



# UNODC

United Nations Office on Drugs and Crime



## **Sustainable livelihoods: a broader vision**

Social support and integration to prevent  
illicit drug use, HIV/AIDS and crime

DISCUSSION PAPER



UNITED NATIONS OFFICE ON DRUGS AND CRIME  
Vienna

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a broader vision**  
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UNITED NATIONS  
New York, 2010

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This publication has not been formally edited.

Publishing production: English, Publishing and Library Section, United Nations Office at Vienna.

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## Introduction

The concept of sustainable livelihoods has been utilized extensively by UNODC and the international community as the basis of their work in the field of alternative development. Until now, the major objective of interventions in this area was to provide alternative sustainable livelihoods to farmer families so they will be not dependent on the cultivation of illicit crops. The principal desired outcome of this approach is the cessation of illicit drug crop cultivation through the creation of alternative income.

The articulated phenomenon that includes illicit drug use, drug dependence, drug-related diseases such as AIDS and drug-related crime appears to be fuelled and self-maintained not only by production and large-scale trafficking of drugs, but also by socio-economically problematic conditions in the cities. In particular, extreme poverty in sub-urban areas, inequality, social exclusion, affective deprivation due to internal migration and displacement, lack of education and job perspective, exposure to violence and abuse are increasingly alighting the rate of population that may become victim of criminal organizations, vulnerable to drug use, dependence and other health risks, involved in drug dealing and other kinds of unlawful and antisocial behaviour.

Considering that half of the world's population is living in cities to date<sup>1</sup> as a result of a trend of urban migration in low and middle income countries, the present paper addresses the concept of and interventions related to sustainable livelihoods targeting health vulnerabilities in the context of drugs and crime in urban areas. The paper argues that drug, HIV/AIDS and crime related interventions can be more far-reaching and sustainable when they are preceded and constantly accompanied by sustainable livelihoods interventions, preparing the ground that enable the target group to benefit fully from respective services.

The provision of wide-ranging sustainable livelihoods services in this sense is crucial for the success of interventions targeted at marginalized populations vulnerable to drugs, HIV/AIDS and crime. The sustainable livelihoods component must be a precondition that precedes further prevention or treatment programmes, following the process to full recovery, reintegration and human and social development.

### Related mandates

The International Narcotics Control Board (INCB) first started to call for a wider application of sustainable livelihoods interventions in the field of vulnerabilities to drugs. This set of problems and the need for related programmes have been dealt with in the INCB's report of 2005, that stressed the importance of sustainable livelihoods within the larger framework of drug prevention, treatment and rehabilitation, noting

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<sup>1</sup>United Nations Department of Economic and Social Affairs—DESA (2008)—The Millennium Development Goals Report; available online at: [www.un.org/millenniumgoals/pdf/The%20Millennium%20Development%20Goals%20Report%202008.pdf](http://www.un.org/millenniumgoals/pdf/The%20Millennium%20Development%20Goals%20Report%202008.pdf)

in particular that “illicit drug users are often marginalized, living under difficult circumstances such as in the slums of large cities, and may require special development efforts to overcome their problems. Members of marginalized communities in urban areas may also be forced by violent gangs into drug dealing at the street level. The street-level dealers themselves are often addicts, requiring access to prevention, education and treatment programmes. In such situations, there may be almost no opportunities for earning legitimate incomes. In such cases, well-defined policies—including input from the affected groups – are needed to help reduce drug problems, including drug-related crime”.<sup>2</sup>

More recently, in 2009, the Commission on Narcotic Drugs (CND) adopted a Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem. In the Political Declaration, Member States, inter alia, reiterated their “commitment to ... drug demand reduction programmes, based on scientific evidence and covering a range of measures, including ... social reintegration and related support services, ... and commit ourselves to investing increased resources in ensuring access to those interventions ... bearing in mind that those interventions should also consider vulnerabilities that undermine human development, such as poverty and social marginalization;”.<sup>3</sup>

This is echoed in Part I. Demand reduction and related measures of the Plan of Action, where it is stated that “4. Member States should: e) Ensure that drug demand reduction efforts address the vulnerabilities, such as poverty and marginalization, that undermine sustainable human development;”.<sup>4</sup>

In addition to the mandates of the three Conventions, UNODC is a co-sponsor of UNAIDS that has recently identified “Enhancing social protection for people affected by HIV” as one of the nine priority areas for action in its Unified Budget and Workplan 2010 to 2011, noting that: “Lack of sustainable livelihoods pushes many people to the margins of society, increasing their vulnerability to HIV. Special efforts are needed to promote social inclusion and to ensure that people who are living with or vulnerable to HIV are not displaced from mainstream employment or education.”<sup>5</sup>

The United Nations Guidelines for the Prevention of Crime emphasises that crime prevention encompasses a wide range of approaches, including those which promote the well-being of people and encourage pro-social behaviour through social, economic, health and educational measures, with a particular emphasis on children and youth, and focus on the risk and protective factors associated with crime and victimization.<sup>6</sup>

<sup>2</sup>*International Narcotics Control Board (INCB) report 2005*; United Nations Publication Sales No. E.06.XI.2, ISBN 92-1-148209-7 ISSN 0257-3717 E/INCB/2005/1, p. 9, para. 44.

