

THE PATH FORWARD

for effective public-private
partnerships in drug control



Drug supply and demand reduction

UNODC distributed an online questionnaire in November 2020, asking opinions on public-private partnerships (PPPs) in the drug control area. Results included:

79%

said PPPs in drug control had increased globally in the last 10 years

39%

were aware of close public-private sector cooperation in substance use prevention and treatment

86%

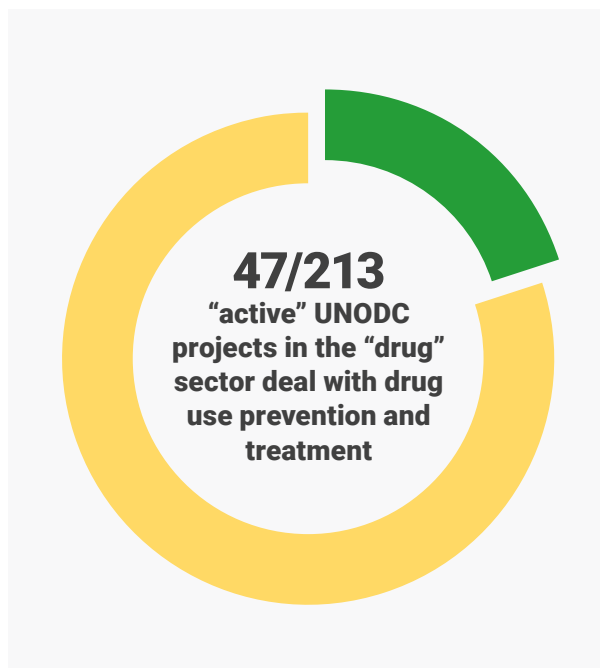
of respondents said results would've been worse without a PPP

78%

said PPP cooperation in the drug control area had yielded successful outputs

62%

of respondents see greatest potential for future development of cooperation in prevention and treatment



Promising practices from around the world

COHERENT COMMUNICATION CAN BROADEN DIRECTION FOR PPPS

Strong communications campaigns can act as positive examples of building trust and respect that can see PPP stakeholders invited to bring other partners to the table, leading to opportunities for positive change. An example of a coherent and strong communications campaign was recounted to UNODC by one organization who partnered with its local health department in Tampa Bay, Florida to share expertise and non-financial resources around the safe use of opioids. The campaign included training community volunteers in how to administer opioid withdrawal assistance drug naloxone, and supplying drop boxes for safe medication disposal with the help of funding partners. The success of this campaign led to an invitation for this organization to bring other partners to the table, including

universities and hospitals. One of the byproducts of this increased cooperation was that the campaign shifted to address people who come into hospital on overdoses and connect them with immediate services. The end result was that, against what is traditionally a 20 per cent uptake in hospital outpatients following up on the medical advice they are given, 70 per cent of the overdose outpatients were following up on aftercare plans, ranging from mental health services to employment as well as treatment. This is a systems change within medical cooperation in the drug control area that began with volunteering of expertise, but could potentially be replicated at state level or beyond.

CLEARLY DEFINED ROLES, MOTIVES AND MOTIVATIONS CAN KEEP THE BALL ROLLING FOR PPPS

At the onset of a public-private relationship, there is a need to create a clear framework for action in the partnership from the outset. Spelling out the roles, responsibilities and contributions of the different actors will help not only to bring clarity, but also to measure and monitor the impact of the PPP's actions on drug prevention and treatment. Experts gave UNODC examples of international organizations trying to educate their big financial backers to understand what they were trying to achieve. Though a wide range of backers were found to be engaged and enthusiastic, giving time, money and input, the organizations realized that, absent clear knowledge of the issues they were representing professionally, the funders'

enthusiasm and support was somewhat misdirected and did not contribute to a shared objective. It is necessary for stakeholders to understand the motivation of this sort of partner to support and be seen giving support. This may differ from individual to individual. For example, one individual could wish to focus its messaging and consensus-building campaign on further establishing drug demand reduction as a public health issue, backed by a scientific evidence base, yet another may stick rigidly to the idea that drug-related illness should not be viewed from the perspective of healthcare. This disparity in opinion on, or motivation for, what really needs to be done can lead to stasis within the partnership if unresolved.

