Demand Reduction and related measures, including prevention and treatment, as well as other health-related issues
U.S. Contribution

To support the UNGASS goal of achieving a more balanced approach to drug control policy between supply and demand reduction, the international community should take additional steps to promote the role of public health in national drug policies and use evidence-based practices to expand comprehensive prevention, treatment, and recovery. Such efforts would include drawing on the new international standards for the treatment of drug use disorders developed by the World Health Organization (WHO) and the UN Office on Drugs and Crime (UNODC), and endorsed at the UN Commission on Narcotic Drugs (CND) in March 2016.

In addition, the United States Substance Abuse and Mental Health Services Administration (SAMHSA) has a National Registry of Evidence-based Programs and Practices (NREPP), an evidence-based repository and review system to provide descriptive information and expert ratings for evidence-based substance use prevention, treatment, and recovery programs submitted by researchers and intervention developers across the United States and from other countries. NREPP helps states and communities identify and select evidence-based programs that may meet their particular requirements through its library of rated programs. NREPP also identifies those programs that have been reviewed globally. New program profiles are continually being added, so the registry is always growing. More information can be found at http://www.samhsa.gov/nrepp .

- **Prevention:** Effective prevention messages and programs, especially for youth, are critical to reducing drug use.

    - The International Prevention Standards disseminated by UNODC should be utilized at the National level to direct limited resources to evidence-based interventions and away from programs that may be well-intended, but lack empirical evidence of success.

- Universal Prevention Curriculum (UPC): The foundation of the UPC is the International Standards on Drug Use Prevention that UNODC developed. The UPC was written by prevention researchers who are specialists in drug use epidemiology, evaluation, and prevention strategies that are directed toward families, schools, workplaces and communities and can be implemented through the media and regulatory policies. There are two parts of the UPC:

  - The Coordinators Series introduces the prevention coordinator or decision maker to prevention science and its application to prevention interventions and policies. The primary focus of this series is on knowledge about evidence-based prevention. The prevention coordinator is viewed as someone who is the 'face of prevention.'

  - The Implementers Series provides knowledge and skills to prevention professionals who will deliver prevention interventions within the community.

  - More information about the UPC can be found here: http://www.state.gov/j/inl/focus/counternarcotics/prevention/index.htm

- The Substance Abuse and Mental Health Services Administration (SAMHSA) in the United States employs the Strategic Prevention Framework to involve communities across the United States in identifying their prevention needs (e.g., underage drinking), building the capacity to address those needs, developing a strategic plan for selecting effective prevention programs, implementing those programs, and evaluating the effectiveness of those prevention efforts.

- The Drug-Free Communities (DFC) Support Program is a Federal initiative to mobilize communities to prevent youth drug use. The DFC program provides grants to local drug-free community coalitions to increase collaboration among community partners and to prevent and reduce youth substance use. Recognizing that local problems need local solutions, DFC-funded coalitions engage multiple sectors of the community and employ a

variety of strategies to address local drug problems. Coalition members conduct ongoing community assessments to prioritize efforts to prevent and reduce youth drug use. These assessments are used to plan and implement data-driven, community-wide strategies. The DFC program requires funded coalitions to employ evidence based environmental strategies such as; enhancing or reducing access and barriers, changing consequences, changing the physical design, or modifying/changing polices, in broad initiatives aimed at addressing the entire community through the adaptation of policies and practices related to youth substance use. In so doing, coalitions can address the environment as a whole and get the most out of available resources. Recent evaluation data indicates that where DFC dollars are invested, youth substance use is lower. Over the life of the DFC Program, youth living in DFC communities have experienced reductions in alcohol, tobacco, and marijuana use.

- The mission of the Community Anti-Drug Coalitions of America (CADCA), a non-governmental organization, is to strengthen the capacity of community coalitions to create and maintain safe, healthy and drug-free communities globally. This is accomplished by providing technical assistance and training, public policy advocacy, media strategies and marketing programs, training and special events. Since 1992, CADCA has demonstrated that when all sectors of a community come together social change happens. CADCA is a membership organization representing those working to make their communities safe, healthy and drug-free. It has members in every U.S. state and territory and is working in 18 countries around the world. Special programs within CADCA are supporting returning veterans and their families and training youth leaders to be effective agents of change – all through the community coalition model. More information about this program is available at http://www.cadca.org/.