<sup>3</sup>United Nations Commission on Narcotic Drugs, Report on the fifty-second session, Economic and Social Council, Official Records 2009, Supplement No. 8, E/2009/28, E/CN.7/2009/12, p. 41, para. 21.

<sup>4</sup>United Nations Commission on Narcotic Drugs, Report on the fifty-second session, Economic and Social Council, Official Records 2009, Supplement No. 8, E/2009/28, E/CN.7/2009/12, p. 47, para. 4e.

<sup>5</sup>UNAIDS: UNAIDS Unified Budget and Workplan, UNAIDS/PCB(24)/09.3 (15 May 2009) p. 12, para 47.

<sup>6</sup>United Nations Guidelines for the Prevention of Crime (Economic and Social Council Resolution 2002/13, annex).



## The sustainable livelihoods concepts' utility in development studies

The concept of sustainable livelihoods is an important approach in development studies, given that it contributes to understanding individuals' livelihoods and has mainly been utilized for poverty reduction. According to the concept, poverty must be understood in terms of capability deprivation. Livelihood contexts are dynamic and vary widely, as they are area specific and based on the level of development of the targeted country or region, allowing for a more holistic view of poverty.

The typical situation of these populations that are commonly referred to as "deprived", "marginalized" or "urban poor" is the following:

"All, in one tragic sense, are on the margins, not just of economy, but of society. As workers, they are poorly-paid for long hours of work, often in impermanent, hard-labour, dirty and dangerous occupations which do not make them eligible for whatever meagre social security benefits exist. Residentially, they live in one or another kind of inadequate housing: old slums, new tenements, shanty-towns. As consumers, they lack the purchasing power to purchase the goods and services enjoyed by the rest of society. Socially, their status is that of the 'insulted and injured'; culturally, they lack formal education, sometimes even the ability to speak the national language."<sup>7</sup>

In order to achieve a situation of sustainable livelihoods, the target group must receive support that enables it to increase income and well-being. Typical examples are just and equitable pay for work, decent housing, higher food security, sustainable use of the natural resources base and a reduction in vulnerability to sudden changes or shocks.<sup>8</sup> Achievements have to be analysed against the background of the policy and institutional framework in the respective countries. In order to define interventions accordingly, there must be a proper understanding of how livelihoods can be sustainable in the particular context of the respective environment. For a person living in a city, natural capital is less important, for example, than for a person that lives in the countryside and makes a living from agriculture.

Frameworks of sustainable livelihoods approaches have been developed by numerous organizations engaged in the field of international development, among them the World Bank, the International Fund for Agricultural Development (IFAD), Food and Agricultural Organization (FAO), Department for International Development (DFID) and many others.

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<sup>7</sup>Worsley, Peter (1984): *The Three Worlds. Culture and World Development*, The University of Chicago Press, Chicago, p. 206.

<sup>8</sup>Department for International Development (DFID): Sustainable Livelihood Guidance Sheets (April 1999); [www.eldis.org/go/topics/dossiers/livelihoods/what-are-livelihoods-approaches/training-and-learning-materials](http://www.eldis.org/go/topics/dossiers/livelihoods/what-are-livelihoods-approaches/training-and-learning-materials).

## Vulnerabilities to crime, HIV/AIDS and drug dependence

### Increased vulnerability

People that live in poverty are more likely to engage in drug abuse, become criminals and suffer from bad health. Deprivation increases the risk factors and weakens the protective factors, such as strong family and social bonds, positive self-esteem, education, employment and sufficient income.<sup>9</sup>

It is typical for impoverished urban communities that crime, drug dependence and health hazardous living conditions have become constituents, having as a consequence the absence of all legitimate business. Individuals that have a low socio-economic status typically suffer from severe shortcomings concerning income, education, food security and health. They are exposed to crime and violence and are left alone at the margins of society due to inadequate systems of social justice, with no structures to revert to and to find help. At the same time, they are confronted with luxury in the media and can see people living in welfare, knowing that their own chances of well-being are restricted.

