Section –8

UN agencies in prevention of substance abuse and HIV/AIDS and rehabilitation of the victims

While we look at the various programmes and institutions initiated by the Government of India for rehabilitation of the victims of substance abuse and HIV/AIDS, we simultaneously need to look at some of the major UN agencies who play an equally important role towards the same objective by providing technical expertise, global experience and address the resource gaps for strengthening the programmes of member countries. This section provides an introduction to some of the UN agencies involved in the prevention of substance abuse and rehabilitation of addicts and their families.
The United Nations Office on Drugs and Crime (UNODC) is a global leader and the nodal UN agency in the fight against illicit drugs and international crime. Established in 1997, UNODC consists of the Drug Programme and the Crime Programme. UNODC has approximately 350 staff members worldwide. Its headquarters are in Vienna and it has 22 Field Offices as well as Liaison Offices in New York and Brussels. UNODC relies on voluntary contributions, mainly from governments, for 90 per cent of its budget.

**Drug Programme**

There is a direct link between drugs and an increase in crime and violence. Drug cartels undermine governments and corrupt legitimate businesses. In some countries, addicts supporting their habits commit more than 50 per cent of thefts. Revenues from illicit drugs fund some of the most deadly armed conflicts. The financial toll is staggering. Enormous sums of money are spent every year to strengthen police forces, border patrols, judicial systems and treatment and rehabilitation programmes. The social costs are equally jarring: street violence, gang warfare, fear, urban decay and shattered lives.

The aim of the international community is to eliminate the illegal drug trade worldwide. At the 1998 Special Session of the United Nations General Assembly on the World Drug Problem, Member States pledged to significantly reduce both the demand and supply of illegal drugs by 2008, as expressed in the Political Declaration.

UNODC’s approach to the global drug problem is multifaceted. Prevention, treatment and rehabilitation programmes are designed to involve grassroots organizations and businesses as well as governments. Alternative development assistance provides new economic opportunities to regions that are transitioning from opium poppy, coca and cannabis cultivation. UNODC assists law enforcement worldwide by providing expert training in interdiction and investigation techniques and through the provision of operational equipment. UNODC collaborates with INTERPOL and the World Customs Organization to curb illicit trafficking by sharing information on global trafficking trends, smugglers’ modus operandi and drug courier profiles.

Founded in 1991, the Drug Programme works to educate the world about the dangers of drug abuse. The Programme aims to strengthen international action against drug production, trafficking and drug-related crime through alternative development projects, crop monitoring and anti-money laundering programmes. UNODC also provides accurate statistics through the Global Assessment Programme (GAP) and helps to draft legislation and train judicial officials as part of its Legal Advisory Programme.

**NGOs and Civil Society**

UNODC has worked closely with non-governmental organizations (NGOs) since its inception in 1991. Recognizing the powerful influence that NGOs and other aspects of civil society exert on public attitudes and social values, UNODC Field Offices cooperate with and monitor more than 1,200 NGOs working around the world to counter drug abuse.
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UNITED NATIONS CHILDREN’S FUND (UNICEF)

Created by the United Nations General Assembly in 1946 to help children after World War II in Europe, UNICEF was first known as the United Nations International Children’s Emergency Fund. In 1953, UNICEF became a permanent part of the United Nations system, its task being to help children living in poverty in developing countries. *Its name was shortened to the United Nations Children’s Fund, but it retained the acronym “UNICEF,” by which it is known to this day.*

UNICEF is mandated by the United Nations General Assembly to advocate for the protection of children’s rights, to help meet their basic needs and to expand their opportunities to reach their full potential. UNICEF is guided by the *Convention on the Rights of the Child* and strives to establish children’s rights as enduring ethical principles and international standards of behaviour towards children.

UNICEF is committed to ensuring special protection for the most disadvantaged children - victims of war, disasters, extreme poverty, *all forms of violence and exploitation* and those with disabilities. UNICEF responds in emergencies to protect the rights of children. In coordination with United Nations partners and humanitarian agencies, UNICEF makes its unique facilities for rapid response available to its partners *to relieve the suffering of children and those who provide their care.*

UNICEF aims, through its country programmes, to promote the equal rights of women and girls and to support their full participation in the political, social, and economic development of their communities. UNICEF mobilizes political will and material resources to help countries, particularly developing countries, ensure a "first call for children" and to build their capacity to form appropriate policies and deliver services for children and their families.

