



UNODC

United Nations Office on Drugs and Crime

THEMATIC PROGRAMME

Addressing

Health and human development vulnerabilities in the context of drugs and crime

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Lead Office: Health and Human Development Section, DO

Lead Drafters: Gilberto Gerra, Christian Kroll, Sandeep Chawla, Giovanna Campello,
Monica Beg, Juana Tomas-Rossello, Fabienne Hariga, Riku Lehtovuori

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I. Executive summary

This Thematic Programme Framework outlines the broad UNODC strategy to address health and human development issues in the context of illicit drugs and crime. It is anchored in the mandates of UNODC, and defines main areas in which UNODC works with national stakeholders and international partners dealing with health, education, social development, law enforcement, criminal justice, human rights, and sustainable livelihoods. It is fully in line with and supports UNODC regional programmes providing a wider view to health and human development issues as well as future and emerging areas of work.

The Thematic Programme is based on the basic principle of all international conventions on narcotic drugs, psychotropic substances and transnational organized crime: to protect the health of individuals and societies from the dangerous effects of drugs, to address the health and social problems of drug users, drug dependent individuals and people living in prison settings, and to protect the population's vulnerable to HIV, human trafficking, organized crime and violence.

Neither health care nor social opportunities are guaranteed for these very often much marginalized population groups. This is not only due to lack of resources, but also because of discrimination, ignorance and prejudice in public opinion, and the general lack of knowledge about such complex issues as drug dependence. Such factors have a direct impact on capacity to reach and assist these social groups.

The specific areas of work to be covered in this Thematic Programme Framework are:

1. Vulnerabilities relating to drug use and drug dependence.
2. Vulnerabilities in prison settings.
3. Vulnerabilities in the context of human trafficking.

For each of these areas a brief situation analysis is provided, followed by a broad objective and some proposed outcomes, including indicators to measure achievements of outcomes.

The Programme is a broad instrument to guide the work of the UNODC that falls under the Health and Human Development Section. It does not replace detailed work plans, which are being developed on an annual basis. It is also a living document discussing at the moment the thematic priorities in this area of work. Issues of partnerships and resource mobilization, management arrangements, monitoring and reporting and issues will be addressed by subsequent versions.

II. Introduction

UNODC programme relating to health and human development in the contexts of illicit drug use and crime includes the following issues: the prevention of drug use, the treatment of drug dependence per se, the health and social consequences of drug use, such as infections with viral hepatitis, HIV, sexually transmitted infections and many other co-morbidities of drug use. UNODC addresses also health issues in prison settings¹, mainly drug use prevention and drug dependence treatment, HIV/AIDS prevention, treatment, care and support and the prevention and treatment

¹ For a definition of the word "prison settings" refer to the respective section later in this framework.

of infectious diseases in prisons. Finally, UNODC addresses health issues of people vulnerable to human trafficking, and potential and actual victims of human trafficking, as well as refugees and internally displaced persons.

UNODC, in collaboration with its partners, provides normative guidance to countries including civil society, and is involved in capacity building, programme development and implementation, resource mobilization and monitoring and evaluation. The Overall guiding principle is that interventions need to be based on solid scientific evidence, need to be culture and gender sensitive, and need to be in line with human rights. Interventions need to be comprehensive, complementing each other, and interventions need to be rolled out on a large scale, otherwise they will have very little impact or none at all.

While this Programme focuses on three main areas of work, namely addressing vulnerabilities related to drug use, prison settings and the trafficking in human beings, it does not reflect and detail the entire and complex work of UNODC. In particular, important resources of the Health and Human Development Section are addressed to its gender work, the work with young people, psychiatric and other co-morbidities of drug dependence, human rights and the right to healthy life, and work with law enforcement . For more detail and clarity, these subjects are dealt with in shorter concept papers, available in the Health and Human Development Section on request.

III. Vulnerabilities related to drug use

A. The situation

UNODC estimates that between 172 and 250 million persons used illicit drugs at least once in the past year in 2007, among which between 18 and 38 million were problem drug users (UNODC, 2009).

Drug dependence is a multi-factorial health disorder that often follows the course of a relapsing and remitting chronic disease, requiring the expertise of many disciplines. Drug use and drug dependence may induce psychiatric and neurological disorders, liver and cardiovascular failure, severe depression of the immune function and a high risk of contracting infectious diseases. The high rate of overdose and suicide among drug users results in an unacceptable loss of human life. Increase in accidents on the road and in the workplace coupled with more violence which is induced by drug use, further increase the number of victims in this field, with huge costs for society, insurance agencies, private companies, and public institutions. Drug dependent individuals may be easily controlled and victimized by organized crime, and induced to drug smuggling, sex work, illegal activities and unlawful behaviour, contributing to undermine security and social cohesion. Last, but not the least, illicit drug use is contributing to the spread of HIV and Hepatitis.

HIV is transmitted in drug using populations through the use of contaminated injection equipment, unsafe sexual practices and through mother-to-child transmission of HIV-positive women. It is important to note that the use of mind-altering drugs, particularly stimulants, has often a severe impact on sexual risk behaviour, facilitating the risk of HIV transmission. The sharing of contaminated injecting equipment is one of the most efficient means of transmitting HIV and other blood-borne diseases. It is estimated that 16 million people were injecting drugs in 148 countries globally (Mathers et al., 2008). Practices vary considerably in different contexts, but this remains the predominant mode of transmission in a number of places, such as Eastern Europe, Central Asia, South and South-East Asia and most recently in some parts of Africa.