The ground for crime and drug addiction is prepared on a psychological level: people have low self-esteem and feel that they are not part of the society. The chance of gaining an income through decent employment in the formal economy is low and people lack skills for successful self-employment. Deprived people have often attended school only to a low level or not at all, restricting their opportunities to find sustainable, decent and fulfilling means of earning a living. As deviations in income in many countries are often high and social justice as well as governmental-subsidized social services are non-existent, marginalized people are faced with hopelessness and desperation on a daily basis.

Parents suffering from economic stress face more difficulties in positively influencing their children, because their own stress negatively affects their parenting ability.<sup>10</sup> Economic stress frequently affects the relationship between parents, resulting in demoralization, leading to marital conflict and divorce, which often results in further economic loss. Women especially are often left alone with their children with no income and financial assistance. In deprived families with a high level of economic and psycho-social stress, there is a higher risk of domestic violence.<sup>11</sup> Additionally, parents' previous and current traumatic experiences add to their stress further affecting their parenting abilities negatively. Children in these families often

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<sup>9</sup>Foster, Janet: Social Exclusion, Crime and Drugs, in: *Drugs: education, prevention and policy*, vol. 7, No. 4, 2000, pp. 317-330; Room, R.: Stigma, social inequality and alcohol and drug use, in: *Drug and Alcohol Review* vol. 24, No. 2, 2005, pp. 143-155; and Nasir Sudirman and Doreen Rosenthal: The social context of initiation into injecting drugs in the slums of Makassar, Indonesia, in: *International Journal of Drug Policy*, vol. 20, No. 3, 2009, pp. 237-243.

<sup>10</sup>Hashima, Patricia Y., Hamato, Paul R.: Poverty, Social Support and Parental Behaviour, in: *Child Development*, vol. 65, No. 2, 1994, pp. 394-409.

<sup>11</sup>Rand D. Conger; Xiaojia Ge; Glen H. Elder, Jr.; Frederick O. Lorenz; Ronald L. Simons Conger, Rand D., Ge, Xi: Economic Stress, Coercive Family Process, and Developmental Problems of Adolescents, in: *Child Development*, vol. 65, No. 2, 1994, pp. 541-561.

experience neglect and even violence as a consequence. These early negative experiences have an effect on the brain development and the development of personality traits and make them even more vulnerable to drug use, antisocial behaviour and many other negative outcomes in later life.

These circumstances lead children to abandon their homes, hoping to escape violence and desperation and end up living on the street with peers. They continue to live in deep poverty and are extremely vulnerable to crime, drug dependence and health risks.<sup>12</sup> Especially orphan children that have lost parental support due to death of family members risk to find themselves in dramatic humanitarian conditions. In numerous areas of the world, where public services for such groups are non-existent, young children and adolescents are left on their own on the streets and often turn to gangs for social support, gaining the basic means necessary for survival through begging, petty crime or prostitution. Youth are left alone at the margins of society and have no place where they can seek assistance due to inadequate social welfare systems.

Youth that have been deprived of education often have limited knowledge about addiction and transmission of diseases and are therefore not capable of identifying dangerous situations and to protect themselves accordingly. In addition, they are more at risk of committing a crime and being imprisoned than people that dispose of sufficient income and live in a more privileged environment. “However calculated, official crime rates are almost always higher among the poor, and poor people are more likely to be arrested and convicted for a wide variety of offenses.”<sup>13</sup> With a criminal record, access to employment is restricted and because of time served in prison, valuable life time is lost which further decreases the chance of leading a sustainable life.

## Drug use and dependence

“The poor” are more susceptible to addictive substances and may try to replace the feeling of happiness with the effect of drugs. Early problems in family, school, or negative peer relationships that mark these deprived communities often leave no other opportunities than drug use to escape the negative feelings.<sup>14</sup> The short but strong feeling of strength and happiness that appears through sniffing glue, taking amphetamines, smoking cannabis, injecting heroin or inhaling opium is especially tempting for a person that has not experienced much joy and pleasure in his or her life.

People using drugs and suffering from drug dependence are caught in a vicious circle that further undermines their socio-economic capital as well as their health, thus perpetuating the poverty, deprivation and social exclusion of themselves and

<sup>12</sup> Panther-Brick, Catherine: Street Children, Human Rights and Public Health. A Critique and Further Directions, in: *Annual Review of Anthropology*, vol. 31, 2002, pp. 147-171.

<sup>13</sup> Berk, Richard A.; Lenihan, Kenneth J.; Rossi, Peter H.: Crime and Poverty: Some Experimental Evidence from Ex-Offenders. In: *American Sociological Review*, vol. 45, No. 5, 1980, pp. 766-786.