CONSENSUS-BUILDING BETWEEN PARTNERS CAN UNLOCK FUNDING

Sometimes it is hard to bring substance use issues to a national context, often due to a lack of data and funding. In some cases, government administrations are aware that there are private partners able to gain consensus between various public sector entities that hold a shared mandate issue to be working on, but have not come together to execute it. A non-governmental organization (NGO) in India told UNODC how it was willing to go the extra mile to bring certain issues to wider attention. The issues cited concerned prevention for young adults and children. Drug supply access in India – a large transit country for illicit drugs – has seeped into schools, resulting in some 60-70 per cent of the young population in one state succumbing to substance misuse. Lack of funding for data

collection proved a big obstacle to prevention; the NGO volunteered to collect prevention data as a result. Yet the state government had divided the mandate for tackling the issue into several departments that did not converge. While maintaining contact with the state government to streamline coordination, the NGO also went out into the community to campaign for this to be a state priority and established inter-organizational partnerships. Once the state government understood that the NGO was an effective consensus-builder for long-term strategic interventions for child prevention, it supported the continuation of the partnership in question and began to consider its own financial involvement.



CHANNELLING RESOURCES AND STAKEHOLDERS TOGETHER TO CHANGE THE COLLECTIVE MINDSET

Significant portions of funding for prevention and treatment internationally is channelled to non-evidence-based practices, despite the fact that UN standards on prevention make clear that it is a multi-disciplinary field, and that the treatment area covers many evidence-based practices that can be carried out in clinical settings, but that have struggled to force themselves into wider use. For example, opioids are used in recovery via medication-assisted treatment, as well as for pain treatment, yet experts informed UNODC that, in the United States (US), such opioid use for harm reduction is insufficiently recognized. Funding, particularly at regional level, could

underpin policy changes to help broaden the use of such practices in countries such as the US. But experts also suggested to UNODC that targeted advocacy through strategic interventions may prompt society to, instead of assuming that government will solve the problem, play a greater part in wider, systematic change that stands a greater chance of affecting broader populations. Coalitions brought together under PPPs should look to bring stakeholders together to leverage resources optimally for the benefit of populations, taking into account that how substance use is dealt with varies between communities and societies.

THE FINE LINE BETWEEN TRUSTED PRACTICES AND ENCOURAGING INNOVATION

Outreach efforts should go to advocating to those with funding or regulatory power for the creation of frameworks that ensure, both in the prevention and treatment fields, that the majority of funding is channelled towards evidence-based practices that have been proven as effective, whilst leaving room for innovation in practices, as inno-

vation is somewhat lacking in either field. One expert told UNODC that, despite very few evidence-based approaches existing when their organization started work in the prevention field, they have found it challenging to garner support for new ones due to concerns over accountability.

THE IMPORTANCE OF REGULATION FOR EVIDENCE-BASED PRACTICE

An evidence base is crucial in the prevention and treatment fields, as without it human rights abuses can be easily encouraged. However, more oversight of the justification and use of evidence-based practices, perhaps through a change in regulatory frameworks and a code of conduct, is strongly desired. Not all evidence is equal and there is a need for very clear regulatory mechanisms to ensure its integrity and that the evidence base takes into account all possible biases, long before it becomes widely received and accepted guidance. A rule of thumb articulated to UNODC by experts is never to think about something as evidence-based on the basis of a few lone examples of its use. Additionally, experts told UNODC of a wide range of practices being called 'evidence-based' to jus-

tify legal and regulatory activities, given that there is no definitive meaning to this term¹. The need to ensure a strong methodology in addressing evidence was highlighted by the many issues raised to UNODC by experts around human consent and publication bias. Oversight must ensure that evidence-based practices are developed based on rigorous science and informed consent, with no corners cut. Furthermore, experts suggested that any regulatory or rule changes should be communicated to the public for their feedback, rather than be decided upon solely between public-private partners with no oversight. Experts were clear that the public deserves transparency over all activities.

