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What are our aims?

To promote policies that strike the right balance between the reduction of drug supply and demand, and incorporate science-based drug prevention and dependence treatment.

Humane and accessible treatment and care for more people with drug dependence and drug-related diseases (particularly HIV/AIDS) that will result in opportunities for rehabilitation and reintegration into society.

Essential services based on scientific evidence which provide a recovery-oriented continuum of care, matching the needs of dependent drug users in all social, motivational and clinical stages.

Partners in action

The programme is based on a global collaborative effort, under the leadership of UNODC and WHO. The collaboration will include governments, health professionals, non-governmental organizations (NGOs) and funding agencies committed to increasing the coverage of essential services for drug dependence treatment and care.

Why UNODC and WHO together?

UNODC and WHO both have constitutional mandates to address issues presented by drug use and dependence. Moreover, taking into account the health, socio-economic and security implications of drug use and related disorders, the two agencies are uniquely positioned to lead this initiative. In particular, it will open a dialogue with Member States and involve a varied group of government ministries such as those for health, welfare, as well as the criminal justice system and other relevant sectors.

This initiative is closely linked to the Mental Health Gap Action Programme (mhGAP), which was set up by WHO in November 2008 to identify strategies for scaling up care for mental, neurological and substance use disorders. This includes disorders due to illicit drug use as one of eight priority conditions.

Monitoring and evaluation

The programme includes the development of monitoring and evaluation tools on drug dependence treatment and care, with a set of indicators and monitoring mechanisms that cover the following domains:

- Input indicators for monitoring level and scope of country support provided in the framework of the UNODC-WHO programme.
- Output indicators for the monitoring and evaluation of the programme's implementation of its objectives.
- Outcome indicators for monitoring progress towards the overall aim of the initiative and action plan for 2009-2013.

Nothing less than what is expected for the treatment and care of any other disease.

The Joint UNODC-WHO Programme on Drug Dependence Treatment and Care is a milestone in the development of a comprehensive, integrated health-based approach to drug policy that can reduce demand for illicit substances, relieve suffering and decrease drug-related harm to individuals, families, communities and societies.

The initiative sends a strong message to policymakers regarding the need to develop services that address drug use disorders in a pragmatic, science-based and humanitarian way, replacing stigma and discrimination with knowledge, care, recovery opportunities and re-integration.

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.**



The facts

Drug use and dependence is a public health issue with a serious impact on development and security. An estimated 205 million people in the world use illicit drugs, of whom some 25 million are drug dependent.

Drug use is one of the top 20 risk factors to health worldwide and among the top 10 in developed countries. Drug use disorders are associated with an increased risk of other diseases such as HIV/AIDS, hepatitis, tuberculosis, suicide, overdose deaths and cardiovascular diseases.

Injecting drug use is a major route of HIV and hepatitis transmission in many regions. Approximately 3 million injecting drug users are HIV positive. Outside of sub-Saharan Africa, 30 per cent of global HIV infections are due to this cause.

When criminal activities related to drug use are included, the economic cost of drug use and dependence in some countries can amount to 2 per cent of GDP.

Effective treatment and care

- Drug dependence can often be treated effectively with low-cost medications and simple psychological interventions.
- Treatment of drug dependence can be integrated into primary health care.
- Non-specialist health providers can deliver specific mental health interventions with appropriate training.
- For \$US 1 invested in evidence-based treatment, up to \$US 6 are saved in terms of costs for health, security and welfare.