<sup>14</sup> Oetting, P.R. and R.S. Lynch: Peers and the Prevention of Adolescent Drug Use, in: Zloboda, Zili and Bukoski, William J.: *Handbook of Drug Abuse Prevention. Theory, Science, and Practice*, 2006, p. 116.

their families. In other words, drug use and drug dependence have “devastating and long-term impacts on community socio-economic status and health outcomes”.<sup>15</sup>

Drug use and drug dependence have a direct effect on the physical and mental health of the user, thus depleting this precious human asset. Moreover, the physical effects of drug consumption will impede the drug user from carrying out important tasks in life, such as work, daily hygiene, house cleaning, socializing with friends and family. For example, the poverty level is aggravated by the fact that it becomes hard to keep a regular job as a drug consumer.<sup>16</sup>

This problematic picture is aggravated by the fact that people suffering from drug dependence are often stigmatized and discriminated. This means that socio-economic support and health and social services are not as easily accessible to this group, even though they need it urgently.<sup>17</sup> For example, treatment and care services for drug users, including those addressing HIV and AIDS, are rarely equivalent to the services available to people suffering from other health disorders, thus leading to a further degradation of the health and other valuable human assets. Moreover, in poor communities, such support and services might simply not be existing. In such situations, drug-dependent people’s marginalization aggravates fast, leaving the victims in a continuous situation of hopelessness and helplessness.

## Criminals and prison populations

Lack of sustainable livelihoods causes vulnerability to criminal behaviour. In countries or regions where income is distributed unequally and social justice is low, crime rate is higher and marked by more violence. Examples of such cases can be found in agglomerations and suburban areas of big cities that are often referred to as “slums”.

A criminal career typically starts at a young age. Youth that make a living off crime mainly do not have a high income out of their illegal activities, such as drug dealing, stealing or robbery—they could earn about the same would they carry out any low-paid, unqualified job.<sup>18</sup> Poor people that have no access to support services and do not feel that they have a sustainable perspective for their future life commit crime “as an alternative means to achieve status and success when the legitimate opportunities system is closed to them.”<sup>19</sup> They seek satisfaction in life as does anyone else but have experienced early that they will not be rewarded, no matter how hard they try. Therefore, “the ‘satisfaction’ the “relatively-deprived” people in sociological models

<sup>15</sup>Bluthenthal, Ricky N. and Keith Heinzerling, Alexis Martinez and Alex H. Kral: Police crackdowns, societal cost and the need for alternative approaches; in: *International Journal of Drug Policy*, vol. 16, No. 3, 2005, pp. 135-137.

<sup>16</sup>Cebulla, A., Heaver, C., Smith, N. and Sutton, L.: Drug and Alcohol Use as Barriers to Employment—Final Report CRSP 470S. Loughborough University: Centre for Research and Social Policy, 2004.

<sup>17</sup>Buchanan, J.: “Missing Links? Problem drug use and social exclusion” *Probation Journal: The Journal of Community and Criminal Justice* vol. 51 No. 4, 2004, pp. 387-397.

<sup>18</sup>Papachristos, Andrew W.: Gang World, Foreign Policy March 2005: “He sells drugs for only a few hours a day, going home with around \$50 profit, little more than he’d make working at McDonalds.”

<sup>19</sup>Fisher, H., Montgomery, P. and Gardner F.: Opportunities provision for preventing youth gang involvement for children and young people (7-16), *Cochrane Database of Systematic Reviews* 2008, Issue 2.

seek for can lead to both pure manifestations of violence and illicit appropriation of material goods”.<sup>20</sup>

The underlying factors for violence and criminal behaviour often have psychosocial bases. Adverse childhood experiences prepare the ground for early aggressive and antisocial behaviour and affect the development of personality traits, such as novelty seeking, impulsiveness and high anxiety, which in turn leave children more vulnerable to similar peer relationships. Childhood neglect also affects the development of cognitive skills such as the ability to delay reward and judge risks.<sup>21</sup> Living in an environment characterized by childhood neglect and early traumatic experiences does not provide effective coping skills to young persons.

### Health and HIV/AIDS infection

Poverty and social exclusion exacerbate not only the risks for drug dependence and criminal behaviour, but also lead to an increased risk of infection with HIV/AIDS and other blood-borne diseases. Persons that suffer from drug dependence are particularly vulnerable as they often share needles and have been found to be more vulnerable to risky sexual behaviour.<sup>22</sup> Crime and drugs add another dimension of aggravation to the already difficult situation of limited sustainable livelihoods capabilities. Obtaining drugs and raising the money to purchase drugs are a dependent person's priority, reducing his or her interest in caring about health. When imprisoned, the opportunity to take care about health is diminished even further, considering sanitary conditions, overcrowded prisons, violence and sexual assaults among prisoners, that are commonplace in prisons not only in low and middle income countries, but also in highly industrialized and “rich”, “developed” countries.

