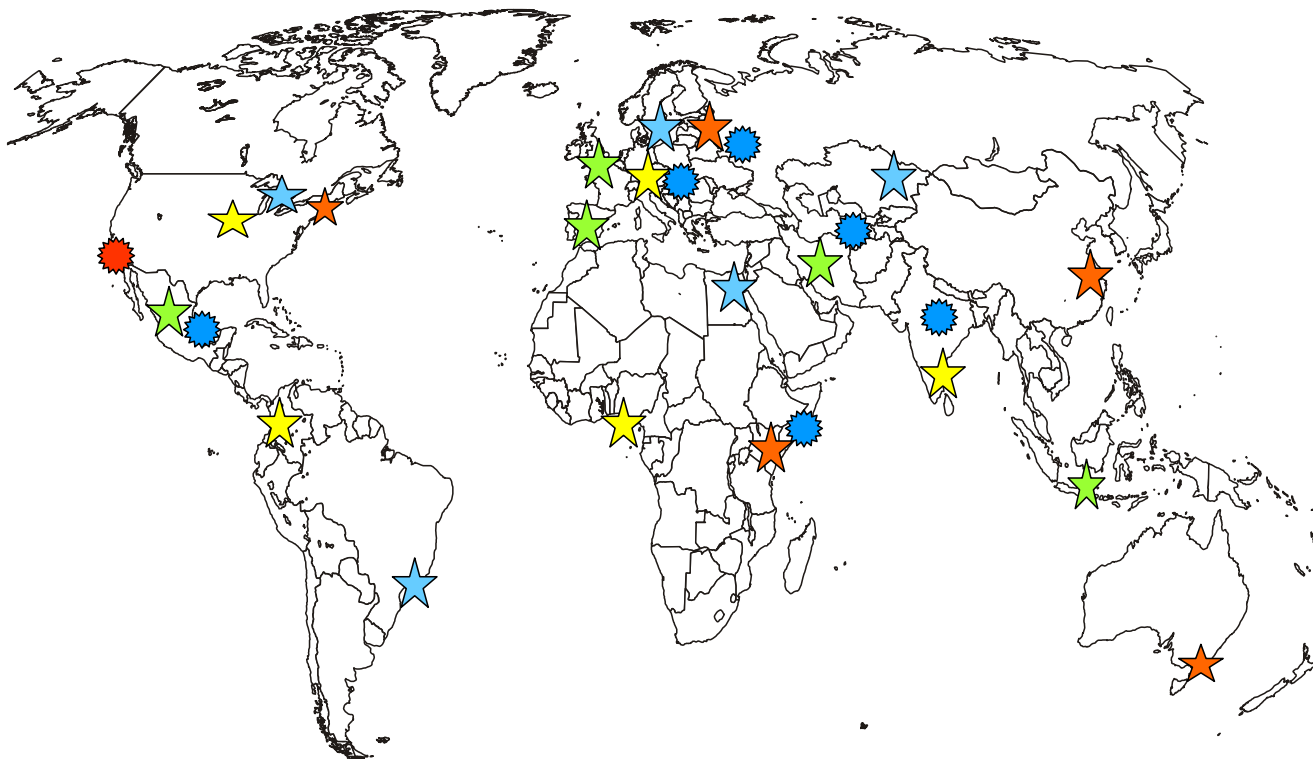


Barriers to treatment and care

- Stigma/discrimination (not recognized as health problem)
- No services available / only far from home
- Lack of professional capacity
- Services isolated from the overall health care system
- Services not sensitive to the needs of special groups
- Punishment / Consequences of registration
- Services not for free or high threshold
- No complementary sustainable livelihood services



Treatnet I



Treatnet trainers, UNODC and UCLA team at the September 2006 Treatnet meeting in Cairo, Egypt.



Treatnet Members at 2006 NIDA Int'l Forum - CPDD 68th Annual Scientific Meeting

**COMMUNITY
BASED
TREATMENT**

**DRUG TREATMENT AND
REHABILITATION IN PRISON
SETTINGS**

**ROLE OF DRUG TREATMENT AND
REHABILITATION IN HIV/AIDS
PREVENTION AND CARE**

**SUSTAINABLE LIVELIHOODS,
REHABILITATION AND
REINTEGRATION**



Treatnet II

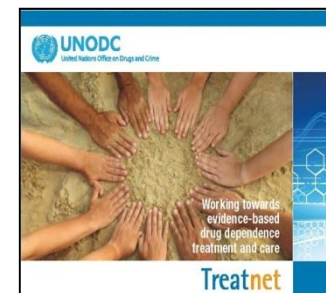
Treating drug dependence and reducing its health & social consequences

Goal:

Enhanced capacity for increased access to quality, affordable drug dependence treatment services through coordinated action of UNODC and a range of national and international partners.

Objective:

Enhanced awareness and in targeted Member States, sustained commitment to increased access to quality and affordable drug dependence treatment services thus contributing to reduce negative health and social consequences of drug use including HIV.





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Treating people with respect:

Nothing less !...than what is provided for any other health disorder

UNODC-WHO Programme on Drug Dependence Treatment and Care

The image shows the cover of a brochure for the UNODC-WHO Joint Programme on drug dependence treatment and care. The cover features the logos of UNODC and the World Health Organization at the top. The main title is 'UNODC-WHO Joint Programme on drug dependence treatment and care'. Below the title, there is a section titled 'The vision' with the text: 'Effective and humane treatment for all people with drug use disorders. Nothing less than would be expected for any other disease.' At the bottom, there are three photographs: one showing a group of people, one showing a person receiving medical attention, and one showing two young girls smiling.