¹ There are a variety of definitions of the term 'evidence-based'. The Evidence-Based Practice Institute of the University of Washington's definition encompasses the common elements: "Evidence Based Practice (EBP) is the use of systematic decision-making processes or provision of services which have been shown, through available scientific evidence, to consistently improve measurable client outcomes. Instead of tradition, gut reaction or single observations as the basis for making decisions, EBP relies on data collected through experimental research and accounts for individual client characteristics and clinician expertise." (Evidence Based Practice Institute, 2012)

SUCCESSFULLY NAVIGATING THE WATERS OF DIGITIZATION OF SERVICES

Improved oversight, regulation and guidance is an especially keen need in the context of the digitization of services, which is a novel and fast-growing area to both prevention and treatment fields. It offers exciting opportunities, such as delivering therapies to patients that may be in rural or underserved communities. Yet whilst existing technologies can make a difference, industry is yet to ensure that they can meet patient needs at the right time and place for them to have the greatest impact. Requirements such as the dignity of patients and the confidentiality of data are yet to be safeguarded

in this new field, and must be protected alongside documenting the health impacts on the patient. A lack of clear guidance and transparency on how to put in place safeguards on confidentiality, and ensuring the health of patients is prioritized, have in large part prevented the establishment of PPPs related to digital services to date. Despite this, UNODC has received strong interest from private sector entities in being involved in trying to provide and/or enhance digital prevention and treatment solutions.

SENSITIZE ALL STAKEHOLDERS TO THE LOCAL ISSUES AND IMPACTS ADDRESSED THROUGH A PPP

Partners in a PPP should ensure that public sector authorities outside the partnership, but on whose cooperation its success depends, have full knowledge of and are sensitive to the problems and solutions that are being addressed. If needed, efforts should be made to convince authorities that investing in the issue of substance misuse response through prevention, treatment, recovery and harm reduction may not only give them political advantages, but also save money and reduce violence. In a similar vein, in order to best align the needs of a partnership with those of societies

and their communities, local PPP stakeholders should be made aware of how the consequences of substance misuse can impact their business and the local economy, producing issues above and beyond mental health impacts. PPPs' strategic prevention frameworks should assess the local community impacts of substance abuse, and aim to install prevention, recovery and harm reduction processes simultaneously whilst gearing these programmes to the explicit needs of local communities.

CASE STUDY: COMMUNITY STAKEHOLDER COALITIONS

Rotary International's global grants system is a successful collaboration in which money invested in projects by Rotary clubs and districts is matched with money from Rotary Foundation bodies that act as intermediaries, networking, organizing and funding partners for partnerships. Rotary International Action Group for Addiction Prevention (RAG AP) focuses on substance use prevention through training of social skills as a remedy for dysfunctional behaviour and addiction, providing support to Rotary clubs and districts. RAG AP forms community coalitions of stakeholders representing 12 key sectors of the local community, including municipal youth and health offices, school boards, professional prevention NGOs, and academic partners, to determine their needs through a community needs assessment study. RAG AP gathers information from all of its cooperation projects, makes conclusions from the feedbacks received and observed, and translates them into a step-by-step toolkit that RAG AP develops for its Rotary clubs.

The rationale for the community coalition approach is the learning that addiction is a dysfunctional behaviour, not only of an individual, but often also of a family and a community. Effective treatment and prevention solutions therefore need to involve all concerned. The local Rotary clubs contact local stakeholders, and then public/private cooperation takes place between the professional NGO and the beneficiaries. RAG AP has also involved an academic partner for evaluation and measuring social impact. Rotary International asks clubs to integrate in the local community and build long-term relationships with local stakeholders and authorities, such that guarantees to continue cooperation are more forthcoming.

RAG AP's step-by-step guide to building up a strong community coalition is:

- 1) invite all stakeholders to confirm that the problem being examined is perceived similarly;
- 2) observe and examine what the real need is within the community and how it can be met;
- 3) only then look at concrete programmes and tools to tackle the problem.