The health condition of prisoners typically is poor even before they serve time in prison: the mentally ill and those dependent on drugs are more likely to be sentenced to imprisonment. It has been found by a recent study that individuals that “received prison sentences were, for instance, almost three times as likely to have a comorbid anxiety and affective disorder as those who weren't sent to prison.”<sup>23</sup> Researchers that published the same study found that youth sentenced to prison had higher use of substance abuse and disruptive behaviour disorders. Another study found that 10 per cent suffer from major depression, 4 per cent have psychiatric disorders and 65 per cent have a personality disorder.<sup>24</sup>

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<sup>20</sup>Fajnzylber, P, Lederman, D. and Loayza, N.: Inequality and Violent Crime, *The Journal of Law and Economics*, vol. 45, No. 1, 2002, pp. 1-40.

<sup>21</sup>Janet D. Carter, Peter R. Joyce, Roger T. Mulder, Suzanne E. Luty: The Contribution of Temperament, Childhood Neglect, and Abuse to the Development of Personality Dysfunction: A Comparison of Three Models, *Journal of Personality Disorders*, vol. 15, No. 2, 2001, pp. 123-135 .

<sup>22</sup>Henry J. Kaiser Family Foundation: Survey Snapshot: Substance Use and Risky Sexual Behavior: Attitudes and Practices Among Adolescents and Young Adults, February 2002; available at: [www.kff.org/youthhivstds/upload/KFF-CASASurveySnapshot.pdf](http://www.kff.org/youthhivstds/upload/KFF-CASASurveySnapshot.pdf)

<sup>23</sup>Bender, Eve (2008): Youth Sentenced to Adult Prison Have High Mental Illness Rates. In: *Psychiatric News* vol. 43, No. 18, 2008, p. 16.

<sup>24</sup>Fazel, S. and Danesh, J.: Serious mental disorder in 23000 prisoners: A systematic review of 62 surveys. *The Lancet*, vol. 359, No. 9306, 2002, pp. 545-550.

These groups already have an increased risk of diseases before entering prison, such as drug dependence, tuberculosis or HIV.<sup>25</sup> Various studies estimate that the percentage of individuals reporting problematic substance misuse is comparatively higher in prison than in the community. Different studies have indicated that the percentage of people in prison who have a drug problem ranges from 40 to 80 per cent.<sup>26</sup> Within prison population, rates of drug use, HIV and Hepatitis infection among women tend to be higher than among men.<sup>27</sup> These women frequently come from deprived backgrounds and experience problems related to mental health disorders, alcohol and drug dependencies, infectious diseases, reproductive diseases and histories of physical and sexual abuse.<sup>28</sup>

As long as individuals infected with HIV/AIDS and other blood-borne diseases live in situations that lack sustainable livelihoods, the spread of these diseases will be difficult to contain. As the reasons for which the “urban poor” fall victim to drug dependence, crime and HIV/AIDS are strongly intertwined, potential beneficiaries are susceptible not only to one, but two or several conditions of the problem structures described in the present paper.

## Interventions—sustainable livelihoods services

### Drug dependence prevention

Prevention interventions that are carried out by UNODC up to present as a component of the office’s efforts in the field of drug demand reduction and harm reduction include services that render individuals more self-reliant and make their lives more sustainable so they will be less dependent on drugs. Sustainable livelihoods interventions should accompany these traditional prevention interventions, opening the way for preventive activities that strengthen protective factors and weaken risk factors in a range of settings, including family, school, workplace and community and providing young people with the information, skills and opportunity to develop healthy and safe.

At a very basic level of intervention, immediate socio-economic assistance facilitates the participation of deprived target groups in prevention activities. As an example, family skills training programmes not only should consider paying transportation and arranging child care. Provision of incentives such as free communal meals and

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<sup>25</sup> UNODC (2009, unpublished report), Addressing Health and Human Development Vulnerabilities in the Context of Drugs and Crime. Thematic Programme. Vienna.

<sup>26</sup> Dolan K., Khoei E.M., Brentari, C., Stevens A.: Prisons and Drugs: A global review of incarceration, drug use and drug treatment, Beckley Foundation Drug Policy Programme, Report 12, 2007 and: UNODC: Drug Dependence Treatment: Interventions for Drug Users in Prisons, 2008.

<sup>27</sup> UNODC: Women and HIV in Prison Settings, 2008; WHO: Effectiveness of Interventions to Address HIV in Prisons, Evidence for Action Technical Series, 2007; UNODC: HIV/AIDS Prevention and Care for Female Injecting Drug Users, 2006.