HIV epidemics among injecting drug users can be prevented, halted, and even reversed if responses are based on a sound assessment of the specific drug use situation, the socio-cultural and political context, and on scientific evidence.

Although there has been little systematic collection of data concerning prevention programmes and service coverage for drug users, it has been estimated that a very low proportion of youth is exposed to prevention interventions and less than 10% of drug dependent individuals have access to treatment and HIV/AIDS prevention and care services (estimates of key countries based on UNODC Field Office estimations and presented to CND 2009). Studies show that coverage varies from country to country, but the problems that prevent drug users from accessing services are common to most places. The current coverage and quality of prevention and care services for drug users, in particular injecting drug users is far too low to have an impact on the HIV epidemic. There is a need to improve not only the quantitative but also the qualitative standards of services for drug users, in particular injecting drug users, and even more so for drug users living with HIV and other drug related diseases.

B. Objective: Increased coverage of evidence-based services related to drug use in the community

The main objective of the work of the UNODC in relation to the vulnerabilities of drug use is to assist key countries² to establish and scale up drug use prevention, drug dependence treatment and HIV/AIDS prevention, treatment, care and support services. This objective makes reference to the UNODC Strategy for the period 2008-2011 under result areas 3.1. Community-centred prevention, 3.3. HIV/AIDS prevention and care (as related to injecting drug users, prison settings and trafficking in human beings), 3.4. Alternative development and 3.5. Treatment and rehabilitation of drug-dependent persons.

To do this, UNODC and its partners have initiated, in priority countries, the implementation of a programming cycle for each of the outcomes below, which begins with a situation analysis, and a stakeholders' analysis (who is doing what?). Based on the results of these analyses, a national support programme are being developed, including an indicative budget.

It is important to note that country support programmes are developed in the country with participation of all stakeholders, including government agencies, universities, civil society organizations, youth, the associations of drug users and people living with or affected by HIV and AIDS, and development partners. Various services are offered in parallel with an effective referral system.

C. Outcomes

i. Outcome 1: Key countries have established/scaled up evidence-based drug use prevention interventions

Such services include:

² The term "countries" is used to indicate that UNODC will work with governments as well as with civil society.

a) Drug education in schools based on life skills

Effective education in schools provides young people with the necessary information, personal and social skills to make healthy and prosocial choices. Particularly, in the context of school-wide policies that are aimed at making schools healthy and safe. UNODC's guidelines "School-based education for drug use prevention" are in line with the Inter-agencies guidelines for health promotion in schools developed by the FRESH initiative and are available in all UN languages online³, together with other resources and materials. In particular, available online is the curriculum 'UNPLUGGED' which was shown to be successful after going through a rigorous scientific trial in eight European countries and is the only one available in the public domain.

b) Family skills training programmes

Family skills training programmes are aimed at increasing the cohesion and the organization of families. They have proven effective in preventing a range of harmful behaviours and, in the long term have been found to return a saving of approximately US\$10 for every dollar spent (Spath et al., 2002; NIDA, 2003). UNODC's guidelines "A Basic Guide To Implementing Evidence-Based And Effective Family Skills Training Programmes For Drug Use Prevention" are now available in all UN languages. A web-based compendium of evidence-based programmes that could be selected for adaptation and implementation will accompany the guidelines.

c) Workplace prevention

Once people have left school and have started to work, the workplace becomes a crucial setting that can influence their behaviour and shape their health and that of their families and through which they can be reached. UNODC has considerable experience in workplace prevention programmes leading to a decrease in drug use and substantial gains to companies and workers in terms of reduced tardiness, absenteeism and accidents and increased productivity.

d) Indicated prevention targeting youth particularly at risk

This field is a new field of research worldwide. Yet, there exist promising research results from interventions targeting individuals particularly at risk. These interventions might include: early detection of drug use and appropriate brief intervention (such as motivational interviewing); support and services for children affected by personality disorders; and, support and services for children from chaotic (parents affected by psychiatric disorders or substance dependence) or marginalized/ deprived families and communities. This is a new area of work, and UNODC is closely following the research and emerging evidence, but no programming efforts are planned at this stage. Relevant research papers are available on request from PTRU or are placed on INTRANet/UNODC website.

e) Additional issues for action

In addition to these four main areas of action, UNODC also supports evidence-based awareness raising activities (such as media campaign), i.e. awareness raising activities that are: i. linked to other ongoing evidence-based prevention activities, ii. based on sound formative research, iii. sustained intensively over a period of time and iv. including a strong evaluation component.

Moreover, UNODC continues to identify evidence and best practices on some additional prevention issues that have been found to be of particular interest and

³ http://www.unodc.org/youthnet/youthnet_action_prevention_school.html

necessity in practice: i. the use of alternative activities, particularly sports, for the prevention of drug use, but also violence; ii. the link between the prevention of drug use and the prevention of violence, especially in school settings; iii. globally recognized basic indicators for the evaluation of drug prevention programmes; iv. sustainable livelihoods as a component of drug prevention in marginalised communities; and, v drug use prevention in prison settings (see Section IV. Vulnerabilities related to prison settings). Some of these would be new areas of work, and UNODC is closely following the research and emerging evidence, but no programming efforts are planned at this stage.