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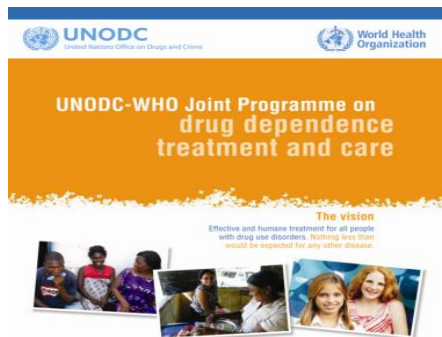
World Health Organization

**UNODC-WHO Joint Programme on
drug dependence
treatment and care**

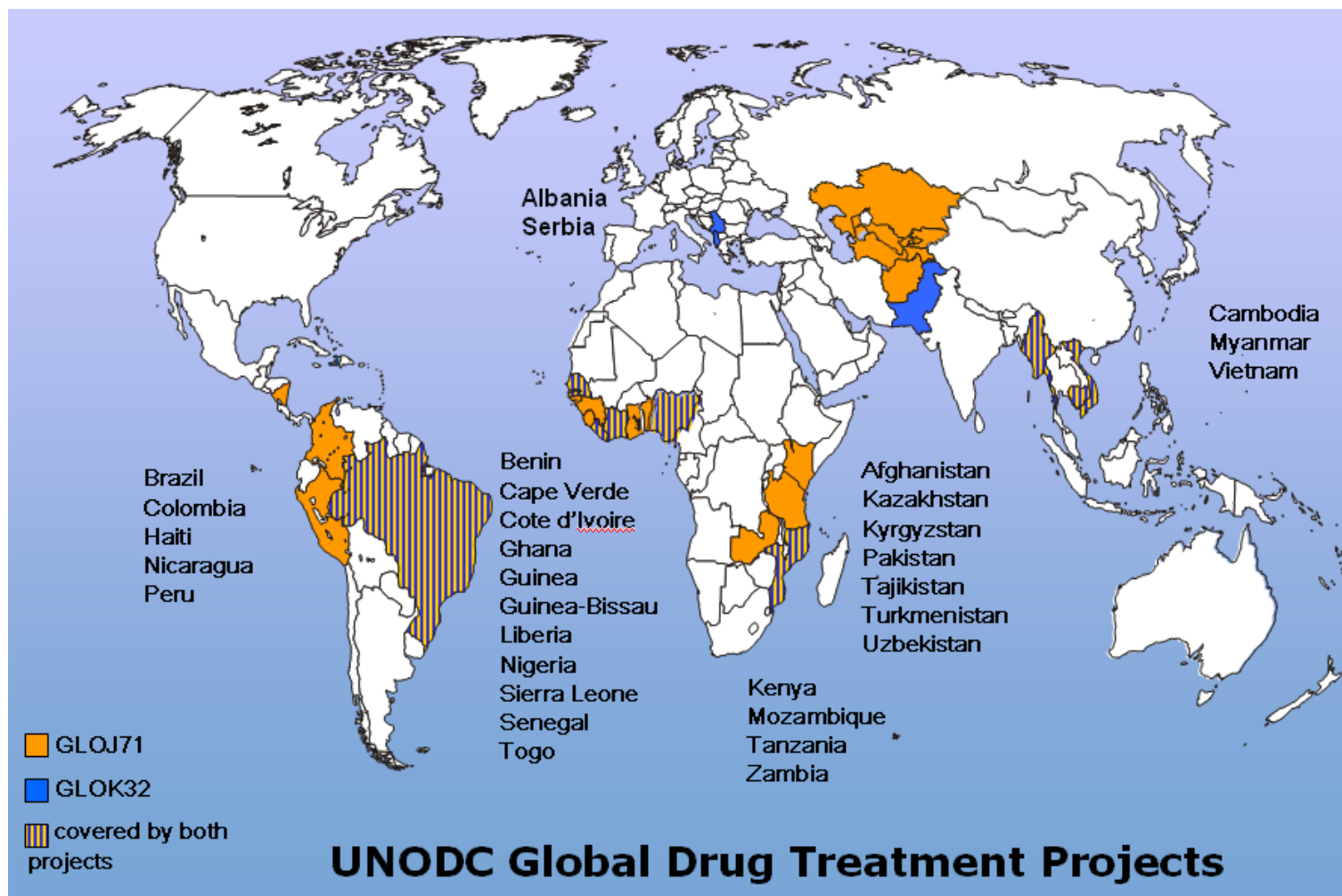
The vision
Effective and humane treatment for all people
with drug use disorders. Nothing less than
would be expected for any other disease.

Aim of the Joint Programme

To promote and support worldwide, with a focus on low- and middle income countries, evidence-based and ethical treatment policies, strategies and interventions to reduce the health and social burden caused by drug use and dependence



UNODC global projects – drug dependence treatment





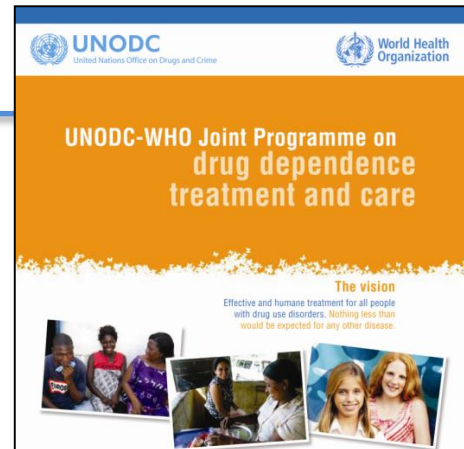
The strategy includes three lines of action:

- Systematic **advocacy** to promote a sound understanding of drug dependence treatment and care (including HIV/AIDS prevention) and the recognition of drug dependence as a health disorder;
- **Training** for service providers (Training of Trainers approach);
- **Support** for the development and strengthening of sustainable drug dependence **treatment services**.