Maximizing success and overcoming challenges

- It is important to create teams and coalitions to bring subject matter experts to sit at the same table, and to recognize that the work of changing how substance use disorder (SUD) is treated, and reducing its associated deaths, cannot be done in silos. Stakeholders should make efforts to maintain a willingness to partner and cooperate in partnership, rather than silo off the work required.
- Successful PPPs require perseverance and dedicated leadership. Stakeholders should be identified and secured carefully, based on a full comprehension of how they can contribute as well as benefit from a PPP being formed, with a common goal of addressing all facets of an existing problem. Their contribution should be recognized, no matter how small.
- Conducting appropriate research on existing resources, and using evidence-based information and data in programming and to support the proposals presented, is crucial to avoid 'reinventing the wheel', albeit challenging in countries that lack infrastructure for data collection to support PPPs.
- Drug demand reduction is increasingly viewed as a public health issue by most professionals working in the field and by policy/decision makers. If this constitutes a change in perspective during the lifespan of a PPP, it raises a need to communicate this change to any current or potential partner, and ensure all partners are working to and with a shared philosophy and understanding of the issues being addressed.
- Policy makers should agree a special, long-term roadmap for action developed with other public and private sector stakeholders in a PPP. This kind of roadmap should weather the changes in policy that tend to follow a change in political or other officials, avoiding a return to square one for PPP partners and their action plan/s, as well as the differences in approach that individual partners may have displayed outside the cooperation framework.
- Alternative regulatory instruments developed by policy experts could be useful in bringing together prevention experts, government and private actors to develop, implement and communicate new regulatory systems and sign them into law.
- Effective campaigning needs communities with different interests to work together and not stigmatize one another, but instead give opportunities to each other. This is essential to meeting the need for a successful campaign for opioid use as a safe, harm reduction rehab technique.
- It is useful to carry out frequent events where public authorities and partners can make known the actions and results of the PPP to communities. It is recommended that stakeholders make the general public aware who is involved in the PPP's activities, what activities they are engaged in, and that their actions are being carried out in collaboration and not with partners working in silos.

Success stories from around the world

Overdose Lifeline (ODL) is a non-profit organization based in Indiana, US, with expertise in addressing opioid misuse and developing a baseline of knowledge for individuals, stakeholders, leadership and governmental entities. ODL has PPPs with 78 of the 92 counties in Indiana and more than 33 of the 50 states in the US.

ODL's partnerships development strategy for stakeholders consisted of a series of literature reviews and a survey of available prevention and education programming that specifically addressed opioid misuse and overdose. Subsequently, ODL developed programming to fill the identified gaps in education, working with a pool of mostly public-sector partners in the US perceived as subject matter experts.

ODL's PPPs are licence agreements, memoranda of understanding (MOUs) and contracts. They provide funding to develop and execute the programming in communities and allow for programme distribution to previously identified stakeholders. ODL delivers self-directed adult and youth courses and train the trainer programmes through an e-learning platform. Its programmes can be licenced by the PPP for one year. ODL partners with academic institutions to evaluate the programmes.

At its inception, ODL took time to establish enough credibility to receive funding, and even to get potential partners to listen to or invest in tackling the opioid crisis, because in this moment it was not a topic with a lot of political strength, or felt distant geographically from ODL's base in Indiana. Yet in time, funding arrived, along with a recognition that grassroots NGOs and non-profits such as ODL are the foot soldiers in the fight against opioid addiction. Examples of partners include the District of Columbia school systems, the University of Maryland, and the two PPPs outlined below: the US Federal Bureau of Prisons, and local government 'coordinating councils' in Indiana.

ODL and the State of Indiana

The State of Indiana, US, entered into a PPP contract with ODL in the spring of 2020 to distribute the overdose reversal drug naloxone across the state, helping to address a rise in overdose deaths since the outbreak of COVID-19. ODL took this opportunity and expanded it to develop grassroots distribution partners in each of Indiana's 92 counties. As of November 2021, 50,000 overdose kits have been distributed through anonymous request forms, NaloxBoxes with twenty-four-seven outside access, and vending machines that will soon be installed in jails, hospitals and housing estates.

ODL has an MOU with the naloxone distribution partners, who receive access to ODL's e-learning platform. In order to track needs and trends related to distribution and overdoses, ODL requests monthly reporting from its state partners on basic demographic data. State-wide overdose data provided by the state health agency is used to determine high-risk areas for distribution. ODL holds monthly technical assistance meetings to share best practices at the local level and additional support.



