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 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, institutional and clinical stages.

Partners in action

The programme is based on global collaboration efforts under the leadership of UNODC and WHO. The partnership 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, social, 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 broad group of government ministries and sectors such as 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 and evaluating the programme's implementation of its objectives.
• Outcome indicators for monitoring progress towards the overall aims 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 drug use demand, relieve suffering and decrease drug-related harm to individuals, communities and societies.

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

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 235 million people in the world use illicit drugs, of whom some 25 million are drug-dependent.

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 social and health burden it causes.
- The widespread recognition of drug dependence as a preventable and treatable multifactorial health disorder, with recognition of the social advantages of investing in treatment.
- The investment in comprehensive and results-oriented policies, strategies and interventions that are based on a public health and human rights approach, in order to reduce the social, economic and health costs for health, security and welfare.
- 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 social and health burden it causes.

Effective treatment and care
- Treatment and care should be integrated into primary health care.

Improving access
- In order to increase treatment coverage and reduce futile rates, services developed in the Joint Programme are designed to respond to the needs of a variety of patients in a continuous, patient-oriented continuum of care including:
  - Outreach interventions for non-entrusted patients.
  - Clinical interventions to stop or reduce the use of drugs.
  - Control of associated health problems, concerns and psychological changes.

The Joint Programme
- 1. Promote 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.
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- 3. Maps population needs, legislative frameworks and available treatment and care services.
- 4. Supports policy and legislative 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 integrates treatment and care.
- 6. Places prevention, treatment and care of drug use disorders into an integrated continuum of care.
- 7. Provides alternative measures to imprisonment for dependent drug users when appropriate and, where this is not possible, provision of medical treatment in prison settings.
- 8. Supports universities at the national level to promote research and training of 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 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 the country level.
- 11. Supports regional networks of quality service providers, working on drug dependence treatment, social support services and HIV/AIDS prevention and care.

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 coordinates a country-oriented approach focused on regional delivery of services, priorities must be given to the direct involvement of governments, UNODC Field Offices and WHO Country Offices.

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

<table>
<thead>
<tr>
<th>Region</th>
<th>Main problem drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>N. AMERICA</td>
<td>9.8% (Cannabis)</td>
</tr>
<tr>
<td>S. AMERICA</td>
<td>31.2% (Cocaine-type)</td>
</tr>
<tr>
<td>S. AMERICA</td>
<td>6.7% (Amphetamine-type)</td>
</tr>
<tr>
<td>EUROSIA</td>
<td>11.7% (Cannabis)</td>
</tr>
<tr>
<td>ASIA</td>
<td>37.3% (Cocaine)</td>
</tr>
<tr>
<td>AFRICA</td>
<td>36.3% (Cocaine)</td>
</tr>
<tr>
<td>OCEANIA</td>
<td>19.6% (Cannabis)</td>
</tr>
<tr>
<td>OCEANIA</td>
<td>9.6% (Cocaine)</td>
</tr>
<tr>
<td>OCEANIA</td>
<td>1.5% (Opiates)</td>
</tr>
<tr>
<td>OCEANIA</td>
<td>63.6% (Heroin)</td>
</tr>
<tr>
<td>OCEANIA</td>
<td>15.7% (Ecstasy)</td>
</tr>
</tbody>
</table>

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**The Joint Programme**

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