UNODC utilises the Internet in promoting evidence-based practices, including the website dedicated to drug prevention and its email listserv.

ii. Outcome 2: Key countries have established/scaled up low-cost and evidence-based drug dependence treatment services integrated in a recovery oriented continuum of care.

UNODC's strategy is based on the following drug dependence treatment and rehabilitation principles⁴:

- Availability and accessibility of treatment facilities distributed through countries to reach those in need among its population, including those most marginalized.
- Service delivery based on screening, assessment, diagnosis and individual care planning.
- Interventions and investments based on accumulated scientific knowledge.
- Treatment services in compliance with the human-rights based standards, including: i) voluntary access to and continuation of treatment and care services, also within the criminal justice system; ii) requirement of informed consent from patients before initiating interventions; iii) avoidance of discrimination based on any ground; and, iv) respect for privacy of the patient and confidentiality of data.
- Provision of appropriate treatment for patients with special needs (adolescents, women, pregnant women, people with medical and psychiatric co-morbidities, sex workers, ethnic minorities, and socially marginalized individuals).
- Availability of drug dependence treatment as an alternative to incarceration, while in prison, and after release. Effective coordination between the health/drug dependence treatment system and the criminal justice system.
- Community involvement, participation and patient orientation. This includes mainstreaming drug dependence treatment in public health and social care services.
- Application of sound management practices at drug dependence treatment services, including monitoring and evaluation.
- Adequate training of staff, including with regard to ethical standards and the provision of evidence-based treatment.

⁴ UNODC-WHO, Principles of Drug Dependence Treatment; Discussion Paper, Vienna, March 2008

The strategy consists of a three-pronged approach:

- Advocacy
- Technical assistance on drug dependency treatment, especially through training
- Promotion of the delivery of low-cost, evidence-based, mainstreamed services

This strategy is also reflected in the “Joint UNODC-WHO Action Programme on Drug Dependence Treatment · Scaling Up Evidence-Based Services For Drug Dependence Treatment And Care · 2009-2013” and involves governments, clinical centres for drug dependence treatment, hospitals for infectious diseases, universities, municipalities and civil society organizations.

a) Advocacy

Working with governments, policy makers, professionals and media to counteract stigma and discrimination against drug users and drug dependent individuals and people living with HIV, to promote evidence based treatment facilities, to support human rights and humanitarian procedures concerning the health of drug dependent persons.

UNODC disseminated information on the benefits of investing in demand reduction and Member States are invited to consider drug dependence as a preventable and treatable disease that should be included in the mainstream public health care system. UNODC programmes work with governments, in particular with the ministries of health and social affairs, but also justice and interior, to help create the necessary conditions for an evidence-based approach, including legal and regulatory framework, system and service organization, and financial and human resource investment. The programmes promote the adoption of methodologically sound and internationally harmonized indicators and tools for monitoring and evaluation to guide resource investment as well as policy and programme development and implementation.

b) Technical assistance, especially through training

UNODC disseminates good practices and evidence-based methodologies, enhance professional qualifications, and promote the development of new professionals in the delivery of services for drug users. The involvement of local-country agencies in these activities permits to adapt the methods based on science to specific needs, socio-cultural and ethnical characteristics of the territories.

Activities to achieve such results concentrate on developing and supporting country and regional networks of national authorities, academic institutions and service providers to act as resource centres for drug dependence treatment, establish sustainable training mechanisms and disseminate good practices. UNODC continues to use the Internet in promoting evidence-based practices, including the website dedicated to drug dependence treatment and rehabilitation that includes an electronic forum.

c) Low-cost, evidence-based, mainstreamed services

UNODC promotes a model that envisages two levels of service provision: (i) basic drug dependence treatment centres, i.e. low-cost and decentralized drug dependence treatment services that are mainstreamed into the health care system and therefore are more available, accessible and affordable; and, (ii) specialized drug dependence treatment centres at a district/province level including a multidisciplinary approach, treatment for dually diagnosed patients in collaboration with mental health services, and in-patients facilities.

A comprehensive approach is used in scaling up of treatment services, including both pharmacological and psychosocial interventions and building a rehabilitation oriented continuum of care from outreach activities to a wide variety of clinical programmes. Governments are supported in developing outpatients and inpatients centres working in coordination and following criteria of national drug policy. Public health facilities, municipalities and NGOs are called upon to cooperate in treatment system, thus contributing to an articulated system.

The United Nations Drug and Crime Conventions acknowledge the need for comprehensive and holistic approaches in addressing drug and crime problems. Such holistic approaches need to include due attention to social and economic issues such as unemployment and poverty that contribute to the circumstances which render socially marginalized groups vulnerable to becoming drug users and offenders, victims or perpetrators of crime. It is also necessary to strengthen policies and activities aimed at the social and economic reintegration of former drug users, drug offenders, criminals and victims of crime. It is important to integrate sustainable livelihoods into the wider context of drug use prevention, treatment and rehabilitation, crime and crime victimization prevention.

iii. Outcome 3: Key countries have established/scaled up evidence-based HIV/AIDS prevention, treatment, care and support services integrated in a recovery oriented continuum of care for drug users, and in particular injecting drug users

UNODC supports countries in reviewing and adapting policies, legislation and strategies that effectively contribute to scaling up of evidence-informed HIV prevention and care interventions for injecting and other drug users in the context of the 'Three Ones' (one national strategy, one national coordinating authority, one monitor and evaluation mechanism) at the country level.