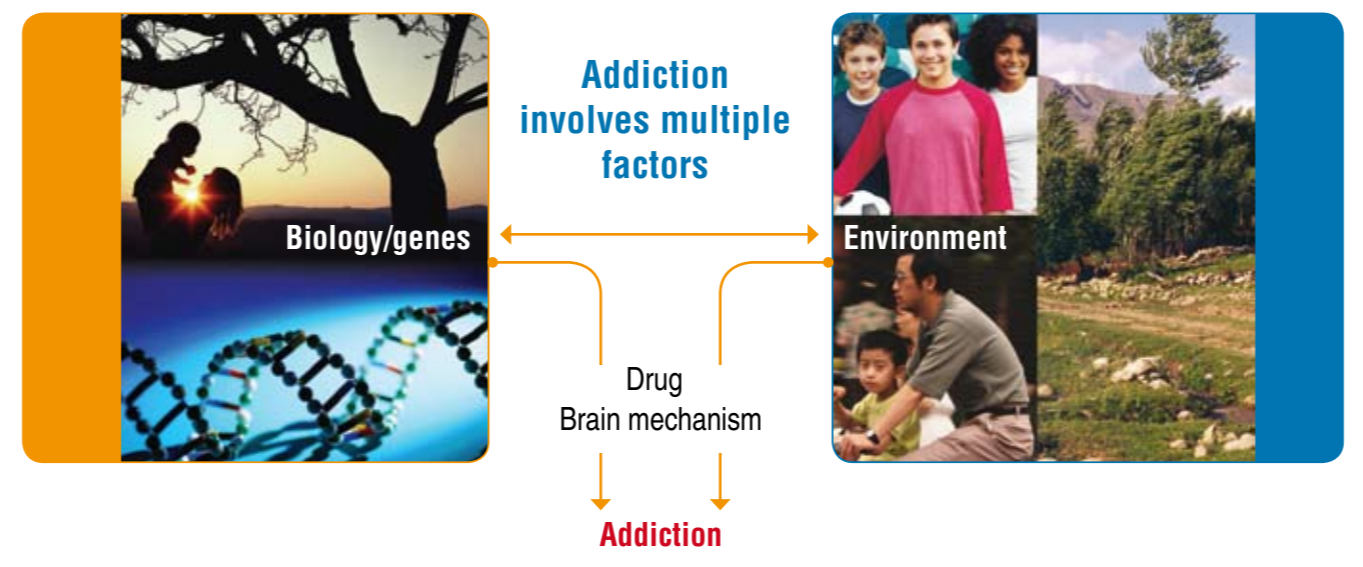
The objectives

- The promotion and support worldwide (with a particular focus on low- and middle-income countries) of evidence-based policies, strategies and interventions that are based on a public health and human rights approach, in order to reduce drug use and the health and social burden it causes.
- The widespread recognition of drug dependence as a preventable and treatable multifactorial health disorder, and recognition of the social advantages of investing in treatment, such as lowering health-related costs, improving security and contributing to social cohesion and development.
- Drug dependence treatment should become a part of the mainstream health care and social welfare system, without discrimination with respect to other chronic general and mental health disorders. Nothing less than what is provided for other diseases.
- The investment in comprehensive and results-oriented programmes for drug dependence treatment and care, particularly community-based interventions, including the skill set of their human resources.

Improving access

In order to increase access, improve retention and reduce relapse rates, services developed under the Joint Programme are designed to respond to the needs of a variety of patients in a recovery-oriented continuum of care including:

