



**UNODC**

United Nations Office on Drugs and Crime

# *TIME TO ACT!*

Pragmatic and concrete actions  
for prevention of non-medical use  
of controlled substances, treatment  
of drug use disorders, social protection  
and health care for people affected

UNGASS 2016 OUTCOME IMPLEMENTATION



# PREVENTION

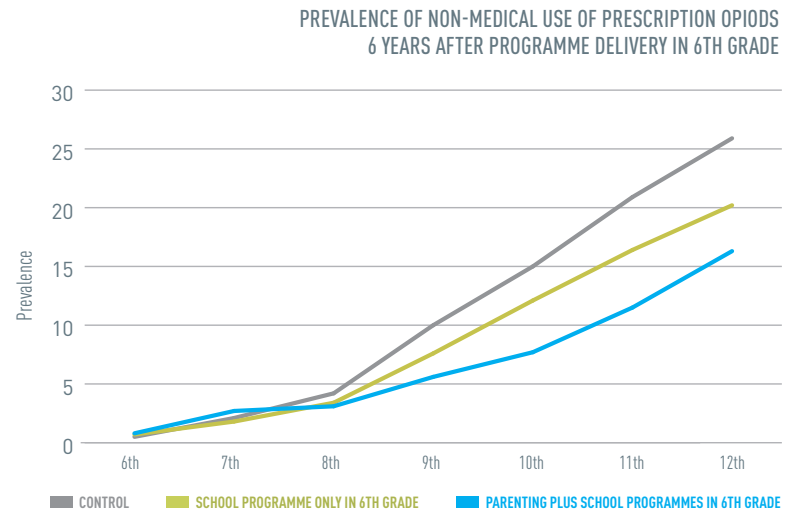
## Support parents

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- ✓ Inspire parents to devote undivided time to their children
- ✓ Promote a warm and supportive parenting style
- ✓ Encourage parents to establish/ agree rules in home life and be involved in the life of their children



### SUPPORTING PARENTS PREVENTS DRUG USE AND OTHER RISKY BEHAVIOURS



Adapted from: Crowley, D. M., Jones, D. E., Coffman, D. L., and Greenberg, M. T. (2014). Can we build an efficient response to the prescription drug abuse epidemic? Assessing the cost effectiveness of universal prevention in the PROSPER trial. *Preventive medicine*, 62, 71-77.

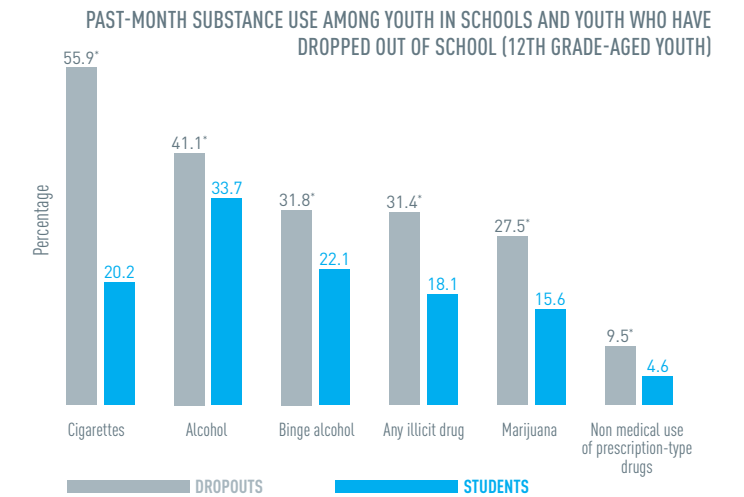
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## Reduce school drop-out

- ✓ Build schools
- ✓ Provide free meals, as well as incentives to families to keep children in school
- ✓ Increase school connectedness and engagement



### SCHOOL IS PROTECTIVE



\* Difference between 12th grade-aged students and 12th grade-aged dropouts is statistically significant at the 0.05 level. Adapted from: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (NSDUHs), 2002 to 2005, 2006 to 2010 (revised March 2012), and 2011 to 2014.