*Working with national governments, NGOs (non-governmental organizations), other United Nations agencies and private-sector partners, UNICEF protects children and their rights by providing services and supplies and by helping shape policy agendas and budgets in the best interests of children.*

UNICEF works with all its partners towards the attainment of the sustainable human development goals adopted by the world community and the realization of the vision of peace and social progress enshrined in the Charter of the United Nations. UNICEF is non-partisan and its cooperation is free of discrimination. In everything it does, priority is given to the most disadvantaged children and the countries in greatest need.
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UNIFEM is the women's fund at the United Nations. UNIFEM provides technical and financial assistance to innovative programmes and strategies that promote women's human rights, political participation and economic security. Its programme strategy, designed and guided by an empowerment framework is based on promoting women's rights, opportunities and capacities. As a learning and knowledge-based organization, UNIFEM integrates its activities in a feedback process of pioneering, learning, information sharing and advocacy.

Within the UN system, UNIFEM promotes gender equality and links women's issues and concerns to national, regional and global agendas by fostering networks and alliance building across governments and civil society. Playing a strong advocacy role, the Fund concentrates on fostering a multilateral policy dialogue on women's empowerment. Its **area of concern** is:

- Strengthening women's economic security and rights and empowering women to enjoy secure livelihoods.
- Engendering governance and peace building to increase women’s leadership in the decision-making processes that shape their lives.
- Promoting women’s human rights and eliminating all forms of violence against women to transform development into a more equitable and sustainable process.

Its **core strategies** are:

- Strengthening the **capacity and leadership of women organizations** and networks.
- Leveraging political and financial support for women from a wide range of stakeholders.
- Forging new **partnerships among women’s organizations**, governments, the UN system, the private sector and media.
- Undertaking pilot projects to test **innovative approaches to women’s empowerment and gender mainstreaming**.
- Addressing **different forms of violence against women and girls in the home and the community** and socio-cultural practices and socialization processes that perpetuate it.
- Developing actions to address women’s human rights in the context of conflict and post-conflict.
- Promoting well defined preventive, protective and prosecution strategies in the region to **reduce trafficking of women and children**.
- Projecting the **gender dimension of HIV/AIDS** into the public discourse in HIV/AIDS, including the Government, NGOs, bilateral and UN agencies.
- Building women's capacities and **improving their access to larger markets and financial products and services**.

UNIFEM is represented worldwide by staff at headquarters in New York, 13 field offices, 5 sub-regional gender advisors and 2 gender and HIV/AIDS advisors. Together, they are working to shape and advance UNIFEM's programmes and priorities in Africa, Asia and the Pacific, Latin America and the Caribbean and the Central and Eastern Europe and the Commonwealth of Independent States.
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**Countries include**: Afghanistan, Bangladesh, Bhutan, India, Iran, Maldives, Nepal, Pakistan, Sri Lanka
UNFPA supports developing countries, at their request, to improve access to and the quality of reproductive health care, particularly family planning, safe motherhood, and prevention of sexually transmitted infections (STIs) including HIV/AIDS. Priorities include protecting young people, responding to emergencies, and ensuring an adequate supply of condoms and other essentials. The Fund also promotes women’s rights, and supports data collection and analysis to help countries achieve sustainable development. About a quarter of all population assistance from donor nations to developing countries is channelled through UNFPA, which works with many government, NGO and UN partners.

Its major areas of intervention are:

♦ Reproductive Health and Family Planning: UNFPA supports efforts to ensure universal access to a range of reproductive health services, including voluntary family planning, for all couples and individuals by 2015. This goal was set at the 1994 International Conference on Population and Development.

♦ HIV/AIDS Prevention: As a UNAIDS co-sponsor, UNFPA focuses on: making sure young people know how to avoid infection and have access to services; helping pregnant women protect against infection; and ensuring that condoms are readily available and are used consistently and correctly.

♦ Young People: UNFPA works to ensure that adolescents and young people have accurate information as well as non-judgmental counselling, and comprehensive and affordable services to prevent unwanted pregnancy and STIs including HIV/AIDS.

♦ Safe Motherhood: To help reduce the 500,000 preventable maternal deaths in developing countries, UNFPA promotes wider access to skilled delivery assistance and emergency obstetric care.

♦ Reproductive Health Supplies: UNFPA provides logistic support and commodities to help countries improve access to high quality and affordable means of contraception and STI prevention, including condoms.