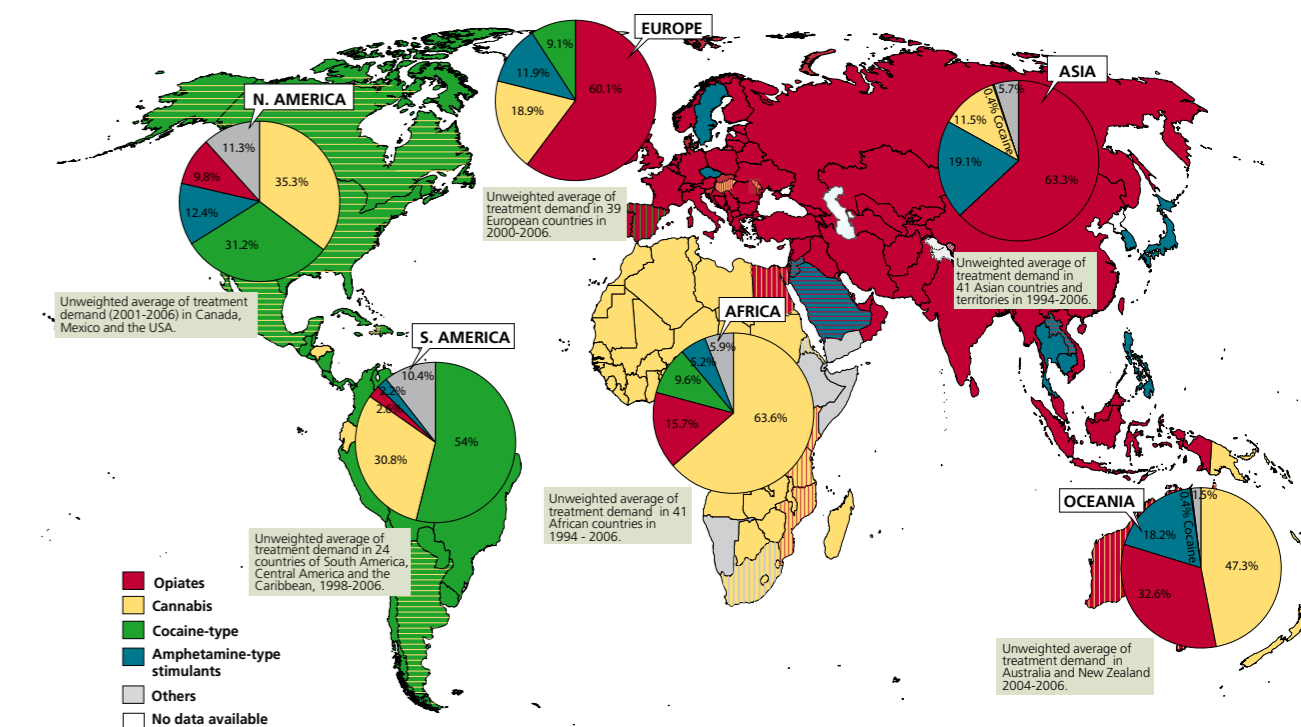
- Outreach interventions for non-motivated patients.
- Clinical interventions to stop or reduce the use of drugs, control addictive behaviour, restore interpersonal relationships, improve social, emotional and professional skills.
- Low-threshold activities targeting HIV (AIDS) and hepatitis and providing health and social care.
- Longer-term interventions aiming at recovery and reintegration into society.



The Joint Programme

1. Leads a global collaborative effort for improving coverage and quality of treatment and care services for drug use disorders in low- and middle-income countries.
2. Promotes the development of comprehensive and integrated treatment systems that are able to deliver a continuum of care for drug users and link services at municipal and national levels.
3. Maps population needs, legislative frameworks and available services and programmes for drug dependence treatment and care.
4. Supports policy and legislation revision to achieve balance in drug policy and to support humane and effective drug prevention, treatment and care.
5. Develops low-cost outreach treatment and care services, and increases access in rural and remote areas.
6. Places prevention, treatment and care of drug use disorders into the mainstream health care system, linking with NGOs and ensuring full coordination with the health care system, as part of an integrated continuum of care.
7. Provides alternative measures to imprisonment for dependent drug users where appropriate and, where this is not possible, provision of drug dependence treatment in prison settings.
8. Supports universities at the national level to promote research and training curricula on drug dependence treatment and care.
9. Provides and supports training programmes for professionals involved in the provision of treatment and care for drug users, including those whose professional primary focus is not in that area.
10. Develops international recommendations, guidelines and standards aiming at the knowledge transfer from research to practice and supports adaptation and implementation at country level.
11. Supports regional networks of quality service providers, working on drug dependence treatment, social support services and HIV/AIDS prevention and care.

Main problem drugs (as reflected in treatment demand), 2006 (or latest year available)



26 million problem drug users
4.9 million persons treated in 2006

Use of resources

The budget of the Joint Programme is almost entirely spent at the country and regional level. More than 80 per cent of resources are devoted to cover the cost of activities in the selected countries to reach people in need of treatment. Although the programme has a global dimension and coordination, a country-oriented approach

focused on regional delivery of services permits most of the resources to be spent quickly and effectively through the direct involvement of governments, UNODC Field Offices and WHO Country Offices.