<sup>28</sup> UNODC: Addressing Health And Human Development Vulnerabilities In The Context Of Drugs And Crime, Thematic Programme, 2009 (unpublished); UNODC: Women and HIV in Prison Settings, 2008; van Marle, Hjalmar J.C., *Mental Health in Prisons: How to manage our care*, vol. 3 No. 2, 2007; Health in Prisons, A WHO Guide to the essential in prison health, World Health Organization Regional Office for Europe.



vouchers for consumer goods at the end of the programme greatly enhance the participation of parents and families<sup>29</sup> and have been reported effective as part of programmes. Connection to services providing shelter, food, clothes, as well as child care and employment opportunities should also be offered as part of the home visitation services that provide very basic parenting skills to parents of very young children.<sup>30</sup> They essentially improve the economic and social situation of a family, reduce the stress experienced by parents, help to reduce early childhood neglect and improve parents' child caring styles.

In marginalized communities, incentives for parents to keep children in school, for example vouchers for supermarkets distributed to school children, benefit children and parents. Children do attend school more, which is in itself a strong protective factor for a range of risky or problematic behaviour.<sup>31</sup> Similar interventions might be effective, when appropriate, in re-uniting street children and homeless youth with their families.

Street children and homeless youth that cannot be re-united with the family need a complex package of interventions, including social assistance and health care as well as sports and recreational activities. Street children, who have not attended school for a long time and can not immediately be re-integrated into the formal school system, should take part in alternative learning systems. Through long-term interventions, efforts will be undertaken to integrate them into the official school system—either academic or vocational—and enable them to continue their academic career or to carry out work that creates sufficient income.<sup>32</sup>

Vocational skills training programmes for adolescents, including internship programmes and training opportunities that link young people to the employment market or equip them with skills that enable self-employment are essential to provide a long-term perspective in life and in turn reduce vulnerability to drug use.

## Drug dependence treatment

Emergency social support, response to basic needs, such as food, shelter, hygienic measures and clothes, should accompany outreach work. Primary social support restores human dignity, provides decent shelter, alleviates poverty and is an essential complementary intervention to facilitate the contact with addicted individuals, allowing them to attend treatment programmes and to take care of their health.

Immediate assistance needs to be offered at the point where initial contact is made between the drug user and the outreach unit. The provision of food, shelter, clothes, facilities to wash, vouchers, etc. should be unconditional. These services help to develop a relationship between the programme and the drug user and

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<sup>29</sup> UNODC: Guide to implementing family skills training programmes for drug abuse prevention, 2009.

<sup>30</sup> Welsh, Brandon C. and David P. Farrington: Effectiveness of Family-Based Programs to Prevent Delinquency and later Offending, in: *Psicothema*, vol. 18, No. 3, 2006, pp. 598-602.

<sup>31</sup> Cunningham, Wendy, Lorena M. Cohan, Sophie Naudeau and Linda McGinnis: *Supporting Youth at Risk. A Policy Toolkit for Middle Income Countries*, The World Bank, 2008, p. 18.

<sup>32</sup> UNODC: Schools-based education for drug abuse prevention, 2002.

may even facilitate possible engagement in treatment and recovery programme. Immediate emergency social support has the additional benefit of decreasing other health and social risks, such as violence, life on the street, health risks, sex work and incarceration etc.

A successful initial contact including immediate assistance allows the opportunity to establish the basis for a therapeutic alliance relationship and for unconditional health care and initiate the planning of treatment and care. This kind of immediate help could be requested approximately for one month. If the drug dependent person has a family, support must be offered both practically and later in the course of the treatment process. Family care responsibility is often a major obstacle to seek treatment to drug dependent women. Such assistance to and involvement of the family would also act as strong preventive intervention with regard to the children of drug addicts.

Sustainable livelihoods opportunities become crucial in medium term. A much more settled environment could be developed offering to support costs for stable housing as well as protected temporary employment. This could be achieved by seeking partnerships with the private sector. Depending on the economic situation, this could include companies both in the formal and the informal sector. These companies would need to be willing to engage in “corporate social responsibility” by providing employment within a “protected” framework, where employees are understood to be completing a rehabilitation programme and do so in a highly tolerant environment.

Livelihoods interventions have to be continued after recovery, as “the likelihood of successful transition will depend heavily upon the drug user’s opportunity to move away from a drug centred existence and begin to establish alternative routines and patterns”.<sup>33</sup> Sustainable livelihoods interventions are necessary to enable a drug dependent person to step outside the “drug scene”.

A former drug dependent person cannot be expected to perform at highest level and comply with all the strict rules of a regular working environment. The individuals’ physical capability may be limited and he or she might still be suffering from psychological problems and drug related diseases. Therefore, the patient has to be accompanied in becoming more stable and self-dependent step-by-step. It is important to offer psychological assistance at all times and to align all the components of the re-integration to the special needs of an individual that has been a drug user.