Project components

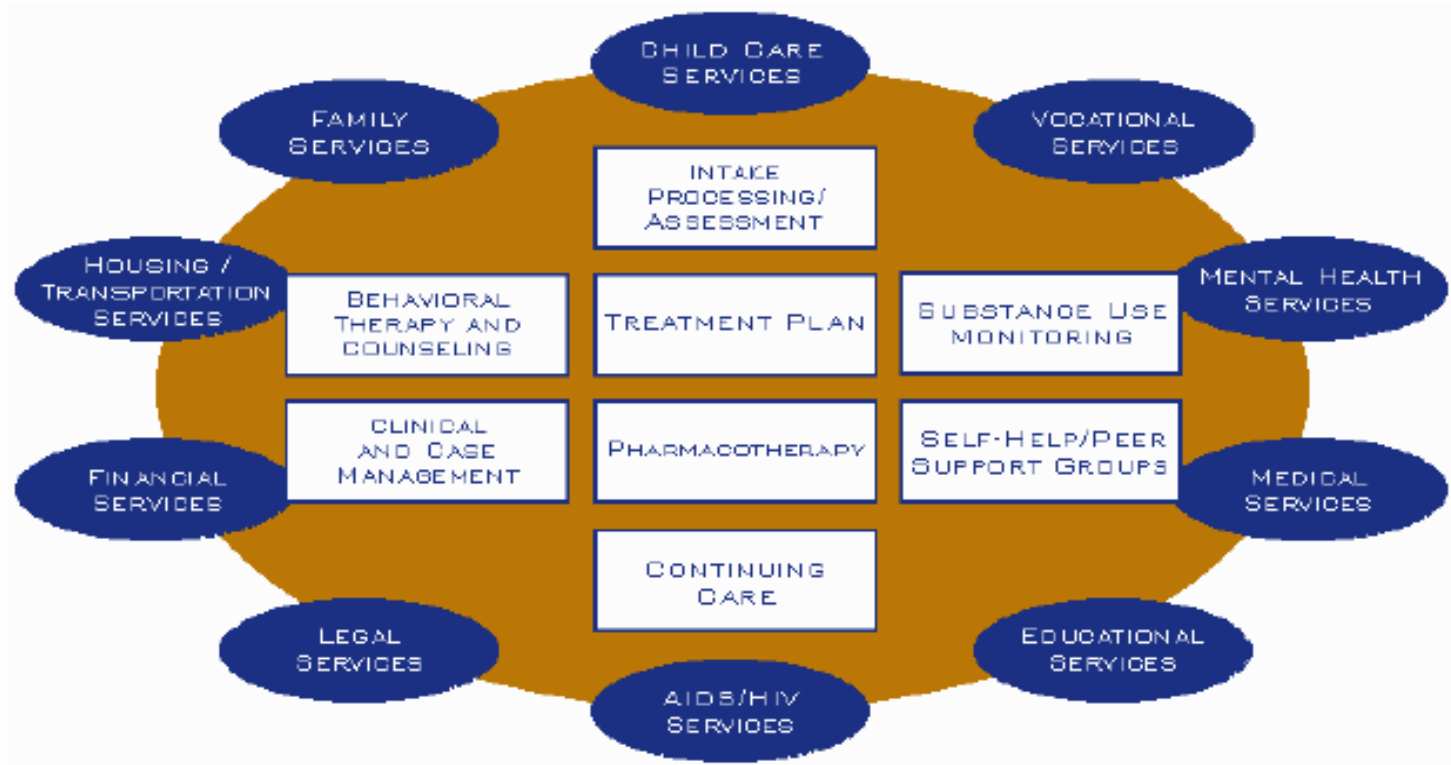
- Advocacy and Policy support
- Assessment & Data collection
- Capacity building
- Improve drug treatment services
- Development of technical tools