- Additional information about international prevention initiatives can be found at http://www.state.gov/j/inl/focus/counternarcotics/prevention/index.htm

- **Early Intervention and Treatment:** Expanding capacity for evidence-based treatment is important for every country. There is now more information than ever before on what works to treat substance use disorders, including the new International Standards for the Treatment of Drug Use Disorders, which include a broad array of treatment interventions that were published during the UNGASS. Donor countries and multilateral organizations should help Member States put this knowledge to use as rapidly as possible.

    - Recognizing the limited curriculum worldwide to train treatment professionals, the United States assembled a panel of curriculum developers including researchers, university faculty, and practitioners to develop the *Universal Treatment Curriculum* (UTC). The UTC curriculum provides the most comprehensive educational materials for substance use treatment professionals, covering a broad spectrum of topics from physiology and pharmacology to counseling skills and ethics. The curriculum recognizes that education in addiction studies requires a multidisciplinary approach. It is also oriented toward experiential adult learning and is designed to allow individuals regardless of education level to develop skills for working in the treatment environment. The UTC consists of two levels: (1) basic, covering 8 curricula and (2) advanced, covering 15 curricula (under development). The United States has assembled a consortium of international organizations to review the curriculum in an expert advisory panel that includes university peer reviewers. The curriculum is translated and adapted culturally for each country; it is disseminated by international organizations, including the Colombo Plan, UNODC, and the Organization of American States. In 2016, 60 countries in Asia, Africa and Latin America are part of this UTC project.

    - The UNODC and the WHO jointly prepared the *International Standards for the Treatment of Drug Use Disorders* through a panel of leading international treatment experts. These treatment standards synthesize the 70 years of scientific research in the field of addiction science and produce universal standards reflecting the latest research of effective practices while also identifying ineffective practices. The *International Standards for the Treatment of Drug Use Disorders* give us a common understanding of various treatment modalities that range from initial outreach and the

identification of those with substance use disorders (SUDs), to the value of screening and brief interventions, and the multiple forms of residential and outpatient treatment practices that can be utilized in the field.

- The *International Standards for the Treatment of Drug Use Disorders* were released by UNODC at the 2016 CND in Vienna, Austria. The next step will be to use the *International Standards for the Treatment of Drug Use Disorders* to develop universal minimum and quality standards for treatment, irrespective of level of development and cultural context. For example, at a minimum all treatment programs should have trained staff, offer services that are safe and avoid further stigmatizing clients, and adhere to a code of ethics. The United States will work with UNODC and other international organizations to disseminate minimum and quality standards over the coming years by providing technical assistance for the International Organizations to help governments build regulatory systems.

- After testing and documenting active child addiction (ages infancy to early adolescence), the United States supported a team of international researchers and doctors to develop a 6-curriculum training series on children's treatment addressing child drug use from infancy to early adolescence based on the world's first protocols for children with substance use disorders. These pharmacological and psychosocial protocols are now being implemented throughout South Asia and the Southern Cone.

- In July 2016, the United States hosted a global meeting on treating child SUDs in Washington, D.C., that included treatment professionals from South America and South Asia as well as international researchers and international organizations. The collective group developed a model beyond the clinical aspects of treatment for addressing the complex risk factors and potential protective factors that can help mediate drug use, criminality, violence, and quality of life measures for vulnerable children. The model will be implemented in 2017 in Asia and Latin America.

- Additional information about international treatment efforts can be found at http://www.state.gov/j/inl/focus/counternarcotics/prevention/index.htm

- The Addiction Technology Transfer Centers (ATTCs) Network is a multi-disciplinary resource for professionals, communities, schools and others in the United States working on substance use disorder prevention, treatment, and recovery services. Established in 1993 by SAMHSA, the ATTC Network is comprised of 10 US regional centers, usually housed at universities.

  - The first international ATTC, the HIV-ATTC in Vietnam, was established in 2011 by SAMHSA using funding from the President's Emergency Plan for AIDS Relief (PEPFAR) and is now operating at two sites - the Hanoi Medical University and the School of Medicine and Pharmacy in Ho Chi Minh City. SAMHSA is establishing regional HIV-ATTCs for Southeast Asia in Chiang Mai, Thailand, for Ukraine and the surrounding region in Kiev, Ukraine, and for Africa at a location to be determined, also with PEPFAR funding.