The main goal is to increase the availability and improve the quality of prevention and care services for drug users, in particular in countries where the use of contaminated injecting equipment can be a major means of transmitting the virus. This is being done through helping countries develop laws, policies, and standards of prevention and care that enable them to put in place effective services for drug users, in particular injecting drug users.

Countries are being advised to establish outreach activities, aiming to cover a significant number of all injecting drug users, and to provide them with HIV information, education and the means of reducing their risk, as agreed by governments in the UNAIDS Policy Position Paper on Prevention in 2005 and the General Assembly Political Declaration, June 2006, with the aim to reach as close as possible, a universal access to HIV prevention by 2010. It is also important that countries are expanding drug dependence treatment services, including long acting opioid therapy, as they are an essential part of HIV prevention.

Types of activities aimed at helping drug users, in particular injecting drug users, should include offering voluntary HIV counselling and testing, treating sexually-transmitted infections, providing antiretroviral therapy and interventions for specific vulnerable groups—including prisoners, sex workers who use drugs and inject drugs and injecting drug users who may also exchange sex for drugs or money. Such a comprehensive package should also include provision of treatment as an alternative to punishment for persons convicted of minor drug related offences. Drug dependence treatment not only amounts to a humane, cost-effective alternative to imprisonment, it reduces the risk of HIV transmission in prison.

UNODC's strategy therefore includes the following activities:

- Facilitating the establishment of national technical working group on HIV prevention and care among drug users, in particular injecting drug users, involving all relevant stakeholders, particularly the UN country team on AIDS;
- Providing assistance, through these working groups, to the countries in the assessment of their national AIDS situations as related to drug use, in particular injecting drug use, the development of effective strategies for scaling-up (e.g., through Global Fund programmes), and the review and modification of existing national AIDS policy and implementation plans, when required; and providing assistance to the countries in assessing their training needs and in building national capacity for enhanced policy and programme development and implementation, effective coordination and sound monitoring and evaluation with regard to HIV prevention and care.
- Developing policy and programmatic tools and guidelines, documenting good practices and increasing, maintaining and disseminating the evidence base of effective interventions;
- and, coordinating and harmonizing activities related to HIV prevention and care among drug users, in particular injecting drug users, at the global level , in particular by improving and maintaining working relations with UNAIDS (secretariat and its cosponsors) and other key partners.

IV. Vulnerabilities related to prison settings⁵

A. The situation

At any given time there are more than 10-million people imprisoned worldwide. Taking into account the turnover, there are more than 30-million prisoners worldwide every year (Walmsley, 2009). These figures are only the official figures of adults in prisons in the world. It does not take into account the populations in compulsory drug treatment centres, in institutions for children, in police stations or other closed settings.

Prisoners very often originate from the most vulnerable sectors of society – low socio-economic level, low level of education, poor health conditions, the mentally ill, those dependent on alcohol or drugs. These groups already have an increased risk of diseases before entering prison, such as drug dependence, TB or HIV.

Effective action to address drug use and dependence and HIV/AIDS must often be undertaken in the context of substandard or antiquated prison conditions. Overcrowding, violence, inadequate natural lighting and ventilation, and lack of protection from extreme climatic conditions are common in many prisons of the world. When these conditions are combined with inadequate means for personal hygiene, inadequate nutrition, lack of access to clean drinking water, and inadequate medical services, the vulnerability of prisoners to drug dependence, HIV infection and

⁵ Prison settings include, in addition to regular prisons, police lock-ups, pre-trial detention centres, closed institutions for juveniles in conflict with the law, compulsory drug treatment centres and camps where drug users are forced into mandatory labour as a mean of “drug rehabilitation”. Therefore “prison settings” are under the responsibility of many different ministries and authorities such as Ministry of Justice, Ministry of Interior, Drug control agencies etc.

other infectious diseases is increased, as is HIV-related morbidity and mortality. Substandard conditions can also complicate or undermine the implementation of effective responses to health care and to HIV and AIDS by prison staff. Therefore, action to prevent and treat drug use and to prevent the spread of HIV infection in prisons and to provide health services to prisoners living with HIV/AIDS is integral to – and enhanced by – broader efforts to improve prison conditions.

The increasing use of incarceration, the over-use of pre-trial detention and the slowness of criminal justice are responsible for overcrowding, but also in many cases constitute an (cost) - ineffective answer to the problem: many people such as drug dependent people, mentally ill people, disabled, women with children, people who have committed petty crimes are held in prison when they should be in hospital or in treatment in the community, or benefit from an alternative to imprisonment.

Mortality rates in prison settings are generally higher than in the community. Major causes of mortality in prison settings are suicide, overdoses, and infectious diseases such as tuberculosis, HIV and malaria. It is estimated in Europe that prisoners are up to seven times more likely to commit suicide than people in the community (WHO EURO).