♦ Response to Emergencies: The Fund helps ensure that women displaced by natural disasters or armed conflicts have lifesaving services such as assisted delivery, and prenatal and post-partum care; and it works to reduce their vulnerability to HIV infection, sexual exploitation and violence.

♦ Women’s Empowerment: UNFPA is a strong advocate for action to promote women’s rights and prevent gender-based violence including female genital cutting and coerced exposure to HIV and other STIs.

♦ Population and Development: The Fund provides support for data collection and analysis, and for policy formulation, to help countries meet the needs of growing populations.

♦ Advocacy: Crucial advocacy issues for the Fund include: reproductive health and rights; lower infant and maternal mortality; closing the gender gap in education; gender equality and equity; women’s empowerment; strengthening the capacity of countries to design and implement comprehensive population and development strategies; and increasing resources for population and development initiatives.
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United Nations Educational, Scientific and Cultural Organization (UNESCO)

United Nations Educational, Scientific and Cultural Organization (UNESCO), was established on 16th of November 1945 with its headquarters in Paris, France and field offices and units in different parts of the world.

The main objective of UNESCO is to contribute to peace and security in the world by promoting collaboration among nations through education, science, culture and communication in order to further universal respect for justice, for the rule of law and for the human rights and fundamental freedoms which are affirmed for the peoples of the world, without distinction of race, sex, language or religion, by the Charter of the United Nations.

To fulfill its mandate, UNESCO performs five principal functions:

♦ **Prospective Studies**: what forms of education, science, culture and communication for tomorrow’s world?

♦ **The advancement, transfer and sharing of knowledge**: relying primarily on research, training and teaching activities.

♦ **Standard-setting action**: the preparation and adoption of international instruments and statutory recommendations.

♦ **Expertise**: provided to Member States for their development policies and projects in the form of “technical co-operation”.

♦ **Exchange** of specialized information

UNESCO has been an active part of prevention efforts using its expertise in its areas of competence. It has initiated steps like prevention through cultural approaches, education and communication.

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The International Labour Organization is the UN specialized agency which seeks the promotion of social justice and internationally recognized human and labour rights. It was founded in 1919 and is the only surviving major creation of the Treaty of Versailles, which brought the League of Nations into being, and it became the first specialized agency of the UN in 1946.

The ILO formulates international labour standards in the form of Conventions and Recommendations setting minimum standards of basic labour rights: freedom of association, the right to organize, collective bargaining, abolition of forced labour, equality of opportunity and treatment, and other standards regulating conditions across the entire spectrum of work related issues. It provides technical assistance primarily in the fields of:

- Vocational training and vocational rehabilitation;
- Employment policy;
- Labour administration;
- Labour law and industrial relations;
- Working conditions;
- Management development;
- Cooperatives;
- Social security;
- Labour statistics and occupational safety and health

It promotes the development of independent employers’ and workers’ organizations and provides training and advisory services to those organizations. Within the UN system, the ILO has a unique tripartite structure with workers and employers participating as equal partners with governments in the work of its governing organs.

ILO has been actively promoting and supporting a wide variety of interventions in collaboration with the Governments of the member countries, civil society and allied UN organisations for strengthening the community and workplaces in managing the abuse of alcohol and drugs as well as prevention of HIV/AIDS, towards the fulfilment of its mandate for promoting labour productivity.

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From 1986, the World Health Organization (WHO) had the lead responsibility on AIDS in the United Nations, helping countries to set up much-needed national AIDS programmes. But by the mid-1990s, it became clear that the relentless spread of HIV, and the epidemic’s devastating impact on all aspects of human lives and on social and economic development, were creating an emergency that would require a greatly expanded United Nations effort. Nor could any single United Nations organization provide the coordinated level of assistance needed to address the many factors driving the HIV epidemic, or help countries deal with the impact of HIV/AIDS on households, communities and local economies. Greater coordination would be needed to maximize the impact of UN efforts.

Addressing these challenges head-on, the United Nations took an innovative approach in 1996, drawing six organizations together in a joint and cosponsored programme - the Joint United Nations Programme on HIV/AIDS (UNAIDS). The six original Cosponsors of UNAIDS—the United Nations Children’s Fund (UNICEF); the United Nations Development Programme (UNDP); the United Nations Population Fund (UNFPA); the United Nations Educational, Scientific and Cultural Organization (UNESCO); the World Health Organization (WHO); and the World Bank—were joined by the United Nations Office on Drugs and Crime in April 1999 and by the International Labour Organization (ILO) in October 2001.