In the final and longer term phase of assistance, the work initiated in the medium-term phase will continue with a view to achieve recovery and reintegration in the community including self-support through a job in the free market. In this context, in addition to the job placement services mentioned above, further sustainable livelihoods interventions might be necessary, such as provision of vocational skills or alternative education, access to income generation, micro-credit and career counselling. Obviously, also in this advanced phase, the mediation of a social worker

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<sup>33</sup> Buchanan, Julian: Tackling Problem Drug Use: A New Conceptual Framework; Glyndwr 373; University Research Online, 2004 p. 134; available at: <http://epubs.glyndwr.ac.uk/cgi/viewcontent.cgi?article=1002&context=siru>.



to cope with stressful situations, the support for the partner and the children should be necessary as a strategy of relapse prevention.

A successful rehabilitation programme will target each person individually—assets that can create positive livelihood outcomes have to be found. A long-term perspective is necessary to successfully overcome chronic substance abuse and to address the problems typically associated with it.<sup>34</sup> Since even one single asset can generate various benefits, the rehabilitation programme can concentrate on the strongest assets. For example if a steady working position can be found for a recovering person, financial capital will be created. This will yield human capital, as the job will create professional knowledge and a more structured daily life. Social capital will be created by being able to provide for the family and getting into regular contact with colleagues, neighbours, and a wider social environment.

### Crime and prison populations

In the field of interventions for crime prevention and the work with prison populations, the same model can be applied, although with alterations that make it more adaptable to the respective target group. The bottom line of all interventions is to enable the potential beneficiary to live a dignified and healthy life, gain an income and feel as a respected member of his community.

Target groups of respective interventions will be prisoners, individuals that have been released of prison and repeat offenders and people that have been determined as especially vulnerable to committing crime and thereby also to being sentenced to time in prison.

Assisting youth, adolescent gang members and prison populations in obtaining sustainable livelihoods is an important condition for success in crime reduction strategies. A majority of youth members of gangs and at-risk is interested in a life based on legal income generation and needs assistance to achieve this goal.<sup>35</sup> The development of links to the private sector and of small enterprises, internships and job placement programmes, continuing education, income generation and micro-credit are all interventions that could effectively respond to this need. This is particularly important in light of the fact that “... evidence-based practices that work with violent and seriously delinquent youth are more cost effective and produce more benefits than traditional punitive measures.”<sup>36</sup>

These prevention interventions must also be adapted to criminals and prisoners—they come as a second step, however, while they are the starting point for non-criminal youth.

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<sup>34</sup> Grella, Christine E., Hser, Yih-Ing, Hsieh, Shih-Chao (2003): Predictors of drug treatment re-entry following relapse to cocaine use in DATOS, in: *Journal of Drug Abuse Treatment*, vol. 25, No. 3, 2003, pp. 145-154.

<sup>35</sup> Huff, C Ronald: Comparing the Criminal Behaviour of Youth Gangs and At-Risk Youths, in: National Institute of Justice, Research in Brief, 1998: “A significant number of them said they would accept far lower wages—not much more than is currently being paid in fast-food restaurants—if they could obtain a sufficient number of work hours per week.”

<sup>36</sup> Governor's Juvenile Justice Advisory Committee (GJJAC) Policy Brief, 2008: Community-Based Gang Prevention and Intervention.

Sustainable livelihoods must be enhanced while in prison and continued upon release: this means providing psycho-social counselling to prisoners and give them the opportunity to obtain skills in prison that can be utilized upon release, for example education and job training. Basic social assistance and provision of shelter must be adapted to released prisoners that find themselves on the street with no shelter, money, friends, family, no job and a criminal record. Without assistance, immediate relapse is foreseeable.

The need for continued care of prison populations on release has already been discussed with regard to drug dependence treatment and HIV prevention in the previous sections. The same considerations are valid also for all populations in prisons. For day-release prisoners as well as individuals completely released from prison, a coherent strategy has to be adopted, closely accompanying the individual to a legal life. This approach is highly advantageous as repeated incarceration is more costly than a successful prevention programme.<sup>37</sup>

### **Health and HIV/AIDS**

Sustainable livelihoods according to the model described for drug dependent individuals is also useful for the prevention of the spread of HIV/AIDS and other blood-borne diseases and will add value to respective interventions. Health is an important livelihood outcome—a person that disposes of good health possesses important capabilities that will enable him or her to build other capabilities if he receives adequate support.