  - The ultimate objective of the ATTC Network is to increase availability and improve delivery of research-proven and culturally appropriate substance use prevention, treatment, and recovery services in community settings to better prevent, treat, and help persons recover from SUDs. The ATTCs are dedicated to building and supporting a well-trained, recovery-oriented, ethnically diverse workforce dedicated to reducing substance-related problems and consequences.

- SAMHSA's series of Targeted Capacity Expansion (TCE) grant programs assist communities to overcome barriers to treatment and expand capacity.

  - TCE-Technology Assisted Care (TCE-TAC) grants focus on individuals who lack access to treatment due to rural location, transportation challenges in the community, inadequate number of behavioral health providers, and/or financial constraints. Grantees use web-based services, smart phones, and behavioral health electronic applications to expand and/or enhance provider ability to communicate, treat, track, and manage individuals in treatment.

- TCE–Peer to Peer (TCE-PTP) grants provide peer recovery support services for those individuals with SUDs and their family members. A primary program objective is to help achieve and maintain recovery and improve the overall quality of life for those being served. This is assessed through increased abstinence from substance use, employment, housing stability, social connectedness, decreased criminal/juvenile justice involvement, and increased indicators of successful recovery and enrollment in education, vocational training, and/or employment.

- The National Frontier and Rural Addiction Technology Transfer Center promotes awareness and implementation of tele-health technologies to deliver addiction treatment and recovery services in frontier/rural areas; prepares addiction treatment providers and pre-service counseling to students on using tele-health technologies to provide evidence-based addiction treatment services; promote the use of tele-health services by creating national tele-health competencies and policy recommendations, including national license portability; and implements tele-health services through use of state-of-the-art culturally-relevant training and technical assistance activities for the frontier/rural addiction treatment and recovery workforce.

- Expansion of access to medication-assisted treatment (MAT) for opioid use disorder (OUD) is a safe and effective strategy to decrease the frequency and amount of opioid use and reduce the risk of overdose when combined with behavioral therapies. U.S. programs and activities targeting opioid prevention and treatment are focused on increasing access, educating providers and the public, and expanding the use of MAT for opioid disorders and Naloxone to prevent opioid overdose deaths. More information can be found at http://www.samhsa.gov/medication-assisted-treatment

- Finally, many pregnant women with OUD have had difficulty being admitted into a treatment program that requires abstinence. To address this, the Pregnant and Postpartum Women's program encourages grantees to

accept women with opioid use disorder into residential treatment settings and to ensure access to medication to improve birth outcomes.

- The Addiction Technology Transfer Center (ATTC) Network offers a number of programs and materials specifically targeted at opioid education. They include:

    - The Pacific Southwest ATTC developed a 4-hour self-paced, online training that provides the following: an overview of the medications used to treat and manage substance abuse, the ways in which the brain is impacted by addiction, myths and truths about MAT, a review of the evidence for MAT effectiveness, an overview of the various medications, and treatment and supervision implications for those involved in the criminal justice system (completed in November 2015). The URL for the learning management site is: https://ce.asu.edu/continuing-education/

    - The National Center on Substance Abuse and Child Welfare (NCASCW) is providing in-depth technical assistance to strengthen the capacity of states and local jurisdictions to improve the safety, health, and well-being of substance exposed infants, with an emphasis on opioid-dependent women, and the recovery of pregnant and parenting women and their families.

    - SAMHSA also provides ongoing training through two Provider's Clinical Support System (PCSS) initiatives. PCSS-MAT provides up-to-date and evidence-based information to support the training of health professionals. PCSS-Opioids provides evidence-based training and educational resources for primary care and psychiatrists in the identification, prevention, and treatment of substance use disorder, opioid use disorder, and the interface of chronic pain treatment.