Psychiatric disorders, HIV infection, tuberculosis, hepatitis B and C, sexually transmitted diseases, skin diseases, malaria, malnutrition, diarrhoea and injuries including self mutilation are the main causes of morbidity in prison. In some countries about three-quarters of people in prison settings have alcohol or other drug-related problems, and more than one-third may be dependent on drugs. Continued drug use frequently occurs in prison and this is usually associated with a high risk of HIV transmission. The prevalence of infectious diseases such as HIV, other sexually transmitted diseases, hepatitis C and tuberculosis among prison populations tend to be much higher than in the community. In countries in which there are high rates of HIV infection among injecting drug users, many of whom spend time in prison, and some of whom continue to inject while incarcerated, high rates of HIV (and hepatitis C) infection are related primarily to sharing of injecting equipment outside and inside prison. In these countries, HIV prevalence rates in prison can be ten to thirty times higher than in the community. In countries in which there are high rates of HIV infection in the general population (primarily in sub-Saharan Africa), infection rates driven primarily by unsafe heterosexual sex. In these countries, high rates of HIV infection among prisoners are related to high rates of HIV infection in the wider population as a whole and the HIV prevalence in prisons can be two times higher than in the community.

Effective policies to prevent drug use, HIV and hepatitis infections inside prisons and other correctional institutions are often hampered by the denial of the existence of the factors that contribute to both drug use and the spread of HIV: unsafe sexual activities such as men having sex with men, illicit drugs availability, unsafe dental and medical care, violence, unsafe tattooing; lack of protection for the youngest, female and weakest inmates, corruption and poor prison management. Violence, including sexual violence, is particularly increased in case of poor prisoners' classification system and in the absence of a programme for the prevention and the managements of violence.

Inside prisons, drug users and people living with HIV are often a stigmatised population. Stigma for drug users and fear of AIDS often places affected prisoners at increased risk of social isolation, violence, and human rights abuses from both prisoners and prison staff.

Prevalence rate of tuberculosis (TB) in prison is always higher than in the population of the country. Prisoners often originate from groups of the society having an increased risk for tuberculosis. The poor living condition, poor nutrition,

overcrowding, and lack of light increase the risk for transmissions. This situation places PLHIV at particular risk for tuberculosis. The prevalence of multi-drug resistant and extreme resistant strains of TB is also higher than in the community. TB mortality rates are very high in prison.

In the absence of a malaria control programme within the prison, malaria can be the main causes of diseases in affected area of the world such as Africa and Asia and some parts of Latin America. Malnourished people and PLHIV have an increase risk of death due to malaria, especially for women. Transmission of malaria in prison settings through the injection of drugs has been documented in Viet Nam.

Globally more than 10% of the prison population is affected by mental health disorders and it has been estimated to 60-65% including alcohol and drug dependence (WHO EURO, 2007). There is often dual diagnosis with conditions such as personality disorder, alcohol and drug dependence. These problems may be present prior to imprisonment, or exacerbated by the prison and may also develop during the imprisonment as a consequence of the climate of violence, stress, and also possibly due to torture or other human rights violations.

Drug use and dependence among incarcerated populations is a stark reality that enormously complicates the task of rehabilitating offenders. Estimates of serious drug involvement among offenders points to the need for effective interventions. Interventions for drug dependent people in the criminal justice system should address treatment as an alternative to incarceration, including both residential and outpatient facilities under court supervision. Effective coordination between the health/ drug dependence treatment system and the criminal justice system is necessary to address the dual problems of drug use related crime and the treatment and care needs of drug dependent people. In addition to reducing drug seeking behaviour and relapse rates, offering treatment would reduce overcrowding and the rate of re-arrest.

The nature of drug dependence is a chronic, relapsing condition, and recovery is a continuing process. Although engagement in treatment may begin in a prison or jail setting, aftercare—or continuing care—is critically important. Thus, a model of treatment should include pre-release treatment, transitional care, and aftercare or continuing treatment.

Developing viable and valuable programmes is a major challenge to those charged with the responsibility for treating drug users. The programme must have continuing organizational support, a conceptual basis, and clear objectives, all of which should feed into an evaluation criteria. Although the treatment approaches vary, a comprehensive approach requires the inclusion of assessment, drug education, group and individual counselling, vocational and educational activities, and case management services, including work to develop a follow up treatment plan and linkages with the courts and with the community drug treatment providers.

Prison staff are also vulnerable to most of the diseases at risk for prisoners in prison settings: diseases determined by the poor sanitation condition, tuberculosis, HIV or other blood borne diseases in the absence of access to universal precautionary tools and mental health problems

The vast majority of people committed to prison eventually return to the wider society. People work and visit prisons: prison officers, family, lawyers, and health workers. Prisoners released back into society, bring with them the illnesses generated and worsened by their incarceration.

Despite this situation, many countries have yet to establish a standard of prison health care equivalent to the standard outside of prison, thereby jeopardizing the health of prisoners, prison staff, and the wider community.

B. Objective: Individuals living in prison settings less vulnerable to drug use and HIV/AIDS

Support countries in the establishment and scaling up of comprehensive drug use prevention, drug dependence treatment and HIV/AIDS prevention, care and support programmes in prison settings. This objective makes reference to the UNODC Strategy for the period 2008-2011 under result areas 3.1. Community-centred prevention, 3.3. HIV/AIDS prevention and care (as related to injecting drug users, prison settings and trafficking in human beings), 3.4. Alternative development and 3.5. Treatment and rehabilitation of drug-dependent persons.