As the main advocate for global action on HIV/AIDS, UNAIDS leads, strengthens and supports an expanded response aimed at preventing the transmission of HIV, providing care and support, reducing the vulnerability of individuals and communities to HIV/AIDS, and alleviating the impact of the epidemic.

UNAIDS both mobilizes the responses to the epidemic of its eight cosponsoring organizations and supplements these efforts with special initiatives. Its purpose is to lead and assist in expansion of the international response to HIV on all fronts: medical, public health, social, economic, cultural, political and human rights. UNAIDS works with a broad range of partners - governmental and NGO, business, scientific and community at large - to share knowledge, skills and best practice across boundaries.

The goal of UNAIDS is to catalyze, strengthen and orchestrate the unique expertise, resources, and networks of influence that each of these organizations offers. Working together through UNAIDS, the Cosponsors expand their outreach through strategic alliances with other United Nations agencies, national governments, corporations, media, religious organizations, community-based groups, regional and country networks of people living with HIV/AIDS, and other nongovernmental organizations.

The global mission of UNAIDS as the main advocate for worldwide action against HIV/AIDS is to lead, strengthen and support an expanded response to the epidemic. This response has four goals:

● to prevent the spread of HIV;
● to provide care and support for those infected and affected by the disease;
● to reduce the vulnerability of individuals and communities to HIV/AIDS;
● to alleviate the socioeconomic and human impact of the epidemic.
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The World Health Organization, the United Nations specialized agency for health, was established on 7 April 1948. WHO’s objective, as set out in its Constitution, is the attainment by all peoples of the highest possible level of health. Health is defined in WHO’s Constitution as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Following four strategic directions currently forms the core of WHO’s contribution towards efforts to advance health at global and country level:

- **Reducing excess mortality, morbidity and disability, especially in poor and marginalized populations.**
- **Promoting healthy lifestyles and reducing risk factors to human health that arise from environmental, economic, social and behavioural causes.**
- **Developing health systems that equitably improve health outcomes, respond to people’s legitimate demands, and are financially fair.**
- **Framing an enabling policy and creating an institutional environment for the health sector, and promoting an effective health dimension to social, economic, environmental and development policy.**

Since its founding in 1948, WHO has played a leading role in supporting countries to prevent and reduce the problems due to psychoactive substance use, and in recommending which psychoactive substances should be regulated. In 2000, the Department on Substance Abuse was merged with the Department of Mental Health to form the Department of Mental Health and Substance Dependence, reflecting the many common approaches of management of mental health disorders and substance dependence.

WHO is the only agency that is dealing with all psychoactive substances, regardless of their legal status. WHO's mandate in the area of substance abuse include:

- **Prevent and reduce the negative health and social consequences of psychoactive substance use;**
- **Reduce the demand for non-medical use of psychoactive substances;**
- **Assess psychoactive substances so as to advise the United Nations with regard to their regulatory control**

Various groups in the Organization deal with substance use issues, such as the Tobacco Free Initiative (all issues related to tobacco use), the Task Force on Alcohol Policy (on a global alcohol policy), Mental Health Determinants and Populations (issues related to primary prevention of substance use) and the Department of Essential Drugs and Medicines Policy.

The programme on Management of Substance Dependence is concerned with the management of problems related to the use of all psychoactive substances, regardless of their legal status. It is concerned with the epidemiology
of alcohol and drug use, neuroscience related to alcohol, tobacco and other psychoactive substances, brief interventions for alcohol and drug problems, drug use and HIV/AIDS (including injecting drug use), responses to the problems related to amphetamine-type stimulants, evaluation of treatment and other interventions for drug/alcohol users and capacity building in the area of research and treatment. It seeks an integrated approach to all substance use problems within the health care system, in particular primary care.

In 1986, WHO established the Special Programme on AIDS which was later renamed the Global Programme on AIDS, which was dismantled in 1996 with the creation of UNAIDS. Through WHO’s new Initiative on HIV/AIDS & sexually transmitted infections (STIs), the Organization contributes by providing countries with expertise in areas relevant to the health sector.

These areas include:

- strengthening HIV & STI prevention (particularly for those vulnerable and/or at increased risk);
- ensuring safe blood supplies;
- surveillance of HIV, AIDS & STIs;
- developing health policies & standards;
- planning of integrated services;
- caring for people with STIs, HIV or AIDS; and
- evaluating STI/HIV policies & programmes.

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