- Treatment Alternatives for Safe Communities (TASC), based in Chicago, promotes multiple avenues to connect court systems to community-based treatment and related services. Central to their model is clinical case

management to conduct assessment of individuals' needs. TASC case managers are "embedded" within the criminal justice system to provide both objective, professional analysis of each client's progress (to prosecutors, defense attorneys and judges) and to guide the client through each stage of their recovery, both while and after they are under court supervision. Information on key elements of this program, including specific information on deferred prosecution, jail discharge management, and problem solving courts, can be found on the main TASC site. http://www2.tasc.org/

- Screening, Brief Intervention, and Referral to Treatment (SBIRT) is a tool healthcare professionals can use during routine medical visits to identify patients engaged in unhealthy substance use or at risk for a substance use disorder. For individuals at low risk and in need of early intervention, the health care professional provides brief interventions that may include medical advice, information about health risks and consequences, motivational interviewing. This is often as simple as a primary care doctor asking a few questions about a patient's substance use history and providing feedback or brief counseling on how the patient's substance alcohol use compares to others. For patients with more severe substance use-related problems referrals are provided for formal treatment and other needed services. More information about this program is available at http://www.samhsa.gov/sbirt.

- There is growing interest and experimentation in what is called in the United States "front end diversion." Models vary, but the concept is that police or other government agencies seek mechanisms to direct individuals that might otherwise be at risk of arrest to treatment without actually charging them and formally entering them into the criminal justice system. Front end diversion can help conserve law enforcement and justice system resources by addressing public health issues like substance use through public health mechanisms. Models include the following:

  - *Law Enforcement Assisted Diversion (LEAD):* In LEAD, police have the ability to offer health and social services to arrestees, and to suspend the charges against them. The program covers both drug and prostitution

offenses. The goal of the program is to reduce both criminal activity and criminal justice costs. Initial evaluations have been positive, but more research is needed before this can be called an evidence-based practice. There has been strong interest in piloting this type of initiative around the country. The program was launched in Seattle in 2011, and there are another 4 locations that have launched LEAD programs, 5 locations in the final stages of development, 12 locations in initial development and an additional 23 locations exploring the program. More information about this program is available at the LEAD National Support Bureau, http://www.leadbureau.org/

- *Police Assisted Addiction and Recovery Initiative (PAARI)*: Under this initiative treatment providers and police partner to help individuals with SUDs immediately access treatment. Over 100 police departments, mostly in the Northeast, are participating in the initiative. This initiative was launched as the *Angel Program* by the Gloucester, Massachusetts Police Department. This program provides options for those who believe they need treatment, to be able to walk into a local police station at any time of day or night and seek access to treatment services. In all the variations of the program, some type of rapid clinical health assessment by a professional is part of the intake process. More information about this program is available at http://paariusa.org/

- *First Responder Administration of Naloxone:* In response to a serious opioid epidemic in the United States, there has been a significant expansion of first responders such as law enforcement personnel carrying and using naloxone to reverse opioid overdoses. The availability of naloxone, combined in many jurisdictions with Good Samaritan laws that protect bystanders or other people from arrest for non-trafficking offenses when they call law enforcement for help for the overdose victim, can foster a more productive dynamic between the police and those who use drugs. This relationship can provide a platform for other initiatives to get help for those who need drug treatment and to reduce drug-related crime. In the state of Virginia, for example, the State Health Commissioner issued a standing order that serves as a prescription allowing any individual to obtain naloxone at a pharmacy. Law enforcement agencies interested in starting a naloxone program can

access resources in DOJ's Naloxone Toolkit, available at https://www.bjatraining.org/tools/naloxone/Naloxone-Background

- *Crisis Intervention Teams (CIT):* This model utilizes a group of officers, working with mental health professionals, to respond jointly to crisis situations and to protect the safety of all involved. Although this model was designed for police interventions with those affected by a mental health disorder, it has been utilized for those with co-occurring mental health and SUDs. CIT programs seek to avoid arrest and prosecution and to divert individuals directly to behavioral health services. Information about this intervention is available from CIT International at http://www.citinternational.org/

- **Recovery:** The international community should share evidence-based best practices on recovery support services and promote their implementation. Treatment is critically important, but after successful treatment, long-term recovery requires continued support services, to assist sustaining recovery.

  - Since its inception in 2009, the National Reentry Resource Center (NRRC) has served as the primary source of information and guidance in reentry, advancing the use of evidence-based practices and policies and creating a network of practitioners, researchers, and policymakers invested in reducing recidivism. Through this work, the NRRC has led systems change across the country to better serve individuals returning from prisons, jails, and juvenile facilities. More information about the NRRC and a link to visit the *What Works in Reentry Clearing House* is available at http://csgjusticecenter.org/jc/catergory/reentry/nrrc/.