C. Outcomes

i. Outcome 1: Countries have access to good practice on preventing drug use in prison settings

This is a new area of work, and UNODC closely follows the research and emerging evidence, which is placed on intranet/ website for further dissemination, but no programming efforts are planned at this stage. Any future programming will be carried out in close connection to the work of UNODC on the improvement of prison management and fully in line with human rights of individuals living in prisons according to international standards. Poor prison management contributes to the spread of drug use and HIV/AIDS and there is a need for an integrated strategy combining both health and human rights.

ii. Outcome 2: Countries have developed and implemented legislation, strategies, training and awareness raising that address drug dependence in the criminal justice system

This is a new area of work, and UNODC closely follows the research and emerging evidence. Specifically, UNODC promotes the following interventions:

- Diversion schemes from criminal justice system into treatment. Treatment as an alternative to imprisonment or other penal sanctions should be made available to drug dependent offenders. Such schemes bring people with drug dependence out of the criminal justice system into medical and rehabilitation programmes and allow drug treatment under a compulsory court order instead of penal sanctions. If treatment is discontinued, penal sanctions will be the consequence. In this way, treatment is offered as an alternative to incarceration or other penal sanctions, but not imposed without consent.
- Interventions based on human rights, in particular the fact that drug dependent people in prison settings have the right to receive the health care and treatment that are guaranteed in the community. The ultimate objective is the transfer of all health activities to health authorities.
- Continuous care in the community upon release, that is crucial to meaningfully reintegrate drug dependent offenders into the community. Without access to education, job opportunities, housing, insurance, and health care including drug dependence treatment, persons in recovery face a higher risk of relapse and related mortality and also increase the burden on their communities.

iii. Outcome 3: Countries have established/scaled up evidence-based HIV/AIDS prevention, treatment, care and support policies and programmes integrated in a recovery oriented continuum of care in prison settings

a) With the assistance of UNODC countries have (a) provided prisoners with prevention, care, treatment, and support for HIV/AIDS that is equivalent to that available to people in the community outside of prison;

(b) implemented evidence-based prevention interventions to stop the spread of HIV (and other infections) among prisoners, prison staff, and the broader community;

(c) reduced the prison population through effective criminal justice system and the development of alternative to imprisonment.

The overall strategy of the HIV work in prisons is to support countries in

- Reviewing and adapting legislations, policies and strategies that effectively contribute to scaling up of evidence-informed HIV prevention and care interventions and in the context of 'Three Ones' at the country level;
- Backstopping and facilitating HIV country and regional activities through advocacy, advisory services and training assistance;
- Developing policy and programming tools and guidelines, documenting good practices and increasing, maintaining and disseminating the evidence base of effective interventions;
- Coordinating and harmonizing activities related to HIV prevention and care in prison settings at the global level and improving and maintaining working relations with UNAIDS (secretariat and its cosponsors) and other key partners.
- Contributing to the work of developing alternatives to imprisonment and linkages to health interventions and programmes.

V. Vulnerabilities related to human trafficking

A. The situation

Trafficking in persons across or within national borders is recognized as a major human rights violation with significant negative individual and public health consequences. Estimates commonly start at above half a million trafficked annually; however, due to the clandestine nature of human trafficking, data remains lacking and unreliable.

Trafficking has a profound negative impact on the health and well-being of the victims. Among persons who have been trafficked drug use is common, in relation to coping with stress, abuse and dignity violations.

Persons who have been trafficked are victims of crime and they are exploited. The forms of exploitation include sexual exploitation, forced labour, forced or servile marriages, begging, removal of organs, illicit adoptions and conscription of child soldiers. In the process of trafficking, traffickers use a range of mechanisms including intimidation, isolation and debt bondage to control their victims. In many cases, victims are raped, assaulted, tortured and even mutilated. Often their families remaining in the country of origin are threatened to ensure full control over the victim of trafficking. Most victims have been exposed to various risks of infectious diseases.

Among the most significant potential health consequences of trafficking for sexual exploitation is the risk of HIV infection. Available results suggest that the prevalence of HIV among victims of human trafficking is disproportionately high, in particular among women and young girls in the context of trafficking and sexual exploitation. For example, a recent study in Mumbai, India showed that approximately one quarter (22.9 per cent) of the trafficked women and girls were tested HIV positive (Silverman et al, 2006).

Health in the trafficking context is best viewed as a cycle in which exposure to harm, the range of needs and opportunities for assistance occur throughout multiple stages of the trafficking process, including: 1. pre-departure; 2. travel and transit; 3. destination; 4. detention, deportation, and criminal evidence; and 5. integration and re-integration.

In the pre-departure stage the health status and knowledge about health prior to leaving home affects the health of victims throughout a trafficking experience. There are a number of common factors that make women particularly vulnerable to trafficking and exploitation. Studies have shown that women who have been trafficked have often had limited information and many misconceptions about key aspects of their own health, such as HIV or other sexually transmitted infections, before leaving home.

During the travel and transit stage of the trafficking process victims are often faced with the risk of arrest, illness, injury, and death from dangerous modes of transport, high-risk border crossings, and violence. Available evidence shows that before starting work in a destination setting many trafficked women had been confined, raped, or beaten during the journey, and they very rarely have access to health information or care while in transit.

The health threats are generally most concentrated during the destination stage. The extreme violence and psychological stress victims experience during the destination stage pervade their work and personal lives, and have a major impact on their health. Victims of trafficking have immediate medical needs, which need to be addressed in the destination State as a first concern.