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## Train teachers to develop the personal and social skills of children

- ✓ Prepare teachers to teach children how to recognize their emotions and deal with them in a positive way
- ✓ Inspire teachers to support all children, particularly the most vulnerable, in realizing their full potential through inclusion and empowerment (no segregation or 'special lessons')

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## Reliable Information

- ✓ Disseminate appropriate information concerning the use of all psychoactive substances, including controlled drugs, tailored to the age of the target group

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## Opportunities for health and safe development

- ✓ Offer opportunities to practise a healthy lifestyle: physical exercise, creativity, arts, music, etc.
- ✓ If possible, use this setting to provide further personal and social skills education

# TREATMENT, CARE AND REHABILITATION

## Outreach Provide unconditional health and social care

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- ✓ Small mobile teams staffed with a social worker, a nurse and non-professionals (peers who may be in recovery themselves)
- ✓ Reach out to individuals with substance use disorders
- ✓ Offer them essential health and social services, including food and shelter

Essential health services should include the management of overdose through distributing naloxone and through education. Moreover, they should include the prevention of transmission of infections by providing needle exchange, condoms, HIV/TB/hepatitis testing, and hepatitis vaccination.



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## Outpatient services

Stop or reduce substance use, improve health and improve social functioning

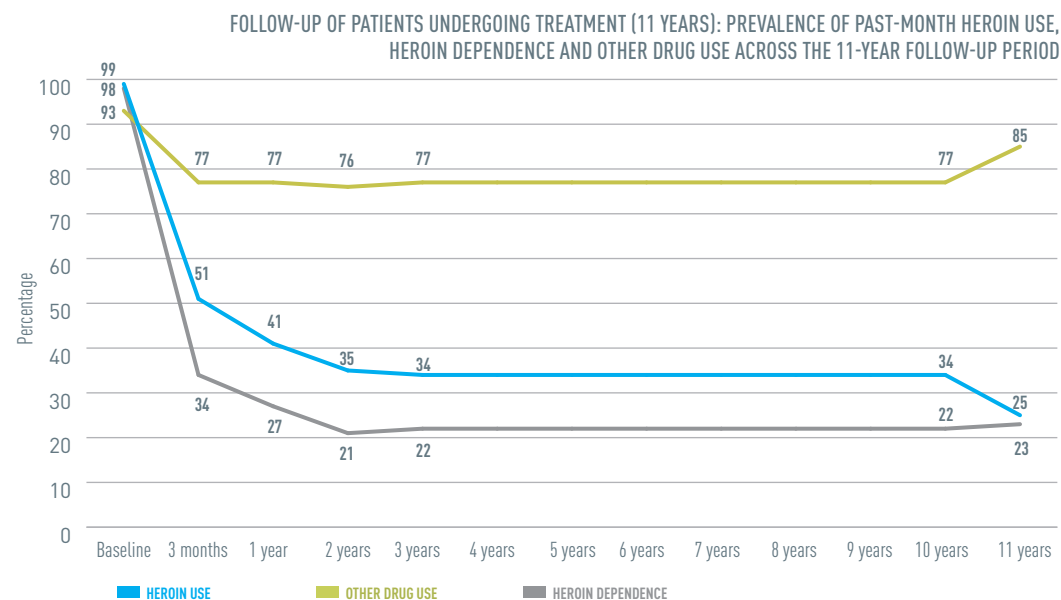
- ✓ Alleviate withdrawal symptoms and prevent relapse with help of medications
- ✓ Provide long-term pharmacological treatment and psychosocial interventions (e.g. trauma-informed elements of motivational interviewing, cognitive behavioural therapy or family therapy)
- ✓ Evaluate and treat other medical disorders, including infectious disorders such as HIV, hepatitis, tuberculosis and commonly co-occurring psychiatric conditions
- ✓ Offer incentives for programme attendance and reaching treatment goals (e.g. vouchers for food or clothing)
- ✓ Arrange for preliminary vocational skills experiences or support for school completion, also involving families

Outpatient services should:

- Open eight hours a day, at least six days a week; cover both working and non-working hours; arrange for child care and provide for a safe environment
- Be staffed by licensed professionals available daily (nurse and counsellor) or weekly (medical doctor and social worker), together with non-professional staff/volunteers to offer peer support and adjunctive services and to cover the opening times
- Offer the following medications: naloxone (overdose prevention), methadone and buprenorphine (long-term opioid maintenance), clonidine, lofexidine, benzodiazepines (withdrawal management), sustained release naltrexone (relapse prevention), methylphenidate sustained release (treatment of ADHD in the adult), antidepressants (treatment of depression and anxiety disorders), antipsychotic medications (treatment of psychotic and bipolar disorders), mood-stabilizers (treatment of bipolar disorder), and anti-retroviral therapy for HIV.