UNODC's sustainable livelihood interventions in the field of health and HIV/AIDS will add value to those interventions that are being carried out within the framework of UNODC's health activities for drug users and prisoners. In a situation of sustainable livelihoods, HIV/AIDS and other blood borne diseases will spread slower—less people will be infected due to lower vulnerability and individuals that are already affected will be able to live more responsible, thereby decreasing the spread of diseases. Individuals that have a legal income, are dignified, feel as respected members of their society and have access to affordable quality health service, can live with HIV/AIDS infection without spreading it.

Comprehensive social support is particularly crucial in the case of women drug users, who tend to be younger, less well educated, with lower income and less frequently employed than their male counterparts, while more likely to have children dependent on them and a substance-using partner. Assistance to develop economic self-sufficiency, safe housing and a social support system, particularly the provision of low-threshold shelters and hygienic measures, has been found crucial and can improve retention and outcomes in the treatment and care of women drug users. Finally, comprehensive social support should be part of provision of services to be provided inside and especially on release of prison settings, contributing to reducing recidivism and thus overcrowding, an additional significant component in HIV prevention in prison settings.

<sup>37</sup> McCay Doug, Vincent Schiraldi and Jason Ziedenberg, 2004: Treatment or Incarceration. National and State Findings on the Efficacy and Cost Savings of Drug Treatment versus Imprisonment. Justice Policy Institute; available at: [www.justice-policy.org/images/upload/04-01\\_REP\\_MDTreatmentorIncarceration\\_AC-DP.pdf](http://www.justice-policy.org/images/upload/04-01_REP_MDTreatmentorIncarceration_AC-DP.pdf)

## Strategy and course of action

As has been stated in a recent article of the *International Journal of Drug Policy*, “the concept of social exclusion prioritises the need for policies and practice that seek to change structural inequalities rather than individual behaviour. At the broadest level, this means addressing key social problems (such as poverty, unemployment, the lack of decent affordable housing, community and neighbourhood breakdown, restricted opportunities for training and education) that frequently underpin and exacerbate problem drug use, homelessness and ill-health”.<sup>38</sup>

Preventing drug use and crime and dealing with drug users, persons with criminal behaviour and prison populations means to a large extent addressing the same risk and protective factors. Key social problems must be addressed first as to be able to create a situation where targeted interventions can be fruitful. The following course of action is recommended:

- Include immediate social assistance and long term development of sustainable livelihoods in the context of drug dependence treatment programmes, as well as in programmes responding to the HIV and AIDS epidemics, both in the community and in prison settings.
- Develop strong partnership with concerned organizations. While many organizations work in the field of socio-economic development, no other organization has a mandate to work with drug users, people suffering from drug dependence and in the prison settings. In future, cooperation with other organizations should be strengthened, specifically focusing on education and human and societal development. Therefore, partnerships with UNICEF and UNDP are envisaged. The partnership with UNICEF could add value to the components of education and vocational training, especially for youth. Through the partnership with UNDP, the concept of sustainable livelihoods and its inclusion in development initiatives in drug prevention and treatment will be addressed.
- Develop strong partnerships at the national level. In addition, partnerships will be sought with entities in the respective partner countries including civil society and private sector. Stakeholders in the respective partner countries will be approached on three levels—the governmental, institutional and grassroots level:

First, a major objective will be raising the awareness of government institutions, particularly decision makers, so that they understand the importance of incorporating sustainable livelihoods approaches within the context of social assistance for drug dependent persons and its importance for a sustainable and human rights based drug policy as fundamental pillars of their national policies. Local municipalities should be included in a community-based approach of the planning and implementation of activities, as a regional focus is important for success that cannot be achieved by the national government alone.

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<sup>38</sup>Neale, Joann: Homelessness, drug use and hepatitis C: A complex problem explored within the context of social exclusion, *International Journal of Drug Policy* vol. 19, No. 6, 2008, pp. 429-435.

Second, strengthening coordination with NGOs, private sector and other major stakeholders, such as contact persons in schools, universities, hospitals, private and public institutions will be sought in order to sensitize them so that they are better able to incorporate sustainable livelihood approaches on previous programmes as part of traditional social assistance.

Third, the target group on the grassroots level, such as people dependent on drugs, people living with HIV/AIDS, women and youth should be included in the planning and implementation of activities, contributing to supporting capacity-building and local ownership.

## Conclusion

As has been demonstrated, the adoption of sustainable livelihoods as a precondition to further prevention, treatment and rehabilitation interventions in the field of drugs, HIV/AIDS and crime is essential for long-term success. Livelihoods analyses are useful to assess the value of planned programmes within a communities' external environment.

The problem of increasing urban areas that are infused with criminal structures to an extent where interventions by development organizations are not possible any more poses a major challenge to the success of the interventions.

UNODC is aware that its efforts cannot alone bring cities back under control, but are an important component of the overall goal that has to be achieved by common efforts of governments, municipalities and development organizations.





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