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 dependencies 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, institutional, 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, social, security and human rights 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 stakeholders such as law enforcement, welfare, as well as the criminal justice system and other relevant sectors.

The 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.

• Outcome indicators for monitoring and evaluating 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 UNODC-WHO Joint 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 drugs, relieve suffering and decrease drug-related harm to individuals, 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.
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 over 20 million are drug dependent.

Drug use and dependence can have a serious impact on development and security. An estimated 205 million people in the world use illicit drugs, of whom over 20 million are drug dependent.

Drug use and dependence can often be treated effectively with appropriate care. Effective treatment and care can contribute to social cohesion and development.

Drug dependence is a public health issue that affects both individuals and communities. Drug use and dependence is a public health issue affecting both individuals and communities.

Drug use and dependence is a public health issue that affects both individuals and communities. Drug use and dependence is a public health issue affecting both individuals and communities.

Drug use and dependence is a public health issue that affects both individuals and communities. Drug use and dependence is a public health issue affecting both individuals and communities.

The objectives

The promotion and support of effective drug use policies, and the development of the global drug control system, are often guided by the principles of rational and evidence-based decision-making.

The objectives of the Joint Programme are to:

1. Lead a global collaborative effort to enhance effective drug use policies and the development of the global drug control system.

2. 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.

3. Improve recognition of the social advantages of investing in treatment, prevention and care, including those whose professional primary focus is not in that area.

4. Support policy and legislation revision to achieve balance in drug policies, strategies and interventions.

5. Develop low-cost outreach treatment and care services, and programmes for drug dependence treatment and care.

6. Improve social, emotional and professional skills.

7. Provide alternative measures to imprisonment for dependent drug users.

8. 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.

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 low-cost outreach treatment and care services, and programmes for drug dependence treatment and care.

11. Supports national networks of quality service providers, working on drug treatment dependence, social support services and HIV/AIDS prevention and care.

The Joint Programme

1. Leads a global collaborative effort to improve the effectiveness of drug use policies and the development of the global drug control system.

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. Improves social, emotional and professional skills.

4. Develops low-cost outreach treatment and care services, and programmes for drug dependence treatment and care.

5. Supports policy and legislation revision to achieve balance in drug policies, strategies and interventions.

6. Provides alternative measures to imprisonment for dependent drug users.

7. Provides alternative measures to imprisonment for dependent drug users when appropriate and, where this is not possible, provides of alternative measures to imprisonment for dependent drug users.

8. 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.

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 low-cost outreach treatment and care services, and programmes for drug dependence treatment and care.

11. Supports national networks of quality service providers, working on drug treatment dependence, social support services and HIV/AIDS prevention and care.

The use of resources

The Joint Programme

1. Leads a global collaborative effort to improve the effectiveness of drug use policies and the development of the global drug control system.

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. Improves social, emotional and professional skills.

4. Develops low-cost outreach treatment and care services, and programmes for drug dependence treatment and care.

5. Supports policy and legislation revision to achieve balance in drug policies, strategies and interventions.

6. Provides alternative measures to imprisonment for dependent drug users.

7. Provides alternative measures to imprisonment for dependent drug users when appropriate and, where this is not possible, provides of alternative measures to imprisonment for dependent drug users.

8. 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.

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 low-cost outreach treatment and care services, and programmes for drug dependence treatment and care.

11. Supports national networks of quality service providers, working on drug treatment dependence, 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 90 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 a country-oriented approach, it is focused on regional delivery of services pursuant to the assurance of a good quality and effectively-through the direct involvement of governments, UNODC Field Offices and WHO Country Offices.

The table shows the main problem drugs (as reflected in treatment demand) in 2006 (or latest year available) in the selected countries.

<table>
<thead>
<tr>
<th>Region</th>
<th>Main problem drugs</th>
<th>2006 Treatment demand</th>
<th>Treatment demand in</th>
<th>Unweighted average of treatment demand in</th>
<th>Treatment demand in</th>
<th>Unweighted average of treatment demand in</th>
</tr>
</thead>
<tbody>
<tr>
<td>N. AMERICA</td>
<td>Cocaine</td>
<td>12.4%</td>
<td>Canada, Mexico and the USA</td>
<td>12.4%</td>
<td>Canada, Mexico and the USA</td>
<td></td>
</tr>
<tr>
<td>S. AMERICA</td>
<td>Cocaine</td>
<td>9.8%</td>
<td>Latin America</td>
<td>9.8%</td>
<td>Latin America</td>
<td></td>
</tr>
<tr>
<td>S. AMERICA</td>
<td>Amphetamine-type stimulants</td>
<td>31.2%</td>
<td>Central America and the Caribbean</td>
<td>31.2%</td>
<td>Central America and the Caribbean</td>
<td></td>
</tr>
<tr>
<td>S. AMERICA</td>
<td>Cannabis</td>
<td>5.2%</td>
<td>Latin America</td>
<td>5.2%</td>
<td>Latin America</td>
<td></td>
</tr>
<tr>
<td>S. AMERICA</td>
<td>Opiates</td>
<td>5.9%</td>
<td>Latin America</td>
<td>5.9%</td>
<td>Latin America</td>
<td></td>
</tr>
<tr>
<td>AFRICA</td>
<td>Cannabis</td>
<td>1.5%</td>
<td>Africa</td>
<td>1.5%</td>
<td>Africa</td>
<td></td>
</tr>
<tr>
<td>ASIA</td>
<td>Cannabis</td>
<td>4.7%</td>
<td>Asia</td>
<td>4.7%</td>
<td>Asia</td>
<td></td>
</tr>
<tr>
<td>ASIA</td>
<td>Opiates</td>
<td>5.2%</td>
<td>Asia</td>
<td>5.2%</td>
<td>Asia</td>
<td></td>
</tr>
<tr>
<td>ASIA</td>
<td>Amphetamine-type stimulants</td>
<td>5.2%</td>
<td>Asia</td>
<td>5.2%</td>
<td>Asia</td>
<td></td>
</tr>
<tr>
<td>OCEANIA</td>
<td>Cannabis</td>
<td>5.5%</td>
<td>Australia and New Zealand</td>
<td>5.5%</td>
<td>Australia and New Zealand</td>
<td></td>
</tr>
<tr>
<td>OCEANIA</td>
<td>Opiates</td>
<td>5.5%</td>
<td>Australia and New Zealand</td>
<td>5.5%</td>
<td>Australia and New Zealand</td>
<td></td>
</tr>
<tr>
<td>OCEANIA</td>
<td>Amphetamine-type stimulants</td>
<td>5.5%</td>
<td>Australia and New Zealand</td>
<td>5.5%</td>
<td>Australia and New Zealand</td>
<td></td>
</tr>
</tbody>
</table>