## EVIDENCE-BASED TREATMENT REDUCES DRUG USE AND DEPENDENCE



Adapted from: M. Teesson and others, "Long-term mortality, remission, criminality and psychiatric comorbidity of heroin dependence: 11-year findings from the Australian Treatment Outcome Study", *Addiction*, vol. 110, Issue 6 (2015), pp. 986-993.

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### Small residential treatment programmes

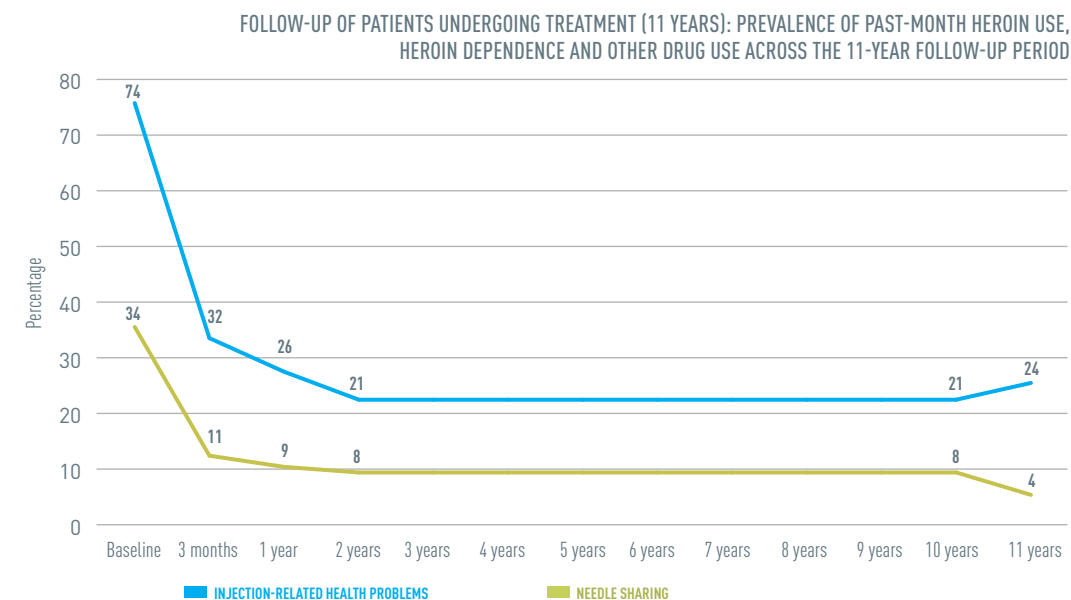
- ✓ Outpatient treatment services would rely on small residential treatment programmes, particularly therapeutic communities, for the most severely affected patients who are not responding to outpatient interventions

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### Services for pregnant women

- ✓ Provide screening for substance use and substance use disorders (WHO ASSIST) in antenatal care services for all pregnant women
- ✓ If necessary, follow up with brief intervention and referral to evidence-based and voluntary treatment services

## EVIDENCE-BASED TREATMENT REDUCES INJECTION-RELATED PROBLEMS AND NEEDLE SHARING



Adapted from: M. Teesson and others, "Long-term mortality, remission, criminality and psychiatric comorbidity of heroin dependence: 11-year findings from the Australian Treatment Outcome Study", *Addiction*, vol. 110, Issue 6 (2015), pp. 986-993.

## 10 Collaboration with the justice sector

- ✓ Provide alternatives to incarceration and punishment, wherever possible and appropriate, particularly in relation to use, possession for personal consumption and drug-related offences of a minor nature
- ✓ In the case of people who use drugs and those with drug use disorders consider providing education and treatment as an alternative
- ✓ For offenders who need to be in prison and who use drugs or suffer from drug use disorders, provide treatment, care and rehabilitation services in prison, with particular attention upon release (risk of overdose)



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