Treatnet around the world

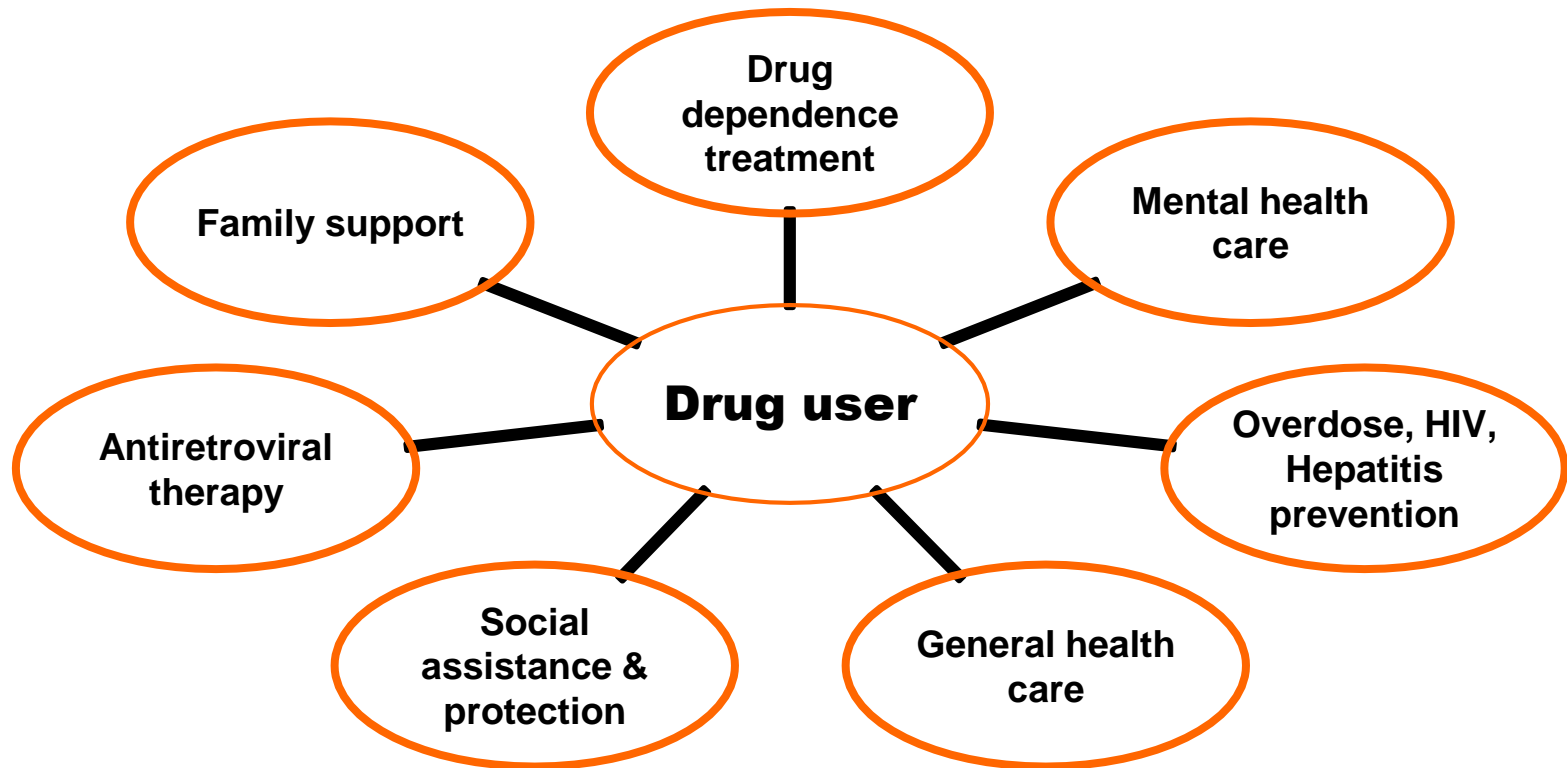


...a multidisciplinary response

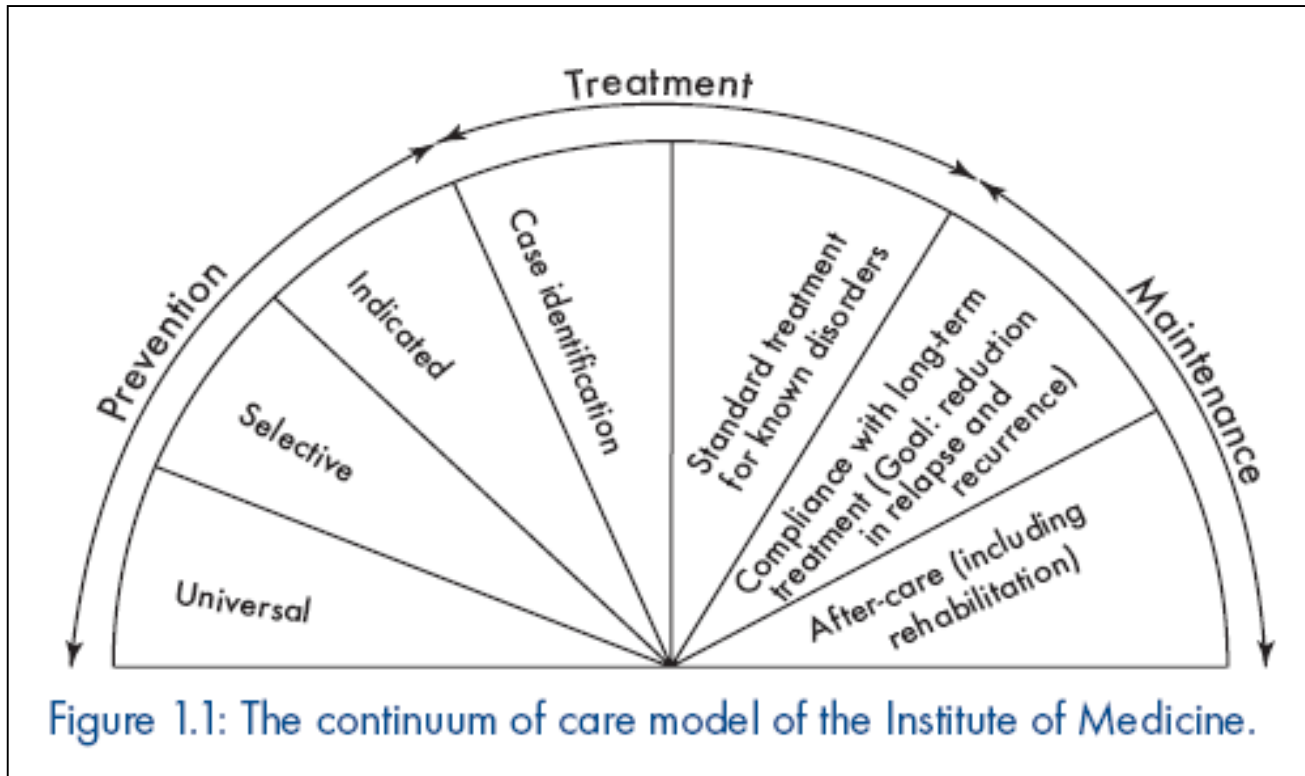


NIDA (1999) Principles of Drug Addiction Treatment: A Research Based Guidewww.nida.nih.gov/podat/PODAT4.html

‘One-stop-shop’



