

EVALUATION BRIEFS

INDEPENDENT MID-TERM IN-DEPTH CLUSTER EVALUATION OF UNODC WORK ON DRUG DEPENDENCE AND TREATMENT

Region: Global, with implementation in Africa, Asia, Europe and Latin America.

Duration/scope: 3 global programmes:

- GLOK32: 06/05/2010–29/12/2023
- GLOK42: 18/02/2011–28/02/2026;
- GLOJ71: 01/01/2008–31/12/2022.

Donors: USA, Russian Fed., Switzerland, France, Japan, Sweden, Italy, UAE, Colombia, Israel, Colombo Plan, Spain, Canada, UK, Norway, One UN Fund.

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Full report: URL:

https://www.unodc.org/unodc/en/evaluation/reports_year_2022.html

BACKGROUND AND CONTEXT

Drug dependence is considered a multi-factorial health disorder that often follows the course of a relapsing and remitting chronic health condition/disease. Science-driven global public health approaches in drug dependence treatment and care have been the springboard of existing good practices and remain the most fertile ground for the development of innovative, multi-disciplinary and effective responses, spanning diversified patient/client centred pharmacological and psychosocial interventions. Three global Programmes (UNODC-WHO Programme on Drug Dependence Treatment and Care: **GLOK32**; Prevention of illicit drug use and treatment of drug use disorders for children/adolescents at risk: **GLOK42**; and Treating drug dependence and its health consequences/OFID-UNODC Joint Programme to prevent HIV/AIDS through Treatnet Phase II: **GLOJ71**) aim at supporting Member States in providing evidence-based drug dependence treatment and care for individuals affected by drug use disorders, with special focus on low/middle-income countries.

MAIN FINDINGS

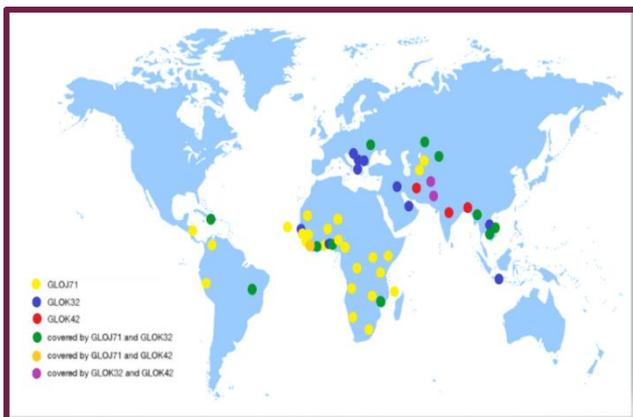
Relevance: Relevance is strongly substantiated by global concern to advocate for a human rights health-based approach to support evidence-based treatment of drug use disorders and related health harms (dependency, injecting, mental health and blood borne diseases). Programmes ensure cohesive messaging in alignment with WHO/UNODC International Standards for the Treatment of Drug Use Disorders, and are in line with numerous CND Resolutions (including 58/5) and UNODC strategies (2015-2021, Regional).

Efficiency: Programmes have utilised their resources efficiently to achieve their outputs in relation to their inputs. Some hindering factors include the donor driven approach, late funding decisions, short funding cycles and delays in pledges. There is a strong need to attract multiple funders, and to further develop synergies across UNODC mandate areas.

Coherence: Programmes are coherent within the Prevention Treatment Rehabilitation Section (PTRS) and are linked to the thematic programme on Health and livelihoods: combatting drugs and HIV. A collective strategy from the outset was missing. Programmes benefit from significant global engagement, strong multi-disciplinary partnerships, and regional platforms. Including greater lived experience of drug use (men and women) will further support the design and cultural adaptation of programmes to certain countries and contexts.

Effectiveness: Programmes are effective, and objectives and outcomes have largely been achieved. Unstable funding and short implementation cycles, disease outbreaks (Ebola, COVID-19), security concerns (Afghanistan, Bangladesh), follow-up processes, stressful working environments and administrative delays linked to Umoja are challenges. There is occasional lack of effective follow up as for the training cascade, professional standards and client outcomes.

Organisational Learning: Collective learning and the hands-on approach are important in application of the WHO/UNODC Standards and the programmes in different contexts. Sufficient staffing, and the promotion of autonomy in the field office are key facilitating factors. Remote communication can further



Source : <https://www.unodc.org/unodc/en/treatment-and-care/our-projects.html>.

facilitate and support. Further synergies are based on the recognition of the inter-sectionality of HIV prevention and treatment and drug prevention and treatment.