During the detention, deportation, and criminal evidence stage victims of trafficking are rarely offered opportunities to address their health needs, and their health is often negatively affected by the multiple stresses related to this time period. In many cases immigration and police authorities do not have victim-sensitive procedures to determine, or to meet the health needs of trafficked people. Moreover, victims of trafficking rarely view law enforcement officials as a source of assistance, and very few of them actively seek the help of authorities.

The integration and reintegration stage can have both positive and negative health effects that are often directly related to the amount and quality of support received by victims. Although the integration and reintegration process is a time of physical recovery and psychological and social reorientation, only the smallest minority of trafficked people receives adequate physical health care and psychological support after a trafficking experience. Moreover, it is often difficult for health workers in the State of origin to identify these individuals.

B. Objective: Individuals, who might be/have been trafficked, less vulnerable to drug use and HIV/AIDS

Key countries have developed health-related prevention and intervention strategies, based on existing models of good practice and established for other forms of

violence against women (e.g., domestic violence, rape and sexual abuse) and models established for integration of immigrants and reintegration of returnees.

Such models should include gender- and culture-specific strategies developed for medical care, drug dependence treatment, HIV prevention and care, social service practices, health education, public awareness, and protocols and training for law enforcement response and where possible existing tools and training materials should be utilized. This objective makes reference to the UNODC Strategy for the period 2008-2011 under result areas 3.1. Community-centred prevention, 3.3. HIV/AIDS prevention and care (as related to injecting drug users, prison settings and trafficking in human beings), 3.4. Alternative development and 3.5. Treatment and rehabilitation of drug-dependent persons.

C. Outcomes

i. Outcome 1: Countries have access to good practice on drug prevention and treatment interventions for individuals who might be/have been trafficked

There is little information available about drug use and drug dependence among people vulnerable to human trafficking, and among potential and actual victims of trafficking as well as among refugees and internally displaced persons. This is a new area of work, and UNODC closely follows the research and emerging evidence, but no programming efforts are planned at this stage.

ii. Outcome 2: Countries have established/scaled up policies and programmes for individuals vulnerable to human trafficking

UNODC supports countries to provide individuals vulnerable to human trafficking (as well as refugees and internally displaced persons), particularly women and girls, with comprehensive, gender-sensitive, HIV prevention and care in countries of origin and destination.

In addition, countries are encouraged to set in place large-scale awareness and advocacy campaigns on the nature and extent of human trafficking and the related HIV risks and response.

UNODC also supports countries to provide at-risk groups with information on HIV transmission and how to protect them from entering a trafficking situation and being infected with HIV (Safe Mobility Package).

VI. Operational target based on available and achievable funding

A. Programme breakdown

Objective/ Outcome	Indicator
Objective Increased coverage of evidence-based services related to drug use in the community	

Objective/ Outcome	Indicator
<p>Outcome 1</p> <p>Key countries have established/scaled up evidence-based drug use prevention interventions</p>	<p>Number of countries receiving UNODC assistance that are implementing prevention interventions in line with principles of effectiveness identified by international academic literature.</p> <p>Target value for 2010: 13 countries</p>
<p>Outcome 2</p> <p>Key countries have established/scaled up low-cost and evidence-based drug dependence treatment services integrated in a recovery oriented continuum of care</p>	<p>Number of countries receiving UNODC assistance that are implementing interventions on drug dependence treatment, rehabilitation and social reintegration which are in line with principles of effectiveness identified by international academic literature.</p> <p>Target value for 2010: 52 countries</p>
<p>Outcome 3</p> <p>Key countries have established/scaled up evidence-based HIV/AIDS prevention, treatment, care and support services integrated in a recovery oriented continuum of care for drug users, and in particular injecting drug users</p>	<p>Number of countries that developed, adopted and implemented strategies and programmes on HIV/AIDS as related to DUs/IDUs.</p> <p>Target value for 2010: 35 countries</p>
<p>Objective</p> <p>Individuals living in prison settings less vulnerable to drug use and HIV/AIDS</p>	
<p>Outcome 1: Countries have access to good practice on preventing drug use in prison settings</p>	<p>Number of visitors, who have visited the website to access good practice documents on drug abuse prevention in prison settings.</p> <p>Target value for 2010: 50 visitors</p>
<p>Outcome 2: Countries have developed and implemented legislation, strategies, training and awareness raising that address drug dependence in the criminal justice system</p>	<p>Number of countries that developed, adopted and implemented strategies and programmes on drug dependence treatment in prison settings.</p> <p>Target value for 2010: 10 countries</p>
<p>Outcome 3: Countries have established/scaled up evidence-based HIV/AIDS prevention, treatment, care and support policies and programmes integrated in a recovery oriented continuum of care in prison settings</p>	<p>Number of countries that that developed, adopted and implemented strategies and programmes on HIV/AIDS as related to prison settings.</p> <p>Target value for 2010: 35 countries</p>
<p>Objective</p> <p>Individuals, who might be/have been trafficked, less vulnerable to drug use and HIV/AIDS</p>	

Objective/ Outcome	Indicator
Outcome 1: Countries have access to good practice on drug prevention and treatment interventions for individuals who might be/have been trafficked	Number of visitors (UNODC staff) on the INTRANet site to access informal information/ documentation on drug prevention and treatment for people vulnerable to human trafficking. Target value for 2010: 10 visitors
Outcome 2: Countries have established/scaled up policies and programmes for individuals vulnerable to human trafficking	Number of countries that developed, adopted and implemented strategies and programmes on HIV/AIDS as related to human trafficking. Target value for 2010: 18 countries

B. Partnerships and resource mobilization

i. Partnerships

The forging and utilization of partnerships is crucial to all the work of UNODC, particularly with regard to the prevention drug use, treatment of drug dependence and HIV prevention, care and support, which all require responses involving a *range* of sectors (education, health social work, etc.) in a *range* of settings (family, school, workplace, community, criminal justice system etc.).