Spectrum of care





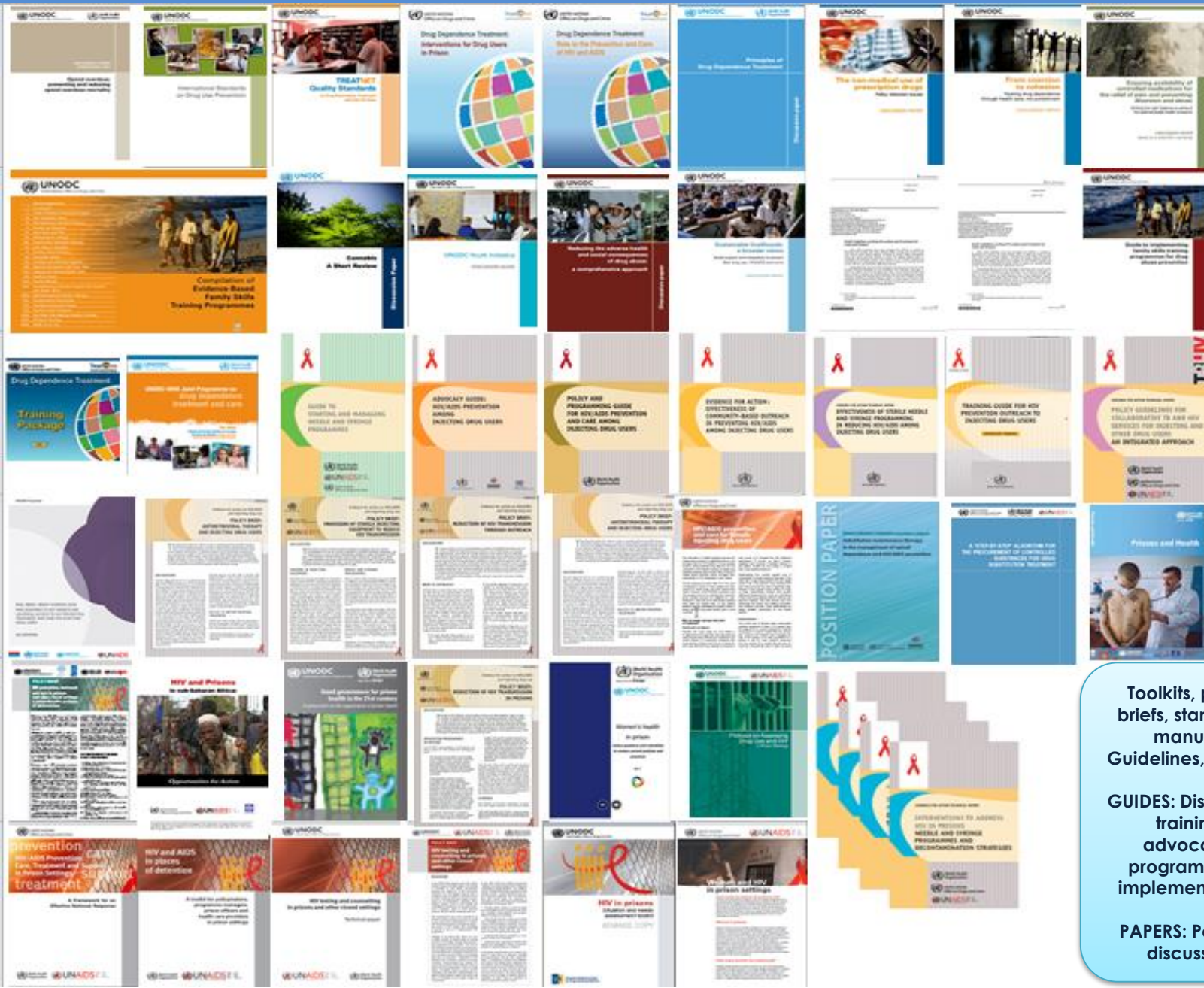
Highlights from project countries

- **Pakistan:** support first ever pharmacological treatment pilot for heroin users.
- **Laos/Cambodia:** piloting community-based treatment as an alternative to compulsory detention.
- **Iraq:** training of professionals under challenging security situations.
- Under preparation: Pilot on community-based overdose prevention in **Eastern Europe/Central Asia.**



Project sites





Toolkits, policy briefs, standards, manuals
Guidelines, reviews

GUIDES: Discussion, training, advocacy, programming, implementations

PAPERS: Position, discussion

10 years of science-based evidence



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Treating people with respect:

Nothing less !...than what is provided for any other health disorder

International Standards on the Treatment of Drug Use Disorders



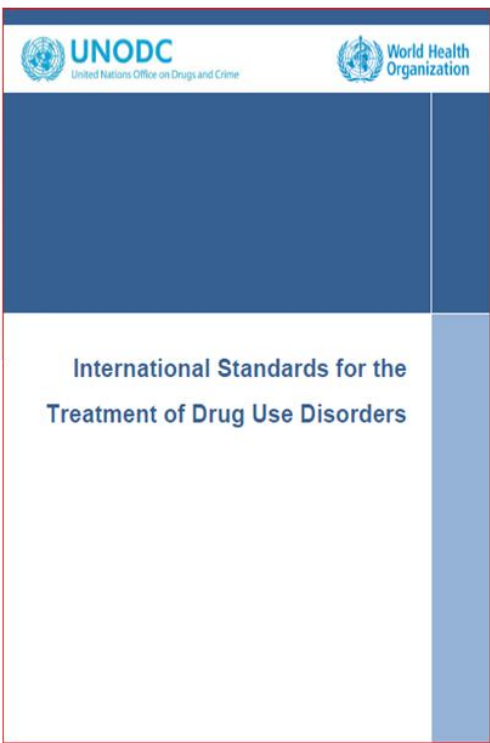
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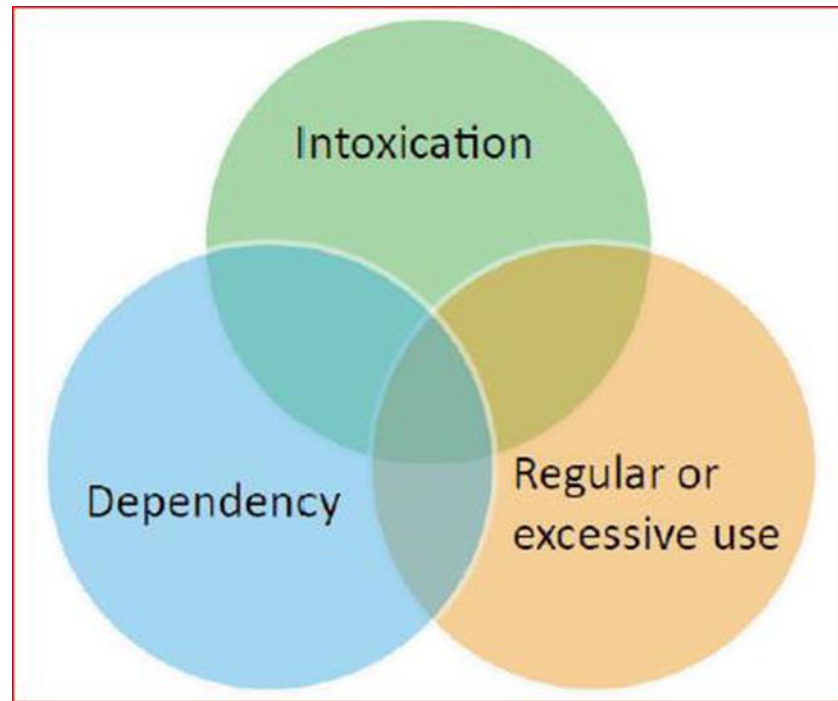


World Health Organization

INTERNATIONAL STANDARDS ON THE TREATMENT OF DRUG USE DISORDERS



Different drug use disorders require different interventions





Quality of treatment often low

- Many commonly used interventions do not follow scientific evidence: they are either ineffective or even harmful.
- Treatment should at minimum show evidence of symptom **reduction**, contribute measurably to physical, psychological and social functioning **improvements** and **decrease** the risk for negative health and social consequences from drug use.