Impact: Programmes have played a major role in stimulating a global shift away from criminalization of drug use to a more health centred approach. Significant impact centres on policy, professional and service level reforms. The WHO/UNODC Standards will further support ownership of clinical and professional standards.

Sustainability: Resources for drug demand reduction initiatives may be reduced due to COVID-19. A longer-term vision, inclusion in donor and international development agendas, and mechanisms to support multiple-sourced and longer-term funding are warranted. Diversifying PTRS's work to leverage the health aspect of drug use, and greater collaboration with other Sections and thematic areas (mental health, non-communicable disease, HIV/AIDS, criminal justice, trafficking, violent extremism, counterfeit medicines, prison reform) –supported by the complimentary mandates of UNODC and WHO– offer pathways toward joint funding and administration.

Human Rights, Gender Equality and Leave No One Behind: The principles of gender equality, right to health and *'do no harm'* are strongly mainstreamed in all activities. Key groups of people who use drugs (elderly, homeless, displaced, and those with co-morbidity) have been left behind in the COVID-19 pandemic.

LESSONS LEARNED AND GOOD PRACTICES

Collective learning focuses on the application of the Standards in different contexts, the importance of mutual understanding and support of core staff in the UNODC-WHO collaboration, the value of field visits and promotion of autonomy of field staff and the broad support required by government (particularly around ownership and oversight of programmes and facilities), civil society, NGOs and donors. Good Practice innovations centre on use of innovative approaches to reach people who use drugs (telecounselling, methadone dispensing and mobile health units).

METHODOLOGY

The evaluation assessed how UNODC's work on drug dependence, and treatment has supported the UNODC Strategic Framework sub-programme on Countering the World Drug Problem; and identified the existing footprint of evidence-based drug use disorder treatment and care programme efforts undertaken by UNODC. A participatory, mixed-method approach was used, including in-depth desk review, 45 interviews, 75 surveys and 9 SWOT charts.

Triangulation across methods, sources and data types was made. Results are intended for use by UNODC/PTRS, donors, and beneficiary agencies/governments.

**UNODC**

United Nations Office on Drugs and Crime

INDEPENDENT EVALUATION SECTION

<https://www.unodc.org/unodc/en/evaluation/unodc-ies@un.org>

RECOMMENDATIONS

- 1. Increase strategic focus for further programme development.** Advocate for a health response to tackle drug use disorders. Increase the strategic focus and effectiveness of further programme development on drug dependency, treatment, and care by further prioritising activities based on the context and needs of each region/country.
- 2. Strengthen collaboration between PTRS, the HIV/AIDS section, and complementary Sections/Thematic Areas.** Seek opportunities for further collaboration with complementary UNODC global projects/thematic areas (HIV/AIDS, Criminal Justice, Anti-Corruption, Human Trafficking, Violent Extremism, Counterfeit Medicines, Prison Reform).
- 3. Further develop strategic partnerships and cooperation at the regional and national levels.** Explore possibilities for development of UNODC Regional Drug Treatment Advisors to support programming.
- 4. Further strengthen collaboration with the WHO** via joint fund raising, continued joint programme formulation, training activities, publications and capacity building.
- 5. Increase presence in the field, including increased use of technological solutions.** Continue to seek solutions (according to regional/country priority needs) to provide for sufficient staff at field office levels/HQ, and mitigate staff turnover including remote working/technology assisted training.
- 6. Increase appropriateness and sustainability of training.** Consult with those with lived experience of drug use disorders, develop a mentoring and champions programme, and continue to collaborate with ISSUP and other VNGOC/ECOSOC status NGOs and their regional chapters.
- 7. Monitoring of progress and impact.** Improve the results-based management focus of respective programmes, develop impact indicators, and further develop existing mentoring, quality assurance, workplace learning and performance management, and clinical audit mechanisms.
- 8. Human Rights, Gender Equality and Leave No one Behind.** Incorporate 1-2 monitoring indicators for Human Rights within the Umoja project monitoring tool. Further develop training, mentoring and support work on women and girls, and strategies, activities, and technical guidance for reaching (using innovations) and supporting people who use drugs –especially the homeless, those living in rural areas, refugee or closed settings, co-morbidities, elderly or indigenous.