Partnerships with other international and regional organizations, as well as research institutions and national stakeholders at the global and regional level needs to be strengthened in four particular respects:

- To achieve global consensus on evidence-based practice;
- To disseminate evidence-based knowledge and train trainers and practitioners;
- To facilitate the rigorous evaluation of initiatives;
- To promote the inclusion of prevention of drug use, treatment of drug dependence and HIV prevention and the adoption of evidence-based interventions in their programmes of work.

In addition to this, the work of UNODC promotes the involvement of a range of stakeholders at the national level with a view to mainstreaming drug-related concerns into a range of sectors (education, health, employment, social work, research) and to develop local coalitions for action at the municipal and local level.

The involvement of and cooperation with other UN agencies and other international and regional organizations (such as EMCDDA, OAS/CICAD, Pompidou Group of Council of Europe, the African Union) has taken three main forms of cooperation:

- Information exchange,
- Coordination of work,
- Joint programme identification, design and implementation.

With regard to drug use prevention, UNODC has traditionally been in ongoing consultation with a wide range of civil society organizations (through the Global Youth Network) and with a number of international and regional organizations, including ILO Department on SafeWork (particularly with regard to workplace

prevention), OAS/CICAD (particularly with regard to monitoring and evaluation), UNESCO, UNICEF (particularly with regard to life-skills education), WHO Department on Substance Abuse and Mental Health, WHO Department of Child and Adolescent Health (particularly with regard to family-based prevention).

In view of UNODC and WHO's mandates, the two agencies have the duty to forge a solid partnership to lead initiatives at a number of levels. Such process was already recently initiated with the release of a joint discussion paper on principles of drug dependence treatment, which will be further elaborated on and issued as a joint Position Paper. More ambitiously, UNODC and WHO have developed a wide-ranging "Joint UNODC-WHO Action Programme on Drug Dependence Treatment -- Scaling Up Evidence-Based Services For Drug Dependence Treatment And Care · 2009-2013" launched in 2009 during the High-Level Segment of the Fifty-second Session of the Commission on Narcotic Drugs. Such initiative also builds on regional initiatives implemented by other international and regional organizations such as CICAD.

Finally, at the country level, UNODC works with UN Theme Groups on AIDS, and specific national technical working groups on areas in which UNODC has a lead role within the broad framework of the UN Implementation Support Plans. For such working groups, UNODC advocates including all stakeholders, such as health, law enforcement and criminal justice sectors, as well as non-governmental organizations and people living with or affected by AIDS.

UNODC believes that civil society organizations play a vital role in drug use prevention, drug dependence treatment and HIV prevention and care among vulnerable groups by empowering them so their voices are heard when decisions that affect their lives are made. Thus, to increase and make more meaningful the involvement of civil society organizations including networks of people living with AIDS, UNODC actively promotes the meaningful involvement of relevant civil society organizations. UNODC also works to build the capacity of civil society organizations in helping them to contribute to the development of appropriate policies, strategies and programmes for drug users.

ii. Resource mobilization

Over the past couple of years, funding streams have gradually moved away from global, regional and multi-country projects and programmes to country specific projects and programmes. Many traditional donors have decentralized their operations to specific countries. In addition, the relationship between international organizations and bilateral donors has moved away from a donor-recipient relationship to a partnership relationship. Furthermore, particularly in the field of AIDS, large financing mechanisms have been established, and private philanthropic foundations got involved.

As a consequence, it became the rule that resources have to be raised at the country level, and again, as shown in the field of AIDS, one of the main tasks of UNODC has become to assist countries in the development of funding proposals, e.g., for the Global Fund. In addition, the task of UNODC is also to provide countries with technical assistance to implement large-scale programmes – the slogan here is "to make the money work".

While this global response and funding architecture has a number of appealing features, particularly in reducing transaction costs, the danger is that donors concentrate on specific issues (e.g., women and girls) and specific regions (e.g., Africa and Central Asia), neglecting other aspects and other regions. Here, in the area of drug use and prisons, it is the task of UNODC to establish platforms for donor

coordination and harmonization at the global, regional and country levels by using its convening power.

Thematic advocacy efforts will support both the process of building partnerships and raising funds. UNODC undertakes concerted campaigns vis-à-vis a wide range of stakeholders to raise the profile of the organisation and its work on this thematic area. This wider efforts complements and is coordinated with the advocacy interventions included to support the achievement of specific objectives and outcomes as specified in the previous sections, which are normally aimed at changing the attitudes of specific target groups (e.g. youth, policy makers, treatment providers, etc) on specific issues (e.g. drug use, drug dependence as a health disorder, HIV, the effectiveness of drug prevention, treatment and care, etc.).

VII. References

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