Treatment for substance use disorders

- Outreach and prevention of drug related harm
- Brief psychosocial interventions
- Outpatient: Longer term psychosocial interventions
 - CBT/MET/CRA/CM/Family counselling
- Pharmacological interventions
 - supporting detoxification
 - maintenance treatment – methadone / buprenorphine
 - relapse prevention medications – naltrexone
- Therapeutic communities / longer term residential care



What works?

Psychosocial treatment

- Brief intervention
- Motivational therapy
- Cognitive-behavioural therapy
- Contingency management
- Family therapy
- Self help 12 step
- Vocational training

Pharmacological treatment

- Opioid-agonists
- Opioid-antagonists

Not one size fits all

Treatment and health care response tailored

- **Women**
- **Children**
- **Youth**





What to do in practice?

Revise treatment methods paying attention to gender issues

Fight double stigma affecting women

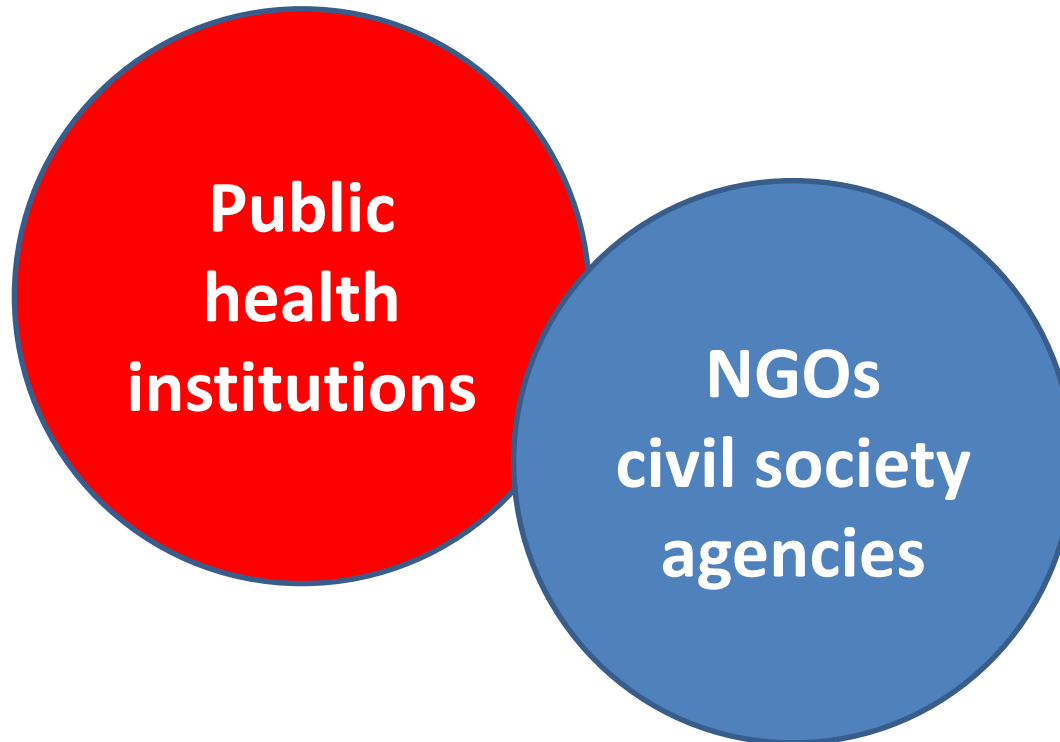
Facilitate access (open hours / prepared professionals)

Children management

Sexual reproductive health care

Start specific outreach for women (home visiting)

Treatment of substance use disorders



The integrated model





4. Emerging topics – Access to pain medication

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The non-medical use of prescription drugs
Policy direction issues

DISCUSSION PAPER

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Ensuring availability of controlled medications for the relief of pain and preventing diversion and abuse
Striking the right balance to achieve the optimal public health outcome

DISCUSSION PAPER
based on a scientific workshop

Non-medical use of prescription drugs



- Tranquilizers (e.g. benzodiazepines such as diazepam/ Valium®)
- Analgesics/ pain killers (e.g. opioids such as oxycodone/ OxyContin®).
- Sedatives (e.g. flunitrazepam/ Rohypnol®).
- Antidepressants (e.g. fluoxetine/ Prozac®).
- Slimming preparations and stimulants (e.g. methylphenidate/ Ritalin®).
- Anaesthetics (e.g. ketamine).

Access to pain medications





Extent of the problem

- 80% of the world population does not have access to appropriate treatment of severe pain, including 5.5 million terminal cancer patients and 1 million HIV/AIDS patients.
- Extended use of opioids to manage cancer pain is an acceptable AND essential medical practice (WHO 1986, 1990).