  - Recovery schools are schools specifically for students in recovery from SUDs. Although each school operates differently depending on available community resources and state standards, all recovery high schools share the following goals:

    - To educate all available and eligible students who are in recovery from SUDs or co-occurring disorders such as anxiety, depression, and attention deficit hyperactivity disorder;

- To meet requirements for awarding a secondary school diploma; and
- To support students in working a strong program of recovery.

The staff of recovery schools most often includes administrative staff, teachers, substance use disorder counselors, and mental health professionals that play a critical role in supporting their students. Additionally, recovery schools provide support for families learning to live with, and provide support for, their teens entering the recovery lifestyle. More information can be found at the Association of Recovery Schools website https://recoveryschools.org/.

- SAMHSA's Recovery Support Strategic Initiative promotes partnerships with people in recovery from mental and SUDs and their family members to guide the behavioral health system and promote individual, programmatic, and system-level approaches that foster health and resilience (including helping individuals with behavioral health needs be well, manage symptoms, and achieve and maintain abstinence); increase housing to support recovery; reduce barriers to employment, education, and other life goals; and secure necessary social supports in their chosen community. Recovery support services also include access to evidence-based practices such as supported employment, education, and housing; assertive community treatment; illness management; and peer-operated services.

- The Recovery Community Services Program-Statewide Network expands the capacity of addiction recovery community organizations through the development of an organized statewide network. There is a need for greater recognition of the scope and value of addiction recovery community organizations, peer recovery supports and services, and the need for the peer voice to be represented in state-level policy planning and implementation. Through this program, it is expected that the infrastructure of recovery community organizations will be strengthened and the delivery of addiction peer recovery services will be more meaningfully supported.

- **Stigma:** The international community should share evidence-based best practices related to reducing the stigma associated with SUDs as well as

discriminatory laws and policies to help individuals receive the services they need. The recovery support services described above lead to a socially inclusive society by "knitting" individuals with substance use disorders back into the fabric of their families and communities, a central feature of the public health approach. With evidence-based clinical treatment and a broad range of supports—such as stable housing, supported employment, education and peer-operated services —these individuals can and do improve their health and strive to reach their full potential. The language we used to describe substance use and those with substance use disorders should be adjusted to eliminate critical, stigmatizing words and expressions.

- The United States Government is working to change the language of addiction through the development of polices for agencies to consider new terminology as they discuss substance use and those with SUDs in internal and public facing communications. Research tells us that aligning our language with new scientific advances and medical terminology will reduce stigma and encourage more people to seek help and receive high quality care.

- SUD (the severest form of which is commonly referred to as addiction) is a chronic brain disorder from which people can and do recover. Nonetheless, sometimes the terminology used in the discussion of substance use can suggest that problematic use of substances and SUDs are the result of a personal failing; that people choose the disorder, or they lack the willpower or character to control their substance use. The evidence is clear that this is not correct; instead, research has shown that SUDs are neurobiological disorders.

  However, research also has shown that people with SUDs are viewed more negatively than people with physical or psychiatric disabilities. Researchers found that even highly trained substance use disorder and mental health clinicians were significantly more likely to assign blame and believe that an individual should be subjected to more punitive (e.g., jail sentence) rather than therapeutic measures, when the subject of a case vignette was referred to as a "substance abuser" rather than as a "person with a substance use

disorder." In a public perception study the term "abuse" was found to have a high association with negative judgments and punishment. Negative attitudes among health professionals have been found to adversely affect quality of care and subsequent treatment outcomes. Shame and concerns about social, economic, and legal consequences of disclosing an SUD may deter help-seeking among those with substance use disorders and their families.

- **Resources and Budgeting**: Member states should work to develop comprehensive drug policy budgets that provide accurate information for their policy makers on current spending in each key drug-related sector, especially with regard to traditionally under-funded demand reduction programs. This budget data is vital for countries to determine if they are truly resourcing balanced and comprehensive strategies. With the adoption of the UNGASS outcome document and continued calls for collaboration between public health and public justice sectors, many nations are facing a new obstacle in the form of multiple agencies / ministries working together toward a solution. What once was the sole domain of justice or security agencies/ministries, the inclusion of public health requires new allocations and a substantial increase in the oversight of funding for drug control programs. Because multiple agencies/ministries are involved, several nations have developed a central authority or Director of National Drug Control to oversee the nation's drug control efforts through the development of a national drug control strategy and a national drug control budget to help each agency/ministry prioritize its drug control efforts.