



Substance Use Disorders in Humanitarian Settings



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BACKGROUND

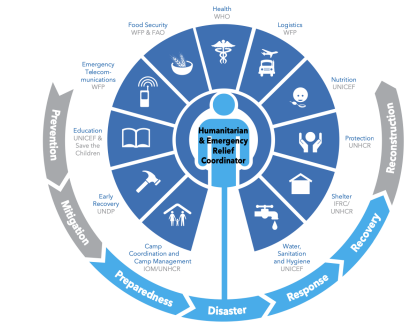
- IN 2019, 494,000 DEATHS WERE ATTRIBUTED TO DRUG USE
- AROUND 275 MILLION PEOPLE WORLDWIDE USED DRUGS IN 2019
- OVER 36 MILLION PEOPLE SUFFERED FROM DRUG USE DISORDERS IN 2019

Around 100 million people are forcibly displaced worldwide (UNHCR, 2022) and around 235 million people are living in humanitarian emergencies, due to persecution, conflict, violence, environmental crises or human rights violations (OCHA, 2021). The UNODC estimates that globally approximately 36.3 million people need treatment for drug use disorders (DUDs), yet only one in eight persons in need has access to treatment for drug use disorders. Drug use and drug use disorders are increasingly recognized as major causes of morbidity and mortality in conflict or disaster affected situations, and displaced populations may be vulnerable to DUDs for numerous reasons, including pre- or post-displacement stress and trauma, loss of homes and livelihoods, violence, torture, and family separation.

HUMANITARIAN CONTEXT AND ACTION

A humanitarian emergency is a disaster or series of events that disrupt and threaten the safety, health and wellbeing of people and include natural disasters, armed conflicts, epidemics, famines, environmental emergencies, and other situations resulting in mass displacement. Humanitarian emergencies usually require immediate action and international assistance as portrayed and structured in the graph.

Source: Cluster Coordination at Country Level, IASC 2015



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HUMANITARIAN PRINCIPLES AND THE 5 "I"s OF SERVICE DELIVERY

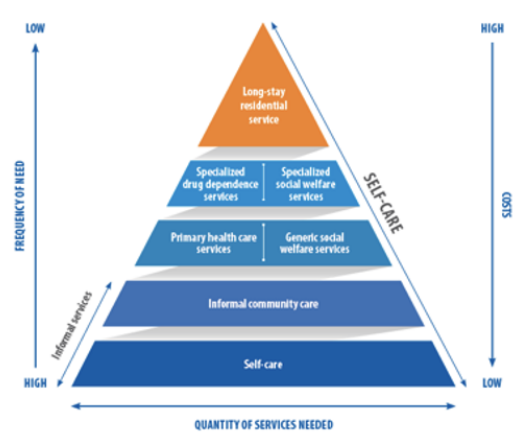
- HUMANITY
- NEUTRALITY
- IMPARTIALITY
- INDEPENDENCE
- INTER-SECTORAL
- INTEGRATED
- INCLUSIVE
- INTER-LAYERED
- IMPLEMENTABLE

UNODC's WORK

In response to the lack of information on the experience of drug use disorders of individuals in humanitarian contexts, as well as DUD treatment services, the UNODC has conducted rapid assessments to increase the understanding on alcohol and other drug use, prevention and treatment in selected refugee settings in Pakistan and Uganda (Ezard, Manji & Busse, 2021).

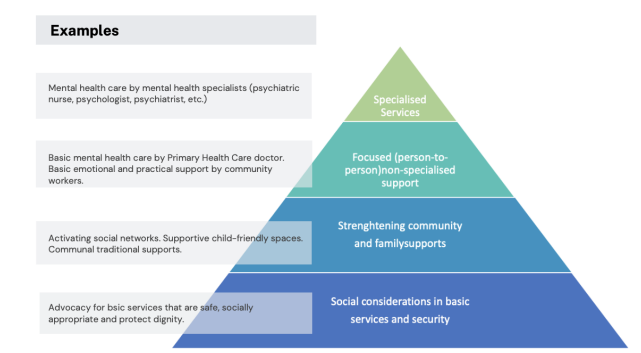
ACCESS AND AVAILABILITY TO DRUG USE DISORDER TREATMENT IN HUMANITARIAN SETTINGS

Prevention and treatment continue to fall short in many parts of the world. In humanitarian settings, there is likely less access to services relative to non-humanitarian, low-resource settings due to risks associated with violent conflict in acute emergencies, overall instability, limited and reduced resources to address SUD and related harms, weakened health systems and limited human resources and stigma.



Service organization pyramid for substance use disorder treatment and care (UNODC, 2014), based on the WHO Pyramid of Mental Health Services (WHO, 2003)

Source: The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response, 2018



Intervention pyramid for mental health and psychosocial support in emergencies

THE HANDBOOK

The purpose of the upcoming handbook is to enhance and evaluate the integration of SUD treatment and care in humanitarian settings. In preparation, an online Expert Group Meeting was held in September 2020, where valuable input was provided by over 120 participants on existing good practices, common challenges, and specific needs in the field of substance use disorders in humanitarian settings. This was followed by a Delphi survey on "Priorities for addressing substance use disorder in humanitarian settings" (Greene et al., 2021). The handbook acts as a decision-making tool to address substance use in humanitarian settings and to support service provision and implementation. More than ever, it is crucial to provide the much-needed care for people with drug use disorders in humanitarian settings.



References: Ezard, Nadine & Manji, Hussein & Busse, Anja. (2021). Substance Use Disorders in Conflict-Displaced Populations. 10.1007/978-3-030-36391-8_103. Greene, M.C., Haddad, S., Busse, A. et al. Priorities for addressing substance use disorder in humanitarian settings. *Confl Health* 15, 71 (2021). <https://doi.org/10.1186/s13031-021-00407-z>

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