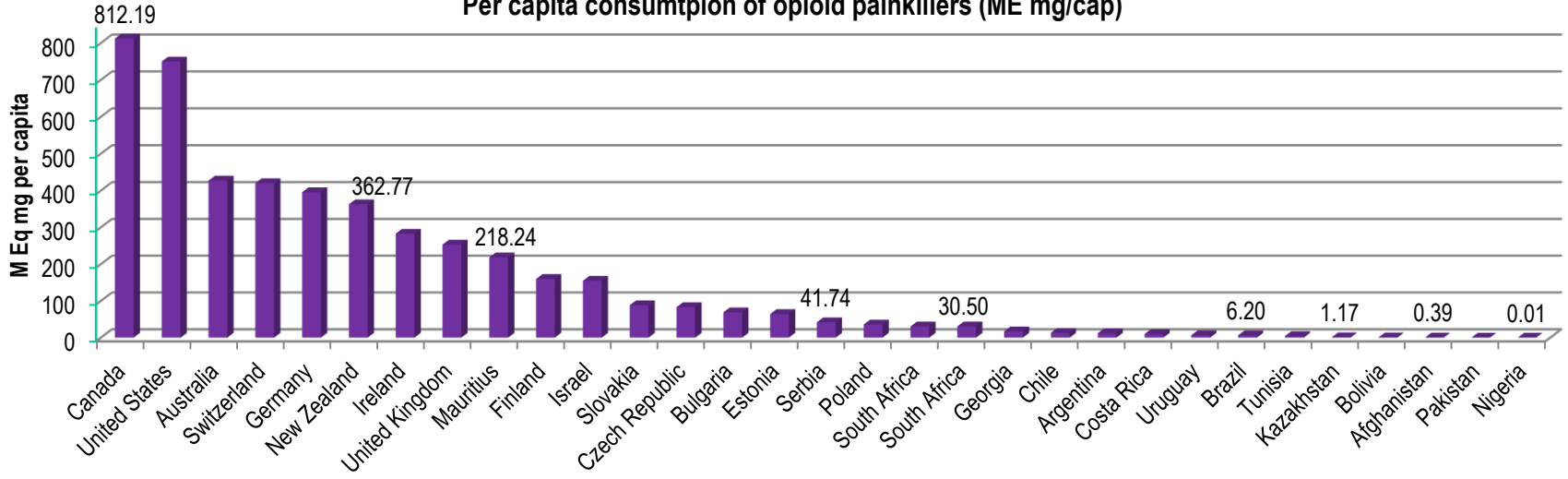


Disparity in the global consumption or access to pain medication

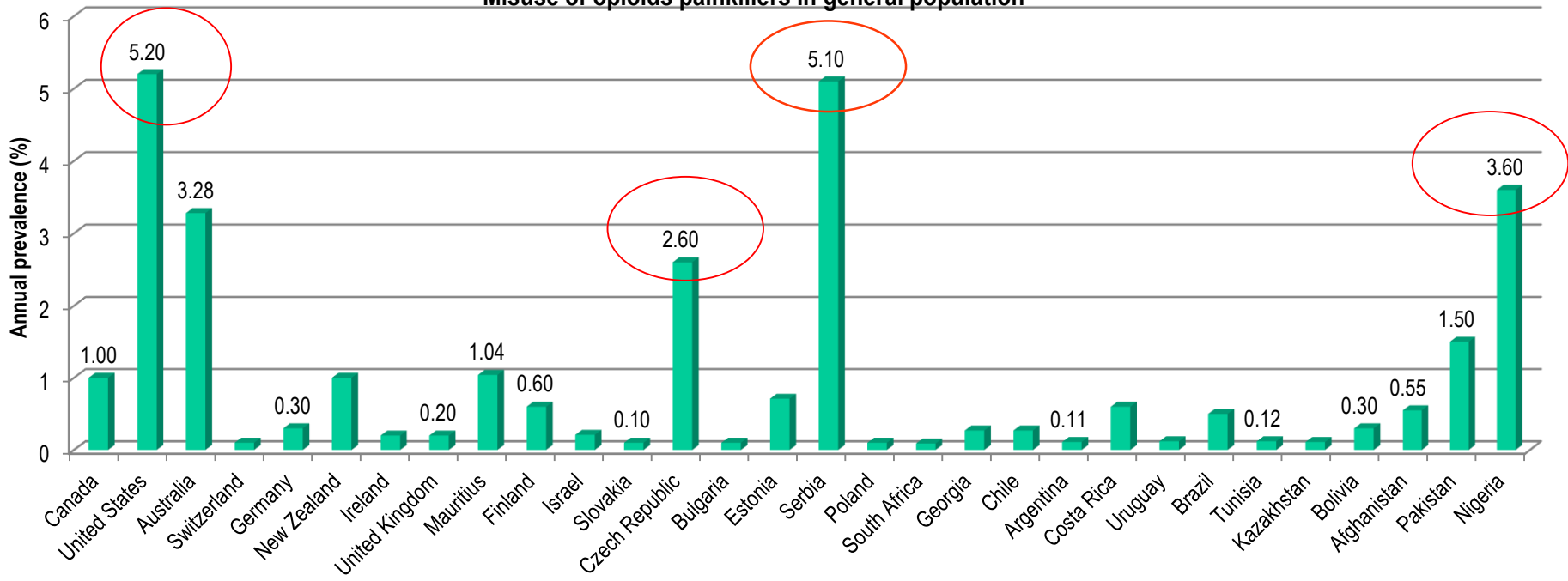
- Canada and US with 812 and 749 ME/mg/cap
- Nigeria and Myanmar with 0.014 and 0.015 ME/mg/cap
- High income countries:
 - 17 per cent of population
 - account 92% of medical morphine
- Half of the countries reporting to INCB in 2011 consumed less than 1 mg of morphine per person



Per capita consumption of opioid painkillers (ME mg/cap)



Misuse of opioids painkillers in general population





Barriers

- Legislative and regulatory systems.
- Organisational issues.
- Economics.
- Lack of knowledge and/or negative attitudes of:
 - Health care professionals (doctors, nurses).
 - Patients and/or their families.
 - Public opinion.



5. Cross-cutting areas

- The United Nations Informal Scientific Network on Drug Demand Reduction.
- Training Package for Policy Makers on DDR issues.
- December 2015: Technical Seminar on Drug Use Prevention & Drug Dependence Treatment and Care
December 2015



Manual for the Training
of Policymakers on the
Nature, Prevention and
Treatment of
Drug Use Disorders

PARTICIPANT'S GUIDE





The researchers “guru” approach



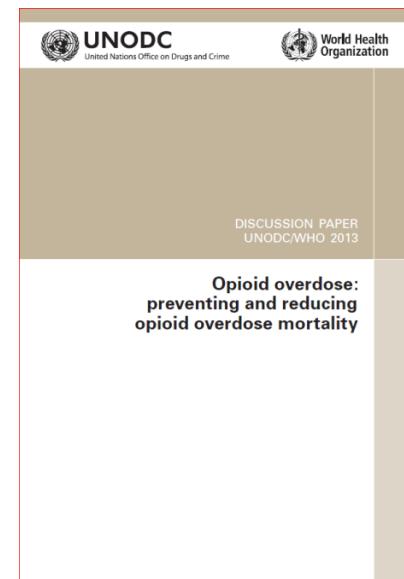
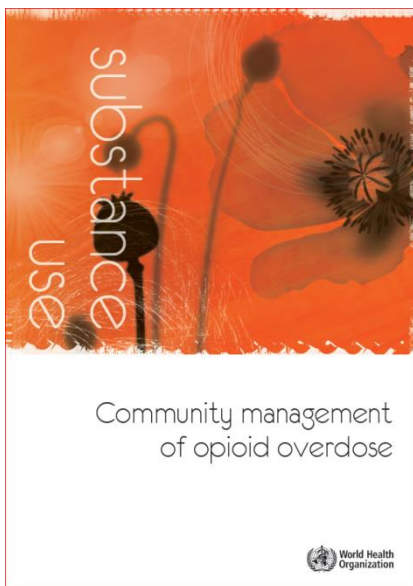
...but set sail based on knowledge!