OverdoseLifeline

Indiana initially refused to fund access to naloxone, so ODL had to chase private funding down. Then, when federal funding flooded the state, Indiana chose to distribute naloxone through local health departments, yet not altogether successfully – not so many opioid users decided to go to the local health department in their hour of need. After this, Indiana agreed to let ODL distribute naloxone, and it has distributed 50,000 individual doses in 18 months across the state through grassroots coalitions with local volunteers who are meeting people where they are, using harm reduction strategies, and concerned primarily with saving people from overdose.

The success of this partnership, at once between ODL and the state, and between ODL and local grassroots distributors, is exemplified in its increasing scope. ODL and the state partners have developed an annual conference to address recovery from substance use disorder, as well as support groups for affected families. In 2022 the State will support the ODL program for children affected by substance use disorder.

ODL and the Federal Bureau of Prisons

Through a PPP between ODL and Purdue University in Indiana, ODL launched a 20-hour certificate in addiction/substance use disorder with an opioid specialization. This opened additional doors for the non-profit organization, notably a subsequent PPP with the US Federal Bureau of Prisons. In 2021, pharmacists, nurses, and physicians throughout the US enrolled in the certificate programme in support of the Federal Bureau of Prisons' plans to expand access to medications for inmates with substance use disorder.

The key enabling factors allowing for the PPP included:

- Early recognition of the national gaps in general knowledge and understanding of substance use disorder and opioid use disorder;
- An ability and drive to bring subject matter experts and stakeholders to the table to develop courses to address these knowledge gaps; and
- A partnership with university experts to create courses with continuous education units for professions that do not have academic exposure to substance use disorder e.g. pharmacists, nurses, physicians, etc.

ODL highly rates the importance of being able to provide this education to professionals who do not receive education on substance use disorder in their professional training, because it has helped to improve the recognition of substance use disorder as a chronic disease. Course participants have claimed that "the courses and exercises emphasized the issues that can complicate recovery beyond physical and mental cravings" and encouraged "working with patients to identify stressors, situational concerns, and positive reinforcement of positive behaviours", resulting in shifting perceptions around people with SUD amongst Federal Bureau of Prisons staff.



CASE STUDY: AN EFFECTIVE PREVENTION PROGRAMME IN MAURITIUS

In 2018, the Government of Mauritius became concerned about the prevalence of drug use in the country, especially among young people, and decided to take action in establishing a prevention programme in schools. A first partnership was brokered by the Ministry of Education, Tertiary Education, Science & Technology, which mobilized the interest and support of the corporate social responsibility arm of one of the largest private firms in the country, Cim Group, for financing drug prevention and recovery assistance training. UNODC was approached by the Ministry for technical advice as to the best programme to implement. UNODC provided national stakeholders in the country with some orientati-

on with regard to evidence-based prevention of drug use and other risky behaviours. On this basis, Mauritius' national stakeholders selected the programme 'UNPLUGGED', as an evidence-based prevention programme to be locally adapted and piloted in the country. UNPLUGGED is itself the product of a partnership, having been developed and evaluated by nine research institutions from seven countries in Europe with funding by the European Commission. UNODC supported the involvement of a consultant from the University of Ghent to launch the training. Workshops were conducted on drafting the programme and sensitization, before the main training of trainers workshops were held.

KEY MILESTONES

- National coverage includes approximately 140 state and private secondary schools
- 520 educators have been trained since 2018
- Project implemented in 24 schools with an average of 35-40 students reached in each school
- Project control group consisted of another 24 schools with samples matched for age-group and demographic profiles

PROGRAMME EVALUATION

A pre-test was done at the beginning of the project in all 48 schools using a standardized questionnaire. A post-test was conducted 3-4 months later in the implementation group (IG) schools and a second post-test was done in both IG and control group schools after 12 months. An impact evaluation was conducted at the end of the first phase of the programme. Nearly 75 per cent of teachers reported noting a very positive change in the student behaviours of the IG schools they had provided lessons to.