2.

The way we work now

6. Preventing opioid overdose at the

Community level - a feasibility study of intranasal naloxone in Central Asia





Goal

- To assess the availability of effective opioid overdose prevention strategies in project countries
- Explore the feasibility of comprehensive opioid overdose prevention strategies including the use of (intranasal) naloxone
- To evaluate the outcome of community management of opioid overdose (incl. naloxone) in a range of setting in line with WHO guidelines
- Study protocol under development

Post-2015 Development Agenda

The Sustainable Development Goals

1 NO POVERTY 	2 ZERO HUNGER 	3 GOOD HEALTH AND WELL-BEING 	4 QUALITY EDUCATION 	5 GENDER EQUALITY 	6 CLEAN WATER AND SANITATION 
7 AFFORDABLE AND CLEAN ENERGY 	8 DECENT WORK AND ECONOMIC GROWTH 	9 INDUSTRY, INNOVATION AND INFRASTRUCTURE 	10 REDUCED INEQUALITIES 	11 SUSTAINABLE CITIES AND COMMUNITIES 	12 RESPONSIBLE CONSUMPTION AND PRODUCTION 
13 CLIMATE ACTION 	14 LIFE BELOW WATER 	15 LIFE ON LAND 	16 PEACE, JUSTICE AND STRONG INSTITUTIONS 	17 PARTNERSHIPS FOR THE GOALS 	

UNGASS 2016 outcome document

We recognize drug dependence as a **complex, multifactorial health disorder characterized by chronic and relapsing nature** with social causes and consequences that can be **prevented and treated...**

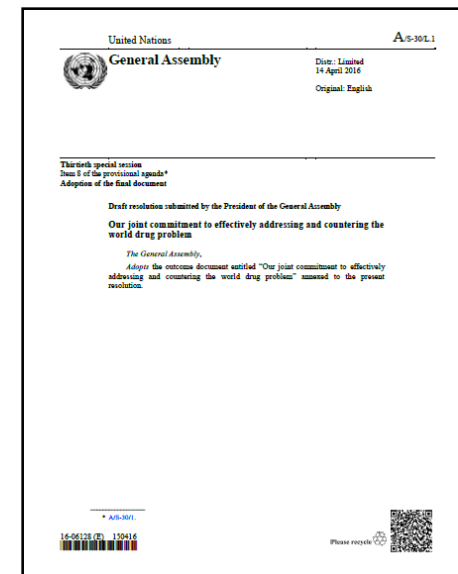
(General Assembly Resolution 19-04-2016, page 6, i)





UNGASS 2016 Outcome document

- Promote and implement the standards on the treatment of drug use disorders developed by the United Nations Office on Drugs and Crime and the World Health Organization and other relevant international standards,(...)
- and provide guidance, assistance and training to health professionals on their appropriate use,
- and consider developing standards and accreditation for services at the domestic level to ensure qualified and scientific evidence-based responses



Summary

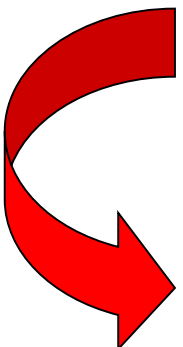
- Drug use and drug use disorders continue to be a global challenge
- Stigma and discrimination are major factors affecting access to drug treatment services
- UNODC supports Member States through evidence based drug prevention and treatment programmes
- International Standards for the Treatment of Drug use Disorders are available and should serve as the basis for the development of national standards
- Member States need to be aware of the new emerging challenges
- Dialogue between policy makers and scientists is crucial to close the gaps in the understanding of the nature of drug use disorders. This in turn would result in increased access to evidence based and humane services for people affected by drug use disorders

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Topics

- Alternative development
- Corruption
- Crime prevention and criminal justice
- Drug prevention, treatment and care**
- Drug trafficking
- Human trafficking
- Fraudulent medicines
- HIV and AIDS
- Human trafficking and migrant smuggling
- Money-laundering
- Organized crime
- Maritime crime and piracy
- Terrorism prevention
- Wildlife and forest crime

Resources

- Campaigns
- Commissions
- Crime Congress
- Data and analysis
- eLearning
- Evaluation
- Laboratory and forensic science services
- Legal tools
- Treaties

Information For...

- Donors
- Member States
- NGOs and civil society

Stories from UNODC

Women make tremendous contributions to the world, but violence, discrimination hold them back



This past week the new Sustainable Development Goals were adopted, with SDG 5 on gender equality calling for the elimination of all forms of violence and the end of discrimination against women and girls. Reinforcing this message, an event held on the margins of the United Nations General Assembly drew notable speakers to discuss the role of women in crime prevention and criminal justice. [\[Read More\]](#)

Upholding the human rights of LGBTI people



UNODC, together with several other United Nations agencies, has called on Member States to act urgently in ending violence and discrimination against lesbian, gay, bisexual, transgender and intersex (LGBTI) adults, adolescents and children. The joint statement mentions that all people have an equal right to live free from violence, persecution, discrimination and stigma. [\[Read More\]](#)

UNODC's strategic response to global prison challenges



Many prisons around the world are overcrowded and in dire condition, prison staff are often overstretched and overwhelmed by high-risk prisoners, and violence and human rights violations are key concerns. The UN Standard Minimum Rules for the Treatment of Prisoners, or

Press Releases

01/10/15 - Statement of the United Nations Office on Drugs and Crime Executive Director, Yury Fedotov, at the high-level event on migration and refugee flows

28/09/15 - UNDP, UNODC, CITES, Wildlife Conservation Society, and World Bank Group Bring Leaders Together at Event at WCS's Central Park Zoo

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